Whole of Hospital Program Canterbury Hospital

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Overview

- Canterbury Hospital
- Strategies within ED pre- WoHP
- Where we were
- Where we have come
- WoHP Strategies

Canterbury Hospital

- Sydney Local Health District: RPA, Concord, Canterbury, Balmain Hospitals
- Major Metropolitan Hospital
- District Level Services
  - local population 220,000
  - 66% NESB
  - low socioeconomic demographic
  - Arabic, Greek, Vietnamese, Chinese, Italian.

Canterbury Hospital

- Prior to WoHP (2012)
  - NEAT initiative introduced
  - SLHD – district NEAT plan for individual hospitals
  - multiple changes/ generational change in ED
- Commenced Whole of Hospital Program April 2014
- Clinical Lead and Whole of Hospital, Project Lead

Canterbury Hospital

- Emergency Department
  - 14 acute beds, 2 x resus, Fast Track, 4 paeds beds
- 202 beds
  - Medical / Surgical / Orthopaedic / Aged Care / Rehabilitation
  - MAU
  - HDU
  - Maternity/SCN
  - Paediatrics
  - Theatres (x 5)

Canterbury Hospital

- Outpatients:

  Clinics – Chest, Fracture, Pre-admission, anaesthetics, Hand, Gynaecology, Pre- and Post-natal, Diabetes, Liver, TOV

- Hospital in the Home (HiTH)
- Emergency Department Short Stay Unit (EDSSU)

Strategies in ED Pre-WoHP

- Review of ED 2011- need for generational change
- Medical - Director, senior enhancements
- Nursing - NUM, CNC, CNE
  - Review of policies, protocols, adherence, competencies
  - concerted effort to review and document all nursing competencies and "up-skill" nursing workforce

Strategies in ED Pre-WoHP

- Education of nursing and medical staff around literature proving ED overcrowding/ access block directly contributes to increased mortality and decreased safety, morale etc.
- Communication - ED Issues newsletter(weekly)
  - performance information, issues with flow, hospital issues, interesting cases, feedback, teaching.
- Introduction of shift reports communicated directly to hospital executive about real-time issues in ED affecting ED flow – medical and nursing.

CANTERBURY HOSPITAL ED SHIFT REPORT

* Mandatory Questions

TOPIC/QUESTION	ANSWERS
ED Staffing	
1. Incoming senior doctor *	
2. Outgoing senior doctor *	
3. Shift type*	Please select Morning Evening
4. Reported sick leave (doctor name/shift) *	
5. Time *	
ED Status	
1. Total number of patients in ED *	
2. Number of admitted patients (with VMO assigned) *	
3. Number of admitted patients LOS > 4 hours *	
4. Total number of patients LOS > 4 hours *	
5. Total number of paediatric patients *	
6. Number of patients waiting to be seen *	
7. Best description of overall ED status with respect to flow, crowding, staffing, safety etc*	Please select very good good
Flow Issues	
1. Issues related to patient flow; eg. high volume, high acuity, transfers to ICU/other hospital; access block, slow reviews/radiology etc *	
2. Interesting cases for teaching/ M&M (include MRN) *	
3. Specific Paediatric issues to be followed up: including long stays, high acuity, neonates, trauma, head injuries, interesting cases (incl MRN) *	

Submit Form >> Reset

Admin Access

Strategies in ED Pre-WoHP

- SMART - (Senior Medical Assessment Rapid Treatment)
- Enhancement of Fast Track
- Clinical handover procedures
- Documentation/NEAT admission form

Health
Sydney
Local Health District

NSW GOVERNMENT

Site: Canterbury Hospital

NATIONAL EMERGENCY ACCESS TARGET (NEAT) ADMISSION

SURNAME	MRN
OTHER NAMES	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SENIOR EARLY ASSESSMENT AND DECISION MAKING

(Provisional diagnosis and immediate management plan to be completed by Registrar / ED Consultant / SMART Team)

NEAT TIMES: 2 hours for senior decision making
1 hour for ED processing
1 hour to complete transfer or discharge

Provisional Diagnosis: ____________________

Initial Management Plan: ____________________

ED Consultant / Registrar approving Admission:

Name: ____________________ Date:

Signature: ____________________ Time:

ADMISSION (TEAM ALLOCATION AND NOTIFICATION)

Specialty: ____________________ Consultant: ____________________ (Name)

Clinician Notified: ____________________ (Name) Date:

Notified by: ____________________ (ED Staff Member Name) Time:

ADMISSION TO: ☐ EMU ☐ Ward ____________ ☐ HDU

TRANSFER OR DISCHARGE

OBSERVATIONS:

☐ Within 1 hour Between the Flags: ☐ Yes ☐ No MET criteria changed: ☐ Yes ☐ No

SPECIAL CARE PLAN: ☐ Yes ☐ No Comment: ____________________ Date: Time:

HANDOVER:

☐ Medical handover ☐ MOIC ☐ HDU Reg Date: Time:

☐ Nursing handover: ____________________ (Name) Date: Time:

AUTHORISATION:

☐ ED Consultant / Registrar authorising transfer of care: ____________________ (Name) Date: Time:

☐ ED NUM / Flow Verification: ____________________ (Name) ____________________ (Signature) Date: Time:

DISCHARGE FROM: ☐ ED ☐ EMU Date: Time:

Original is to be filed into the Medical Record / Yellow copy to be retained in ED

BINDING MARGIN – NO WRITING

FILE IN CLINICAL RECORD

NATIONAL EMERGENCY ACCESS TARGET (NEAT) ADMISSION

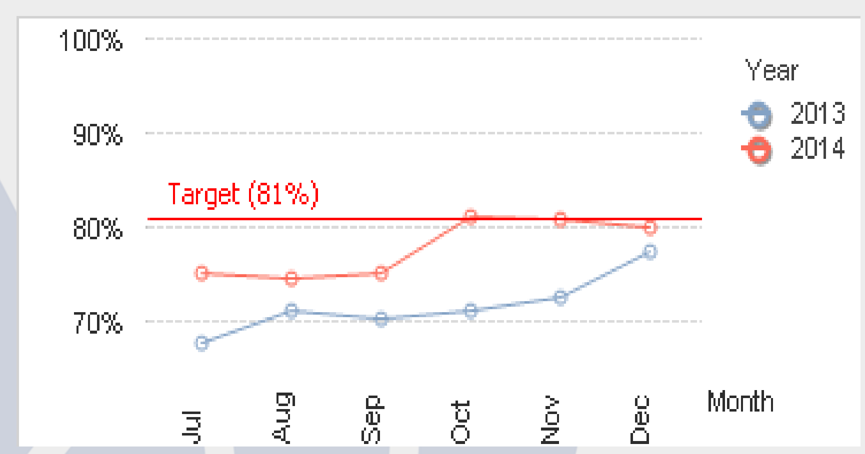
MR 1Rc

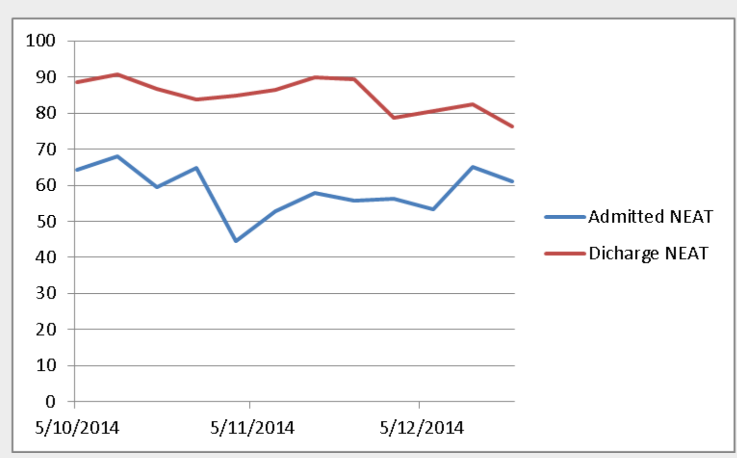
Progress at a glance

KPI	2013	2014
ED presentations	38359	40450
ED Admissions	7717	7857
Total NEAT	68.0%	78.6%
Admitted NEAT	37.9%	51.6%
Discharge NEAT	76.9%	85.1%
DNW	7.21%	4.5%
Average LOS	3.6 days	3.16 days
Long Stays > 28 Days	10	< 5
Triage Categories	-	Compliant

Canterbury Data

Total, admitted and discharged NEAT





Ongoing Strategies

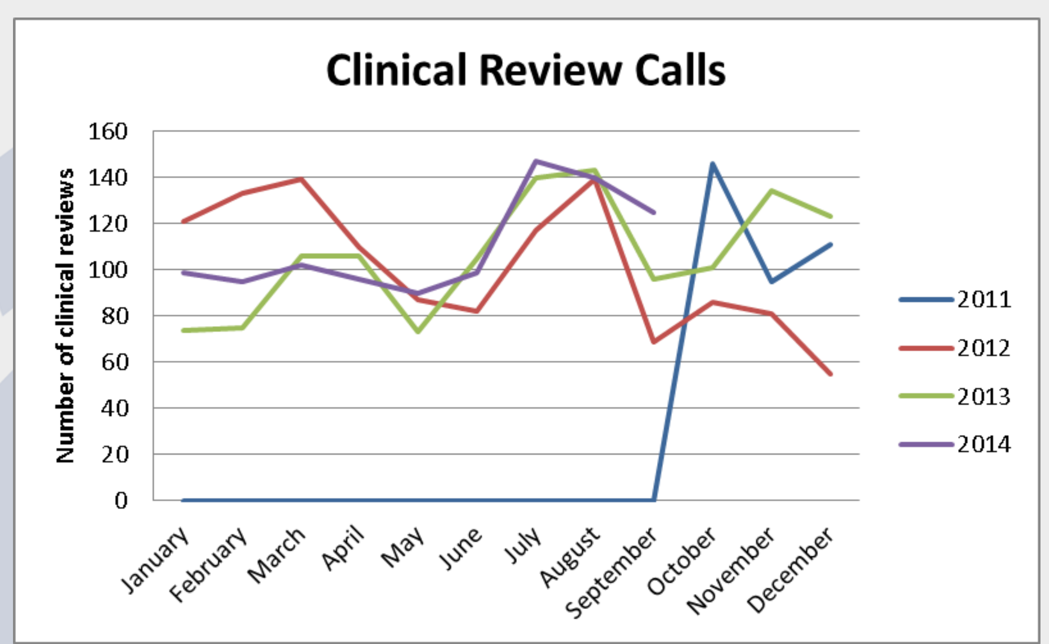
- Ongoing medical / nursing recruitment to maintain and enhance FTE
- Ongoing education and succession planning
- Continuous staff engagement
- Refinement of **Models of Care**
- **Disposition options**
  - EDSSU, HITH, MAU, inpatient, GP, Clinics

WoHP 2014

- Through the use of timelines studies & WAISH studies
- Review & Audits of current systems
- Identified areas of improvement
- 3 key steps
  - Communication
  - Engagement
  - Education

Clinical Reviews

- Concerns were raised that there has been an increase in clinical reviews and Medical Emergency Team calls
- Providing documentation improved staff understanding



WoHP Strategies

- 5 key strategies

Executive Engagement, Patient Flow, Discharge Planning, Criteria Led Discharge and Discharge Lounge

Whole of Hospital Program - Implementation Plan and Status Report 2014

Canterbury Hospital

Milestones & Progress

Initiative	Aims	Activities and Deliverables	Executive Sponsor	Operational Sponsors	Status Updates	Due Date	Project Tracking	Progress	Review
Patient Flow Unit Processes	Improved NEAT performance	Bed Huddle AM (08:15) PM (15:00)	Ann Kelly General Manager	Karen Sherwood/ Kara Altschwager Acting Patient Flow Manager	Concerns raised D/C information not available as MO have not rounded PFM discussed with Medical Director. Improved communication with 15.00hr huddle	Sep-14			
		Patient Flow Portal			Improved patient flow	Aug-14			
		Waiting for What rounds			Patient Flow Manager, Whole of Hospital Project Lead and/or Deputy Director of Medical Services to complete waiting for what rounds on Monday and Thursday. Medical case conference Tuesday 11:00	Sep-14			
		Provisonal elective bed request			Commence of the Provisional elective bed request tool in May 2014. This tool is used to assist PFM in planning the week				
	Improved patient flow processes	NEPT			Issues raised at WoHP committee, PFM contacting HUB superviser and escalated to executive as required GM/PFM/WoHP attending district NEPT committee and Ambulance services & SLHD meeting	Sep-14			

1. Executive Engagement

- Review of the weekly Access Block meeting to WoHP meeting
- Review of membership- key stakeholders eg. executive, key representative from ED, the wards, ICU, Allied health, radiology, MAU, Complex and Chronic Care CNC and external agencies e.g. Ambulance services
- Current data
- Data discussed from all key areas

Weekly KPIs

6) Key Performance Indicators (KPI's):

Week Ending	14/12/14	21/12/14	28/12/14	04/01/15	11/01/15	18/01/15
%TOC (Target 90%)	100%	93.24%	95.33%	95.24%	97.60%	96.50%
% EAP < 8 hrs (Target 80%)	98.61%	95.60%	94.44%	89.51%	93.38%	91.67%
# EAP > 8 hrs	2	5	9	14	8	11
% NEAT< 4 hrs (Target 81%)	85.97%	81.67%	78.41%	82.89%	85.30%	82.80%
% NEAT< 4 hrs Emergency	91.25%	87.17%	84.65%	90.18%	90.33%	87.46%
% NEAT< 4 hrs Inpatient	64.58%	58.64%	50.90%	47.26%	59.85%	63.19%
% Triage 1< 2 mins (Targ100%)	100%	100%	100%	-	100%	100%
# Triage 1	2	2	3	-	1	-
% Triage 2< 10 mins (Targ80%)	83.72%	81.90%	88.35%	80.36%	91.76%	89.87%
# Triage 2	86	105	103	112	85	79
% Triage 3< 30 mins (Targ75%)	82.67%	73.42%	73.40%	71.28%	82.19%	88.03%
# Triage 3	277	301	297	282	247	284
% Triage 4< 60 mins (Targ70%)	86.87%	85.67%	78.50%	73.90%	85.75%	86.26%
# Triage 4	297	356	386	341	379	313
% Triage 5< 120 mins (Targ70%)	91.67%	97.06%	94.87%	95.52%	96.92%	92.68%
# Triage 5	36	34	39	67	65	41
Number Did not Wait	28	30	66	69	52	30
% Did Not Wait	3.85%	3.57%	7.29%	7.70%	6.24%	3.99%
Admissions	142	157	162	140	133	140
Discharges	176	190	149	143	134	143
LOS +28 days	4	-	-	2	4	1
Breaches	50	90	82	70	46	44
Ambulances	132	148	151	140	168	143
ED Attendances	727	840	903	859	830	751
Represents within 48 hours	13	20	37	33	32	22
Discharge Lounge	47	0	0	0	0	0
MAU Weekly Breach	2	1	2	1	3	4

2. Patient Flow

- Commencement of additional bed huddles 8.15 & 15.00 PFM, all NUMs, HiTH manager- using patient flow portal to identify EDDs, >LOS
- Regular “Waiting for What” Rounds Monday & Thursday Medical leadership has enabled drive within the medical teams
- Ongoing teleconference within the District to identify, manage and escalate activity and concerns
- Ongoing education-Patient portal, NEPT with managers

3. Discharge Planning

- Weekly Geri, Surgical and Medical meetings - ALL disciplines attend to drive and facilitate patient discharges, meeting are quick & efficient
- Streamlining of processes and referrals through ongoing management and education of Complex and Chronic Care CNC
- Regular meeting and feedback to review NEPT
- Examples e.g. Referrals and HiTH referrals
- Centralised number for Access Care Team

Streamlining of referrals

CANTERBURY COMMUNITY SERVICES TO SUPPORT PATIENT HEALTH MANAGEMENT ON DISCHARGE.

Rehabilitation- Cardiac, Pulmonary and General Rehabilitation.

Physiotherapist supervised outpatient exercise/rehabilitation (group and individual). Education on management of shortness of breath, sputum clearance for patients with chronic respiratory or cardiac symptoms. Also general rehabilitation for patients with chronic disease.

Inpatient referrals- Powerchart orders- Pulmonary or Cardiac Rehabilitation. Community referrals page 60804 or ext 70019 (leave a message).

Respiratory Chronic Care

Post discharge education and care co-ordination for patients with chronic lung disease.

Inpatient referrals- Powerchart orders. Community referrals 0467 724 272 (leave a message).

Cardiac Chronic Care

Post discharge education and care co-ordination for patients with chronic cardiac conditions.

Inpatient referrals – Powerchart orders.

Community referrals - 0425 240 488

Connecting Care in the Community Program

Assessment and care co-ordination service with a health management focus. Suitable for complex patients (over16 years) with multiple presentations or at risk of readmission, with at least one of the following diseases:T2DM, COPD, CAD, CCF, Hypertension

Referrals to Access Care Team (ACT) **1300722276 (option2) Mon-Fri 10-4**

Electronically – via ACC&R homepage on the Intranet

For any queries please contact Connecting Care **0459 826 880**

Diabetes Care

Diabetes Educator

For inpatients –Ext 70248, p 82022

Outpatient Appointments 97870179

COMDIAB- Education through Sydney District Nursing .

Referrals 0800-1600, 7 days. ACT **1300 722 276**

Sydney District Nursing

For nursing assessment of wounds/catheter care/medication education and carer support. Also palliative care if a palliative plan has been discussed and documented with patient/family.

Referrals: Access Care Team (ACT) 1300 722 276 7days, 8am-8pm including public holidays or via intranet , Fax – ext 77026

Palliative Care Inpatient consults- **online** Palliative Care CNC order **and** phone referral to Palliative CNC p61084 or if unable to contact CNC, 2nd contact -Palliative On Call consultant (via switch).

Referrals for palliative community support by Sydney District Nursing (SLHD) or for RACF support via the **Access Care Team 1300 722 276.**

Continence Support-assessment post discharge from hospital.

Community Trial Of Void- patients in RACF, and patients suitable for TOV at home(including first SP catheter changes). Refer via ACT- 1300722 276 *NOTE-Difficult catheterisations or post prostatectomy TOV may be booked into outpatientsTOV clinic.*

Dementia/ Delirium

For inpatient or post discharge patient and carer dementia education and support.

Inpatient Referrals – Powerchart orders- Aged Care and Rehabilitation Nurse.

ext 70942, mobile 0427 510 996

Residential Aged Care Facility Support.

Follow up support for residents on transfer from hospital. Suitable referrals include patients at risk of readmission with complex wounds, requiring trial of void, palliative care support or assistance with ongoing care planning support. Referrals also to RACF Outreach Nurse.

ACT1300 722 276 (0800-2000 7 days)

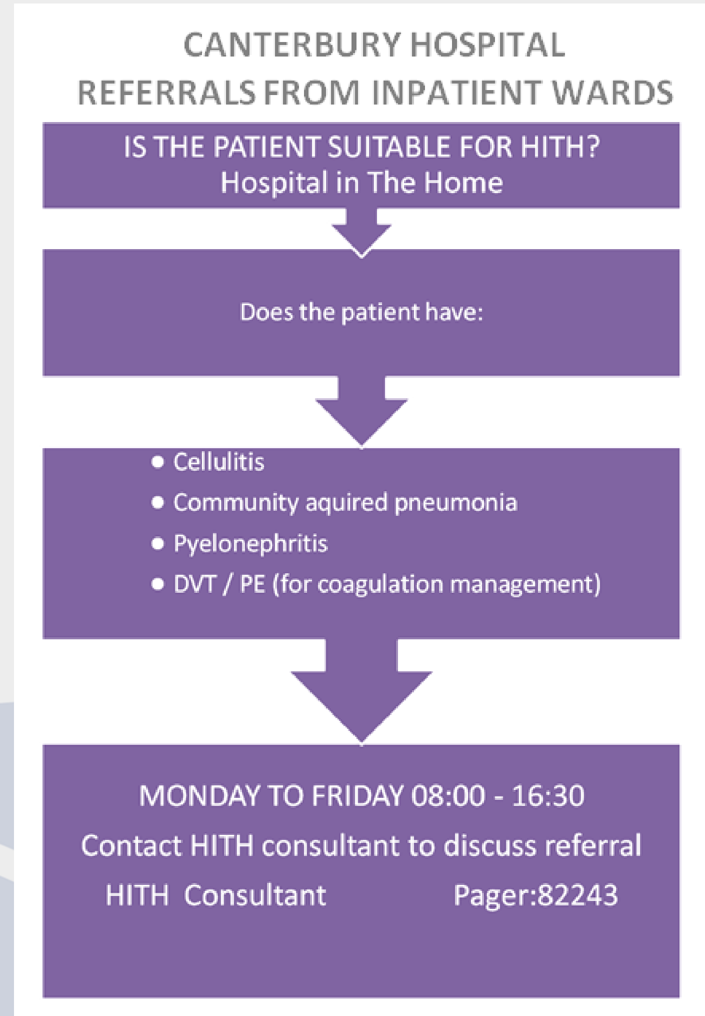
Carers NSW 1800 242 636 (carer phone support and advice)

Commonwealth Respite and Carelink 1800 052 222 (emergency carer respite)

COMPACS 1800 266 725 (7 days) practical home assistance on discharge from an acute public hospital for people requiring case management and 2 or more services.

FOR FURTHER ADVICE OR ASSISTANCE REGARDING REFERRAL TO COMMUNITY ONGOING CARE COORDINATORS, PLEASE CONTACT JUDY MCGLYNN, COMPLEX CARE CNC (P 82018 OR LEAVE A MESSAGE ON EXT 70254) OR PENNY ABOUHARB , TRANSITIONAL CARE CNS (p82204). (January 2015)

HiTH referrals from Wards



4. Criteria Led Discharge

- CLD working party established and currently a work in progress
- CLD to facilitate planned surgical procedures
- Currently creating policy
- Clinical Pathways
- Instrumental in improving the flow of surgical patients
- Ongoing medical leadership

5. Discharge Lounge

- Review of discharge lounge
- Increase usage over the past 12 months
- Continuous staff education
- Drive for usage within the wards

Ongoing Strategies

- Ongoing medical / nursing recruitment to maintain and enhance FTE
- Ongoing education and succession planning
- Continuous staff engagement
- Refinement of Models of Care
- Disposition options
  - EDSSU, HITH, MAU, inpatient, GP, Clinics

Current Focus

- 5 Key strategies
- electronic Patient Journey Boards
- Weekend discharge project

WoHP Summary

- Patient centred care
- Continuous cycle
- Review of systems
- Communication
- Engagement
- Education

Questions