Manning – A whole hospital approach to improving access

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Guiding principles

- Not a “project”
- Create space to change
- Change based on “purpose” not target
- Keep it simple
- Everyone’s role is important
- Culture driving performance not numbers
- Executive are accountable
Introduction

- Inefficient & fragmented
- Community dissatisfaction with ED wait times
- Multiple barriers to inpatient services
- Dissatisfaction with discharge practices
- Hospital performance well below target
Context 2012

- ED at 20-22 beds opened daily
- Patients on trolleys-OST poor
- On-call Exec constantly notified
- NEAT between 30-50%
- No community input
- Acute hospital seen as “provider of all care”
- Constant bed block
Context 2013

- 26,000 ED presentations per year (+3% pa)
- Approx 210 beds
- 9 funded ED beds + 2 resus bays
- Winter beds not opened
- Senior nurse (NUMs/AHNMs) led process
- Medical engagement at all levels
- Improved experience for all staff
NEAT

• Improved efficiency, patient safety and satisfaction through streamlining of care in ED:

![Graph showing percentage of patients admitted, referred or discharged within 4 hours of presentation (NEAT) at Manning RRH.](image-url)
Bed days

• Reduction in bed days:

Manning - Daily Beds comparing this year to last year (Winter from 1st June)
Length of stay

- Reduction in LOS:
Staffing and inpatient care

- Increase in per patient staffing
- Improved inpatient care efficiency
- Sick leave below 3% (11% in 2012)
- Overtime below 1%

- Reduction in staff turnover

5.4% reduced to 3.3% in 6 months
Innovations: ED

- ED funded beds
- 7/7 ED Nurse Practitioner
- 7 day Aboriginal Liaison Officer in ED
- Direct admission to inpatient beds
Innovations: Hospital-wide

- Daily bed meeting
- 20 discharges per day target
- Discharge lounge & 11am discharge time
- Policy platform for Nurse Unit Managers and Bed Managers to negotiate with Medical Staff
Innovations: Community

✓ Community aged care providers forums
✓ Streamlining discharge medications
✓ Regular vacancy updates for community care packages
✓ Hospital support services
✓ Transport options
Innovations: Aged care

Fast Track to Discharge Pathways

- Yes: Phone service provider
  - BCS Care Centre Tel 5514 2200 LOW/HIGH/DAINT
  - BIRIRI ABORIGINAL AGED & COMMUNITY CARE Tel 6557 5999 LOW/HIGH
  - CALVARY SILVER CIRCLE Tel 6557 8082 LOW/HIGH
  - CATHOLIC COMMUNITY SERVICES Tel 1300 225 474 LOW/HIGH/DEMENTIA
  - HOME CARE Tel 1300 881 144 Aboriginal Access and Assessment Team 1300 797 606 HOME CARE PACKAGES LEVELS 1-4 (REST/LOW/INTERMEDIATE/HIGH CARE NEEDS)
  - INTEGRATED LIVING Tel 1300 782 896 LOW/HIGH/DEMENTIA
  - MAYO HOME NURSING Tel 6552 0253 DVA HOME NURSING & HOMECARE
  - NORTH COAST COMMUNITY CARE Tel 6553 1388 LOW/DVA HOME NURSING
  - STORM RETIREMENT VILLAGE Tel 6592 8200 LOW
  - THE WHITDON GROUP Tel 6553 4655 LOW

- No
  - ED
  - Admitted to Ward
  - Current ACCR
  - Yes: Phone service provider
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- Fast track to Aged Care Discharge Pathways

- Direct Admit
  - WARD TRANSFER
  - RESPITE AT THE STAR OF THE SEA Tel 6554 9400
  - MARRANGBAH AHLO Tel 29823 Mobile 0417 412 011

- Ward Transfer
  - RESIDENTIAL PlANNERS
  - WINGHAM REHAB
    - TACP Tel 6515 1800
  - PERMANENT PLACEMENT

- Home with Services
  - BCS Care Centre Tel 5514 2200 LOW/HIGH/DAINT
  - BIRIRI ABORIGINAL AGED & COMMUNITY CARE Tel 6557 5999 LOW/HIGH
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  - THE WHITDON GROUP Tel 6553 4655 LOW

- Useful Contacts/Out of Area
  - Access to Community Care Tel 1800 200 422 Mon - Fri 0800-2000 Sat 1000-1400
  - Commonwealth Repts & Careline Centre Tel 1800 059 222
2013 and beyond …

- Whole hospital approach
- Consultation and a shared ownership
- Regular review and feedback
- A culture of universal responsibility
The outcome is a high performing and efficient acute hospital streamlined into the broader community.

Acknowledgements
Manning Hospital staff and patients; and the local Lower Mid North Coast Community