

Improving Access to Care in Caritas

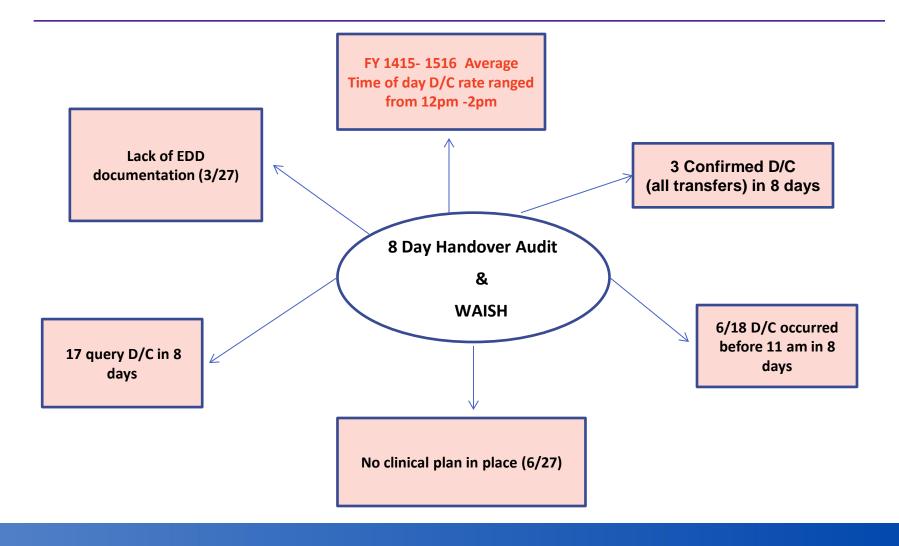
Whole of Health Program 29th November 2017



Amanda Lemon MHS Bed Manager

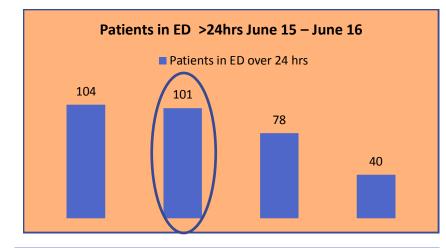


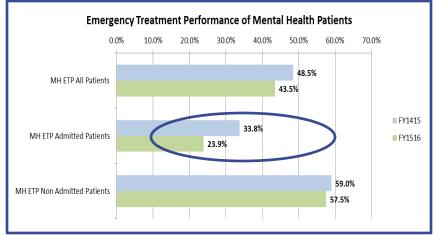
Define – Inefficient Discharge Planning

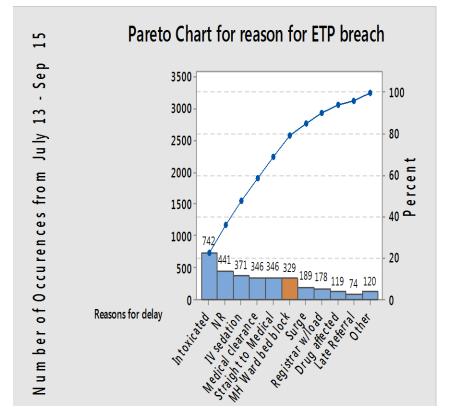


Measure



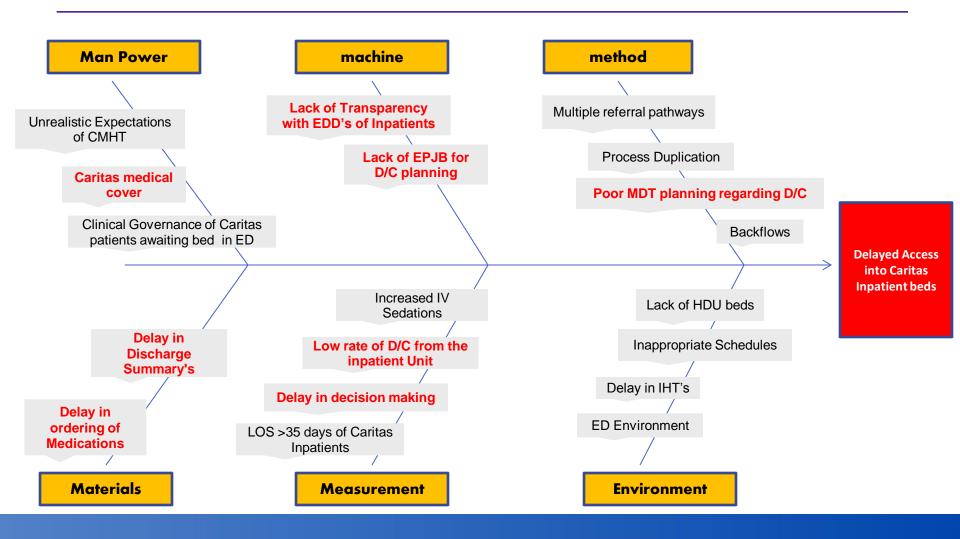








Analyse – Fish Bone



Improve



Root Cause

Poor Discharge planning amongst Caritas MDT

Lack of Forward D/C planning by inconsistent use of the EPJB Solutions / recommended Action

Introduction of 3pm Rapid D/C planning Round

Twice daily update of the EPJB

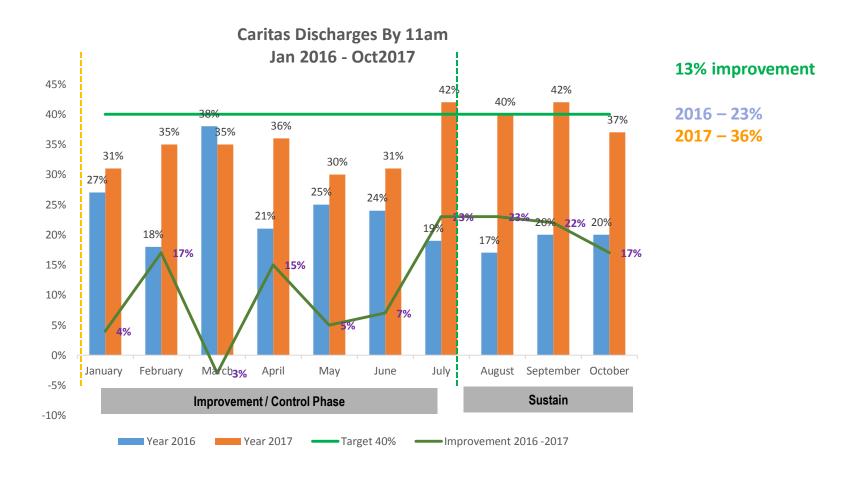


Improve – Rapid Round Business Rules

Caritas 3pm Rapid Discharge	Planning Round at EPJB
Purpose	Process / Attendee Responsibilities
Provide an opportunity for the MDT to meet at 3pm Monday – Friday at the EPJB to review the patient status of all patients in the ward presenting a predicted D/C within 72hrs. Identified patients will have a focus of preparation and actioning barriers for aimed D/C.	 RAPID Round commences at 3pm Sharp All relevant staff to attend or send a delegate on their behalf Using ISBAR principles, NUM (or delegate) to provide brief update of patient discharge planning status and actions required for discharge on identified patients = WFW.
Contended Outcomes Timely and safe discharge Improve communication among team relating to patient journey with a focus on discharge planning Improve discharge time of day Reduce interruptions for staff Reduce duplication of handovers among team Update information on EPJB Reduce Length of Stay Effective collaborative care delivery	 All MDT members to provide relevant input EPJB to be updated with changes/processes Medications to be ordered for patients with a predicted D/C <24hrs Any actions identified from meeting to be updated on EPJB and Given a timeframe for completion. Any actions identified from meeting to be documented in medical record by nominated staff member
Enhanced quality and safety of patient care	© Evaluation
Frequency / Location Nonday – Friday 3pm in the Caritas NUM office at EPBJ This meeting should not exceed 15 minutes	Initial - after 2 weeks • MDT approach to rapid round evaluated
Attendees I.MH Bed Manager – Lead Meeting 2.Evening Nurse in Charge 3.NUM 1 4.All registrars (or Delegate in extenuating circumstances) 5.Social work	Ongoing - monthly • Review of attendance list • MDT satisfaction with the process • Improvement in D/C time of day (before 11am) target =50% by 30 th March 2017 • Discussion at WOHP working party • Acronyms EPJB – Electronic Patient Journey Board MDT- Multidisciplinary Team WDL – Web de Lacy D/CTLS – Discharge Planning Traffic Light System WFW – Waiting For What D/C – Discharge
6.Pharmacist 7.Other Allied health if required	Further Information Jackie Gallagher NUM 1 Caritas – 83821605 Amanda Lemon MHS Bed Manager - 0416141026

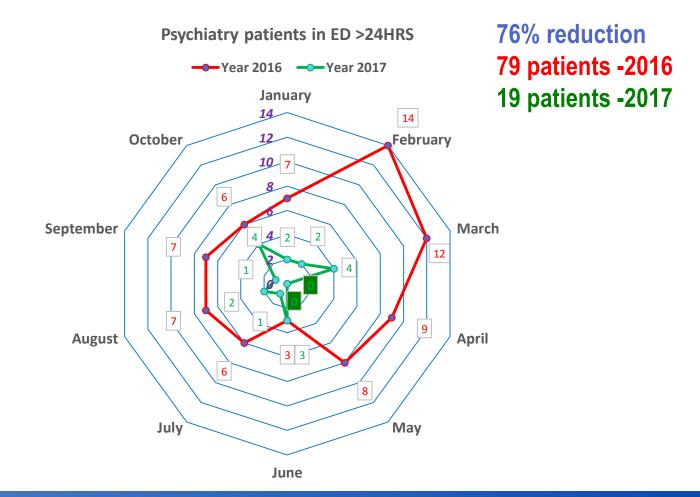


Control - **Outcomes**



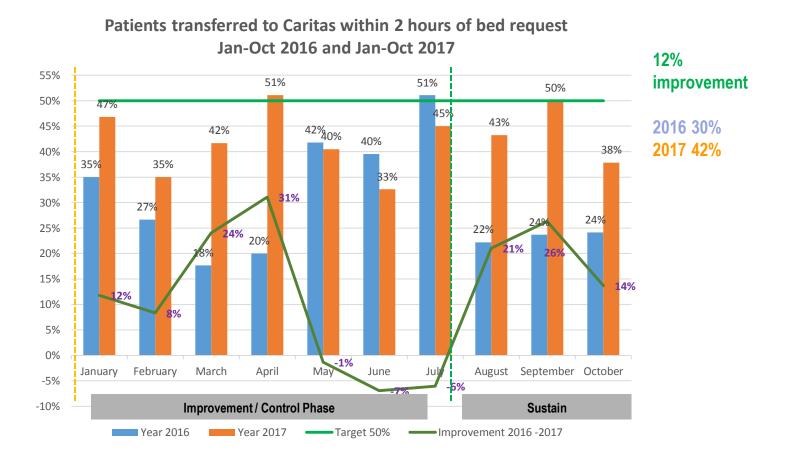
Control - **Outcomes**







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Control – Sustain Gains

Providing feedback to staff on progress/gains

Orientation to all new staff

Monitor Attendance and address if required

Staff satisfaction with rapid discharge planning round and discharge planning processes

Patient satisfaction with discharge process

I miss the 3 o'clock meeting, it provided structure and I knew what I had to do" (RMO)

Its like we have always done it (NUM 1)

Lessons Learned



- Smarter / Leaner processes Don't Increase workload!
- **Good communication was Key** Providing Results, clear business rules, clear expectations, Congratulating progress
- Structure was welcomed –Same time, Same place = less cause for confusion
- **Business rules compliance was essential** Attendance requirements were clear, rounds were time appropriate, concise information provided clarity reducing duplication of work

Serving Something Greater



