

Whole of Health Program

Whole of Health Program Masterclass
29th November, 2017

Agenda

- The intended audience and users
- Access to real time data
- EVA and other dashboards
- Why Use it?
- Enhancement requests and suggestions
- Accessing the Whole of health Team

Executive Emergency Access View Intended Audience



- Local and LHD Executive

- Patient Flow Managers



- System managers

- ED Managers



- Whole of Health Leads



Not indented for frontline clinicians

The EAV gives Managers more accessible real-time data

- Giving visibility of demand at facility and LHD level
 - Ready access to information and creates a focus and allows for scene setting
 - Provides information to initiate a conversation and to commence early escalations to mitigate delays and support hospital capacity management
 - The capacity to anticipate tipping points and identify systematic delays impacting on patient flow
 - Make decisions based on transparent Hospital and LHD wide data and to use the collective wisdom of the crowd to optimise flow
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Overall ETP

Since midnight
75%

Target
81%

Arrivals

Since midnight

332

Ambulance patients

126

Walk-in patients

206

Other

0

Ambulance Details

Transfer of Care KPI

Since midnight
83%

Target
90%

Waiting to Offload ≤ 30 mins

39

Waiting to Offload > 30 mins ≤ 1hr

15

Waiting to Offload > 1hr

8

En-route

18

Booked Transfers (P3 / R3)

16

177

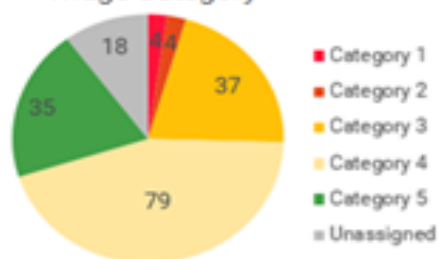
Patients in ED



Patients in ED



Triage Category



0 – 3 hours

70

3 – 4 hours

15

4 – 5 hours

25

5 – 12 hours

67

> 24 hours

0

Admitted (Awaiting inpatient bed)

17

Beds



Total no. of ED accessible beds

38

No. of occupied ED accessible beds

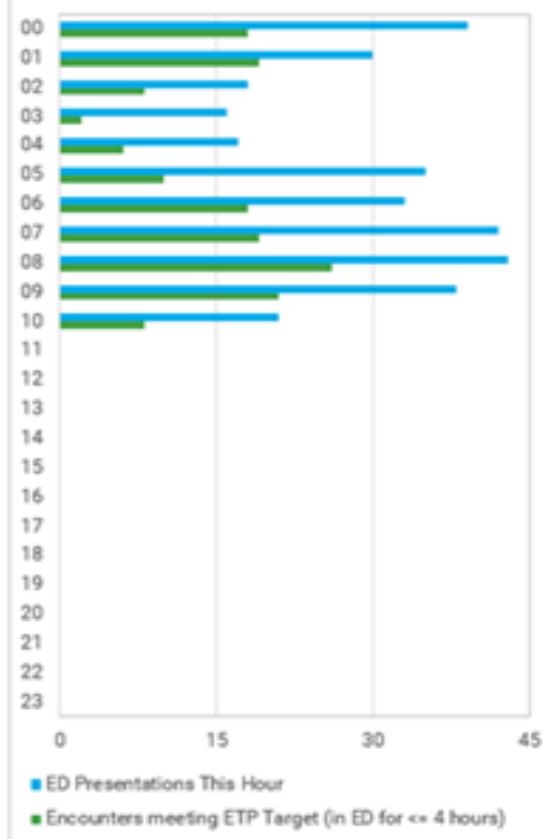
35 **92%**

No. of available ED accessible beds

3 **8%**

ED Presentations

Since midnight



Admitted to ward

97 **29%**

Discharged from ED

49 **15%**

Left at own risk

0 **0%**

Did not wait

9 **3%**

EAV and other dashboards

- The availability of the EAV provides a visualisation platform and a point in time view of ED patient demand and key patient flow metrics
- The EAV pulls data from other source systems in to one location
- It does not replace existing tools and dashboards but can be used as an adjunct to the existing tools.
- Other dashboards and viewers provide more detail on the pressure/tipping points in an organisation in more granular detail – the next level down.

EAV why use it?

- The EAV creates a starting point to initiate actions or to simply go about your day job – what do we need to do today to keep our patients safe
 - It promotes the use of data and information as part of the organisations culture – moving to a proactive and business as usual state
 - As a starting point SESLHD the EAV will be used provide summary information for afterhours managers, facility and LHD exec on call- having a collective view of the world. Minimising unnecessary reporting and phone calls.
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Examples of upcoming enhancements requested by multiple LHDs

- T- 1 dashboard view

- Specialty and ambulance details

- Neighbouring facilities and cluster view

- Planned admissions

- Diagnostics

- Patient journey wait times

- Predictions

- Surge bed use



The main enhancements which would assist you and why?

- ED escalation and triggers
- Sending out alerts
- Clearance rates
- Summary of the day that was
- PTS status and response times

Last Load 20/11/2017 13:55

	Score = 9			
	Level 0 Optimal 0 points for each criteria box	Level 1 Moderate compromise 2 points for each criteria box	Level 2 Severe compromise 3 points for each criteria box	Level 3 Extreme compromise 4 points for each criteria box
Ambulance Offload	• No offload delays	• 1 ambulance delay >30 minutes	• 2 ambulances >30 minutes and/or 1 ambulance >60 minutes	• 2 ambulances and/or matrix allocation for 2 consecutive hours without capacity to offload
NEPT *	• No pick up delays	• 2 patients waiting >90 minutes	• > 2 patients waiting more than 120 minutes	• > 2 patients waiting > 120 minutes
Volume of presentations	• <= 15 presentations per hour for 2 consecutive hours	• > 15 presentations per hour for 2 consecutive hours	• 26-30 TBS	• >31 TBS • Waiting time > 120 minutes for any patient
ED Capacity (64 spaces)	• Adequate capacity in Acute, FT and paediatrics • <2 patients in ED > 4 hours	• Limited capacity in Acute, FT and paediatrics • < 5 acute beds free • < 1 patient in most other areas of ED • < 5 pts > 4 hours in ED (RED)	• < 10 in department with patients waiting > 30 minutes • < 10 patients < 4 hours in ED (RED)	• > 70 in department • Nil resuscitation bed capacity • No capacity in department with very limited ability to create capacity in the immediate future • More than 15 patients < 4 hrs in ED (RED)
Diagnostic Delays *	• Nil	• Radiology/pathology delays 60 minutes	• Delay to radiology/pathology 60-90 min	• Delay to radiology/pathology > 90 minutes
Admissions	• 0 unallocated admitted patients including inter hospital transfers	• 1 - 5 unallocated admissions • Access delay to ICU > 4hrs • Access delay to inpatient MHU > 4hrs	• 6-15 unallocated admissions • Access delay ICU > 4hrs • Access delay to inpatient MHU > 4hrs	• > 15 unallocated admissions • Access delay ICU > 4hrs • Access delay to inpatient MHU > 4hrs
Workforce *	• Nursing – nil deficits • Wardperson – nil deficits • Medical – nil deficits	• Nursing – 1 deficit • Wardperson – 1 deficit • Medical – staff shortage	• Nursing – 1 deficit and skill mix affected • Nursing Escort/Specalling • Wardperson – nil available • Medical – staff shortage with inadequate skill mix • Medical Escort Int/ICCL	• Nursing – staff shortages with inadequate skill mix • Nursing Escort Int/7 Specalling • Wardperson – nil available • Medical – staff shortages with inadequate skill mix and/or senior clinician determines ED is clinically compromised

* Currently these criteria need to be manually set, by clicking in one of the cells.

ED Escalation status	Score
0	0-4
1	7-12
2	13-18
3	> 18

http://beahweb/SQSHV3SQHtdocuments/Escalator_Plan.pdf



The WOHP and HISPR will respond to Districts enhancement requests



Email any enhancements which would help you be more responsive and the tool more relevant

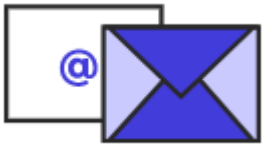


Enhancement requests are reviewed fortnightly by both the build and implementation team

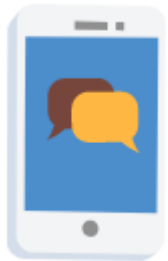


The WOHP are assisting implementation, consider what support you might need

Channels to access team



Whole of Health Program
EAV@moh.health.nsw.gov.au



Justin Gardiner, Associate Director, System
Performance Support Branch and Whole of
Health Program
Telephone: 0418 623 824