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# The Hospital @ Night

## Innovation & Improvement After Hours

NSW Whole of Health Program Master Class #12  
May 2018

Josh Stuart  
Beven Roodenburg



the**Alfred**

# weekend

HERALD SUN 15.02.2014

NSW Whole of Hospital  
Master Class #12May  
2018

Josh Stuart

Bevan Roodenburg



## MELBOURNE AFTER DARK



SPECIAL  
EDITION

FROM DUSK 'TIL DAWN,  
DISCOVER OUR CITY ~~HOSPITAL~~  
AT WORK AND PLAY

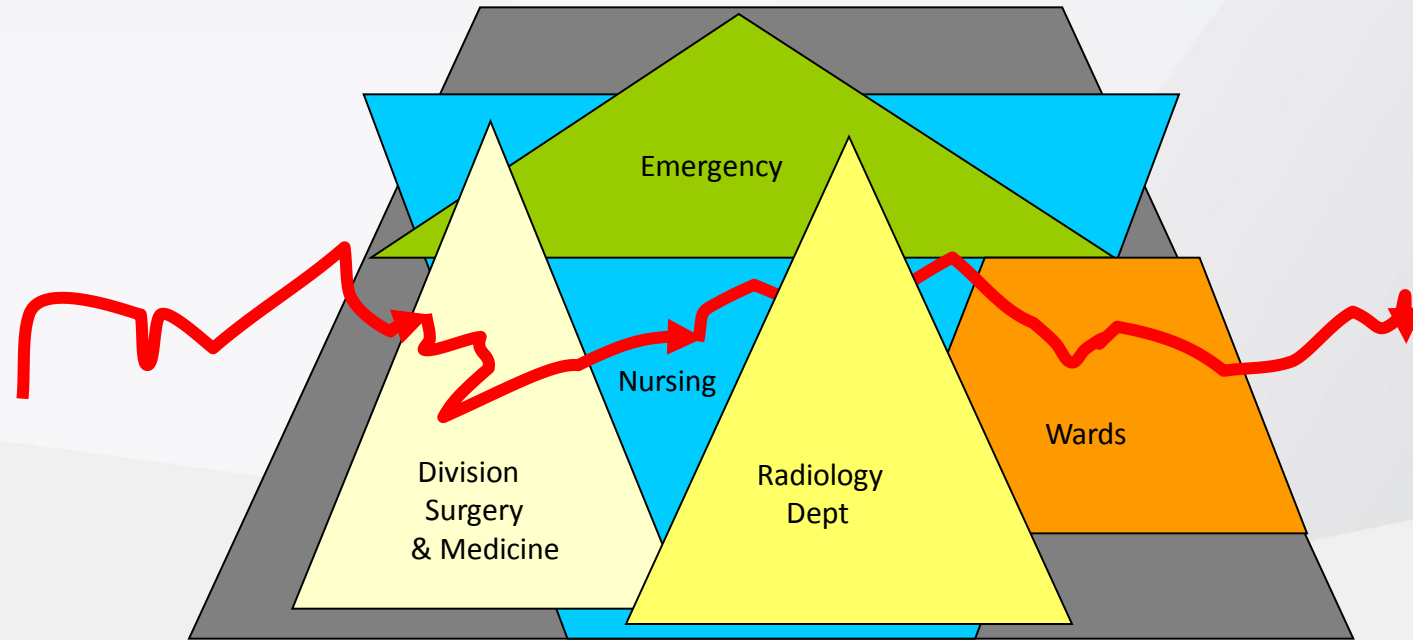


# Alfred Health

- 3 hospitals;
  - The Alfred
  - Sandringham
  - Caulfield Hospital (sub-acute)
- Approximately 950 beds; 106,000 ED presentations; 112,000 inpatient events; 180,000 outpatient attendances
- Approximately 9,016 people, 524 volunteers
- State-wide services for trauma, burns, heart & lung transplants, HIV / AIDS, hyperbaric service, cystic fibrosis, haemophilia, Melbourne Sexual Health Centre
- \$1.2 Billion per annum



# Hospitals are traditionally organized in vertical structures



*But patients make horizontal journeys through our organisations*

# THE 6 PRINCIPLES OF TIMELY QUALITY CARE

## PRINCIPLE 1

Patients that present to the E&TC will be assessed, have treatment and investigations initiated and a management plan in place within 60 minutes of arrival.

## PRINCIPLE 2

Patients will be discharged from E&TC or admitted to the hospital as decided by the E&TC consultant staff.

## PRINCIPLE 3

Patients will be reviewed by the inpatient team within 2 hours of being referred for admission.

## PRINCIPLE 4

Patients will be admitted to a bed in the most appropriate clinical place, the first time.

## PRINCIPLE 5

Patients will have their investigations, consultations and interventions completed as soon as possible, in order of request and in no longer than 24 hours.

## PRINCIPLE 6

Patients will be actively managed to ensure they are only in hospital for as long as is clinically necessary.



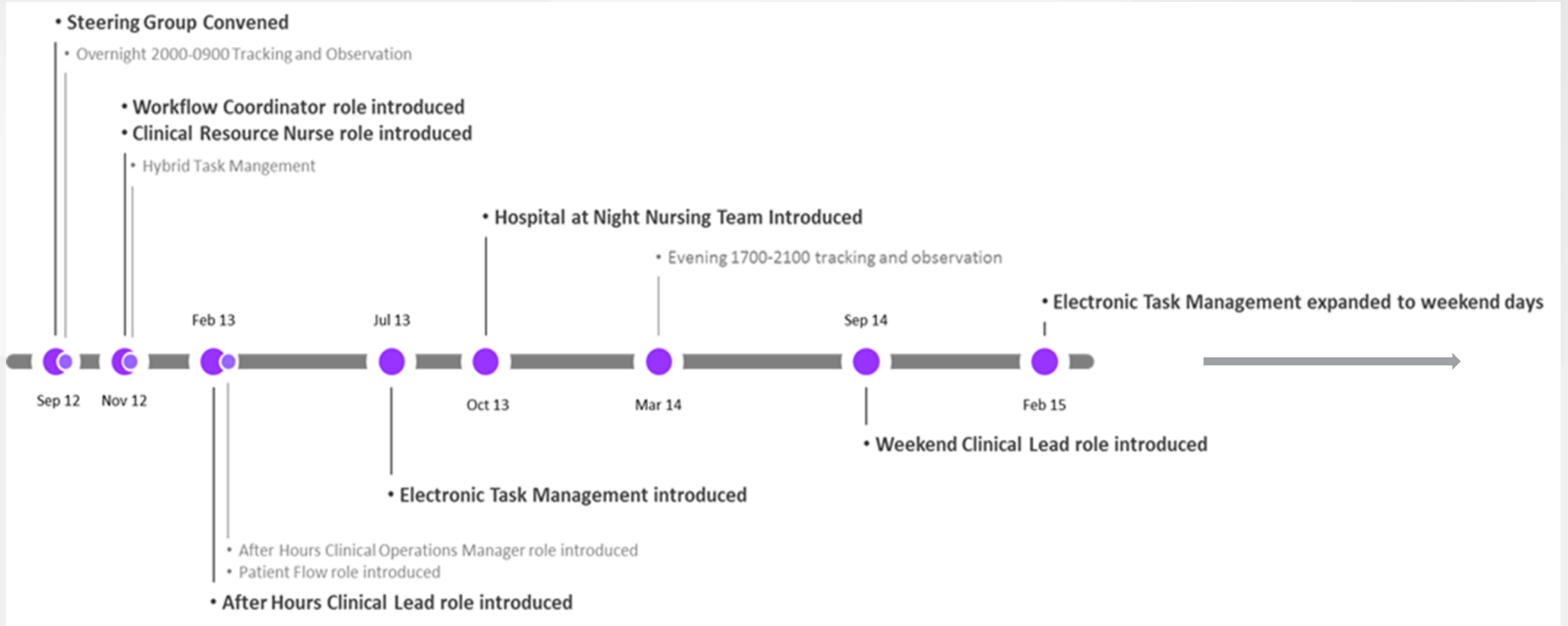
TIMELY QUALITY CARE

AlfredHealth



theAlfred

# The Journey



# Our Aim

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- Improve Patient Safety
- Create a culture of CARE progression
- Improve staff satisfaction, support, training and education
- Avoid delays to care
- Implement a consistent admission process 24/7

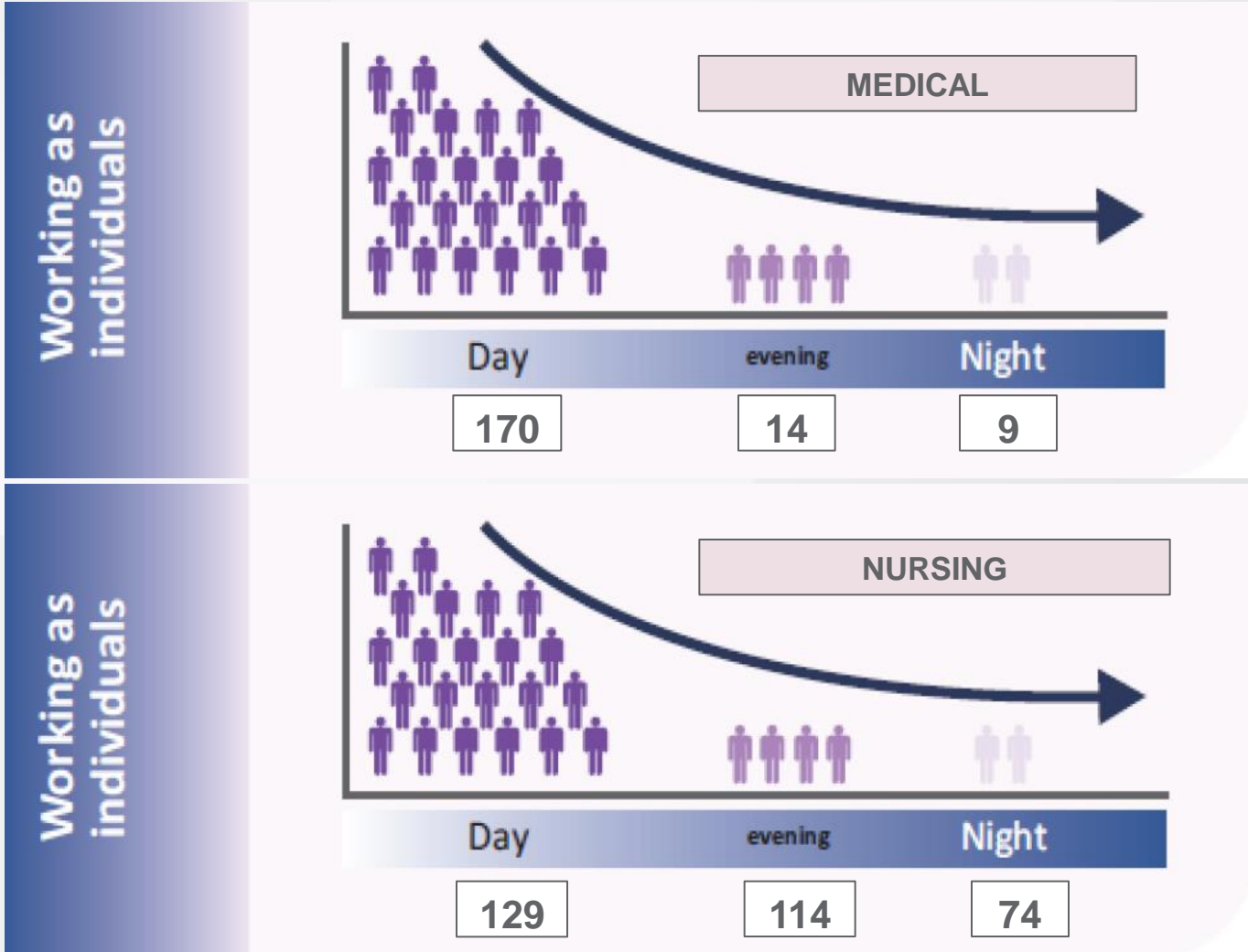
# Our Challenge

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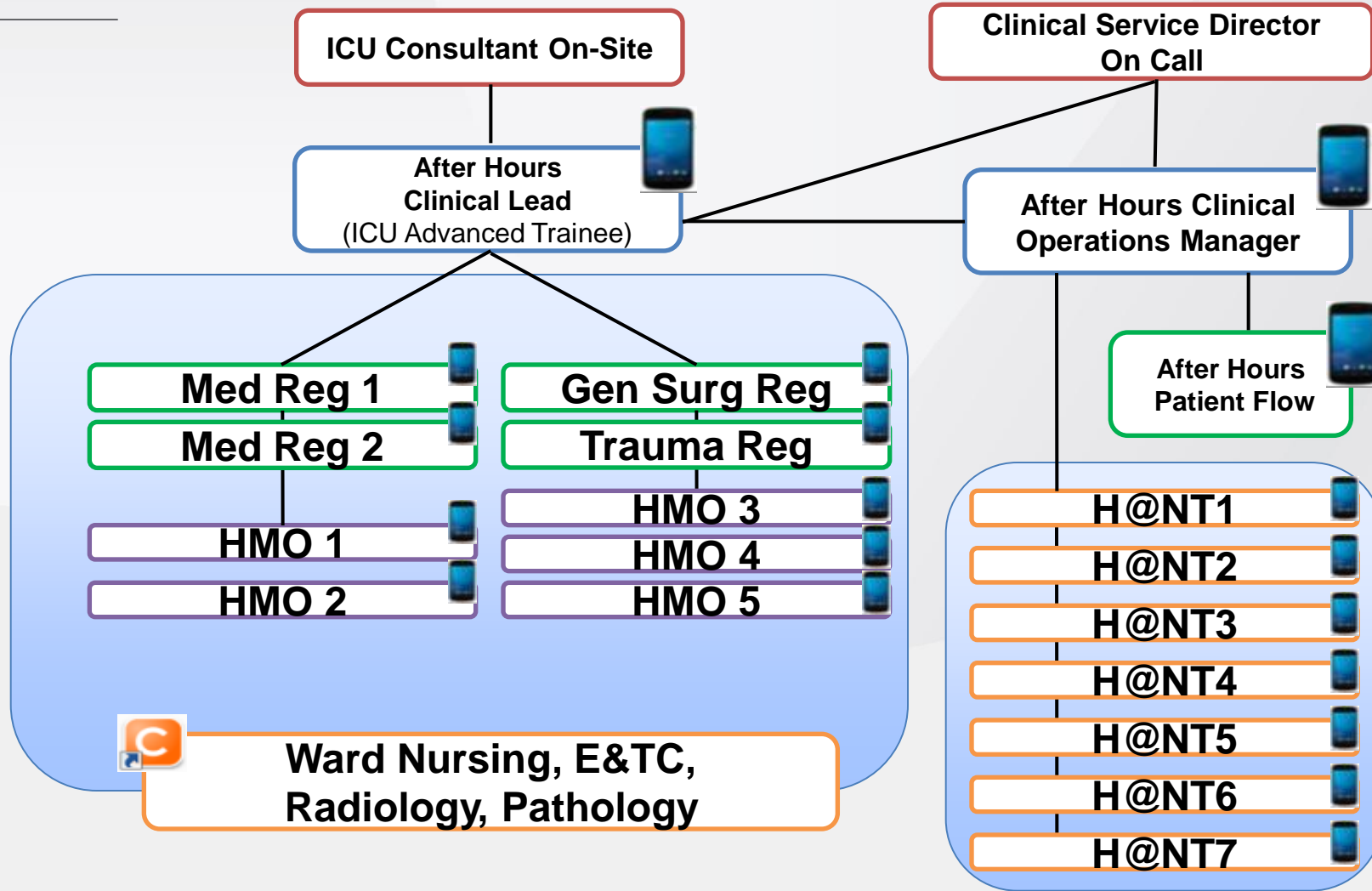
- **Limited measurement** - No Reports
- **Risks** - Isolated and failure to escalate
- **Lonely** – unsupervised & unsupported
- **Inequitable workload** –
- **Mindset** – maintenance of care



# Our Challenge



# Our Model



= mobile device



= clinical CARPS logger



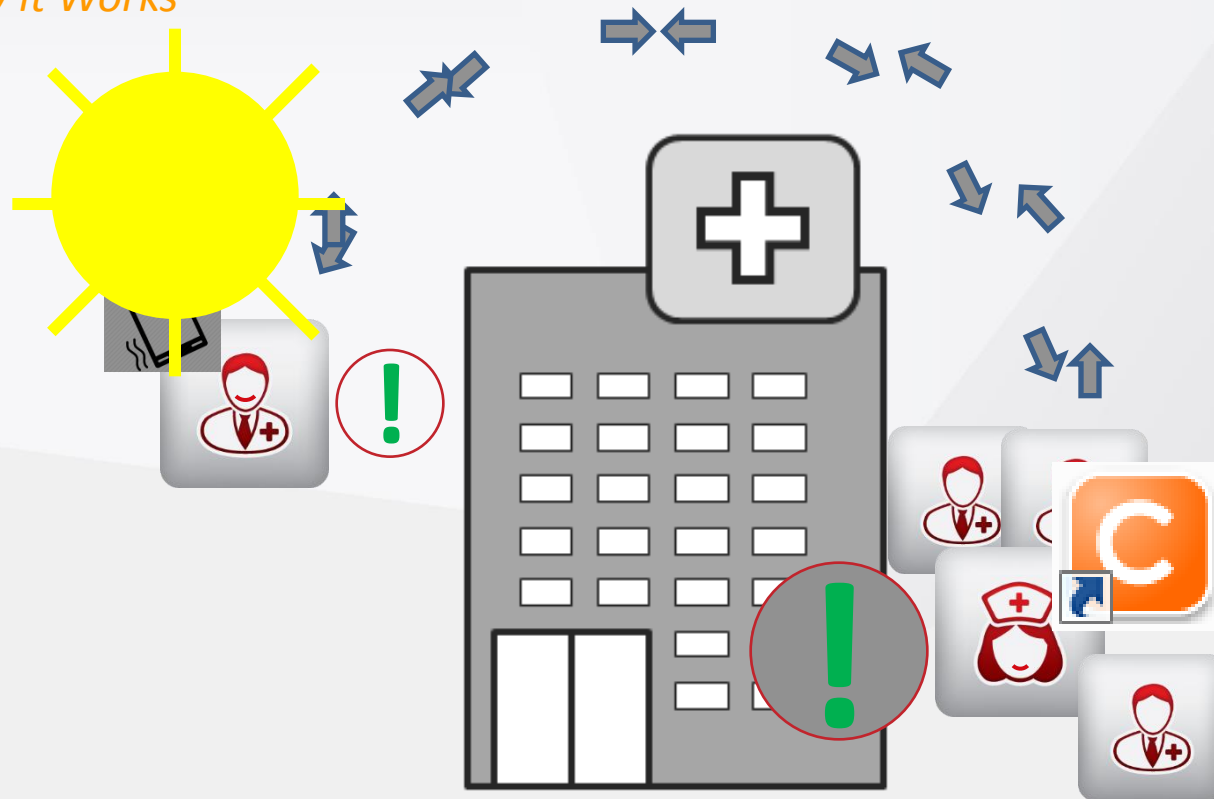
# Our Communication

## CLINICAL ARPS

C

- From any PC
- to Mobile Devices
- NOT for CODES

### How it Works



#### Identification

- Patient Name
- Patient DOB
- Patient UR

#### Situation/Background

- Care Option
- Comments
- Clinical Priority

#### Assessment/Recommendation

- Ward
- Unit
- Role
- Contact Number

Patient Needs Care!

# The clinician's perspective

THEN



# The clinician's perspective

NOW?



# What's in it for ME?

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Certificate  
of  
Awesomeness

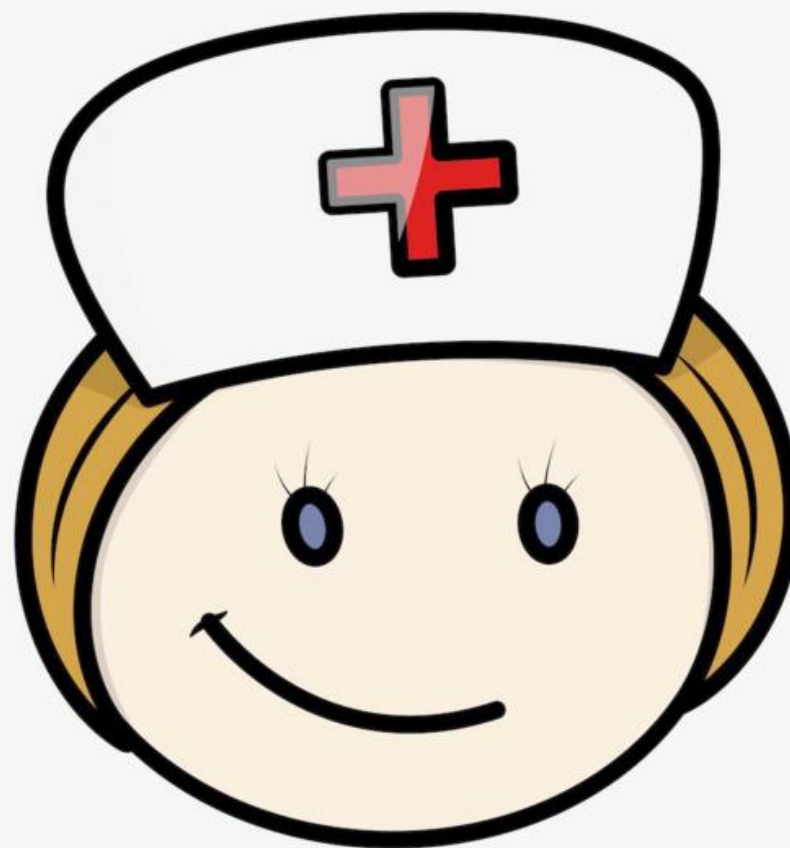
This Certifies  
That

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IS VERY  
Awesome



WIS



# Key stakeholders

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Heads of units

Cardiology

Surgery

Financial investment





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ICU college

ICU Trainees



Now 3 craft groups  
-tomorrows leaders.

# Summary

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No accident

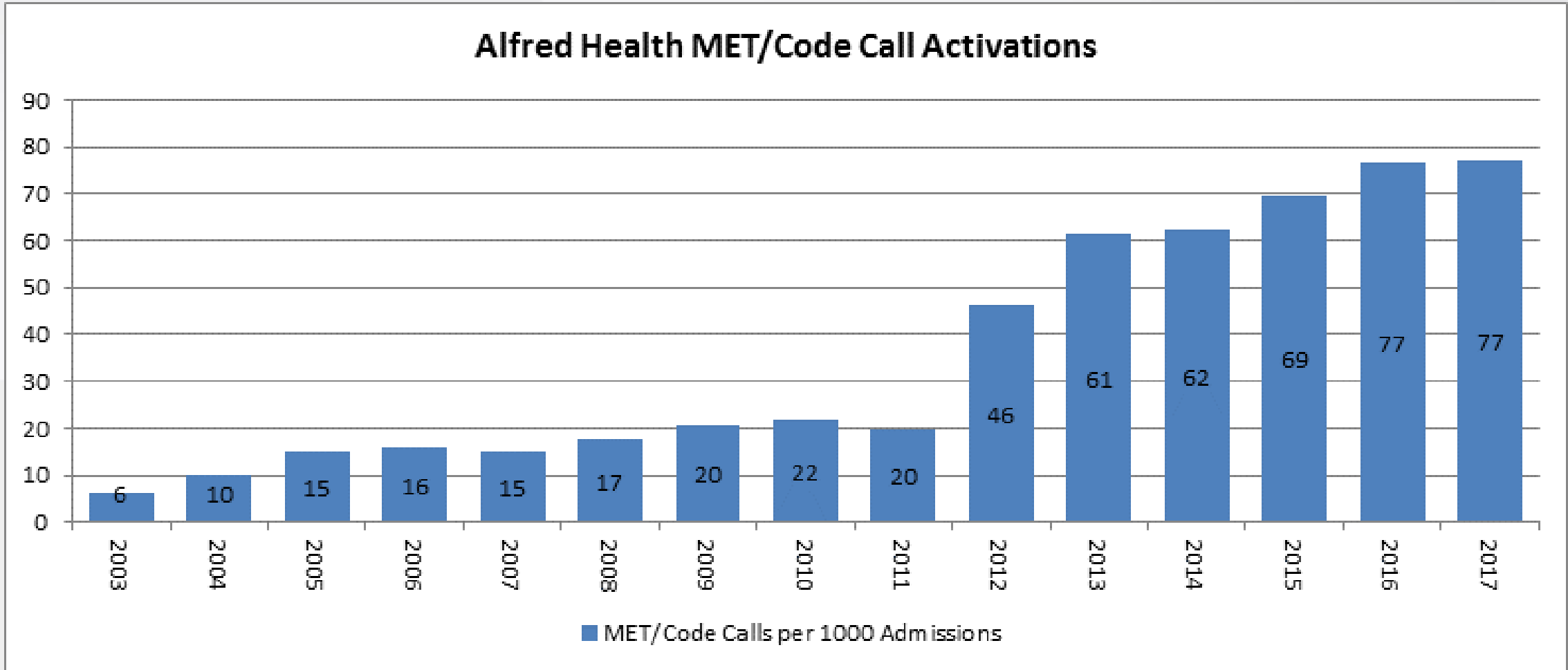
Intentional and consultative

Continuous oversight and vigilance

Flexible and innovative

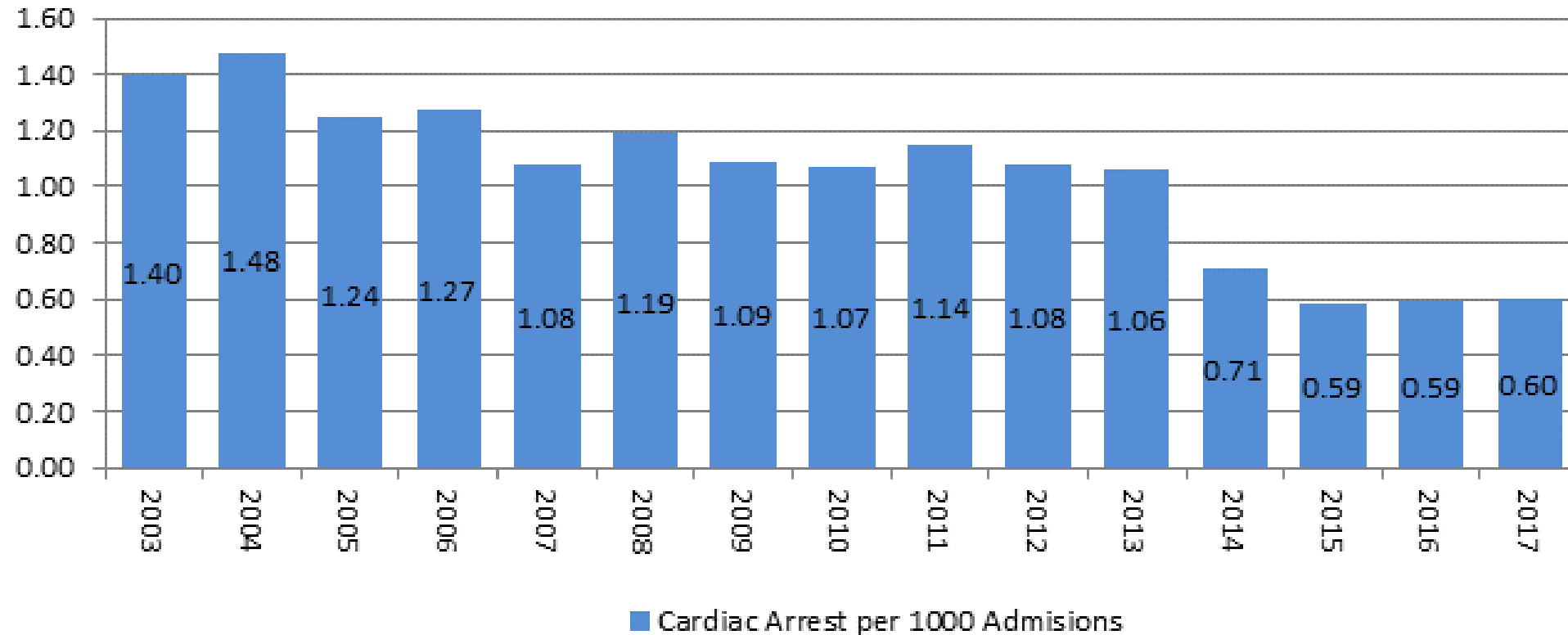
Listening to those on the coalface

# MET Call Activation

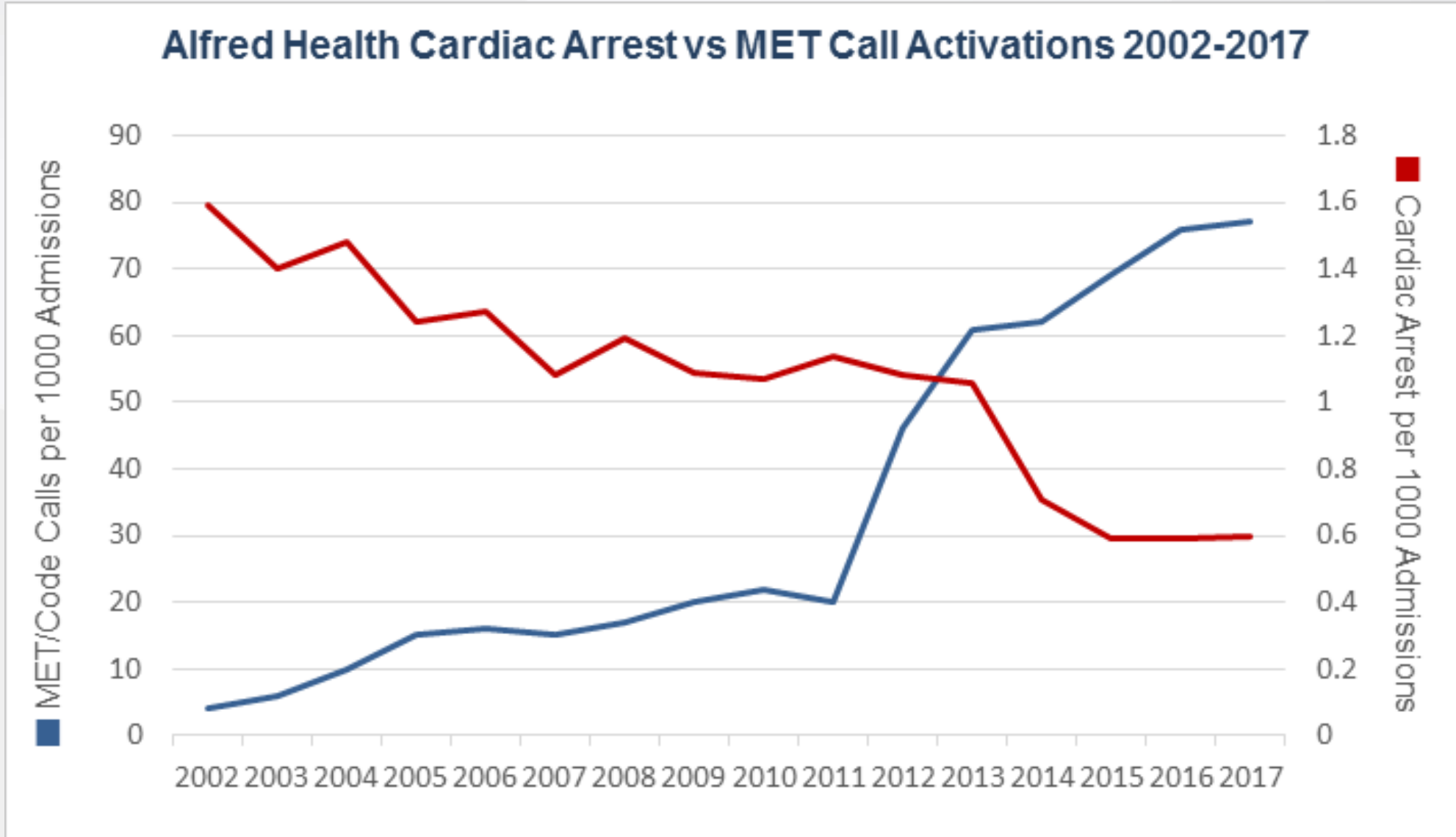


# Cardiac Arrest

## Afred Health Cardiac Arrest (not including ICU, ED, OSS)

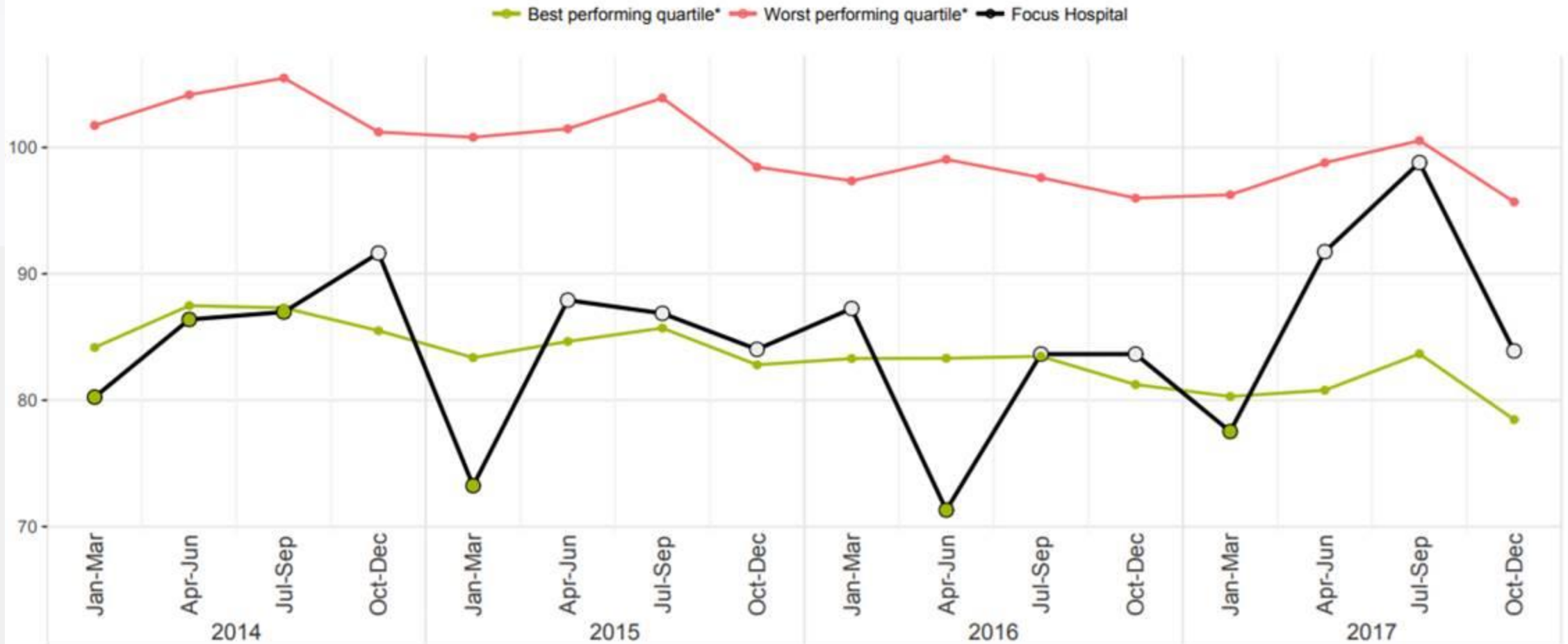


# Cardiac Arrest V's MET Call Activation



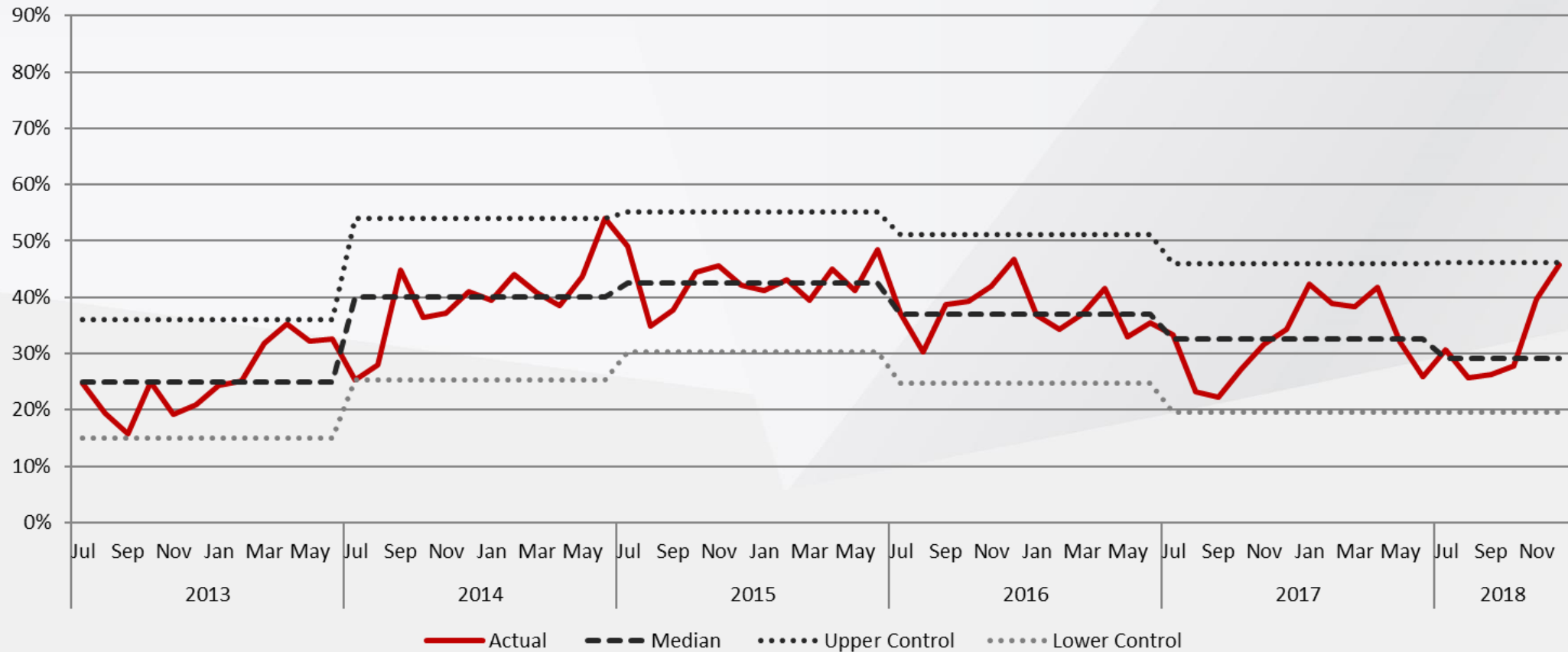
# Standardised Mortality Ratio

## 1.1 - Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)



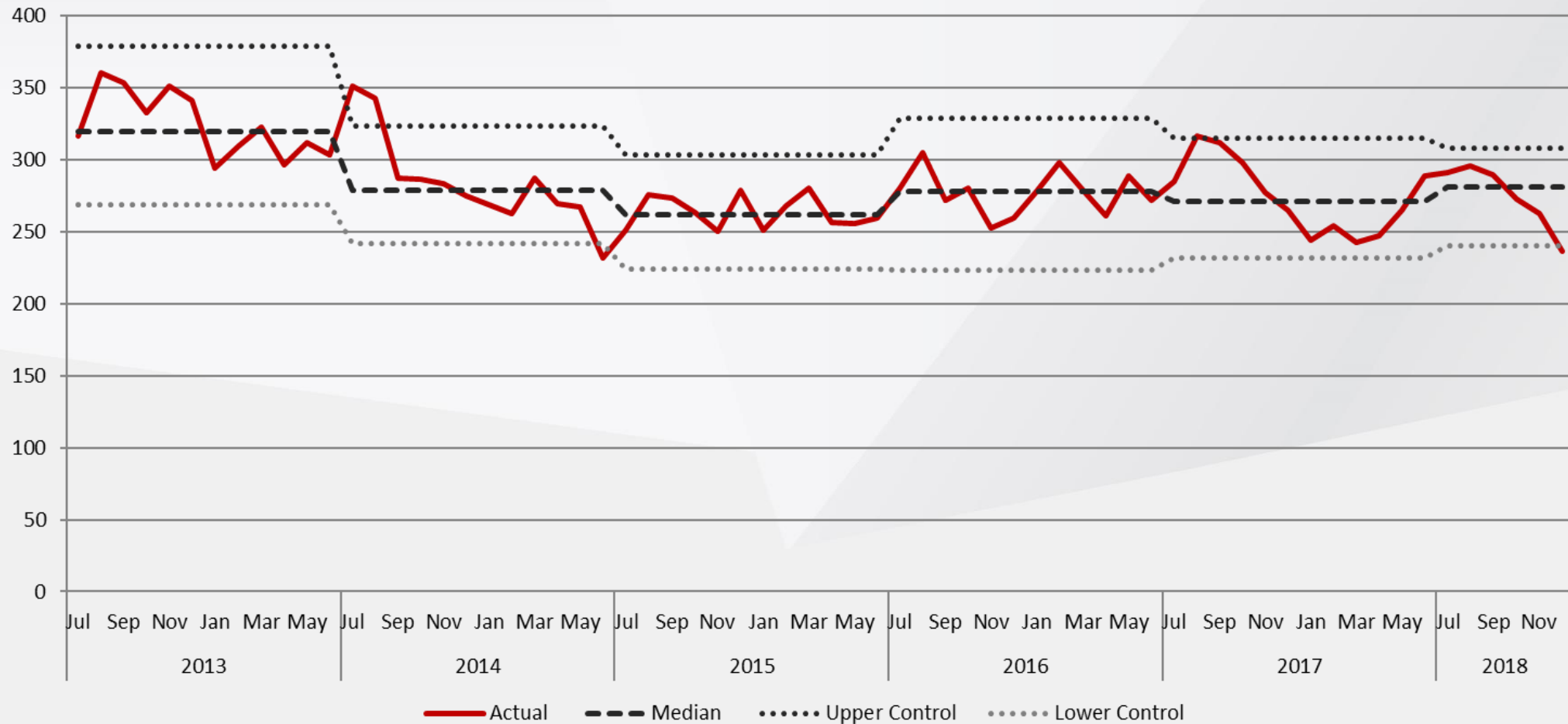
# Performance - Admission Stream (after hours)

**The Alfred - NEAT - % E&TC Admissions excl. ESSU within 4 Hours  
9pm to 8am**



# ED Length Of Stay (LOS)

## The Alfred - Avg LOS Minutes - E&TC Admissions 9pm to 8am





# Take me home

## Whole of System

- Ensure the emphasis is on **quality of patient care**
- Create opportunity to **truly engage and listen** to staff
- Acceptance of a **need to change & transform**. Choose design (re) over resources

## Progression of Care

- **Empower** medical (CL) & nurse (COM) leaders to run the hospital after hours with appropriate **escalation when required**
- Develop **structured communication** processes b/w team
- Ensure the entire workforce have **rapidly respond & problem solve**
- Shift the mindset from **'maintenance' to 'progression'**