

# *Hospital Operations After Hours (The other 76%)*

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Liverpool Hospital

# Current Context ED

227

Ave ED Presentations  
Per Day – **up by 5%**  
**on 2015**

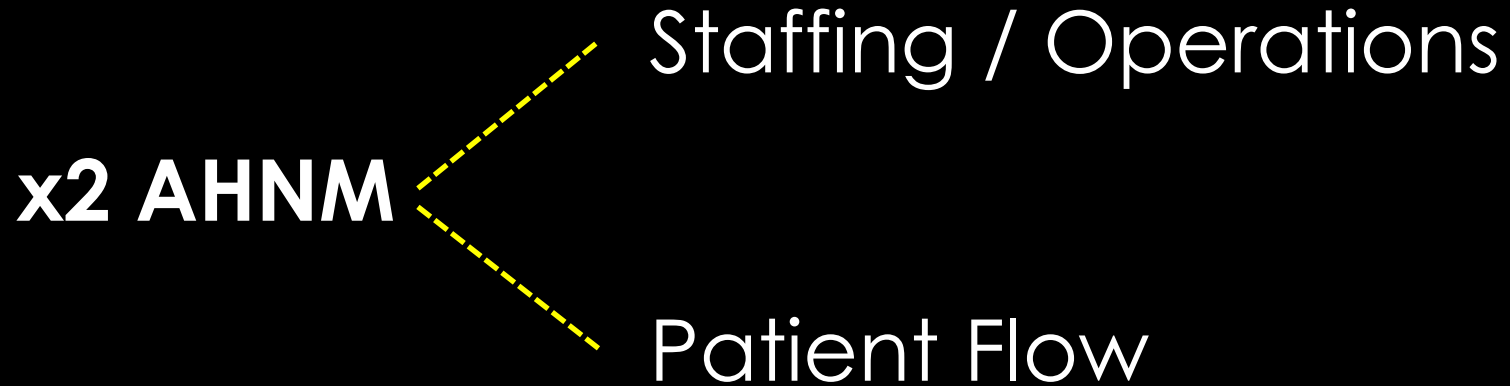
215 Better Day

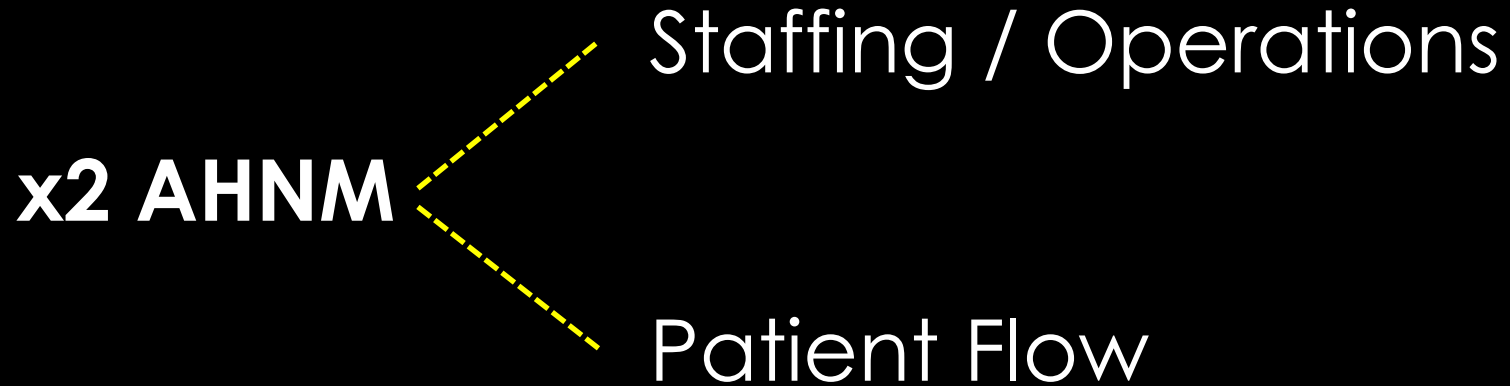
250+ Challenging Day

~ 50% Admitted

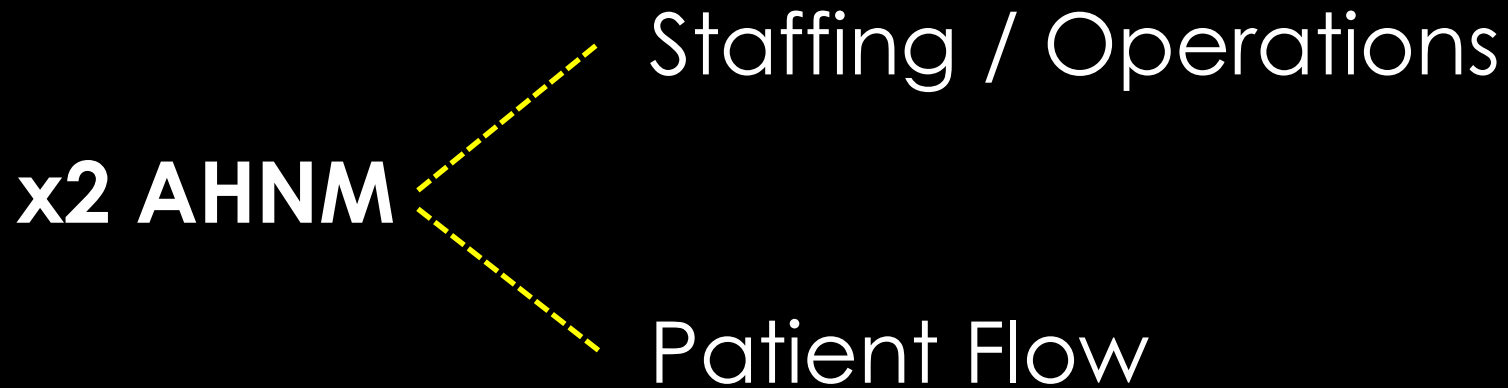


**x2 AHNM**





Mon-Fri 16hrs / Weekends & Public Holidays 24hrs



Mon-Fri 16hrs / Weekends & Public Holidays 24hrs

After Hours Clinical Nurse Consultant

After Hours Clinical Development Nurse

Transfer of Care Clinical Nurse Specialist

## Information (Intelligence) gathering

- Operational Huddles & Communication
- Predictions
- Reports (that add real value)
- Medical Teams
- Transfer of Care
- Team Leaders and PJB's



# Operational Huddles

Time	Location	Lead / Required	Key Actions
0800hrs	GMU BR	GM or Exec-on-call DMU NM, Executive Team, EDNM	Overnight Report Performance Review SITREP + STEP Actions Specialty Demand Review 12hr Capacity Plan
0810hrs	Theatres - Redline	PFM Surgery ICU NUM / ICU NM, OT NUM / OT NM, Recovery NUM SSSU / Periop NUM / Duty Anaesthetist	Facility SITREP / ICU SITREP Surgical Demand Review Clinical concerns & Workforce
0830hrs	ED	DMU NM ED NUM, NEAT, Nurse, Blue SDM	SITREP + Performance Review ED STEP Actions + Clinical concerns Workforce
1100hrs	Daily Bed Meeting	DMU NM Executive Rep (ONM), ALL NUM's, Leading Hand – CWO Leading Hand – Enviro, NUM – Radiology Staffing NM & NUM, Doctor of Day Allied Health Clinician of Day	SITREP As per Bed Meeting Script
1230hrs	GMU BR	GM or Exec-on-call DMU NM Executive	Morning Review incl Performance SITREP STEP Actions 12hr Capacity Plan
1500hrs	Theatres - Redline	PFM Surgery ICU NUM / ICU NM / OT NUM / OT NM Recovery NUM / TL SSSU / Periop NUM / TL / Duty Anaesthetist	Facility SITREP / ICU SITREP Surgical Demand Review Clinical Concerns + Workforce Overnight Emergency Surgery Plan
1500hrs	Bed Meeting	AHHM – Patient Flow Executive Rep (ONM and / or Exec-on-call), ALL PM TL's Leading Hand – CWO, Leading Hand – Enviro NUM – Radiology, AHHM Staffing	SITREP As per Bed Meeting Script
1600hrs	GMU BR	GM or Exec-on-call DMU NM, AHHM Patient Flow, Executive, EDNM	Midday Review Performance Review SITREP + STEP Actions 16hr Capacity Plan
1640hrs	ED	AHHM Patient Flow Exec-on-call ED NUM NEAT Blue SDM	Performance Review SITREP ED STEP Actions 16hr Plan incl Capacity Plan

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- Communication



## CAPACITY & DEMAND | COMMUNICATION

### OBJECTIVE:

To communicate to key stakeholders within the hospital the relevant daily demand and capacity information for action to allow effective preparation and management of the after-hours period

### APPLICATION:

After Hours  
 Monday-Friday 1630 - 0800  
 Friday 1630 – Monday 0800

### PRINCIPLES:

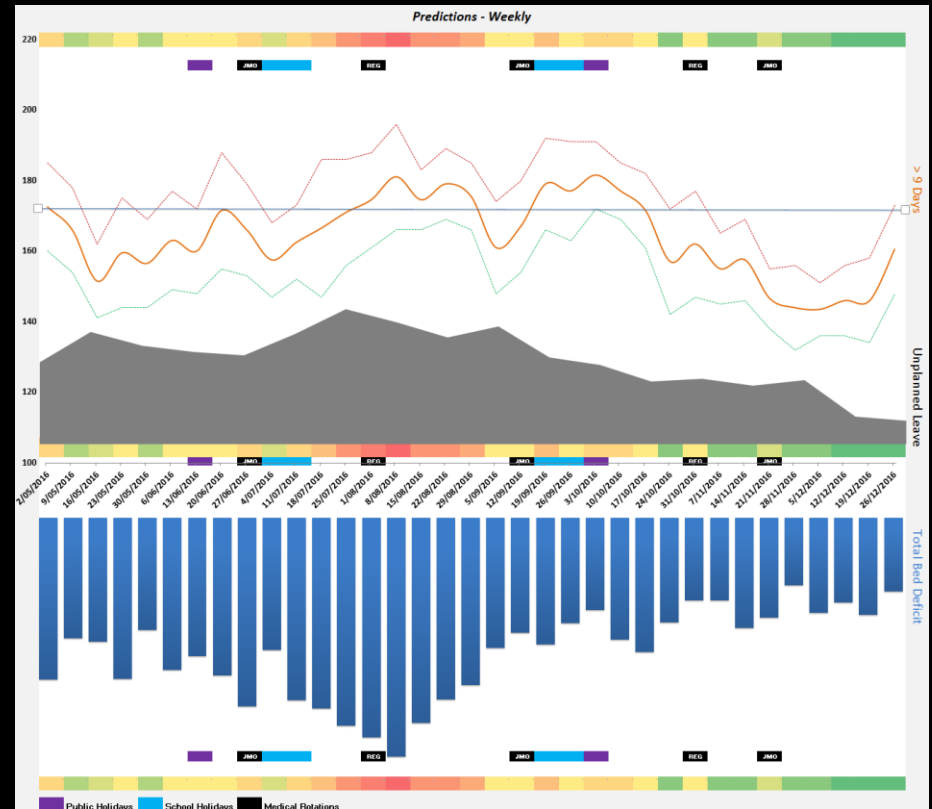
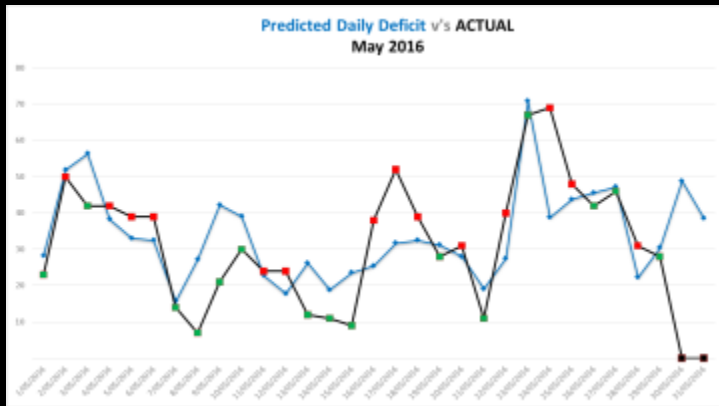
- The After Hours Nurse Manager (AHNM) is the senior Manager responsible for the Hospital out of hours in conjunction with the Facility Executive on call (EOC).
- Communicating demand and capacity issues and tipping points is a way of informing key stakeholders of demand on services and available capacity.
- Determination of information for circulation is based upon the hospital's activity.
- Additional information may be included based on changes in context

AFTER HOURS COMMUNICATION SCHEDULE GUIDE (ALL Escalation Levels)		
Monday to Friday		
TIME	MODE OF COMMUNICATION	GROUP
0630-0730	Phone Call	Facility EOC to AHNM Patient Flow Update status from overnight
1640	Huddle in ED	After Hours Nurse Manager (AHNM) Patient Flow, Facility Executive On Call (EOC), EDNM, EJ Admitting Officer (EDAC)
1700	Email – Executive Report (See Appendix 1)	DMU Manager to Facility Executive Facility Executive to Local Health District Executive following ED huddle.
2030	Email- Executive report (Appendix 1)	AHNM Patient Flow - Facility EOC AHNM Patient Flow to Facility EOC
2045	phone call	
2100	SMS	Facility EOC to LHD EOC
2230	Email Executive report	AHNM to Facility EOC
2230	Phone call	Facility EOC if required to establish plan for night

AFTER HOURS COMMUNICATION SCHEDULE GUIDE (ALL Escalation Levels)		
Saturday, Sunday and Public Holidays		
TIME	MODE OF COMMUNICATION	GROUP
0930	Email – Daily report (Appendix 2) Phone call	AHNM to Facility EOC  AHNM to Facility EOC to approve daily report
1000	Email – Daily Report (see Appendix 2)	AHNM Patient flow to Facility Executive, Graeme Loy, Director of Operations, Kim Clark, Teresa Trinh
1200	Huddle in ED – Acute & Sub acute	AHNM Patient Flow and Operational, ED NUM, ED SS
1500	Email- Executive report	AHNM outgoing to AHNM incoming and Facility EOC
1630	Email Executive report followed by phone call- (See Appendix 1)	AHNM - Facility EOC
1700	Email – 1700 Executive Report (See Appendix 1)	AHNM Patient Flow to Facility Executive & LHD EOC
2030	Email- Executive report (Appendix 1)	AHNM Patient Flow - Facility EOC
	phone call	AHNM Patient flow - Facility EOC
2100	SMS	Facility Executive On Call to LHD Executive On Call
2230	Email Executive report	AHNM to Facility EOC
2230	Phone call	Facility EOC if required to establish plan for night

# Creating After Hours Flow

- Predictions (and using them)
- Reports (that add some value)



Specialty	AMO	Total LOS	Total No. Patients	Avg.LOS	No. Patients by LOS						
					0-4 days	5-9 days	10-14 days	15-19 days	20-49 days	50-99 days	99+ days
Aged And Extended Care		244	16	15.3	7	6	1	1	0	0	1
		65	10	6.5	6	2	1	1	0	0	0
		215	15	14.3	0	5	3	4	3	0	0
		112	8	14.0	0	5	1	0	2	0	0
		30	6	5.0	4	0	2	0	0	0	0
		62	8	7.8	4	0	3	0	1	0	0
	25	2	12.5	0	0	2	0	0	0	0	
<b>Total</b>		<b>753</b>	<b>65</b>	<b>11.6</b>	<b>21</b>	<b>18</b>	<b>13</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>1</b>

# Creating After Hours Flow

- Medical Teams

## Patient Flow Team



- Do you have a situation where you have a barrier preventing progression of a patients journey?
  - You are unable to resolve the barrier yourself or within your team?
  - You have tried to solve the issue at a ward level, including with the NUM?
- Then use the following contact details and we promise someone will respond

*Don't hesitate to escalate:*

### Patient Flow Hotline



8738 3550 or 0425 345 104



0425 345 104



[liv.ptflow@sswahs.nsw.gov.au](mailto:liv.ptflow@sswahs.nsw.gov.au)

*Some examples of issues that have been escalated recently:*

- Patient suitable for discharge but requiring an inpatient diagnostic beforehand
- Patient suitable for transfer back to local hospital but unable to get a team to accept
- Patient with social situation that no one seems to be able to resolve
- Patient waiting for Medical or Surgical consultation.

# Creating After Hours Flow

- Transfer of Care
- Team Leaders and PJB's

## Step 1

*Are they safe to sleep in their own bed tonight?*

If you answered **YES** to this question then move onto the questions below:

## Step 2



- Transfer of Care
  - Evening Discharge Handover to AHNM
  - Going Home Tomorrow and Hotspot Report
  - EDD Reports

PREDICTED DISCHARGES - Thursday 26/05/2016					
WARDS	BED	PATIENTS	MRN	WFW	TEAM
<b>2B</b>					
	5			TOV	Gilmore
	10			Diet / pain	Lambrakis
	12			If nil epistaxis	McGuinness
	17			PT clearance	Thakkar
<b>2D</b>					
	22			Plastics RV	Macarthur
	33			Team RV	Bassan
	37			D+A clearance	Macarthur
<b>3A</b>					
	2			Team RV	Davison
	8			Team RV	Spicer
	13			PT clearance	Dave
	16			AWBR - K+	Edwards
<b>3B</b>					
	9			Pain / PT	Campbell
	13			BO - if nil bleeding	Gilmore
	21			Chest PT	Malka
<b>3C</b>					
	1			AWBR - Trop	Taylor
	4			ECHO	Mazhar
	23			AWBR	Taylor

Questions?