

After Hours Care Coordination and Discharge Planning

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MoH
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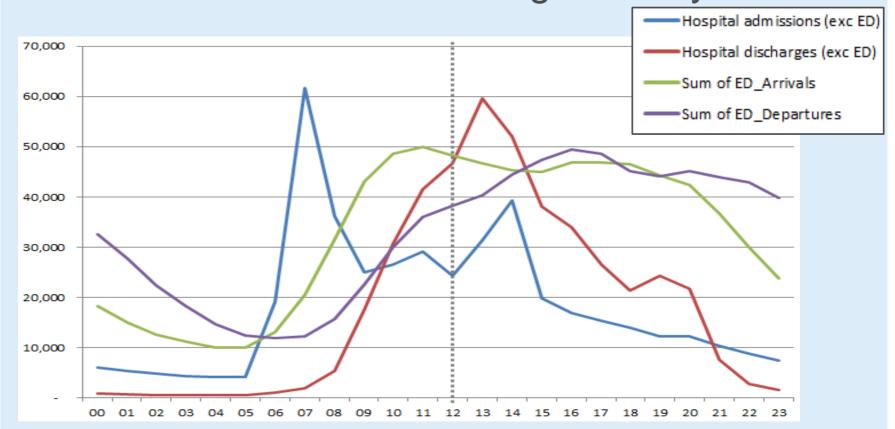
Agenda

- Bed Board
- Predictive Tool
- Electronic Patient Journey Board
- Demand Escalation plans



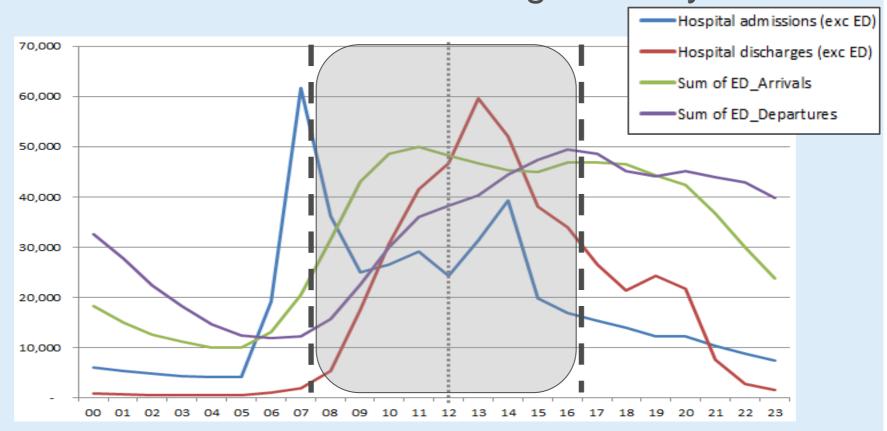






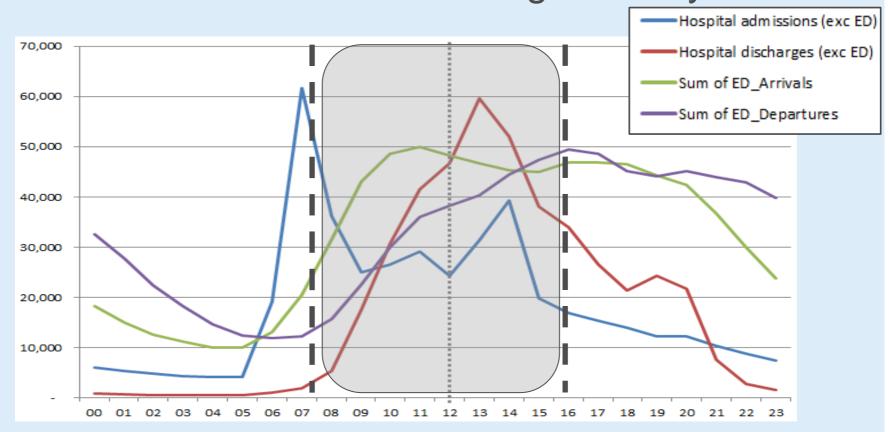






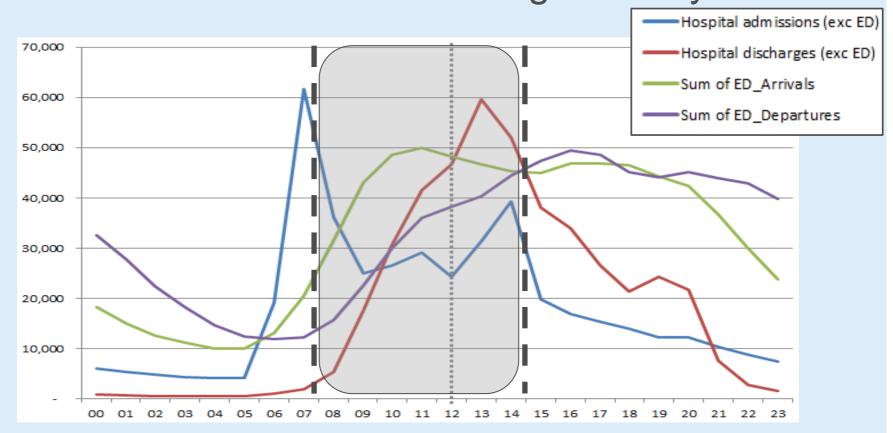






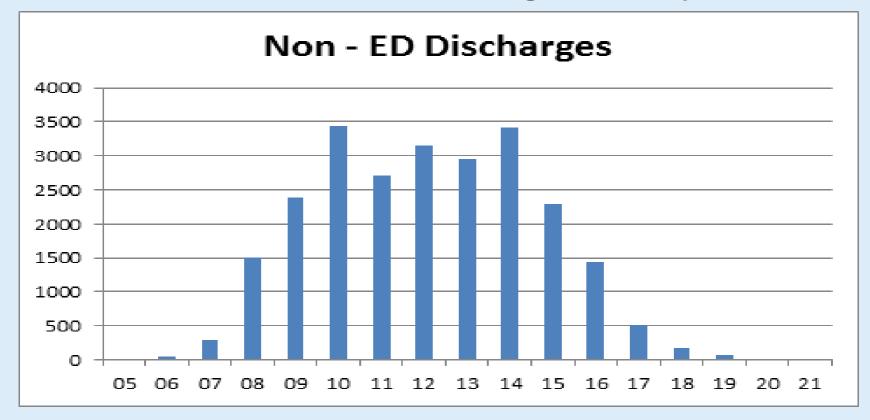








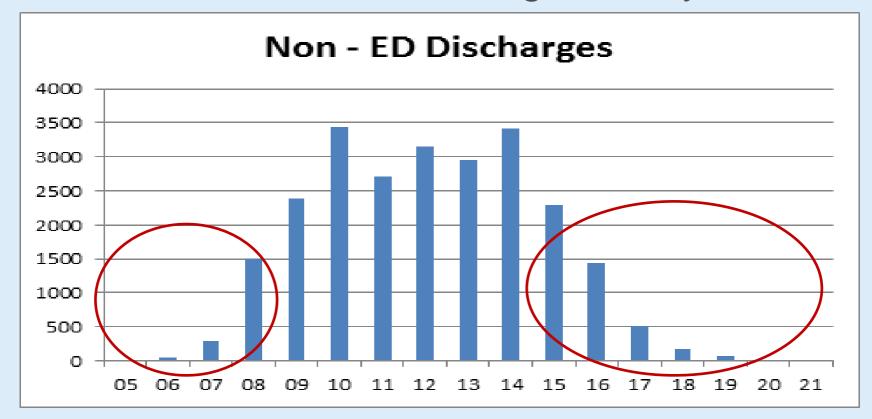






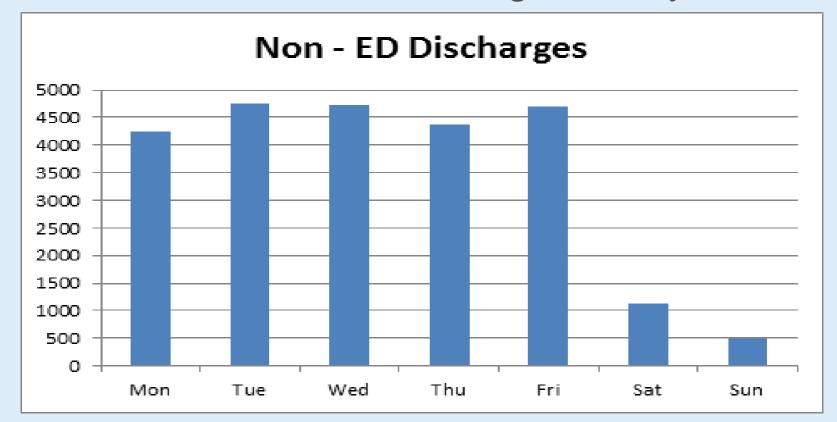








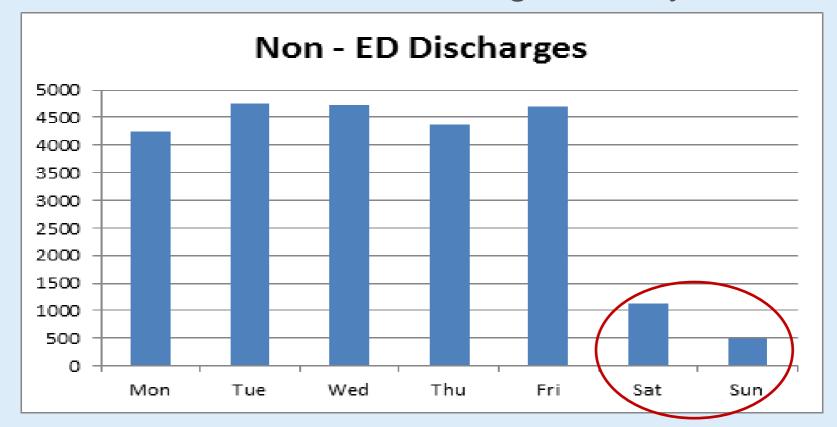
















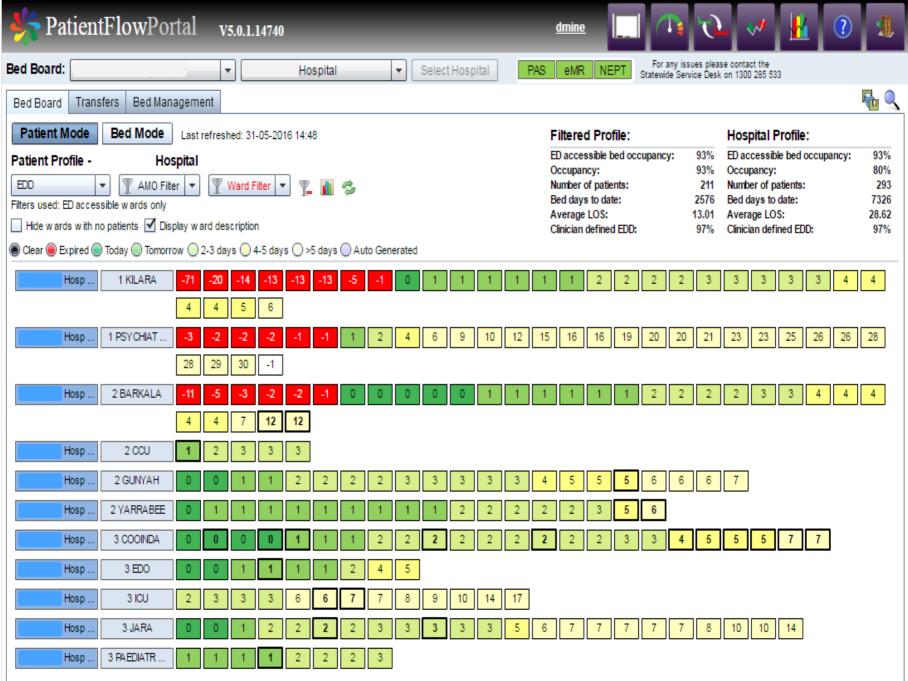


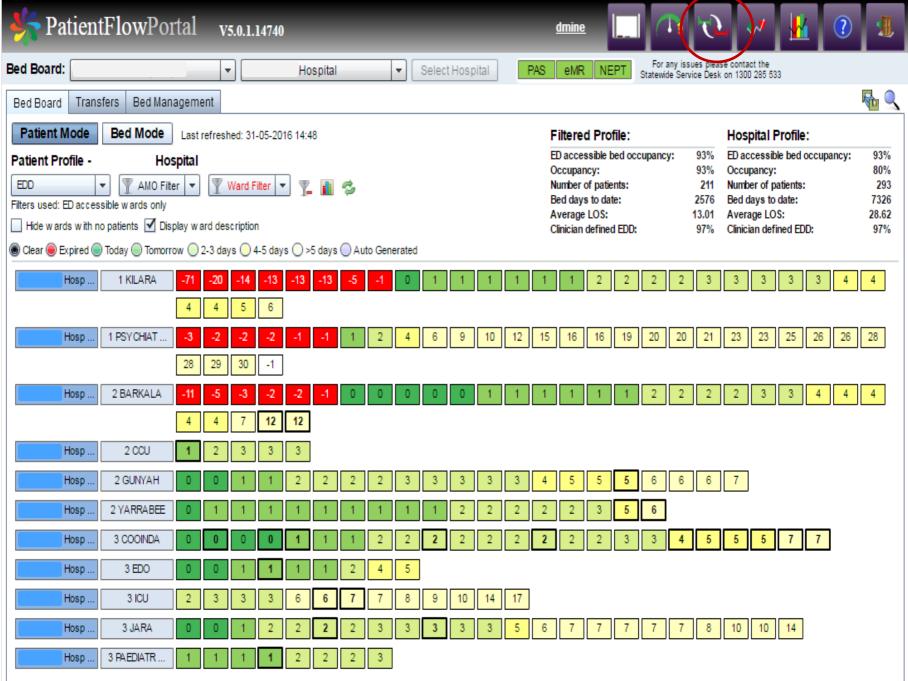
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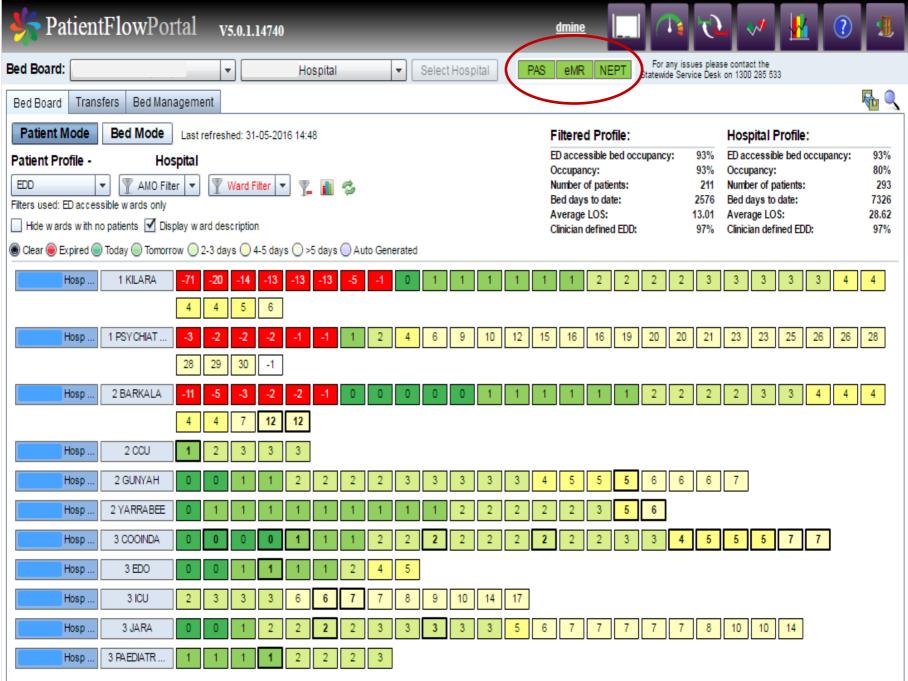
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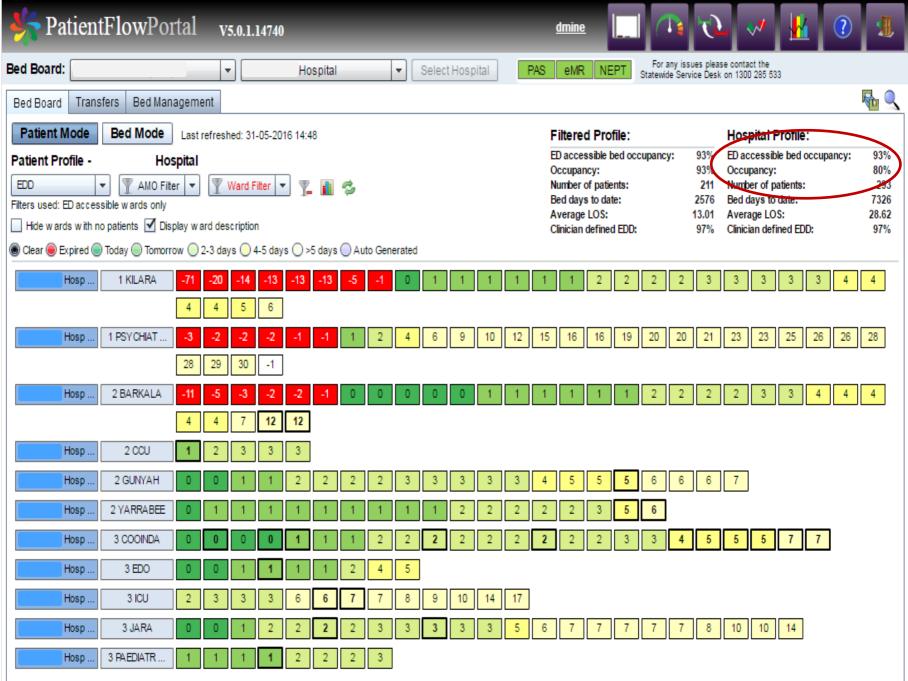


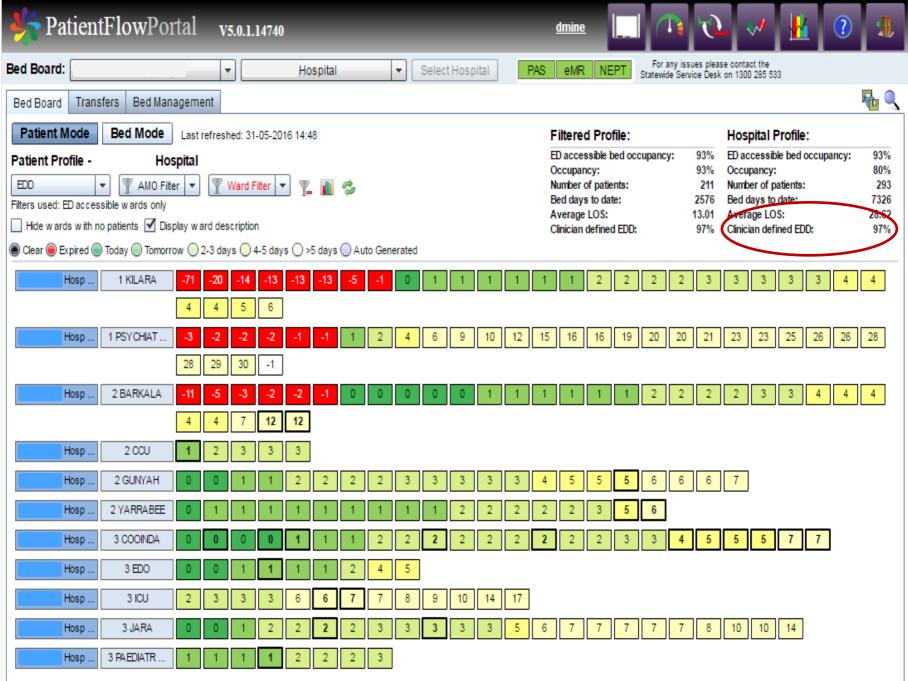


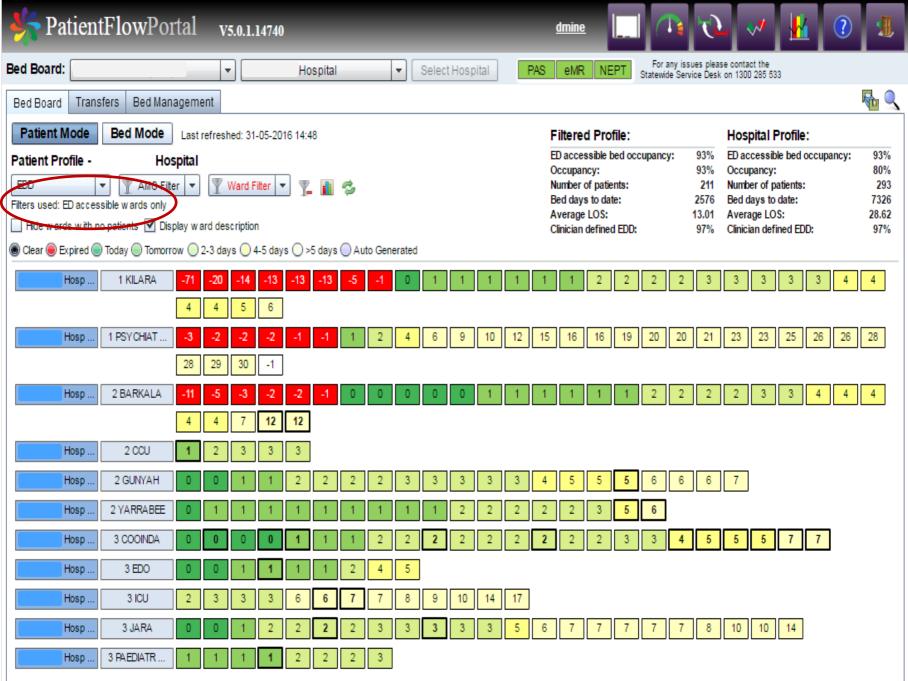


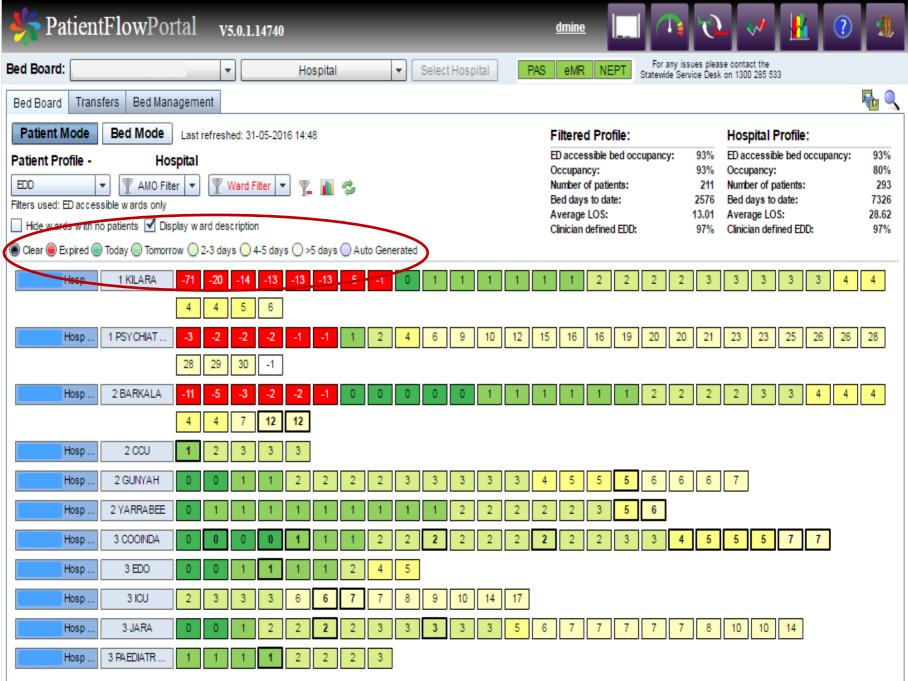


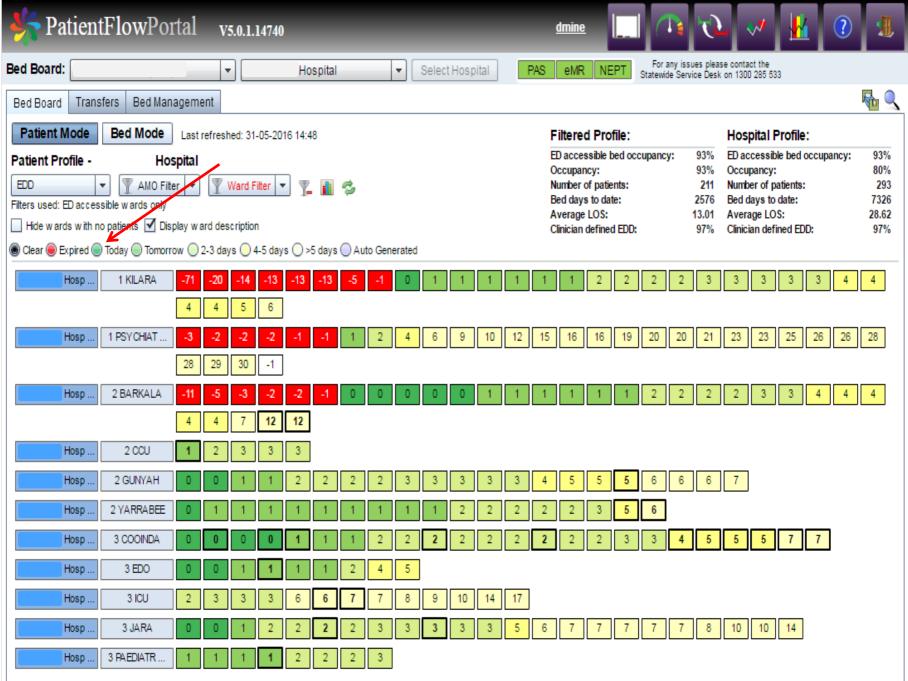


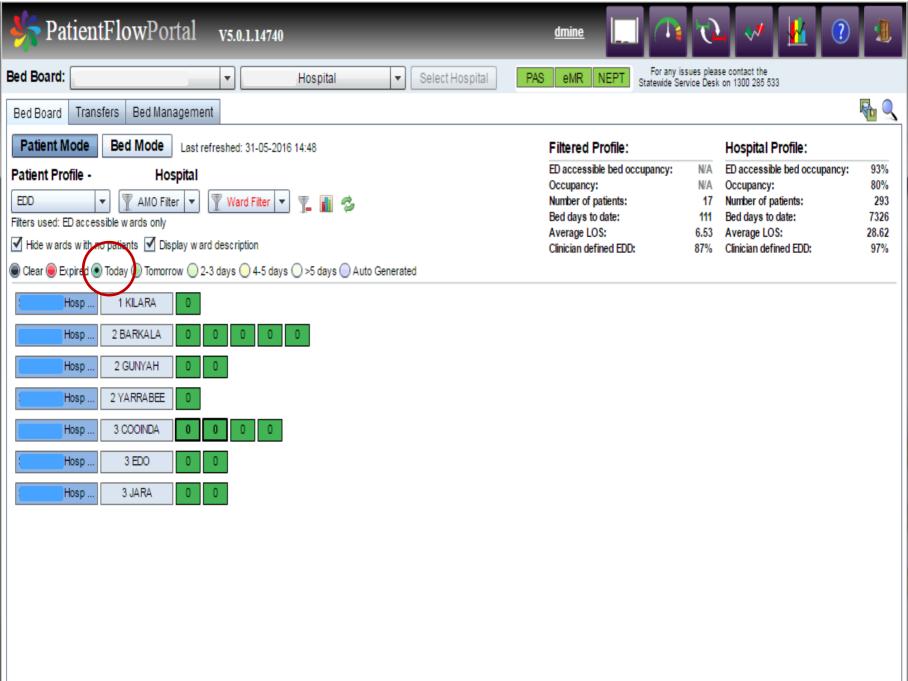


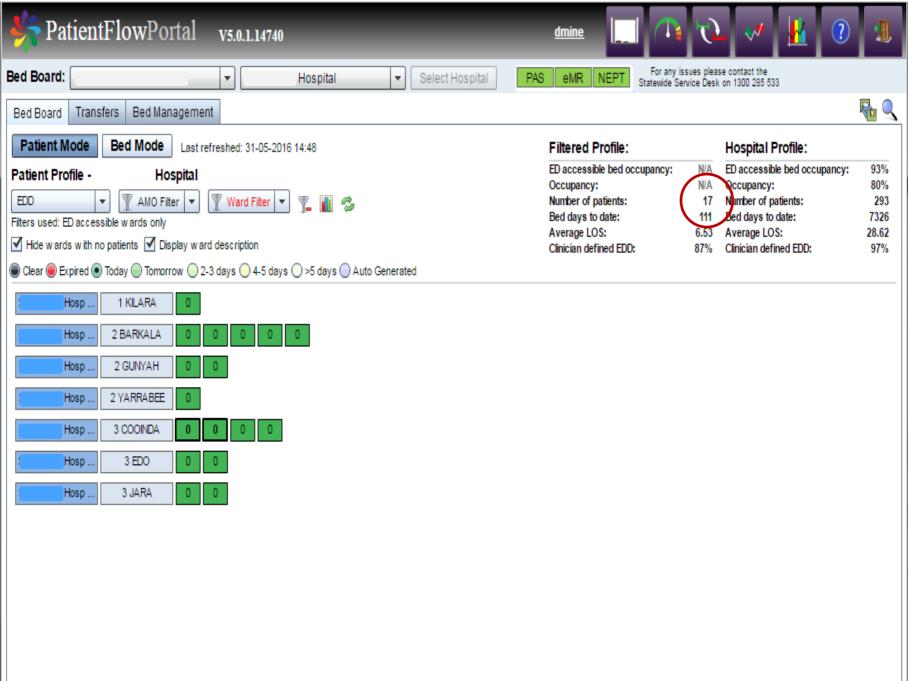


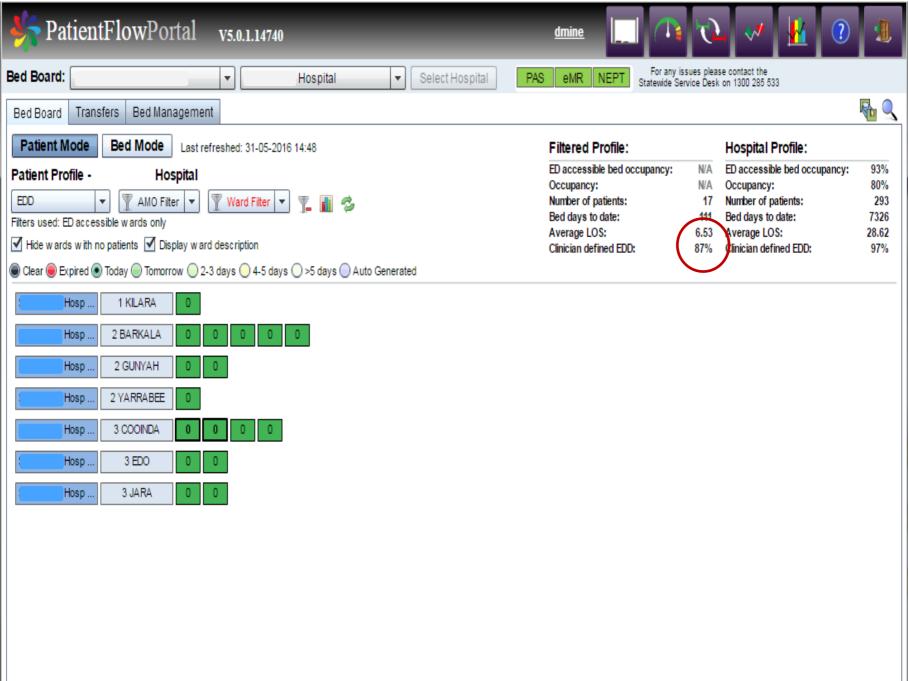


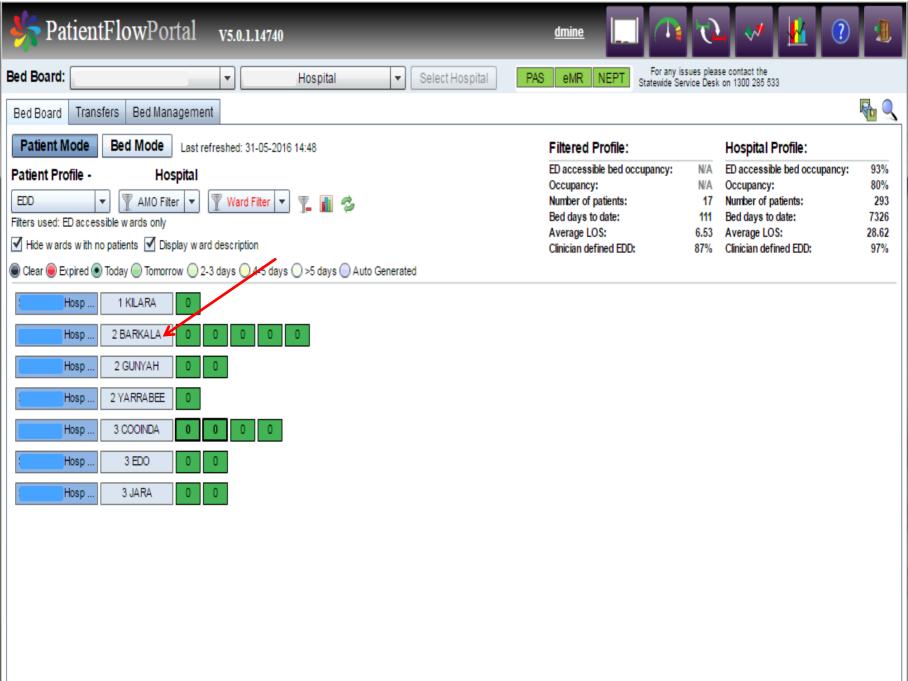


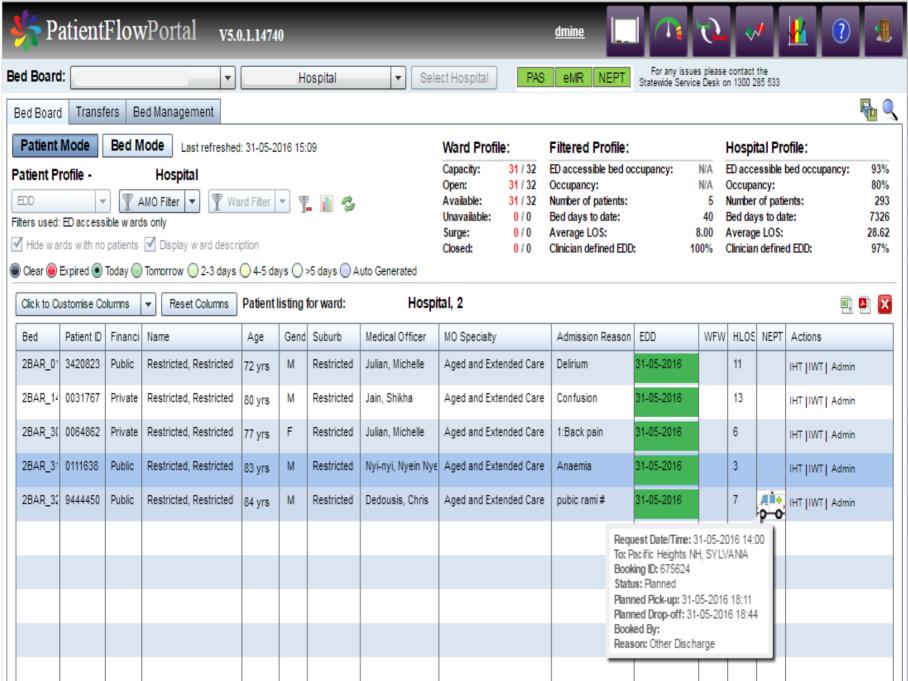


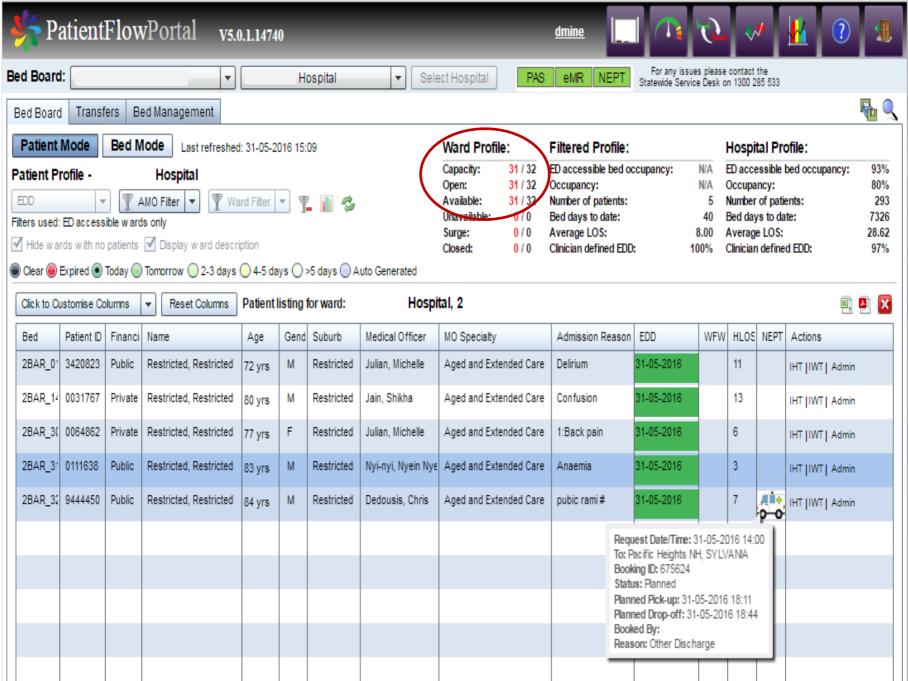


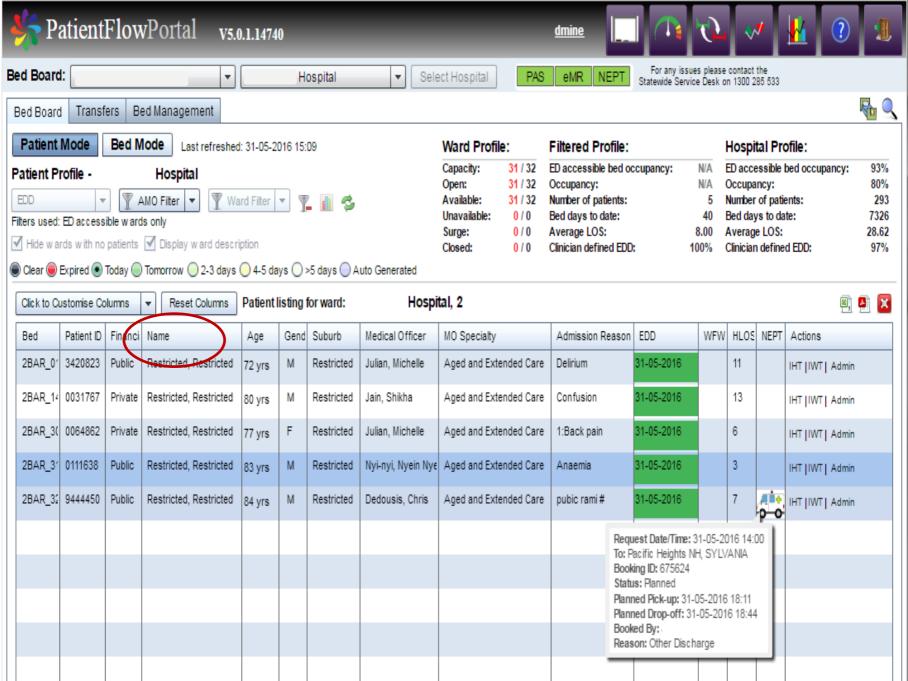


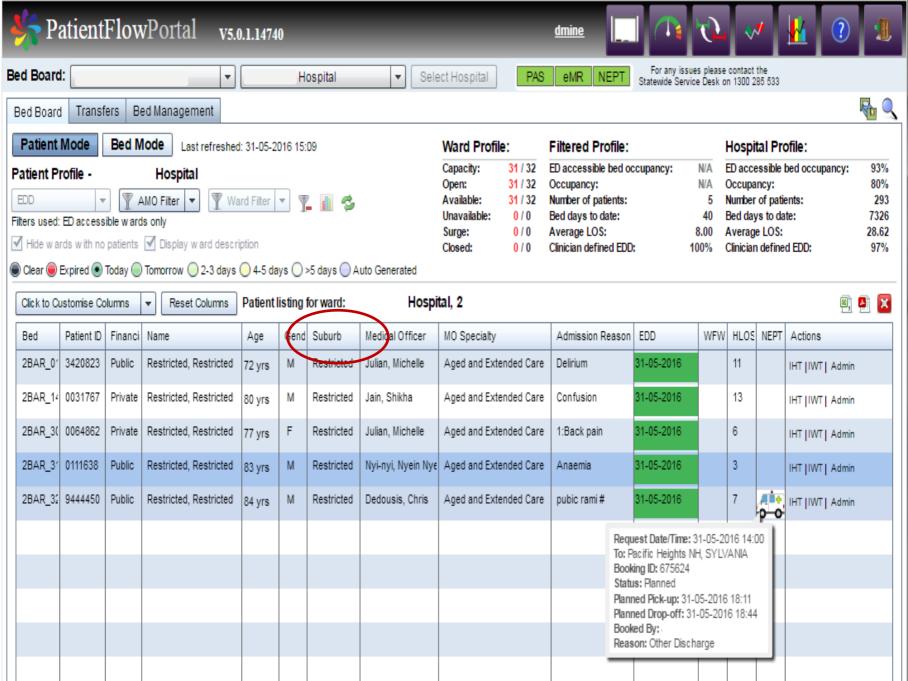


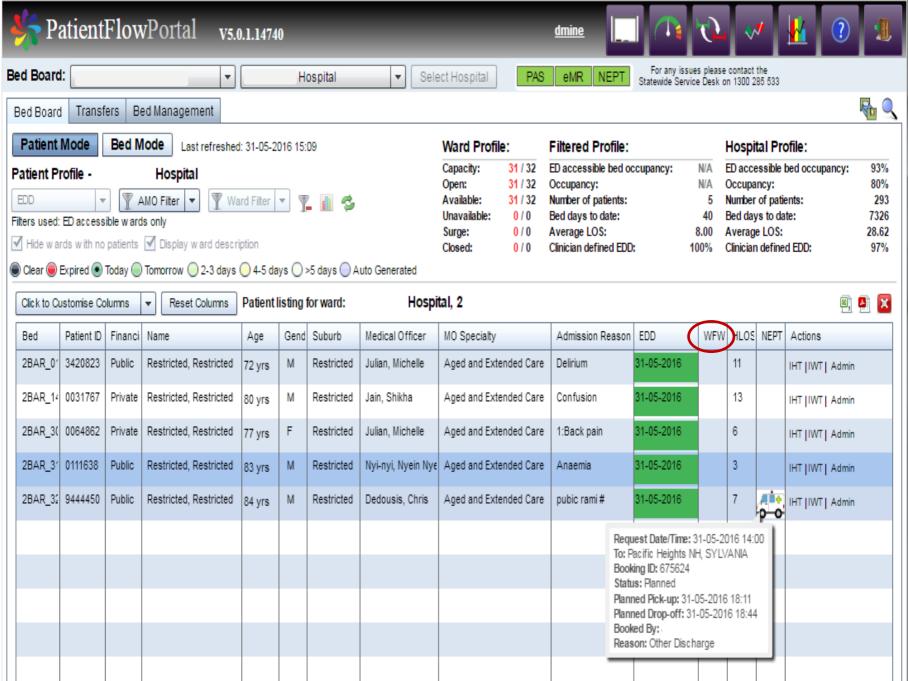


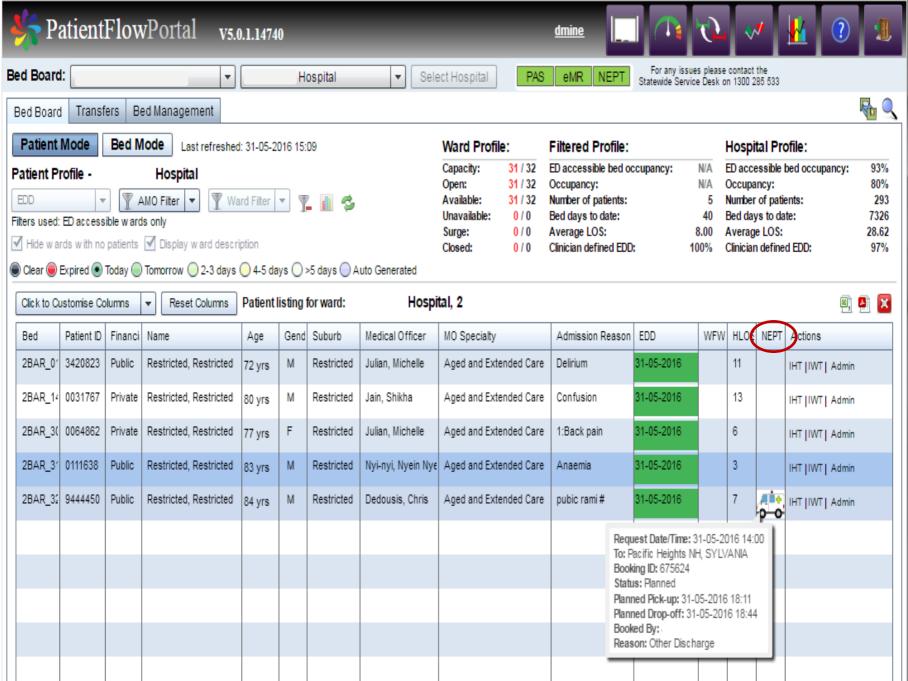


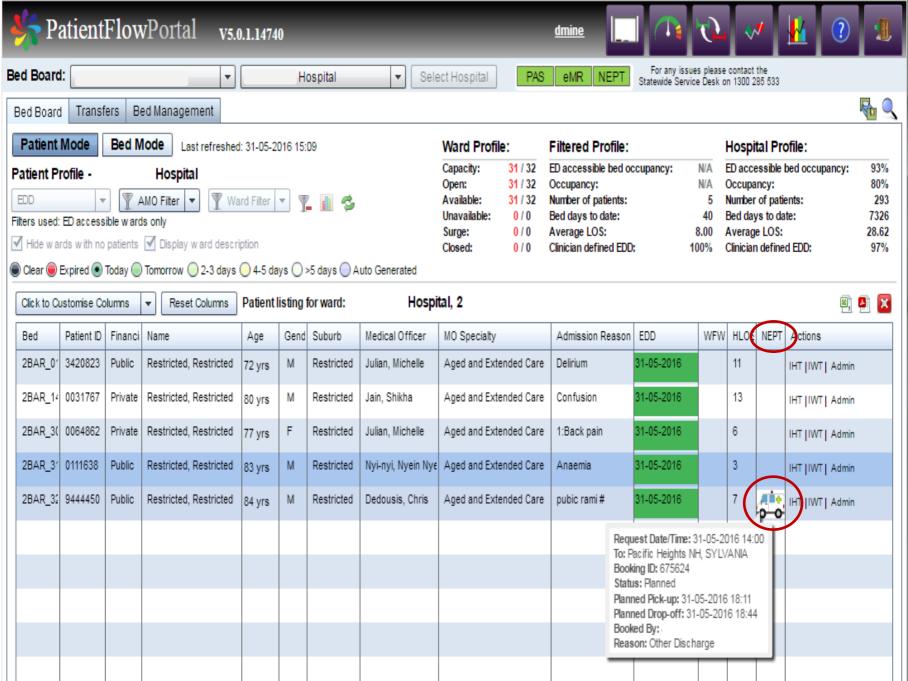


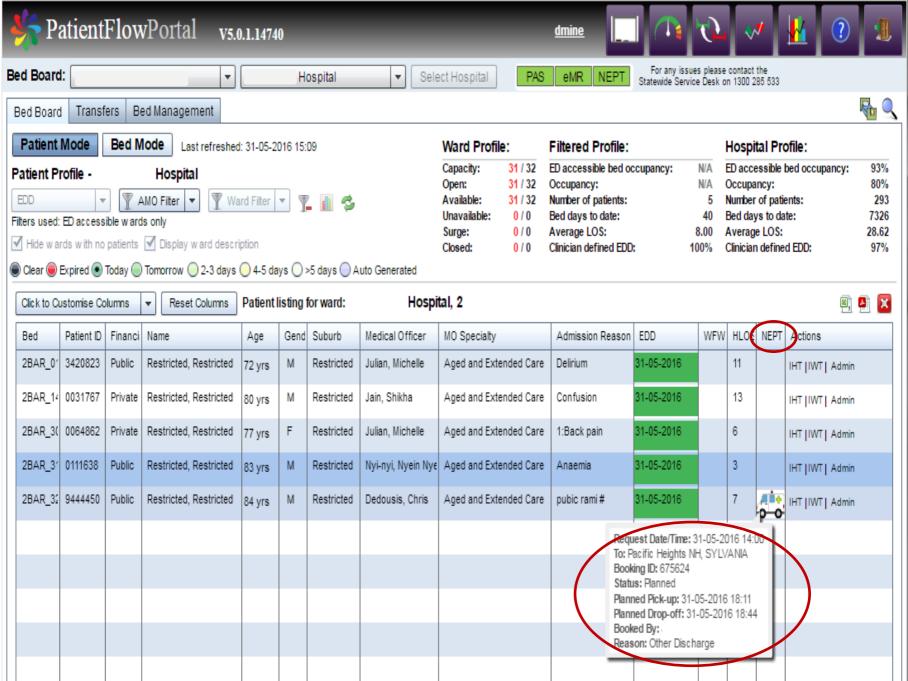


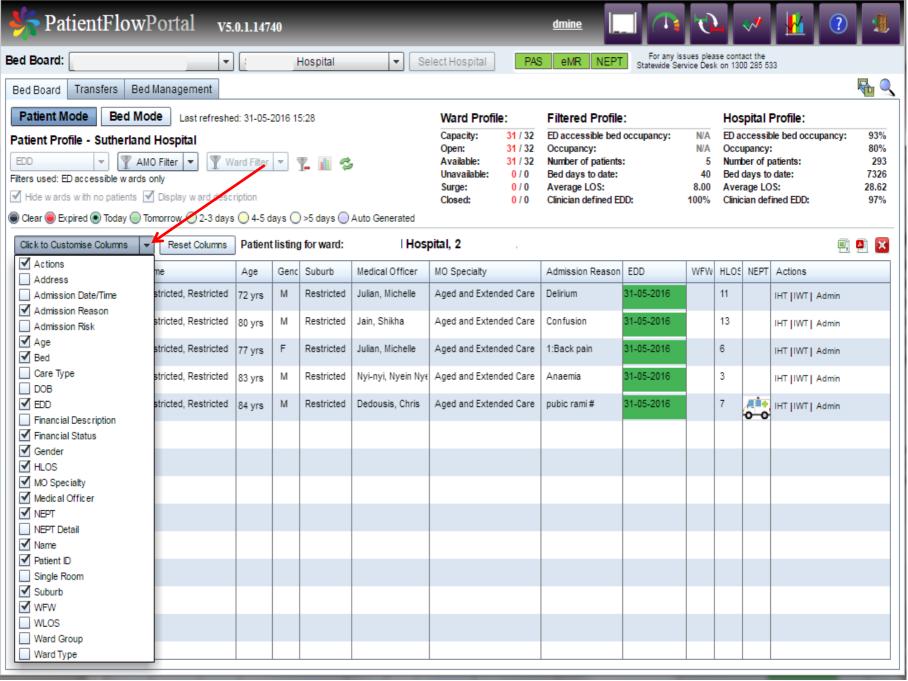


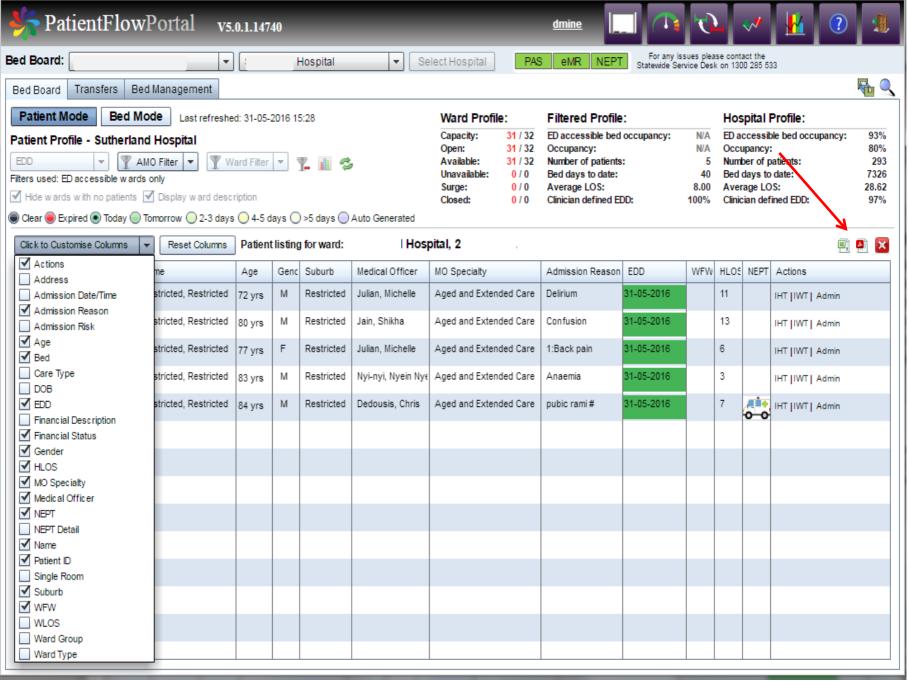


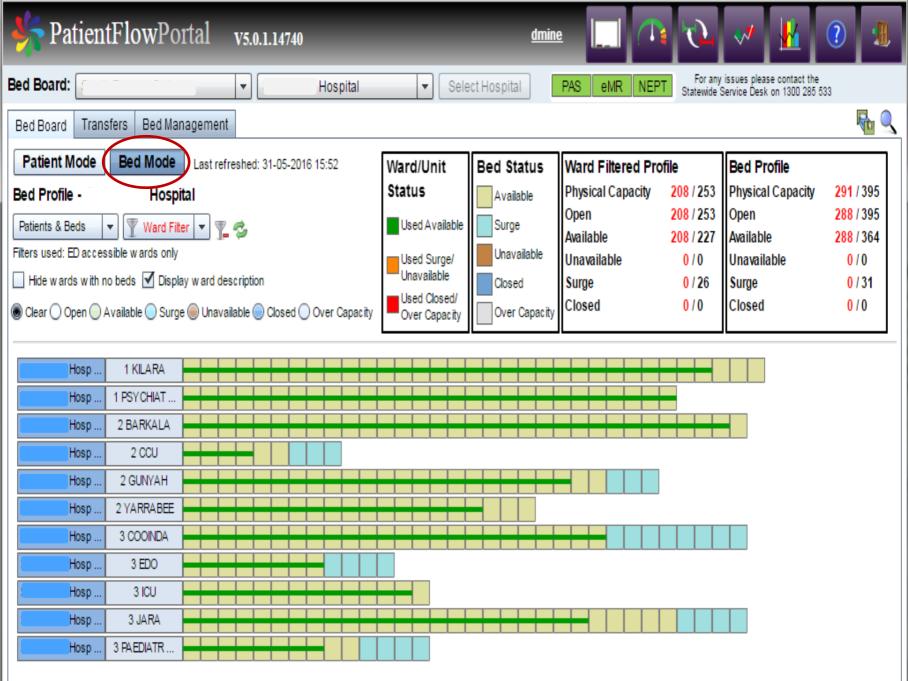


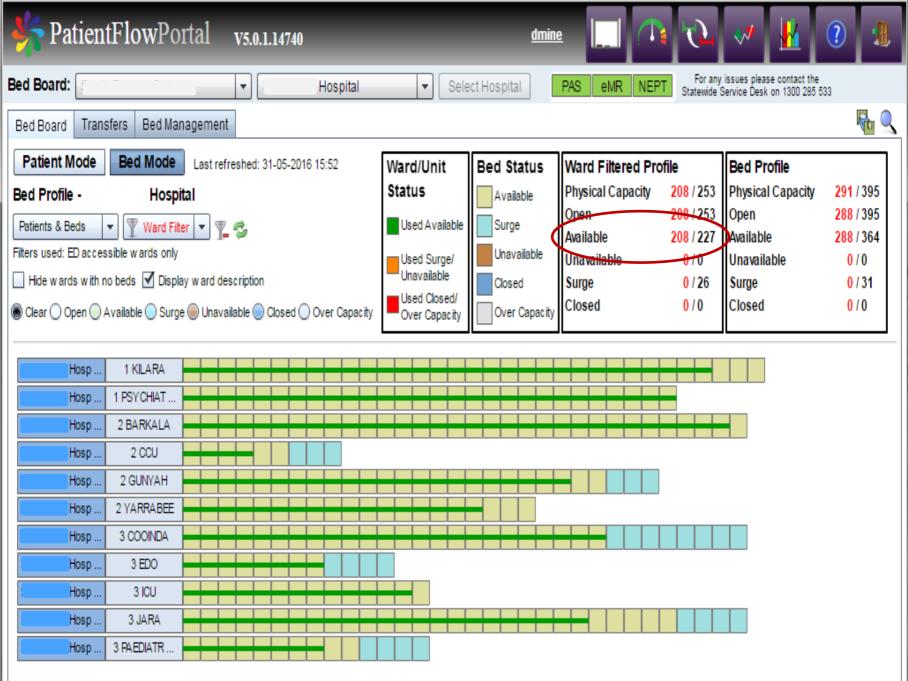


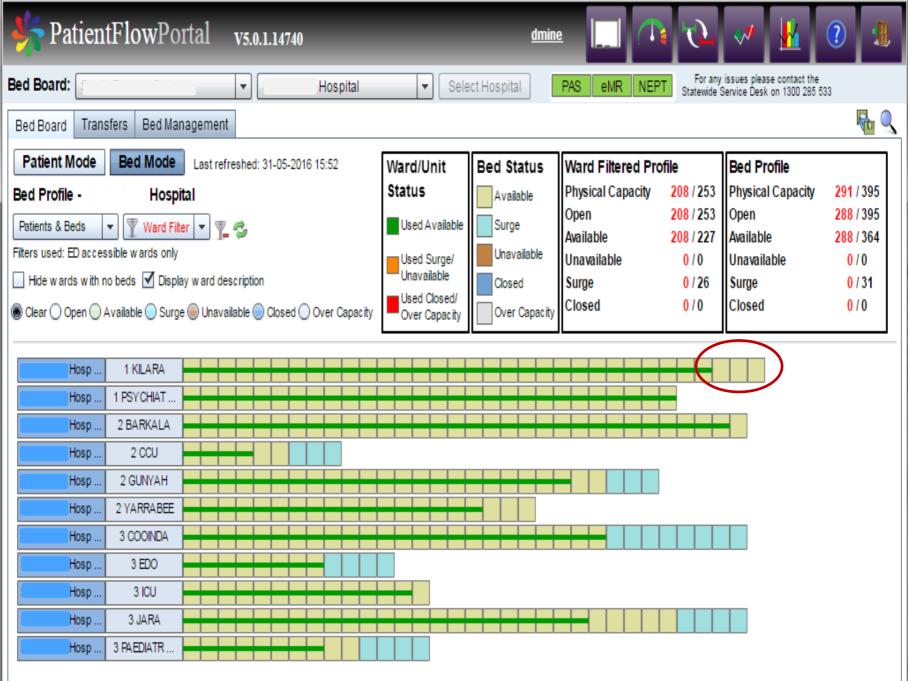


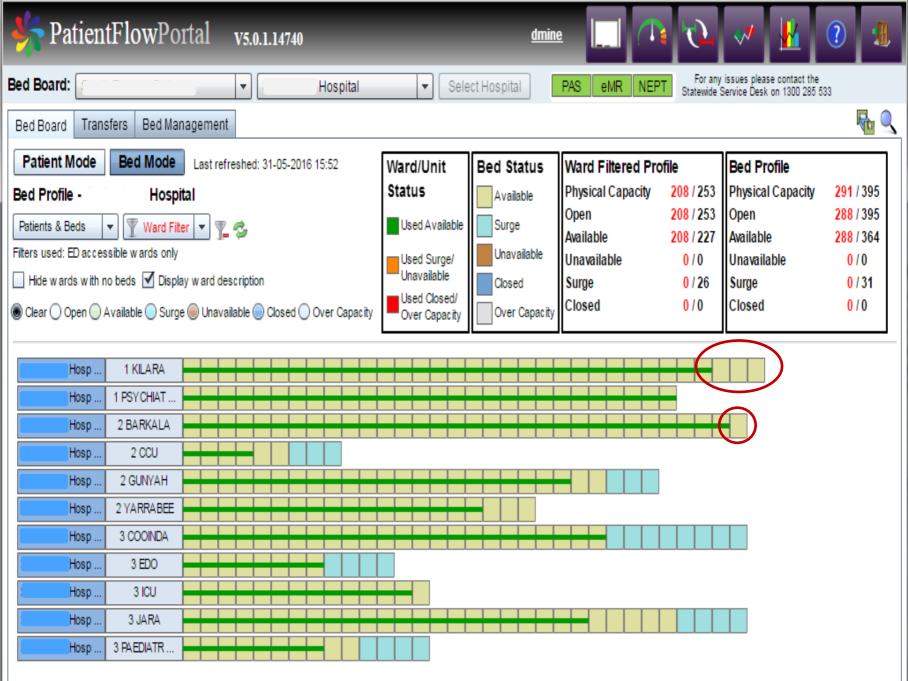


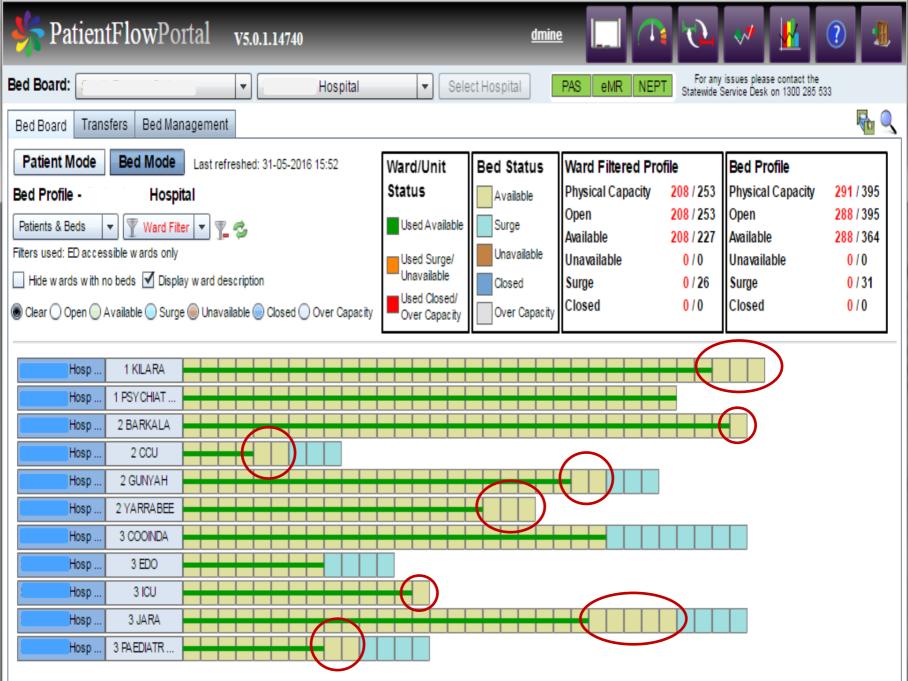


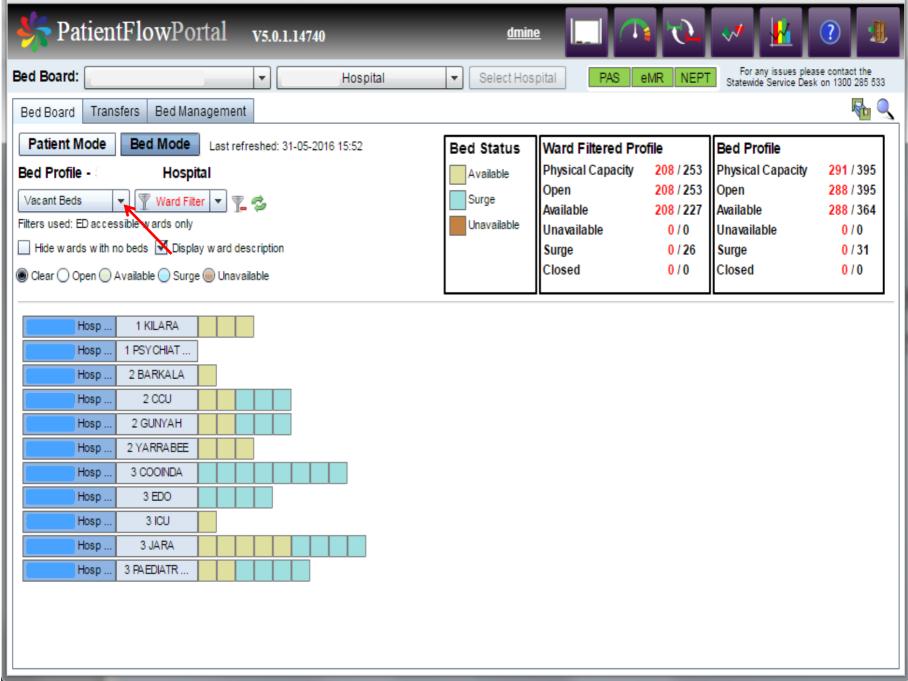


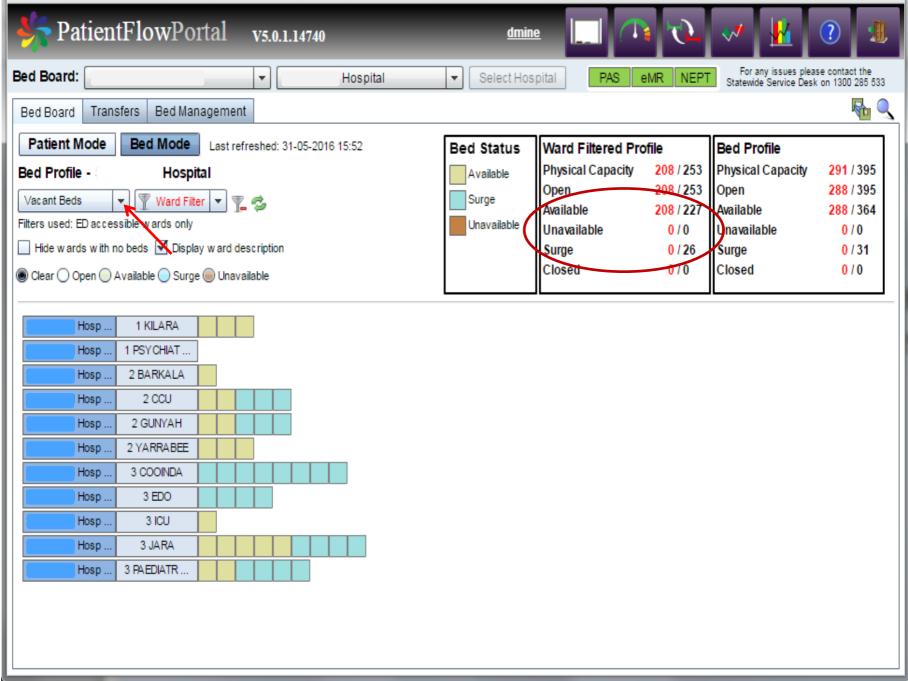












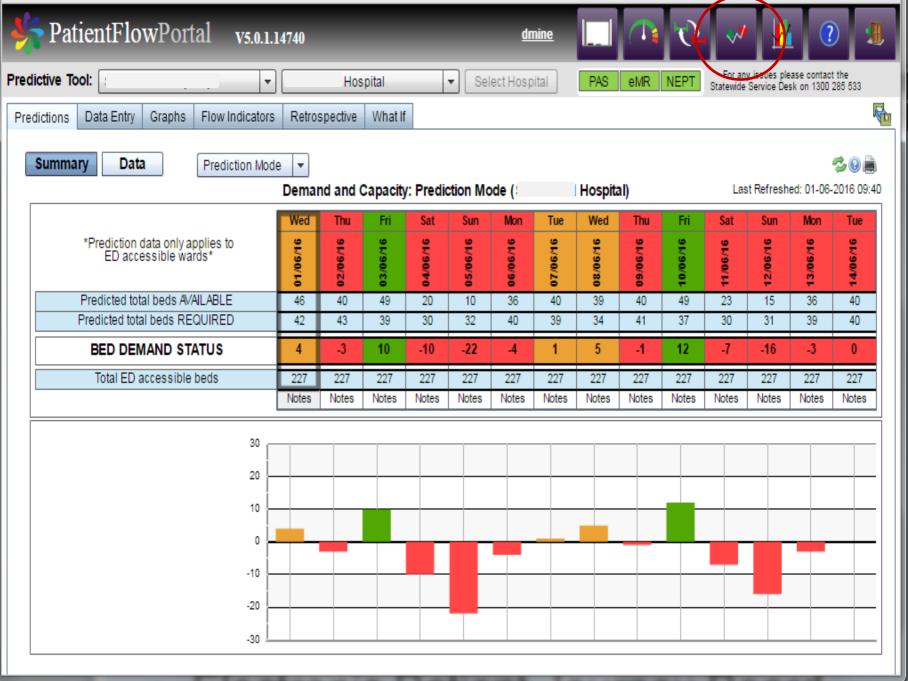


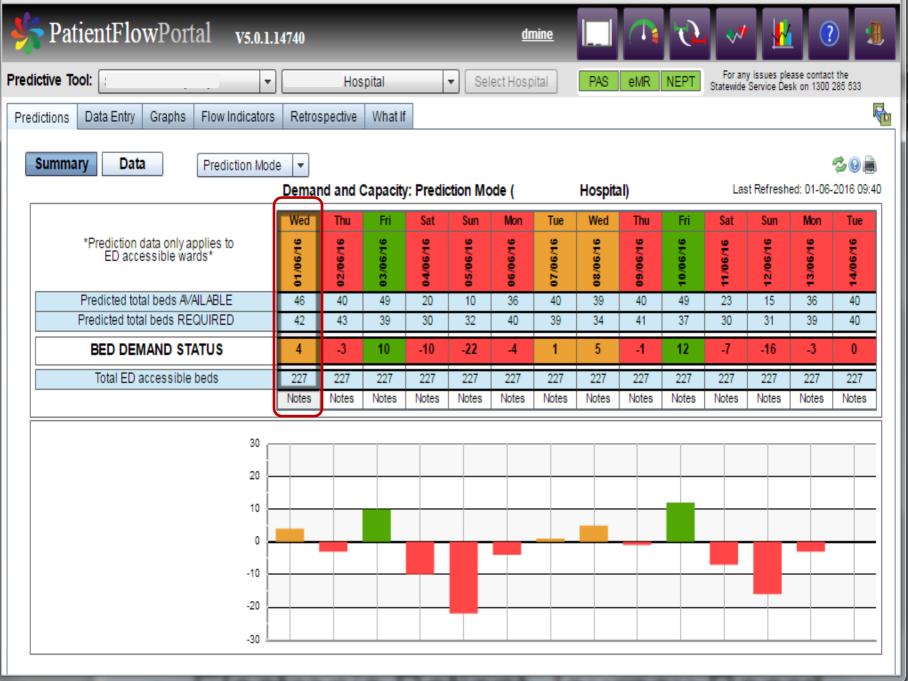
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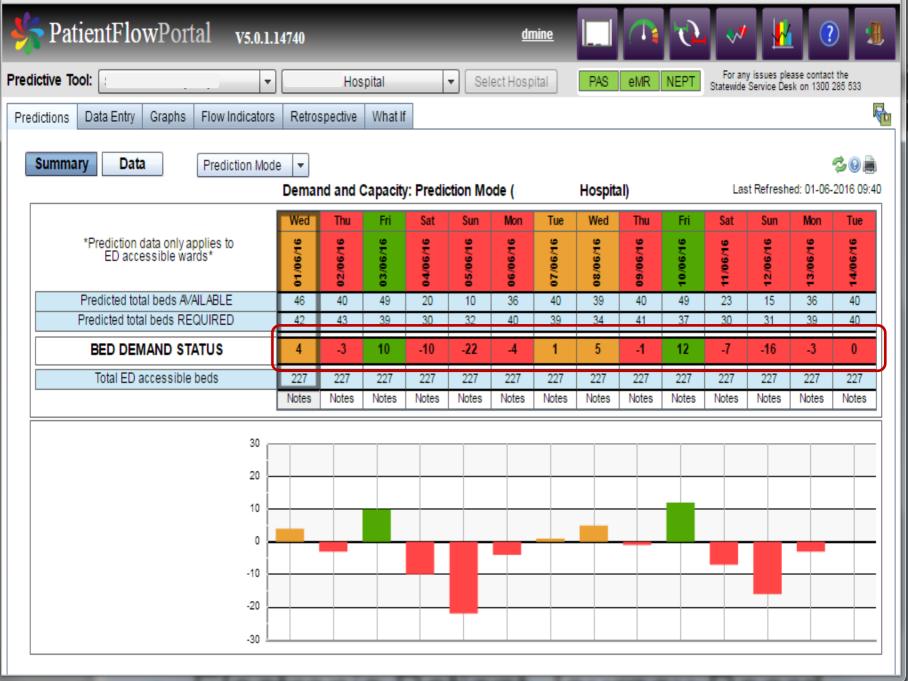
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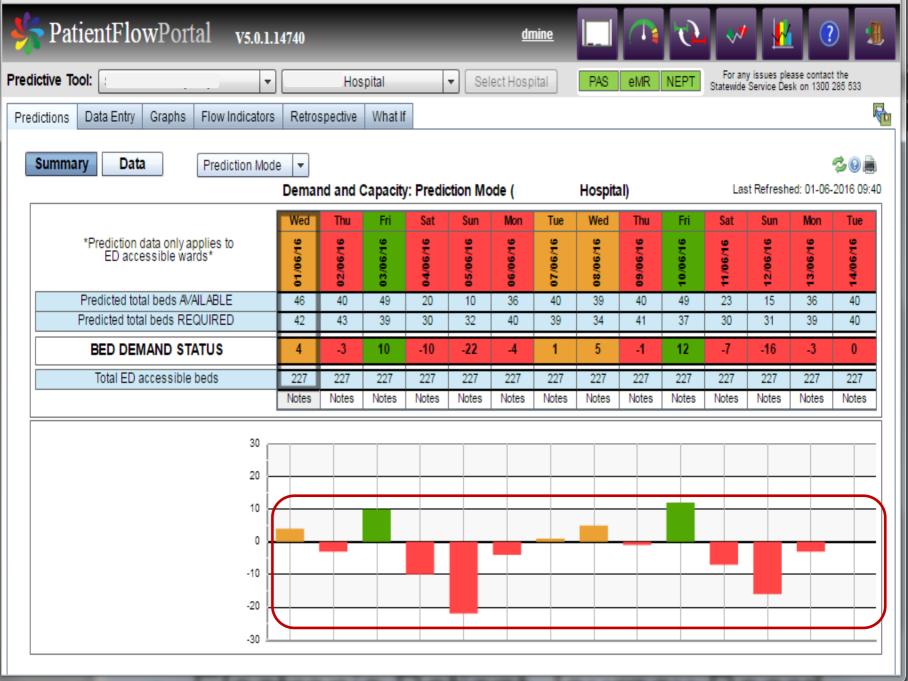














Predictive Tool - Flow Indicators

The Flow Indicators provide you with the ability to better understand your business and where there may be constraints impacting on your capacity.

Act early to preserve capacity







Predictive Tool - Flow Indicators

Local managers and clinical leaders in your organisation have identified the demand and capacity flow indicators and thresholds that indicate an escalating mismatch is occurring.

Act early to preserve capacity







	<u> </u>	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
Flow Indicators Data Entry	Threshold	19/01/16	20/01/16	21/01/16	22/01/16	23/01/16	24/01/16	25/01/16	26/01/16	27/01/16	28/01/16	29/01/16	30/01/16	31/01/16	01/02/16
Emergency Treatment Performance	69	90	80	94	97	94	82	88	95	100	100	85	98		\Box
ED accessible bed occupancy %	85	95	97	97	89	78	78	85	97	98	92	97	100	101	104
Patients over 9 days	10	10	9	9	8	9	10	9	9	8	7	6	6	7	8
Patients with ACCR waiting placement	2							0	0	0	0		1	1	1
Patients waiting ACCR review	2								0						\Box
Patients accepted for rehab waiting a Bed	2	1	1	1	1	1	1	1	1	1	1	1	1	1	2
Patients waiting rehab consult	2						1	1	1	1	1	1			
Patients with MRO	2	1	1	1	1	1	1	1	1	1	2	2	2		
Inpatients waiting surgery/procedure	0														\Box
Patients requiring cardiac monitoring	0				3			1	1	1	1				\Box
Patients ready for transfer to another Facility	2	1	1			1				2	4		1	1	1
Patients awaiting transfer into Facility	0	1	1	1	1	2	2	2	3	3	2				1
Patients with Waiting For What Reasons	0	8	9	7	8	5	7	7	6	9	9	6	7	7	11

Save







	<u> </u>	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
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Patients waiting ACCR review	2								0						
Patients accepted for rehab waiting a Bed	2	1	1	1	1	1	1	1	1	1	1	1	1	1	2
Patients waiting rehab consult	2						1	1	1	1	1	1			
Patients with MRO	2	1	1	1	1	1	1	1	1	1	2	2	2		
Inpatients waiting surgery/procedure	0														
Patients requiring cardiac monitoring	0				3			1	1	1	1				
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Save







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Patients waiting ACCR review	2								0						
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Patients with MRO	2	1	1	1	1	1	1	1	1	1	2	2	2		
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Patients requiring cardiac monitoring	0				3			1	1	1	1				
Patients ready for transfer to another Facility	2	1	1			1				2	4		1	1	1
Patients awaiting transfer into Facility	0	1	1	1	1	2	2	2	3	3	2				1
Patients with Waiting For What Reasons	0	8	9	7	8	5	7	7	6	9	9	6	7	7	-11

Save







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Patients waiting rehab consult	2						1	1	1	1	1	1			\Box
Patients with MRO	2	1	1	1	1	1	1	1	1	1	2	2	2		\Box
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Patients ready for transfer to another Facility	2	1	1			1				2	4		1	1	1
Patients awaiting transfer into Facility	0	1	1	1	1	2	2	2	3	3	2				1
Patients with Waiting For What Reasons	0	8	9	7	8	5	7	7	6	9	9	6	7	7	11

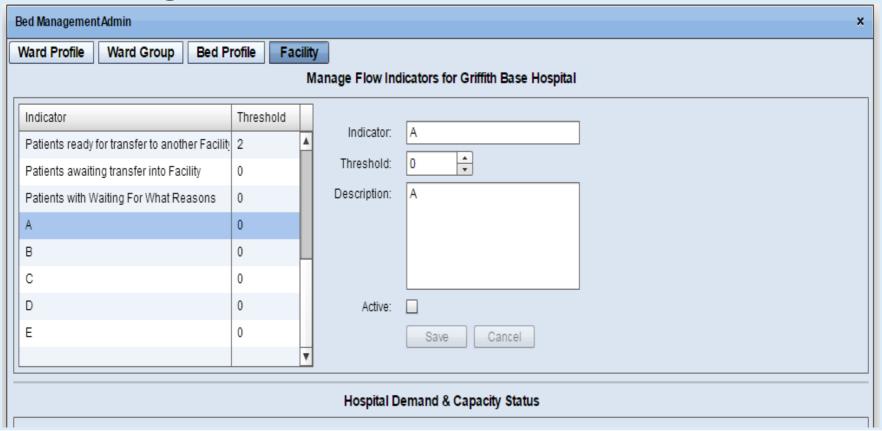
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Adding Flow Indicators









Adding Flow Indicators

Flow Indicators Data Entry	Threshold	Wed 91/110
Emergency Treatment Performance	81	76
ED accessible bed occupancy %	93	51
Patients over 9 days	35	20
Patients with ACCR waiting placement	2	
Patients waiting ACCR review	2	
Patients accepted for rehab waiting a Bed	2	
Patients waiting rehab consult	2	1
Patients with MRO	12	
Inpatients waiting surgery/procedure	2	
Patients requiring cardiac monitoring	8	
Patients ready for transfer to another Facility	2	1
Patients awaiting transfer into Facility	2	1
Patients with Waiting For What Reasons	20	10
Admitted NEAT %	81	44
DC NEAT %	81	87





Potential Flow Indicators

- ✓ Available ED Accessible bed capacity either % or bed numbers
- Critical Care capacity
- Cardiology / Monitored bed capacity
- ✓ Single room capacity / ability to clear single room
- ✓ Number of IHT awaiting transfer to spoke hospital
- ✓ Staffing / skill mix / changeover







Potential Flow Indicators

- ✓ Available ED capacity either % or bed numbers
- ✓ Available Resus Capacity
- ✓ Unplaced admitted pts in ED
- ✓ Ambulance Transfer of Care delays number of pts / time delayed
- Predicted admissions via ED% of admissions / hour of the day







Tracking Flow Indicators

- ✓ Track and monitor your flow indicators daily via the PFP predictive tool Flow indicators table
- ✓ Track and monitor your flow indicators in the live environment via the following:
 - PFP BedBoard
 - Dashboard
 - Ambulance Arrivals Board
 - Your local Demand and Capacity table / spreadsheet







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EPJB Background / Current State

- Journey Board Redesign work across NSW
- Lessons learnt Interstate
- Requirements Gathering Workshops LHD / SHN's
- Release 1 June 2014
- Enhancement Register
- PFP specialty working groups







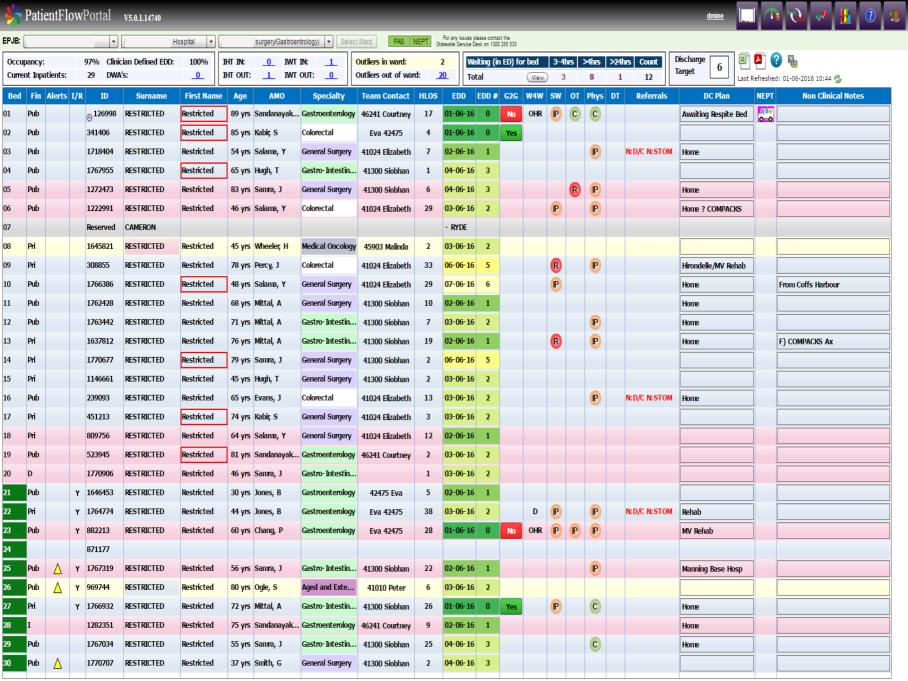
EPJB Background / Current State

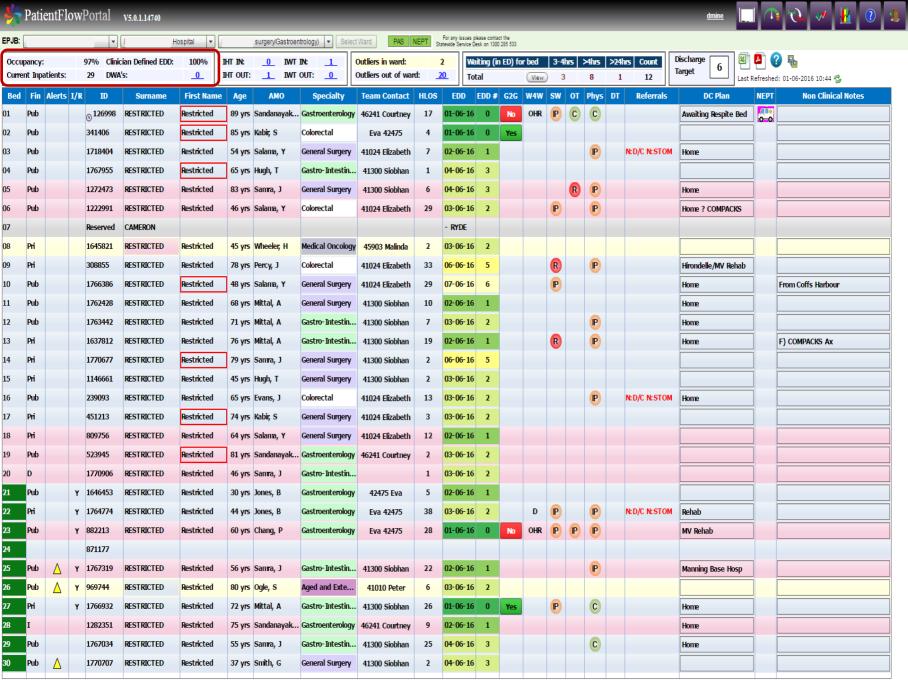
- Budget Supplementation funds for 'in-scope' LHD / SHN's
 - 2014/15 191 packages
 - 2015/16 392 packages*
- Total packages including self funded screens currently = 617
 EPJB packages
- Currently 365 PFP EPJB's are live across NSW Public Hospitals

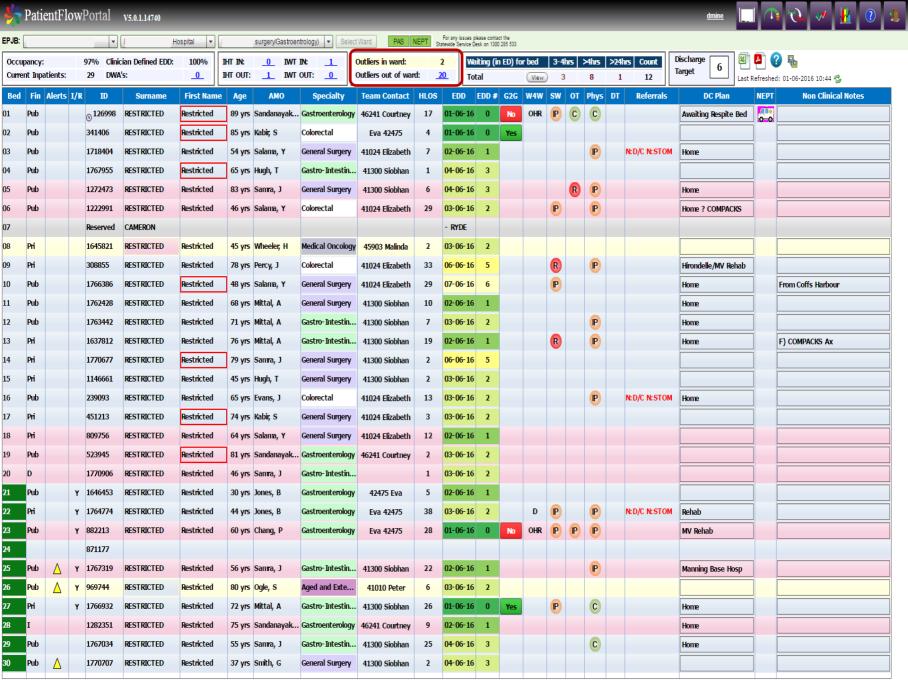
*69 Packages allocated to MH inpatient Units

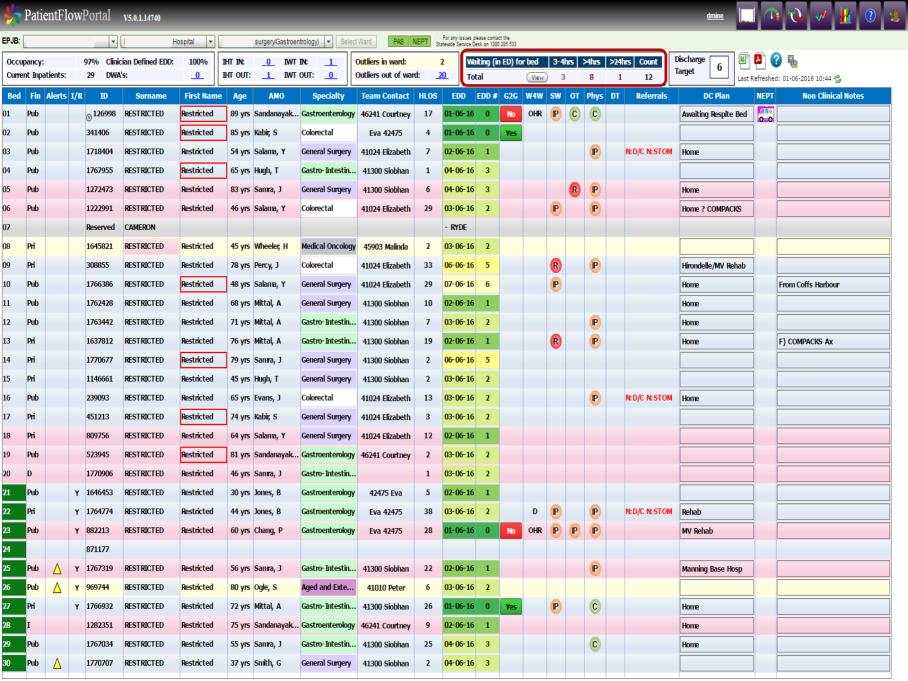


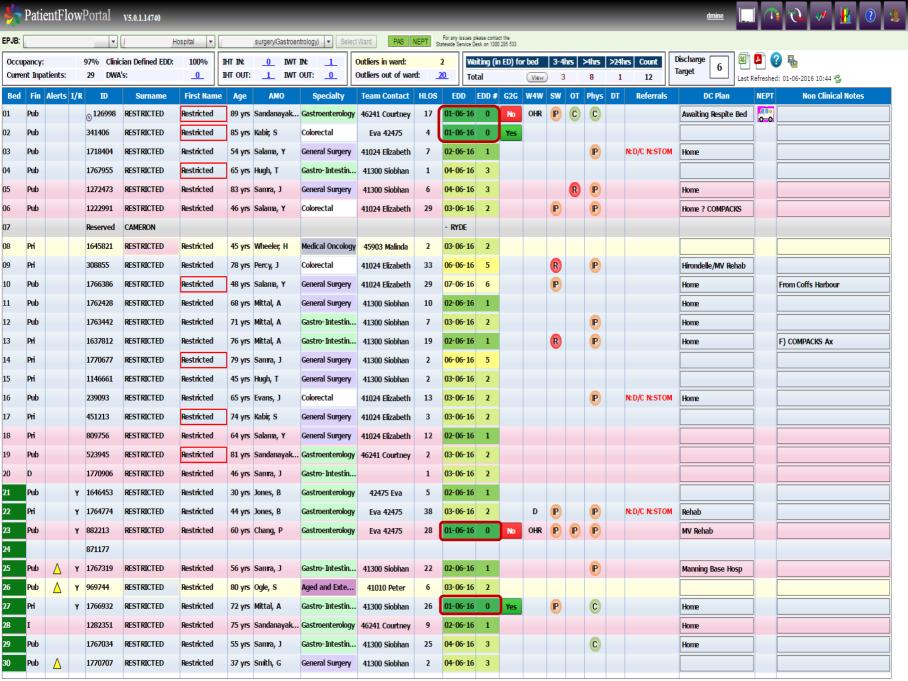


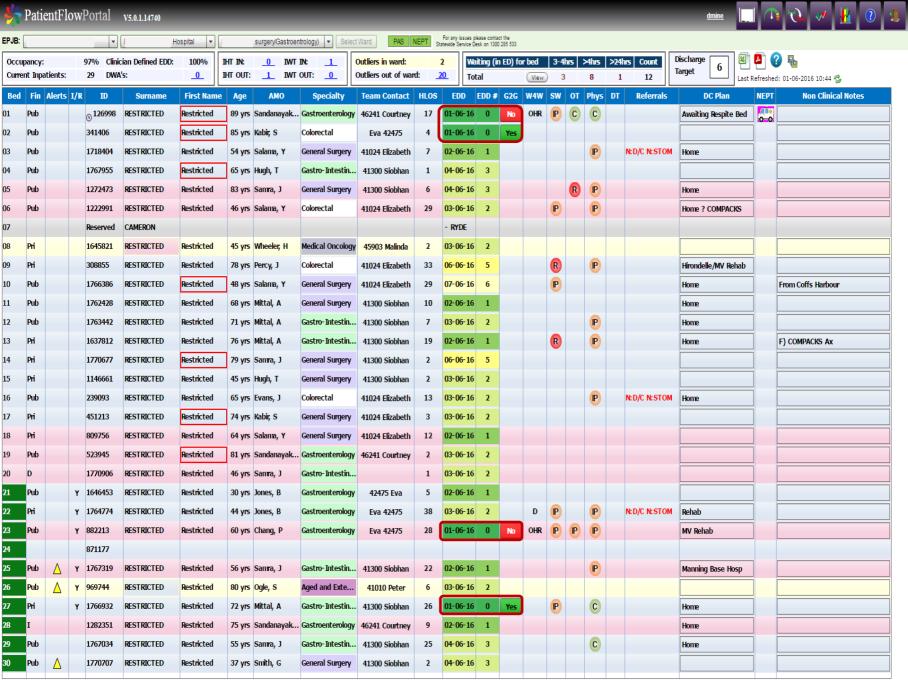


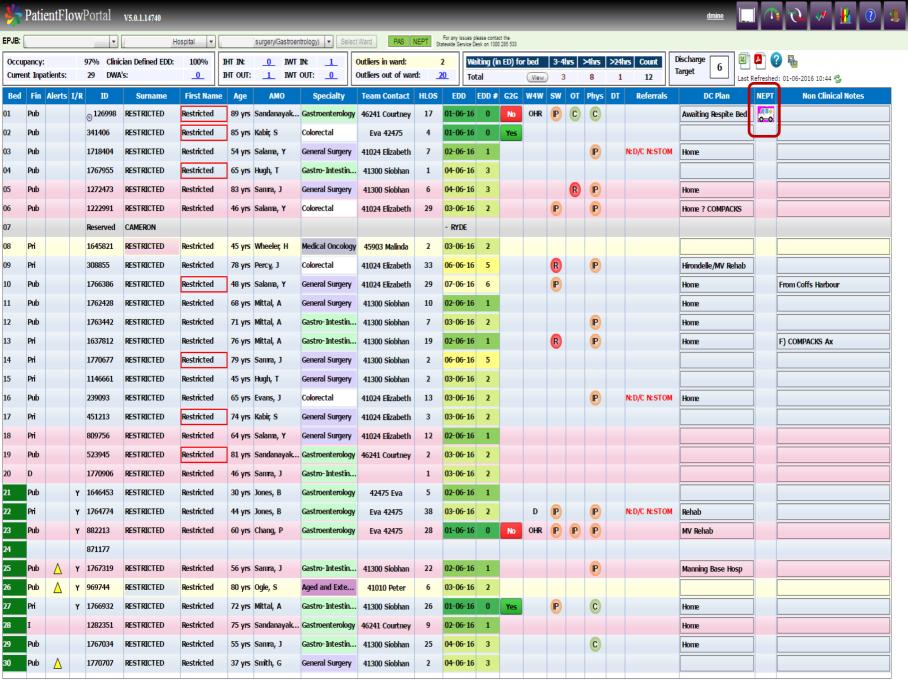


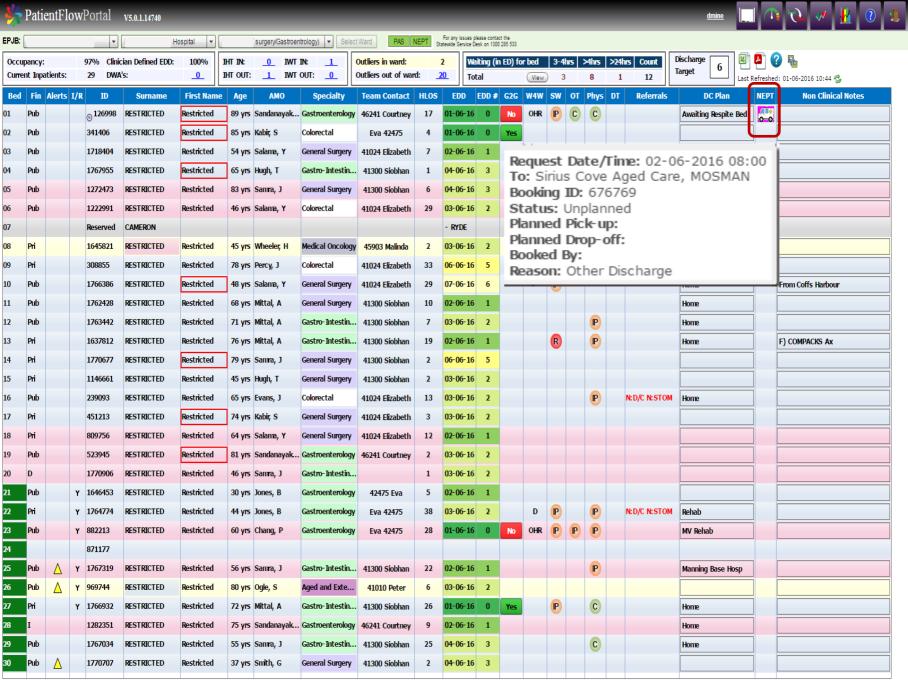


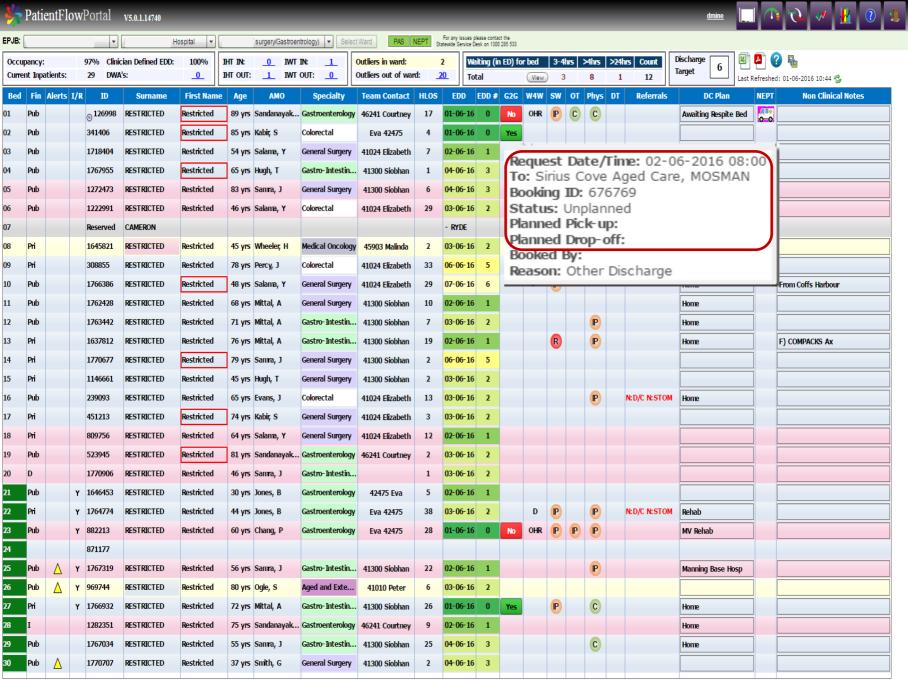


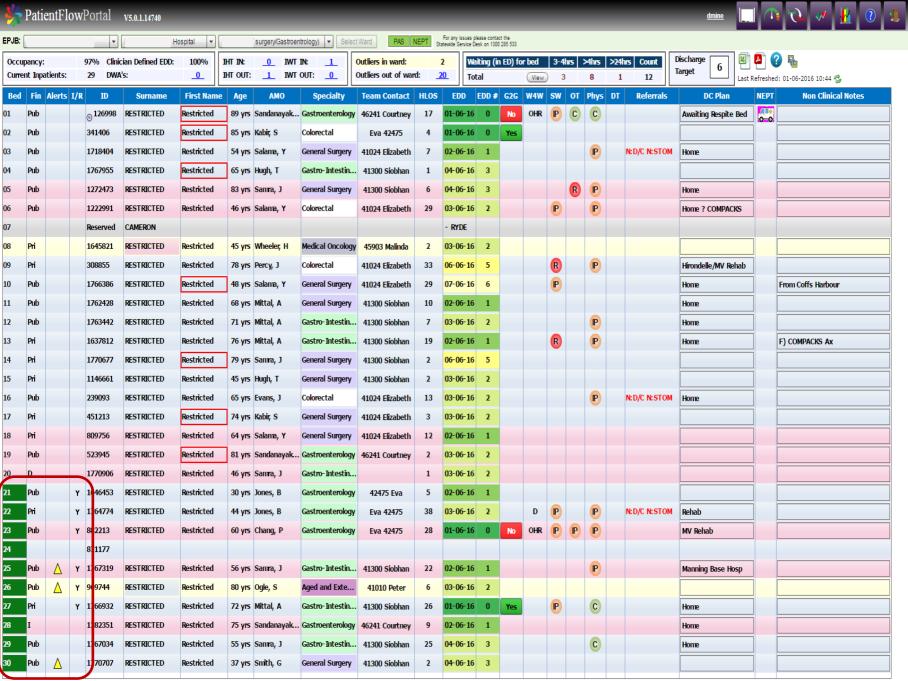


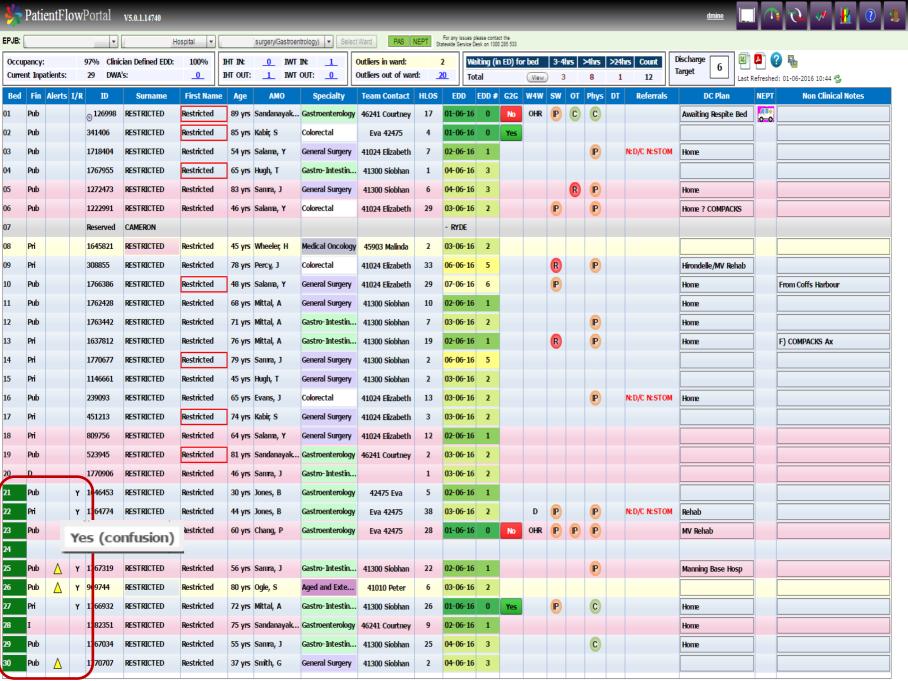


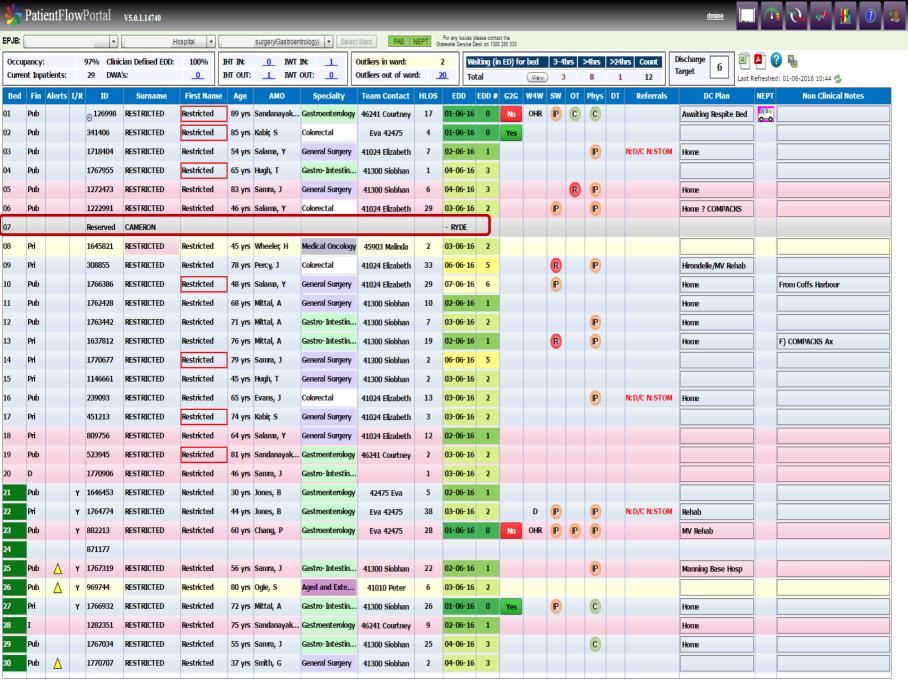


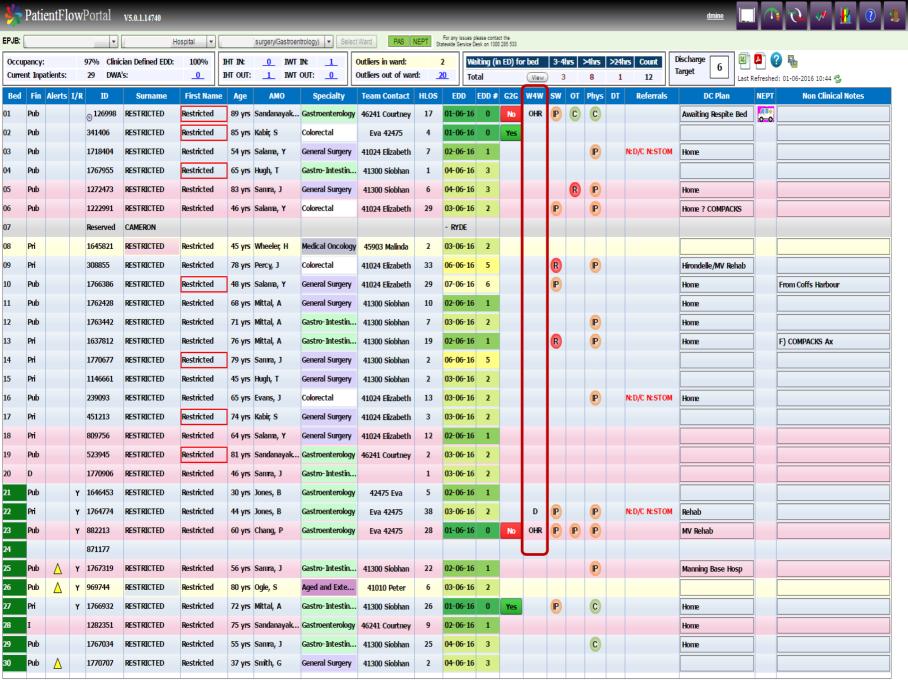


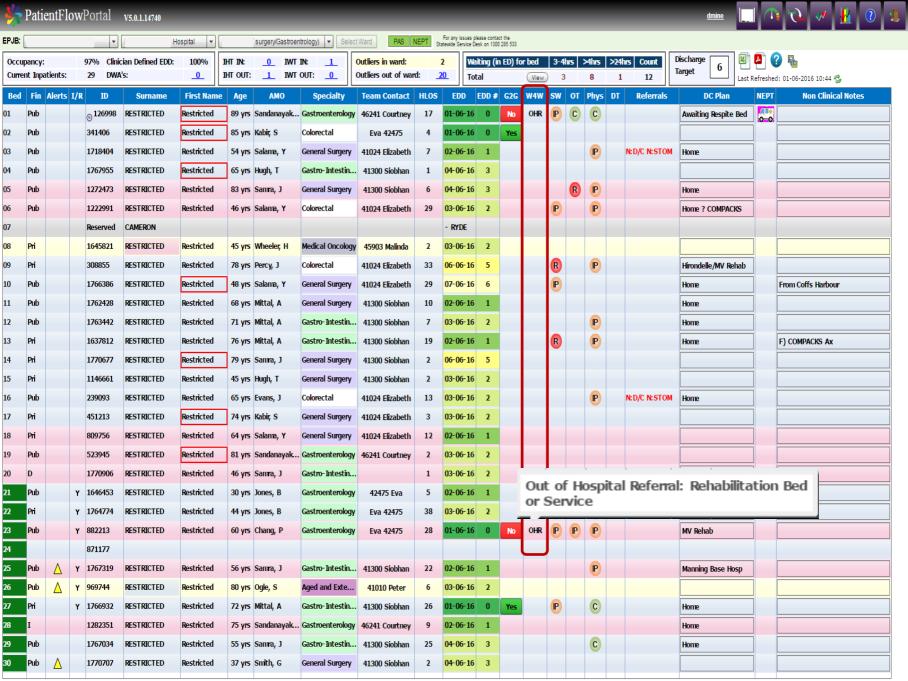


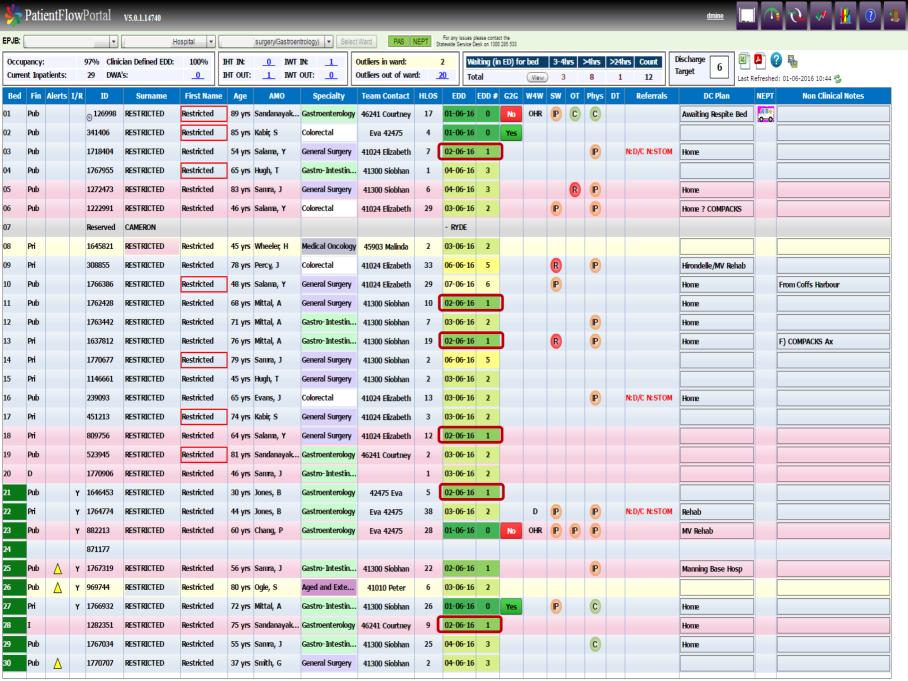


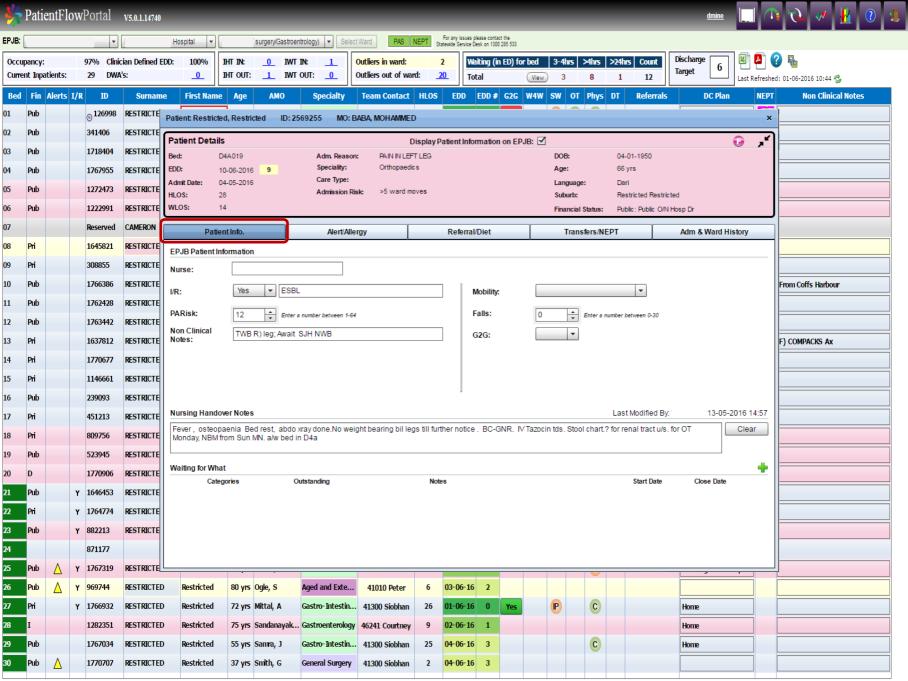


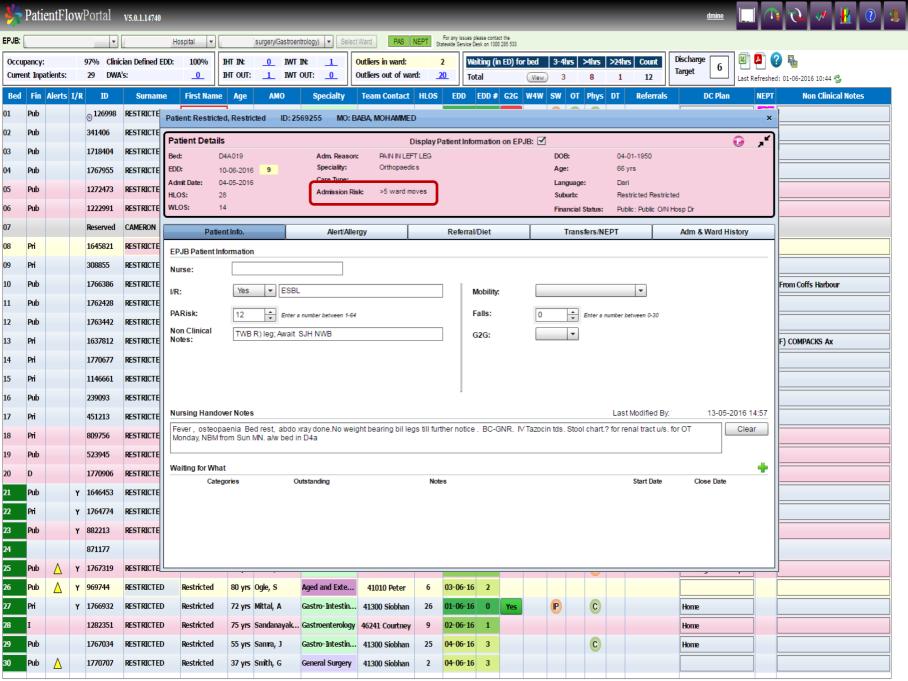


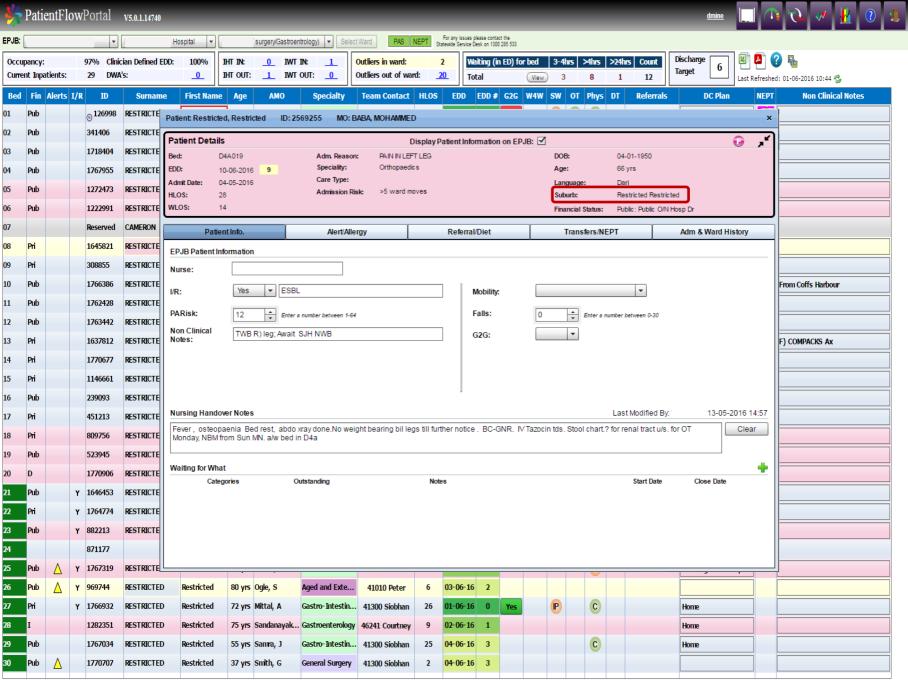


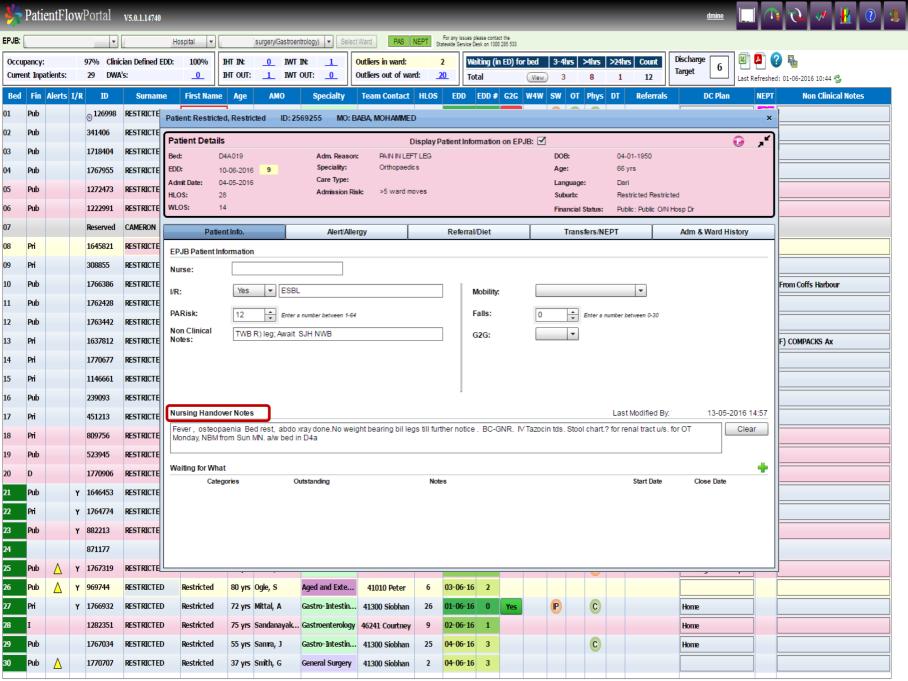


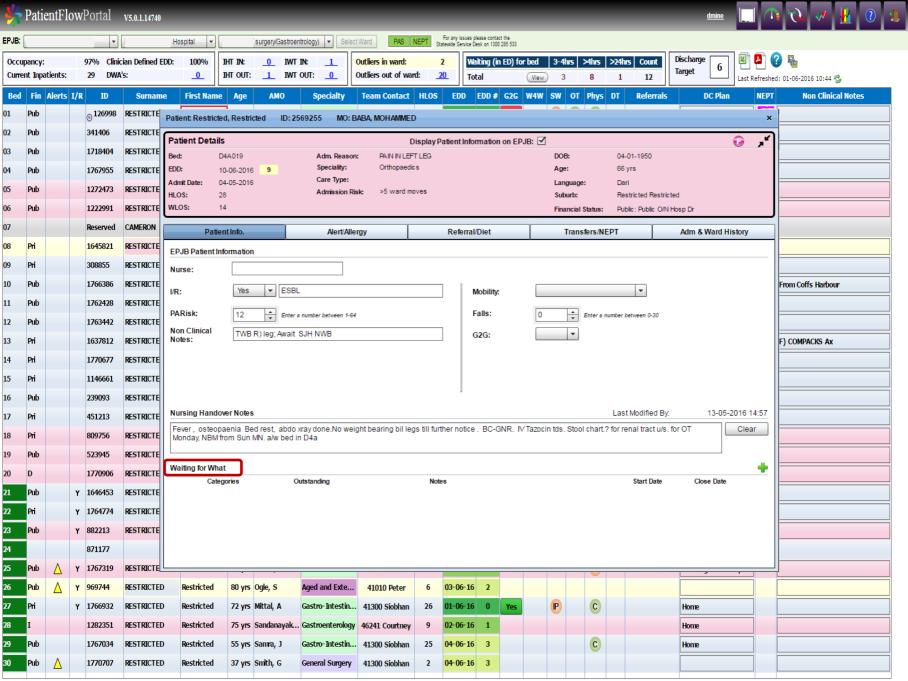


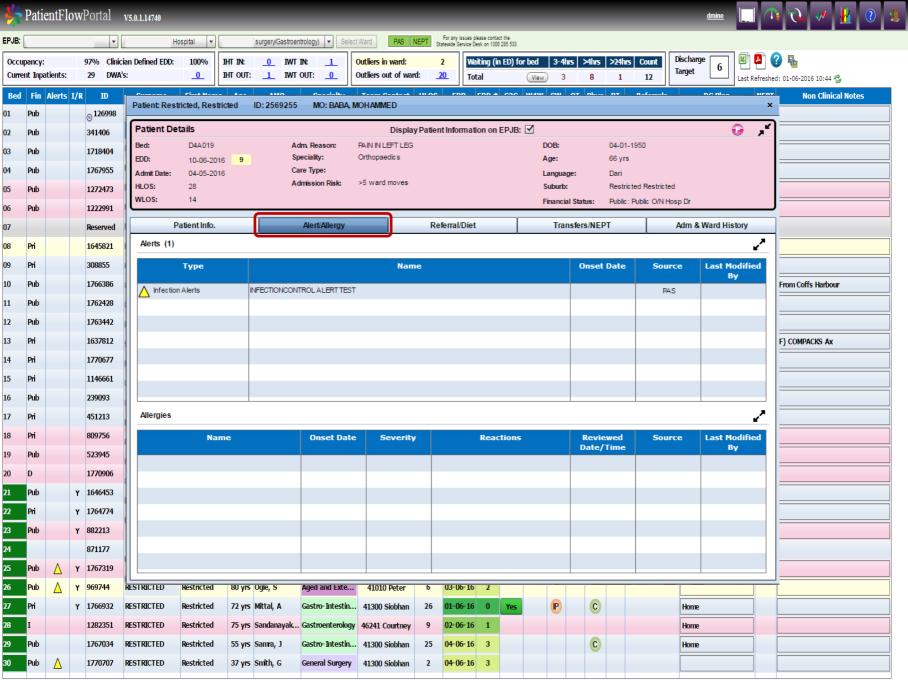


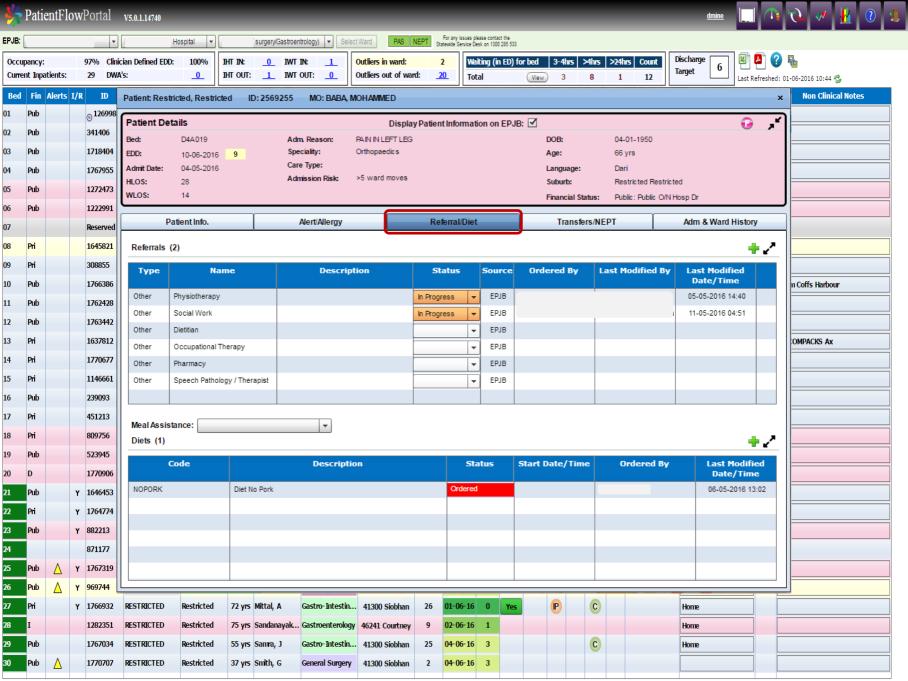


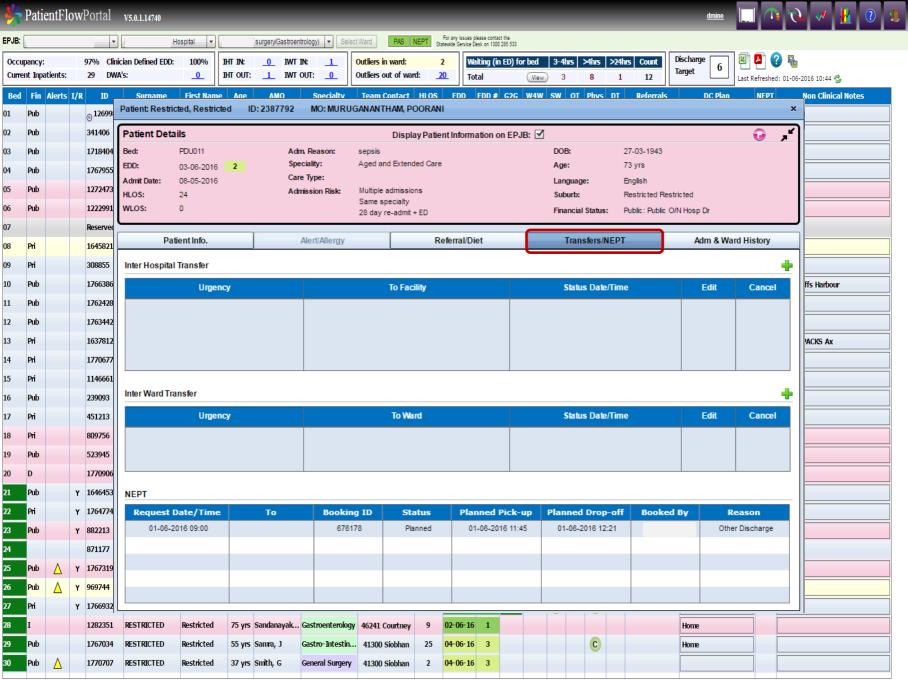


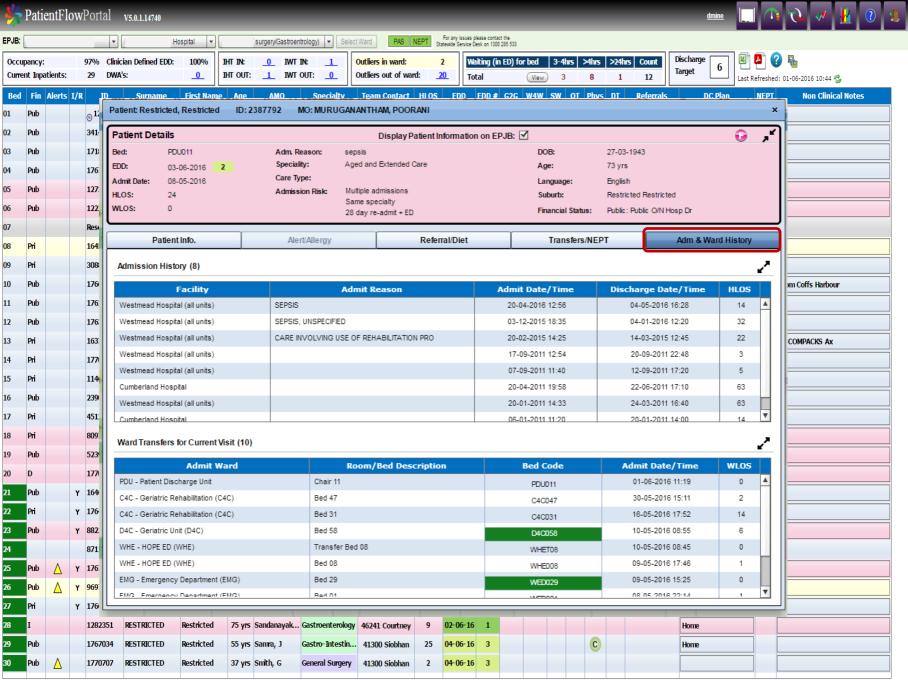
















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Patient Flow Systems

The Patient Flow Systems (PFS) provides high level direction to health leaders and managers.

The NSW Patient Flow Systems Programs provides staff with the knowledge and tools to minimise delays in patients moving through care.

By using a defined governance approach, Patient Flow Systems (PFS) helps ensure that the capacity for patient care is maximised and resources effectively allocated.





What is Patient Flow Systems?

A framework for managing patient flow within NSW

A system wide approach to identify and resolve delays within the current system to create capacity

A coordinated approach to delivering health care to patients.

Patient Flow is Everyone's Responsibility

The Patient Flow Systems Framework was developed through state-wide collaboration that used Redesign Methodology to identify elements that contribute to good patient flow.

The 7 key elements of Patient Flow Systems are:



Care Coordination

Navigate patients through the health system to prevent delays



Standardised Practice

Promote best practice to lock in expected outcomes



Demand Escalation

Act early to preserve capacity



Variation Management

Smooth the peaks and troughs to distribute the load



Demand & Capacity Planning

Organise your service to build capacity



Quality

Structure systems around an expected outcome

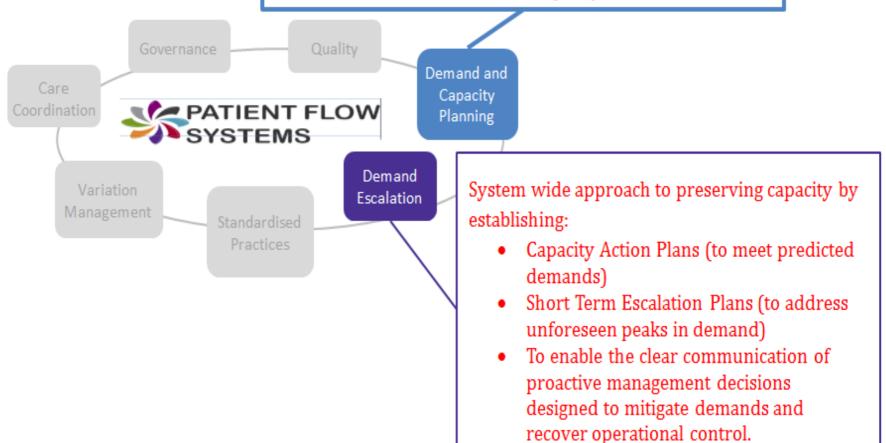


Governance

Establish transparent accountable leadership

Planned coordinated responses to be initiated early in order to preserve capacity by:

- building capacity through regular use of predictive data and historical trends
- executive sponsorship and shared understanding of the services demand and capacity thresholds





Short Term Escalation Plans (STEP)

The core principle of Demand Escalation within the NSW Health Patient Flow Systems is to 'act early to preserve capacity'

Short term escalation plans to address a short term unforeseen demand/capacity mismatch

- ✓ A STEP is required for each of the operational levels in your organisation e.g. Units, Departments or Clinical Streams
- ✓ A STEP is required for your Facility
- ✓ A STEP is required for your LHD/SHN

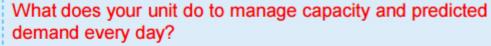






Short Term Escalation Plan (STEP)

0 Business as Usual What is "business as usual" for this unit/department/ clinical stream & facility. Baseline measure



Preventative Actions – Standard patient flow activities and operational procedures

1 Moderate compromise What are the local triggers for this for this unit/ department/ clinical stream & facility that if breached require escalation to level 1



What actions need to occur at level 1 for each trigger Escalating patient flow activities Identify available beds and transfer as per Patient Flow Unit



What are the local triggers for this unit/department/ clinical stream & facility to escalate to level 2



What actions need to occur at level 2 for each trigger Prioritising services & discharges Consider utilising surge beds & networking options



What are the local triggers for this unit/department/ clinical stream & facility to escalate to level 3



What actions need to occur at level 3 for each trigger All Contingency measures activated

TEMPLATE: Short Term Escalation Plan (STEP)

Short Term Escalation Plan (STEP)							Peak Activity Team (PAT)		
Escalation level	Triggers *Criteria & Score	Actions	Position Responsible	Timeframe	*Communicat ion Plan:	*Resources (people; tools; supplies)	*Evaluation Criteria for: Escalation De-escalation	Feedback Recommended adjustments to thresholds	PAT Initiatives require a system wide response and must be escalated to your facility/LHD/ MOH:
0 Business as Usual	What is "business as usual" for this unit/department/ clinical stream & facility. Baseline measure	What does your unit do to manage capacity and predicted demand every day? Preventative Actions – Standard patient flow activities and operational procedures;	NUM Patient Flow After Hours NM Executive						ART crew for greater than 90 minutes Ambulance delays of greater than 90 minutes Hospital bed capacity is
1 Moderate compromise	What are the local triggers for this for this unit/department/clinical stream & facility that if breached require escalation to level 1	What actions need to occur at level 1 for each trigger Escalating patient flow activities Identify available beds and transfer as per Patient Flow Unit	NUM Patient Flow After Hours NM Executive	Review all action every hour					such that movement through the ED will be impacted to a significant degree. Consideration of matrix diversion Major system failure that
2 Severe compromise	What are the local triggers for this unit/department/ clinical stream & facility to escalate to level 2	What actions need to occur at level 2 for each trigger Prioritising services & discharges Consider utilising surge beds & networking options	Nurse Manager/ Clinical Stream NM & Medical Lead Executive Lead	Review all actions every 30mins					could impact on ED, eg. FirstNet off line.
3 Extreme compromise	What are the local triggers for this unit/department/ clinical stream & facility to escalate to level 3	What actions need to occur at level 3 for each trigger All Contingency measures activated	Nurse Manager/ Clinical Stream NM & Medical Lead Executive Lead						



Facility Demand Escalation Matrix

Local managers and clinical leaders have identified the demand and capacity triggers that indicate an escalating mismatch is occurring.

These triggers will make up the score to apply to the Facility Demand Escalation Matrix.

The Matrix provides uniformed criteria that support consistent communication and timely targeted action in response to local escalation.





Score	1 point for each criteria	2 points for each criteria	3 points for each criteria	4 points for each criteria
Ambulance				
Vacant ED accessible bed (PFP)				
Admitted Patients in the Emergency Department	<5	5-7	8-9	>10
LOS > 9 Days ED Accessible Beds	<30	30-34	35-40	>40
Single Rooms available / ability to be cleared	4	3	2	0
External Dependencies				
No. STEPs Triggered	Nil	1 Department	>2 Departments	>3 Departments
Total				

Facility Level Escalation	Score
0	0-5
1	6-9
2	10-13
3	> 13



1

3

Level Description

0 Business as usual

Adequate capacity to sustain core business; patient flow systems functioning and maintaining performance

Moderate compromise

Moderate compromise to core business activities as identified by Demand or Capacity mismatch triggers; Thresholds breached.

Severe compromise

Severe compromise to core business activities as identified by Demand or Capacity mismatch triggers; Disruption intensified.

Extreme compromise Extreme compromise to core business activities

All contingencies fully operational

Facility Level Escalation	Score
0	0-5
1	6-9
2	10-13
3	> 13





Capacity Action Plan (CAP)

The CAP aims for planned escalation before the problem occurs and responsiveness to demand in order to maximise the use of capacity and preserve Level 0 Green status i.e. Business as Usual.

- ✓ A CAP will be required for periods of predicted capacity and demand mismatch – Easter long Weekend, Planned Service Modifications, Winter periods
- ✓ A CAP is required for your Facility
- ✓ A CAP is required for your LHD/SHN





Capacity Action Plan –							
	Actions:	Position Responsible	Communication Plan	Resources (people; tools; supplies)	Evaluation Criteria for Escalation or De- escalation	Feedback Recommended adjustments to thresholds	
Surgery: Confirm Category 1, 2 &3 ESTP performance meets targets through 2016.	 Purchase identified surgical activity such as ophthalmology, urology from private providers as appropriate. Admissions in the morning (pre-op) – use of DSU to do overnight pre-admissions e.g a subset of joints. Weekend DOSA's only surgery lists until end of September 2016. Allocation of low acuity elective surgery to MLHD District Hospitals from WWRRH in a virtual ward model Increase WWRRH day surgery throughput and operational hours. Repatriation of post-surgical patients to 'home' hospitals Patients are identified in 	NM Perioperative Services, NM Perioperative Services DMS, DO NM Perioperative Services	1) Daily Bed management meetings looking at predications over next 14 days 2) Weekly TCI meeting IPU department managers 3) Weekly OPERA review of surgical bookings & activity 4) Coms re strategies at weekly WOHP meeting 5) Weekly PAT coms	Utilisation of Private sector for some elective patients during peaks in demand. Utilisation of surge beds during peaks in demand.	PFP predictive tool daily data and triggers. Requests for cancellation due to Access Block STEP- Moderate compromise Cancelled sessions by surgeons Inappropriate RPA CC Under or over activity targets by 2% Refusal of Home Hospital to accept repatriation Late starts in OT		



Summary

- ✓ Executive After Hours
- ✓ Consistent Communication is key
- ✓ Patient flow is everyone's responsibility
- ✓ Utilise the Patient Flow Portal Tool to inform you decisions
- ✓ EPJB to facilitate Care Coordination
- ✓ Consequences for behaviour
- ✓ Know your local STEP, Matrix and CAP
- ✓ Escalate early to preserve capacity







Questions





