

Winter Rapid Fire

Illawarra Shoalhaven LHD – Alex Smeaton

Murrumbidgee LHD - Kate Woodward

Southern NSW LHD – Mathew Stephenson

NSW Ambulance - Brett Tinker

Central Coast LHD – Alan Davidson

RPA - Dorcas Eddy







- Hub & Division Winter Strategies Strategies and extra funding approved pre winter funded surge capacity, weekend Physio hours increase, extra ComPacks etc.
- Home Ward Strategy Wollongong Hospital
- Length of Stay Project Wollongong & Shoalhaven Hospital
- District Patient Flow Teleconference time change
- District STEP plans revised
- Development of Daily Access report Shoalhaven Hospital
- TimED Project (Med Reg review process and ward transfer of patients) Shellharbour Hospital
- District wide twice daily flow updates after hours ambulance delay reporting process

Winter 2018

- Winter 2018 executive working party established earlier approval of winter strategies to aid recruitment
- Patient Flow Collabrative to continue on improvements at Wollongong





we....

- Predicted an increase of acute admissions
- Increased activity for overnight beds by

13% Oct 2017 & 12% in 2016/17

- = 25% activity increase in two years
- Increased transfers in compared to previous year.
- Experienced a decrease in private patients wanting to transfer to the Private facility.





This winter in Wagga Wagga we...

- Implemented the 1 x 9, 2 x 10 etc initiative in August
- It's a Philosophy not a KPI
- Made it fun and competitive
- Engaged medical staff
- Defined ward processes
- We worked as a team



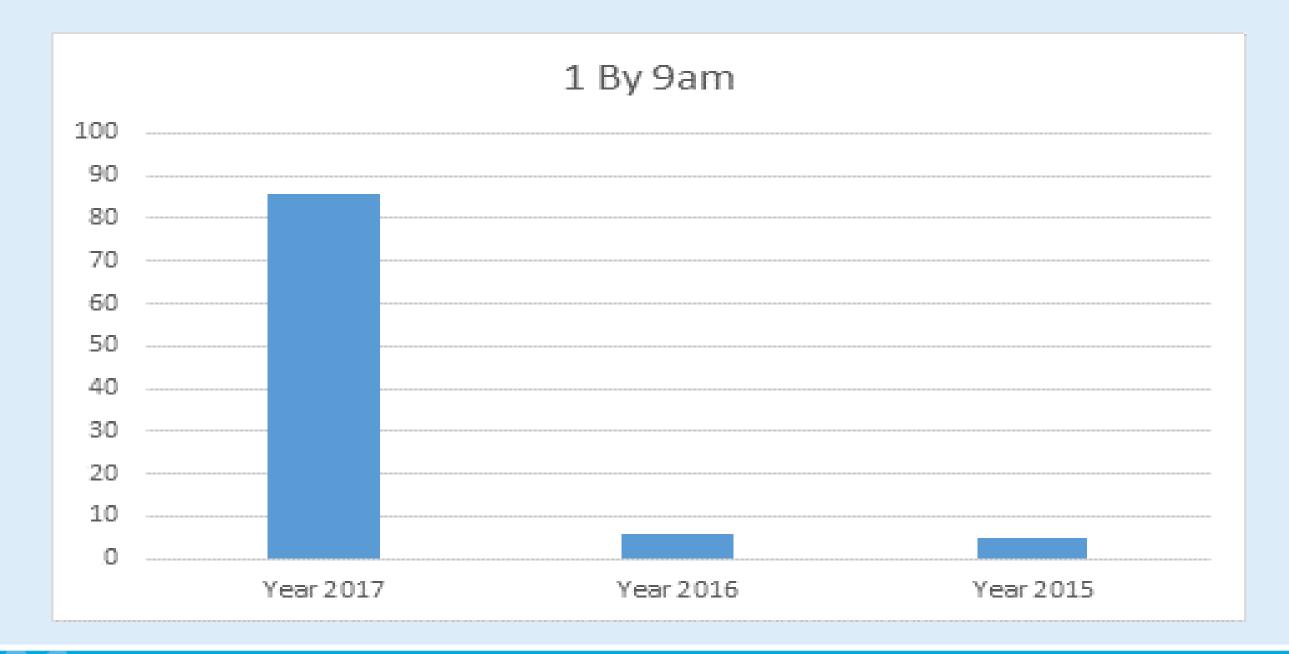


This winter in Wagga Wagga we ..

- Created capacity early
- Increased utilisation of our Transit lounge early
- Reinforced the importance of EDD accuracy
- Encouraged good discharge practices
- Took a team approach and healthy competition
- Supported hospital wide KPI's
- Improved relationships with patient transport
- Acknowledge Prince of Wales











This Winter We.....

- Had Residential Age Facilities "Lockdown" to both new residents and the return of existing residents due to flu
- Contacted Public Health Offered Education May 2017 –
 Very small uptake provided with education material
- Eurobodalla NP Age Care took Education Resources into Residential Age Facilities – Provided Education
- Return of existing residents facilitated



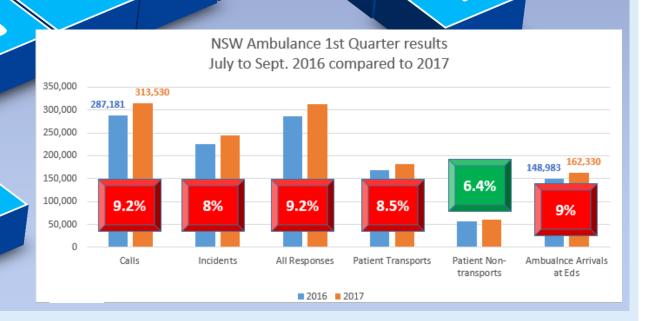
WHOLE OF HEALTH

NSW Ambulance

Every









65.23

2017

Make the right call

ARRIVALS

13.21

132.71



and responded to the community







IMPROVING ACCESS TO CARE



THIS WINTER WE.....

...MET BOB

(and started talking to each other)







What was the problem?

- Winter Debrief 17th October 2016 priority indicated a need to review our Demand and Escalation plans.
- Linked to this was a clear need to address communication between facility management and ground level staff.





Are we communicating or informing?

- WHY are we escalating? BOB/Demand Escalation Text
- WHAT needs to be done? Demand and Escalation Plan
- WHO needs to do it? Demand and Escalation Plan
- WHEN do we need to do it by? Demand and Escalation Plan
- HOW will we do it? BOB/Demand and Escalation Plan



Y

WHOLE OF HOSPITAL PROGRAM

Please enact your escalation plan according to action card.- Focus on discharges required. Currently tracking 30 short of target.

LHD Gosford Wyong Gosford Wards Wyong Wards ED Reports Inpatient Reports Support

Support Services



Gosford Hospital - Business Operations Board

GOS Level 1 Set at 8/11/2017 9:52:00 AM

Demand Management Plan NSW Ambulance last updated: 8/11/2017 3:48:52 PM
Emergency Department last updated: 8/11/2017 3:48:00 PM
Inpatient Service last updated: 8/11/2017 3:46:00 PM

	N	SW	Am	bula	nce			
In 1	ransit		?		Duratio	on in ED	?	
	Booked	Enro	ute	Arrive)+ min	_
na	0	1		1		1	0	
١	Eme	rgen	icy [Depa	artm	ent		Acut
	Patie	nt Loc	ation	and D	uratio	n	?	-
	0-1hr	1-2hr	2-3hr	3-4hr	4+hr	Occupied	Avail	
Resus				2	1	3	0	
Acute	1	1	2	3	7	14	1	C.s.
Paed Acute		2				2	5	Spec
Fast Track	1	1	2		1	5	0	Area
Trolley Bay		2		1		3	1	
Waiting Room							na	
House Dr	4	3	3	1		11	na	
Other		1				1	na	Tota
Amb Bay	1					1	na	
Total	7	10	7	7	9	40		
Patient		;	?		Arr	ivals Patt	ern 🕢	ENI
Waiting to be s	een					- 15:48	6	
Assessment	35			14:00	- 14:59	10	_	
Treatment Con	nplete					- 13:59	11	
Bed Requested	1	2				- 12:59	12	_
Bed Ready	1			11:00	- 11:59	11	I	
Bed Not Ready	1						Acut	
No Bed		1			_			
						OFGATE		
Total		40			n .	Orders	?	-
		40			Revie	ews CT	XRay na	Н
Total	tav Ha		a ==	DTC	na	ews CT	XRay na	Special
Total Short S		it (3	PTS	na ?	ews CT na	XRay na	Spec
Total				PTS n	na	ews CT	XRay na	Spec Area

					lr	npatie	ent Ser	vices						
	Bed Ad	ccessi	blity - (Overni	ght & R	eserved	Patients		3	M	edical Speci	iality - C	vernig	ht 😗
		Bed Base	Surge Beds	Surge Open	Capped	Beds	Occupied	Available	On Leave	Г		Outliers	LOS >6days	ISO
	Medical	148	8	8		156	150	6			Aged Care	13	39	6
Acute	Aged Care	62				62	59	3			Kids & Family		1	
Acute	Surgical	92				92	89	Aged Care Kids & Family Medical Surgical Total	11	65	13			
	Subtotal	302	8	8		310	298	12			Surgical	11	41	17
	SSU	6	4			6	6				Total	35	146	36
	Coronary Care	8				8		0		E1	Mental Health		23	1
	Intensive Care	14	2			14	10	4		EXCI	Total		23	1
0	Maternity	28	2			28	20							
Specialist	Mental Health	30				30		0						
Area	Paediatrics	22	8	8		30	23	7						
	SAC	24	4			24	22	2						
	Transit Lounge	4				4		3						
	Subtotal	136	20	8		144				A	dmit Todav	(2) N	let Toda	av 🔞
Total		438	28	16		454	418			_				Actual
ENDO 0	urgical Bookir DO EDO 5 1		OSA 2	Book na		Outstandi na	ng Ir 2	2	Out 4	Es	t Actual R	ate 7%	_	?
_		Die	charge	Discha		scharge				Othor	Muraina	EDD	No	EDD
	Medical		ned Off			otential 4	10am	Guardian	NDIS	Facilit	y Home	Today 6		xpired 12
	Aged Care			2		2		2				1	13	7
Acute	Surgical			9		2	1				1	8	9	19
	Subtotal		1	17		6	1	2		3	2	15	28	38
	SSU		1	- "		•		-			-	15	6	50
	Coronary Care												6	1
	Intensive Care												-	1
	Maternity			2										-
Specialist	Mental Health													1
Area	Paediatrics					3							21	
	SAC			1		2							20	1
	Transit Lounge			1		-						1		
	Subtotal		1	4		5						1	53	4
Total	, , , , , , , , , , , , , , , , , , , ,		2	21		11	1	2		3	2	16	81	42





Staff consult laminated action cards

DEMAND AND CAPACITY PLAN

Central Coast LHD Demand and Capacity Plan.pdf

ACTION CARDS

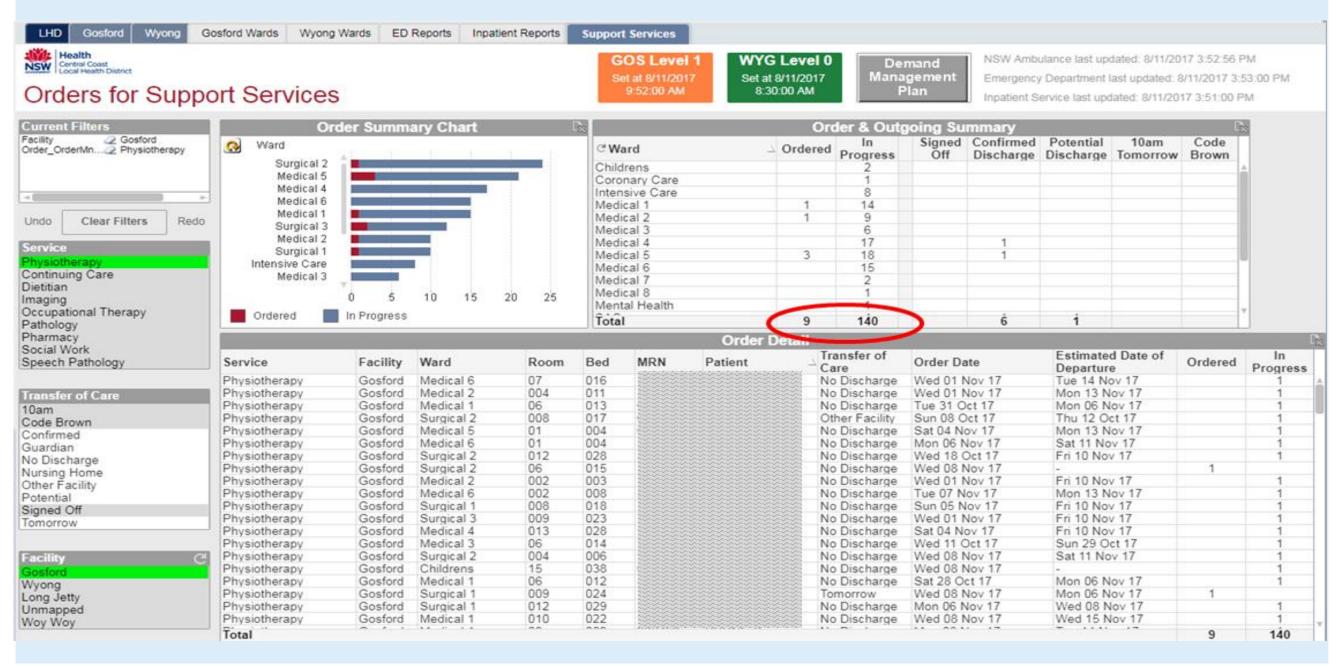
- 1. PFM Action Card.pdf
- 2. DONM- AHNM Action Card.pdf
- 3. District PFM Action Card.pdf
- 4. Executive DCO Action Card.pdf
- 5. Divisional Management Teams Action Card.pdf
- 6. ED Clinical NUM Action Card.pdf
- 7. NUM In-Charge Action Card.pdf
- 8. ONM Action Card.pdf
- 9. Inpatient Medical Staff Action Card.pdf
- 10. DCS- Co Directors- HODs Action Cards.pdf
- 11. Operating Theatres Action Card.pdf
- 12. Pharmacy Dept Action Card.pdf
- 13. Imaging and Pathology Action Cards.pdf
- 14. Allied Health Action Card.pdf
- 15. Evironmental Services Action Care.pdf
- 16. Infection Control Action Card.pdf
- 17. Hospital in the Home Action Card.pdf
- 18. STCT Action Card.pdf

Central Coast I ACTION CAR		Core actions to be taken by the department when the LHD is at Level 1 (AMBE escalation						
		Continue Green (Level 0) Actions.						
Inpatient Medical Staff		Junior MO's to liaise with ward NUM's to confirm barriers to possible discharges and action or escalate solutions. Discuss with Registrar and consultant as needed to expedite discharge.						
	_ocation: Gosford/Wyong/Wi= letty	Prioritise and complete discharge summaries in consultation with NUM's.						
Role Description: Ensuring senior clinical engagement for the De		Trainees of Specialist Teams with patients in ED to attend ED for immediate review of patients.						
CORE ACTIONS: Remember that the action c	ard listings are not exhaustiv	All teams to reallocate patients or junior Medical Staff to rebalance patient loads among clinicians.						
Core actions to be taken by the department		Core actions to be taken by the department when the LHD is at Level 2 (escalation						
Review new admissions with senior me		Continue Amber (Level 1) Actions						
Organise patient investigations and integrated team when results are available.	form senior members of t	All requests for specialty review in ED are to occur within 45minutes, if this is not possible admission to wards will be expedited in line with the unplanned admissions policy.						
 Prepare discharge summaries for patients likely to be discharged the near future to facilitate early discharge and monitor EE Escalate any delays to patient flow to either the NUM or DCS appropriate. 		Identify discharges for next 24 – 48 hours and act on or escalate potential barriers to discharge to NUM.						
		Consider a stand down of administrative / training day for all medical staff.						
 Review patients before discharge or as 	·	Teams to review discharge plans across all patients to facilitate additional						
5. Communicate and work closely with other clinical staff about t		discharge activity.						
management and discharge plan.		6. Consultants are to be called to assist in discharge activities. If this is not feasible then they are to empower the advanced trainee's to discharge						
Actively participate in multidisciplinary t	eam meetings.	with DCS support.						
 Ensure timely discharge summary comp medication sign off. 	pletion and discharge	Core actions to be taken by the department when the LHD is at Level 3 (BL escalation						
		Continue Red (Level 2) Actions						





Support Services (AH, Imaging, Pathology)

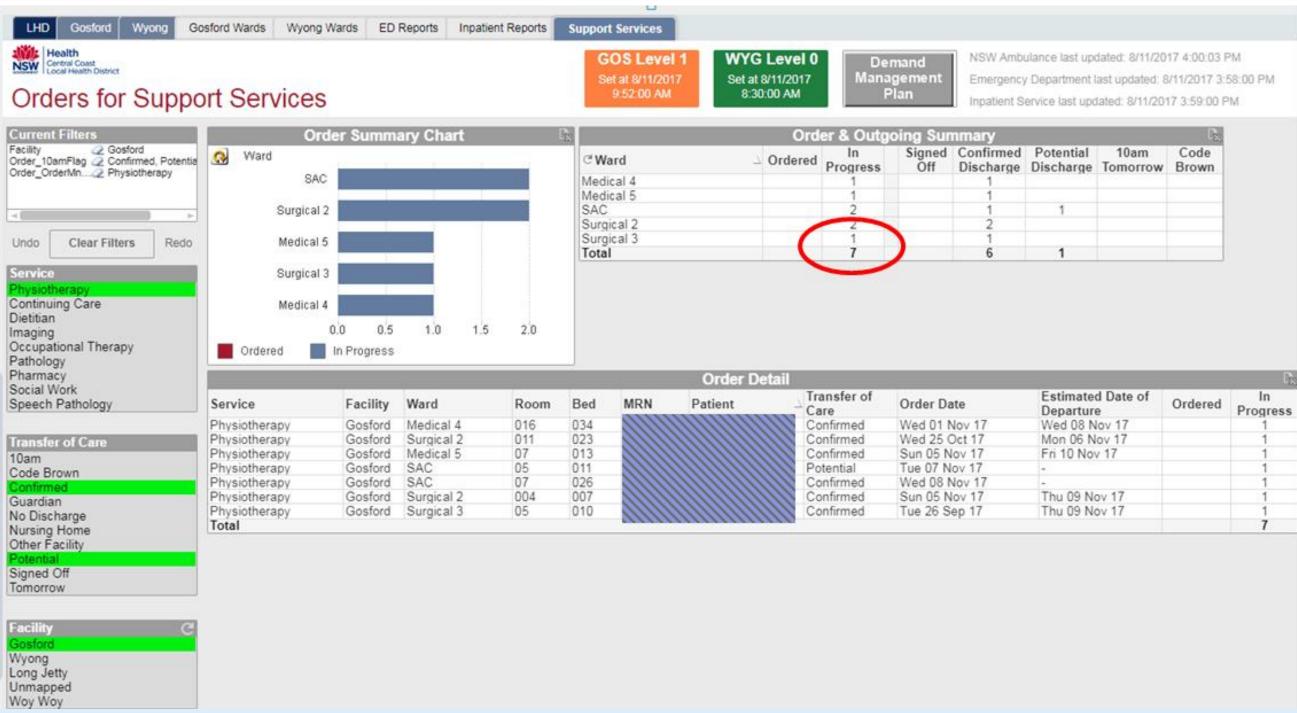








WHOLE OF HOSPITAL PROGRAM









Medical Teams review their patients

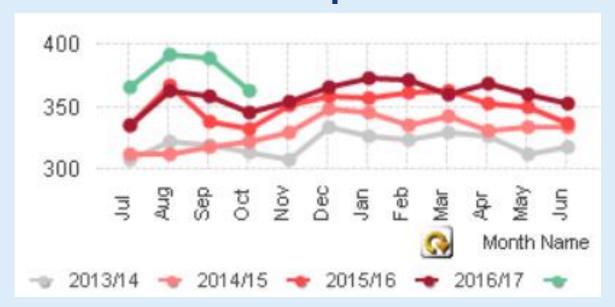
Ward Summary	Clinician & Patients										
Medical Speciality	Facility	Medical Speciality Group	Medical Speciality	Clinician	Ward	MRN	Patient	Discharge Status	ents	Outliers	LOS
Clinician	Gosford	Aged Care	Geriatrics		Medical 6			DischargeConfirmed			2
Clinician & Patients	Gosford	Medical	Cardiology		Coronary Care			DischargeConfirmed			
	Gosford	Medical	Cardiology		Coronary Care			DischargeConfirmed			1
Outliers	Gosford	Medical	Cardiology		Coronary Care			DischargeConfirmed			2
I OS >Edays	Gosford	Medical	Cardiology		Medical 3			DischargeConfirmed			6
LOS >6days	Gosford	Medical	Medicine		Medical 3			DischargeConfirmed			1
ISO	Gosford	Medical	Neurology		Medical 8			DischargeConfirmed			7
Adminutes Tudes	Gosford	Medical	Neurology		Discharge Lo			DischargeConfirmed			8
Admissions Today	Gosford	Medical	Neurology		Medical 5			DischargeConfirmed			2
Discharges Today	Gosford	Medical	Neurology		Discharge Lo			DischargeConfirmed			6
	Gosford	Medical	Oncology		Medical 2			DischargeConfirmed			3
Surgery	Gosford	Medical	Renal Medi		Medical 3			DischargeConfirmed			5
Gosford Gosford Gosford	Medical	Respiratory		Surgical 1			DischargeConfirmed		1	3	
	Medical	Rheumatol		Medical 6			DischargeConfirmed		1	2	
	Surgical	Orthopaedics	- I - 2 TECHTON TO THE TOTAL THE TOT	Surgical 1			DischargeConfirmed			6	
		Surgical	Orthopaedics	- Yorkenenenenenenenenene	Surgical 2			DischargeConfirmed			5
	Gosford	Surgical	Orthopaedics		Surgical 2			DischargeConfirmed			8
	Gosford	Surgical	Orthopaedics		Surgical 2			DischargeConfirmed			9
	Gosford	Surgical	Surgical		Medical 8			DischargeConfirmed		1	12
	Gosford	Surgical	Surgical		Discharge Lo			DischargeConfirmed			16
	Gosford	Surgical	Urology		Surgical 1			DischargeConfirmed	1		2
	Gosford	Aged Care	Geriatrics		Medical 6			DischargeGuardian	1		54
	Gosford	Aged Care	Geriatrics		Medical 6			DischargeGuardian	1		43
	Gosford	Aged Care	Geriatrics		Medical 6			DischargeNursing	1		18
	Gosford	Aged Care	Geriatrics		Medical 6			DischargeOtherFa	. 1		14
	Gosford	Aged Care	Geriatrics		Medical 1			DischargeOtherFa	1		65
	Gosford	Medical	Neurology		Medical 6			DischargeOtherFa	1	1	12
	Gosford	Medical	Rheumatol		Medical 6			DischargeOtherFa	1	1	3
	Gosford	Surgical	Orthopaedics		Surgical 2			DischargeOtherFa	1		7
	Gosford	Surgical	Orthopaedics		Surgical 2			DischargeOtherFa	1		9
	Gosford	Kids & Family	Obstetrics		Maternity			DischargePotential	1		2
	Gosford	Kids & Family	Obstetrics		Maternity			DischargePotential	1		3
	Gosford	Kids & Family	Obstetrics		Maternity			DischargePotential	1		3
	Gosford Total	Kids & Family	Ohstetrics	(00000000000000000000000000000000000000	Maternity			DischargePotential	99	33	2







Effect on performance



Notable Increase in Presentations to ED across LHD.

Stable or improved ETP!







"BOB rocks!"

Martin Malone - Director of Nursing and Midwifery Gosford

"BOB has been instrumental in directing staffing resources across the sites."

Andrew Davison - Director of Allied Health | Allied Health

"It is a fabulous system"

Kate Baker - Director of Social Work | Allied Health



This Winter @ RPA We...

Prepared by:

Dorcas Eddy

Manager, Operational Strategy and Performance ,WoHP Lead
November 2017



Statistically challenging!

Compared to Winter (Jul – Sept 2016)...

+6

More ED Resus Patients on average per day. 309%

ED Resuscitation Occupancy

+14

More patients in ED.

+43

More patients in our wards on a daily basis.

:38

Additional patients in our wards above our bed base each day.

+18

Additional Geriatric patients on a daily basis.



New Initiatives this Winter



Weekend Discharge

- EDD & W4W Refresher to all wards in June 2017.
- EDD Planning on Thursday
- Weekend List on Friday Distributed to HoDs and Executive
- Support Staff on Weekends (Pharmacy and Allied Health)

Fast Track 2

Commenced a second Fast Track Model After Hours for ambulatory patients mainly in Triage 4 and 5.



Weekly Data Reports

Sent to HoDs and NUMs on ETP & EDD accuracy.



New Initiatives this Winter



P3 Redirects

P3 Ambulances were redirected to the hospital with the most capacity within the LHD.



LHD Approach

Commenced a LHD
Demand Management
Unit.



RACF

Commenced new redesign project on services provided to RACF.



Thank you and questions?

