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RACF ED avoidance strategy

05 January2016

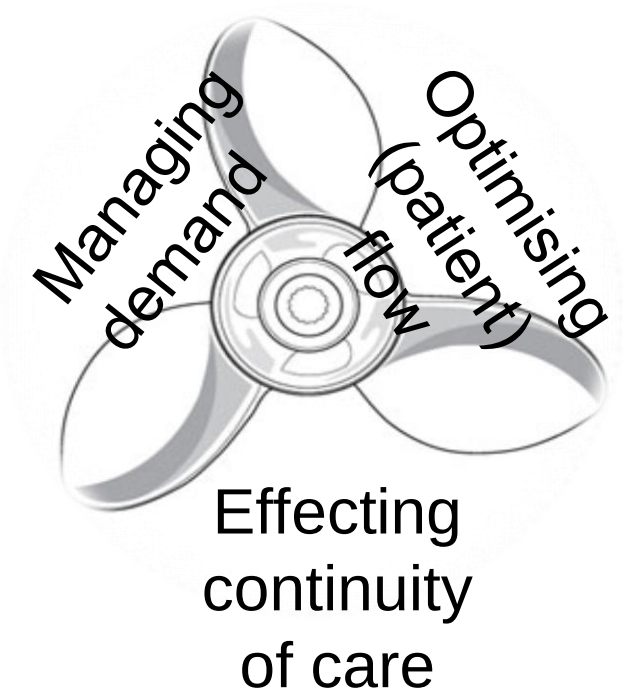
Continuing the Mission of the Sisters of the Little Company of Mary

Whole of system cycle: the person-centred propeller

Hospitality
Healing
Stewardship
Respect

1. Monitoring & governance

2. Proactively managing recurrent procedural admissions
3. Networking with RACF
4. Management plans for pts representing to ED
5. Health literacy program
6. Outpatient Services Review



7. Transfer of Care / Patient Flow strategies / Community partnerships
8. Red Alert Calendar to mitigate recurrent disruptions
9. VIP Project to reduce re-admissions and re-presentations
10. WoH Escalation Plan
11. Exploring pathology, pharmacy & imaging delays

12. Networking with RACF & community partners

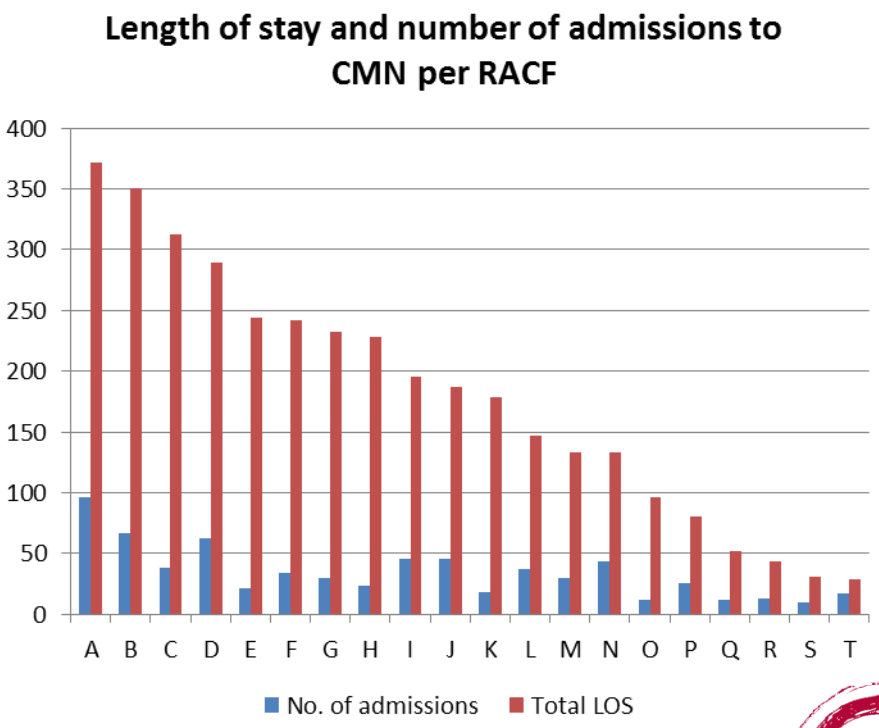
13. The Way Back Support Service Project

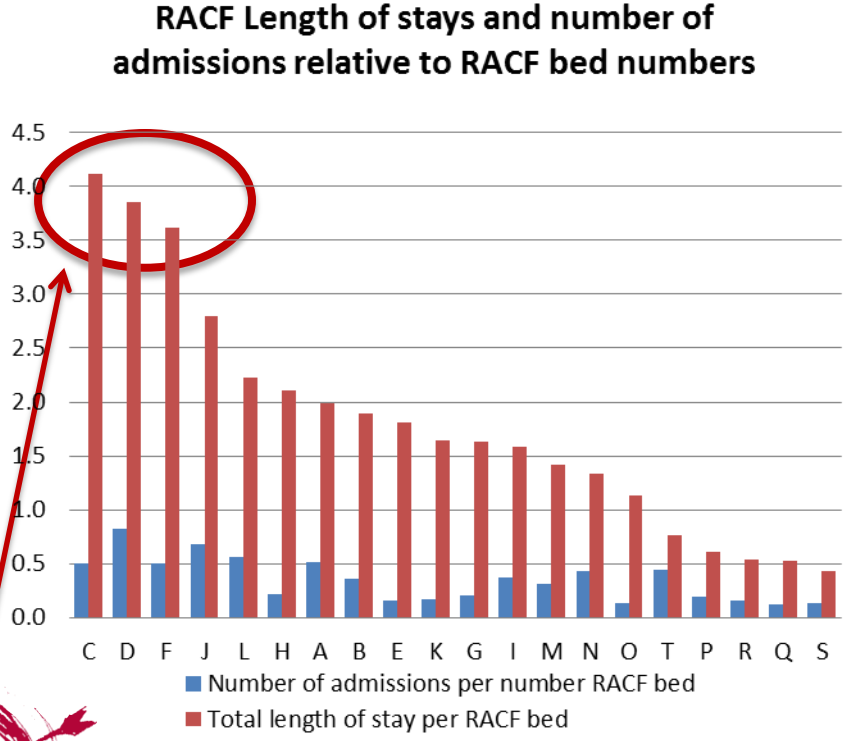
Why target RACFs?

1. The duration of acute hospital admissions should be minimised as an admission can magnify the risks of delirium, falls, pressure injuries, incontinence, nosocomial infections, malnutrition, dehydration and functional decline in the elderly patient. Resnick (2013)

2. 10 elderly patients a day occupying a bed while waiting for placement or already had a bed in a RACF

RACF bed usage





Why do RACF patients present

Top 10 DRG Code & Descriptions of the top 20 presenting RACFs	LOS	Episodes
E62A-Respiratory Infections/Inflammations W Catastrophic CC	133	18
*B64A-Delirium W or W/O Catastrophic CC	116	17
F62A-Heart Failure and Shock W Catastrophic CC	119	11
T60A-Septicaemia W Catastrophic CC	82	9
I68A-Non-surgical Spinal Disorders W CC	115	8
*B63Z-Dementia and Other Chronic Disturbances of Cerebral Function	108	8
E65B-Chronic Obstructive Airways Disease W/O Catastrophic CC	85	8
B70A-Stroke and Other Cerebrovascular Disorders W Catastrophic CC	84	7
E71A-Respiratory Neoplasms W Catastrophic CC	117	5
F60A-Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc	76	3

The team was formed

Aiming to reduce LOS and unnecessary ED attendances by residents of RACF by

- promoting the ACE Program, Ambulance ECP and Mental Health supports
- developing feedback loops
- return residents back to their home (RACF) sooner
- reduce LOS for patients waiting for RACF placement

ACE Program, Ambulance ECP and Mental Health supports

What can ECPs treat?

- ✓ Allergies/hives
- ✓ Acute pain
- ✓ Asthma
- ✓ Stings/animal and insect bites and stings
- ✓ Back pain (non-traumatic)
- ✓ Catheter changes/urinary retention/urinary tract infections
- ✓ Cervical spine assessment
- ✓ Burns
- ✓ Chronic pain
- ✓ COPD exacerbation
- ✓ Croup
- ✓ Diabetic problems
- ✓ Dislocations
- ✓ Epistaxis
- ✓ Fitting/convulsions
- ✓ Eye problems/injuries
- ✓ Falls/back injuries
- ✓ Fish hook injury
- ✓ Haemorrhage/lacerations
- ✓ Gastroenteritis
- ✓ Palliative care
- ✓ Person ill (range of diagnosis)
- ✓ Skin infections
- ✓ Soft tissue injury
- ✓ Wound assessment
- ✓ Minor injury and illness presentation

The ACE Service supports RACFs by providing

- Evidenced based manual with algorithms so RACF staff can better manage acute symptoms
- Telephone consultation & advice
- patient & ED goals of care prior to transfer
- Proactive case management in ED if resident requires transfer
- Education and empowerment of RACF staff

Developing feedback loops

1. Ward / ED staff visiting RACF and RACF visiting hospital
2. Identifying mutual opportunities for improvement – training & competency assessments
3. Key contact details for hospital staff
4. Direct complaints & compliments encouraged

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Contact details for Ward NUMs and Managers
CALVARY MATER NEWCASTLE
02 4921 1211

CALVARY MATER NEWCASTLE HOSPITAL
Key contacts

NUMs/Managers	NUMs / Manager Mon-Fri	Team Leader 24 hours	Email
4B Surgical - Cheryl Cooley	4985 0573	4014 3827	Cheryl.Cooley@calvarymater.org.au
4C Medical Toxicology - Tracey Coates (acting NUM)	4014 3815	4014 3822	Todd.Tobin@calvarymater.org.au
5A Medical / MAAZ - Marissa Ledlin	4985 0574	4014 3827	Marissa.Ledlin@calvarymater.org.au
5B Oncology - Linda Liversidge	4985 0575	4014 3825	ethel.liversidge@calvarymater.org.au
5C Haematology - Wendy Johnson & Olivia Edwards	4014 3816	4011 1597	Wendy.Johnson@calvarymater.org.au Olivia.Edwards@calvarymater.org.au
Hospice - Kathryn Cooper (Acting NUM)	4985 0364	Pall Care Outreach advice Switch 4921 1211	Kathryn.Cooper@calvarymater.org.au
Palliative Care Coordinator - Peter Kozaczynski	4985 0359 0438811774	-	Peter.Kozaczynski@calvarymater.org.au
ED Nurse Manager - Tracy Muscat	4014 3746	4014 3802	Tracy.Muscat@calvarymater.org.au
Stomal Therapist / Wound Care Manager - Tess Richards & & Jane Fifield	4014 4815		Therese.Richards@calvarymater.org.au
Aged Care Liaison Officer - Sharon Lewis	40143847	-	sharon.lewis@calvarymater.org.au
Nurse Manager Clinical Resource (Bed Manager available 24 / 7)	4985 0568	4985 0568	
Director of Clinical Services (Nursing) - Roslyn Everingham	401 44705	-	Roslyn.Everingham@calvarymater.org.au

Returning residents back to their home (RACF) sooner

RACF staff - prefer their residents to return earlier but need information from us to prepare. So we encourage

1. Conversation when resident admitted
2. RACF included in discharge planning
3. Prescriptions faxed to community Pharmacist
4. Transport bookings

Reduce LOS of patients waiting for RACF placement

Quarantining beds at RACFs for our exclusive usage

1. Patients transitioned to one of three facilities for short term placement until the facility of their choice has a vacancy.
2. The patient can choose to remain at the initial facility.
3. KPI = Patient discharged to RACF within 24hrs of ACCR delegation
4. Daily list circulated of the needs of patients awaiting placement

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Healing
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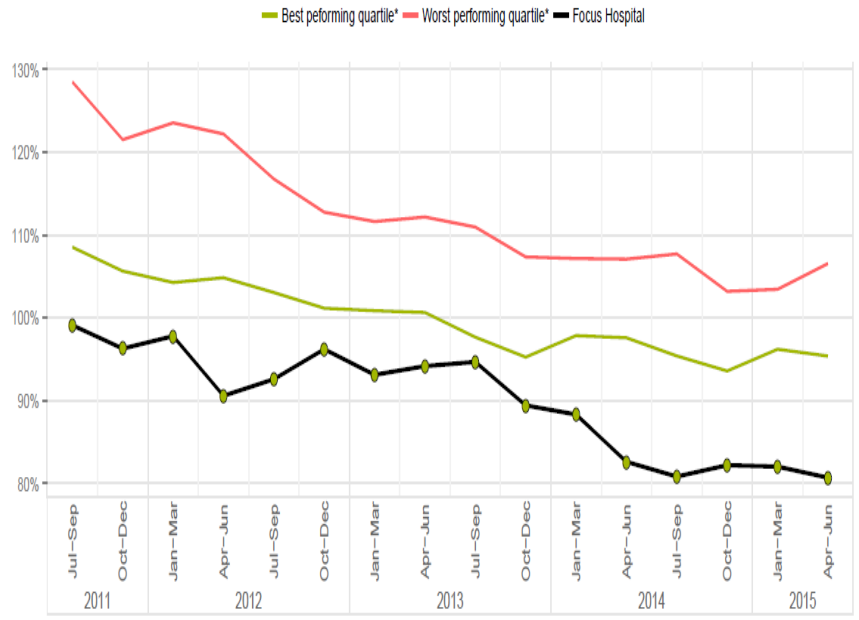
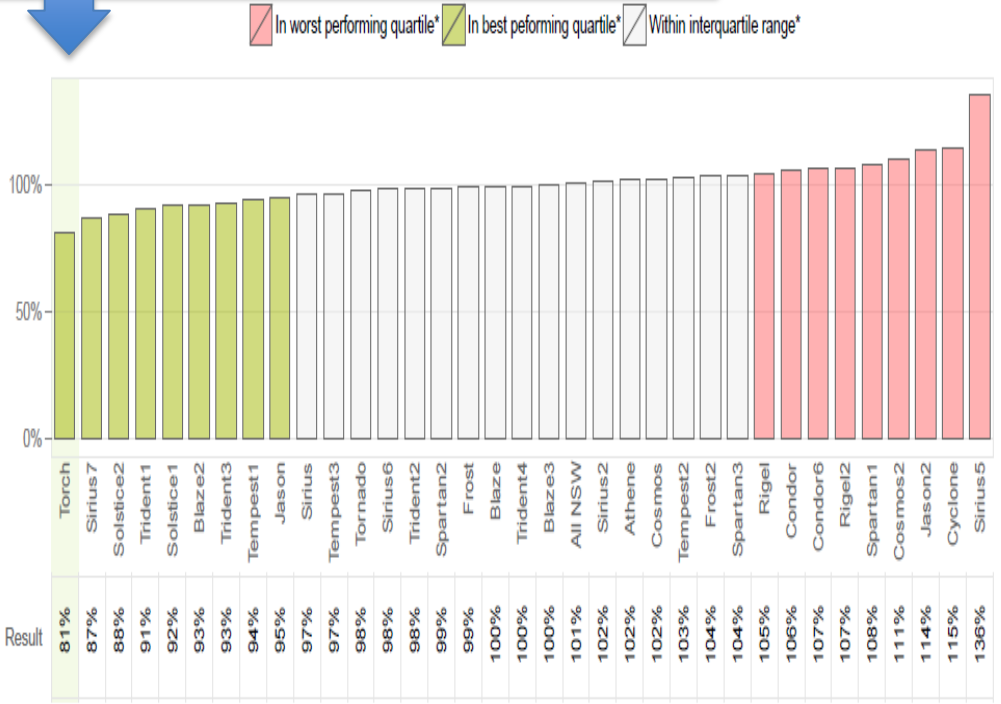
Respect

Acute care type RSI (excluding mental health)

Decline in RSI from 113% in 2011 to 81% in 2015
Now leading other hospitals





Health Round Table data - November 2015. RSI is a risk adjusted measure of length of stay. Expected length of stay is calculated based on an analysis of similar episodes from across the HRT in a 3 year reference period. Risk adjustment is based on DRG, sex, age, admission type, admission source, separation mode and complexity (complexity is a 2 state variable determined by whether there are diagnoses in 3 or more distinct disease chapters.

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Outcomes

Hospitality
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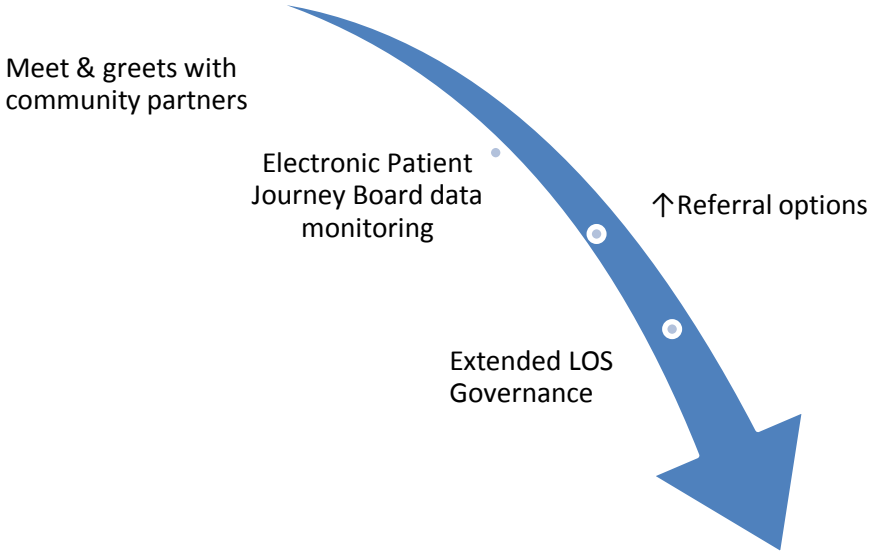
Integration with community



7% reduction in overall average LOS in last 12 months

3% reduction in patients with LOS >7days

Jul 2014 - Jun 2015 12.1%

Jul 2013 - Jun 2014 15.1%