

Scripting daily discharge target for wards

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Problem we wanted to address?

- Business known by patient flow was not known by each ward
- Proactive ward pull from ED needs to have a face
- “Everyone do Everything” gets a little boring and blunt

What was the Goal?

- All services alerted to pressure points and key flow messaging for the day
- Single discharge target per ward with logic behind it
- 2 way Whole of Hospital information exchange in under 10 minutes

What we did?

- Assistance from Whole of Health Provider Panel
- Predictive functions from Patient Flow Portal
- NUM ward meeting at 0830 identified as time do first EDD count and update for the day

WHOLE OF HEALTH PROGRAM

| ED accessible unit | Current ED admits requiring Beds | | Today's Expected ED Bed Requirement | | Expected Planned Admissions (Medical and DOSA) | Expected Clinic Admissions & Transfers | Expected Bed Demand as at 0830 | EMPTY BEDS | EDD Capacity Today | DC Target | Balance |
|-------------------------|----------------------------------|---------------|-------------------------------------|---------------|--|--|--------------------------------|------------|--------------------|-----------|------------|
| | Blacktown | Mount Druiitt | Blacktown | Mount Druiitt | | | | | | | |
| B25 ICU | | | | | | | 43 | | | | |
| B26 HDU | | | | | | | | | | | |
| B27 CSD | 2 | | 6 | 1 | | | | | 6 | 9 | -3 |
| B28 CCU | 0 | | | | | | | | 0 | 0 | 0 |
| B35 AGU/Stroke | 1 | | 6 | 1 | | | | | 6 | 8 | -2 |
| B41 Medical | 0 | | 4 | 1 | | | | | 3 | 5 | -2 |
| B23 Surgical Assessment | | | 3 | 1 | | | | | 5 | 4 | 1 |
| B42 Surgical | 4 | | 5 | 1 | 2 | | | 1 | 11 | 11 | 0 |
| B44 MAU | 2 | | 2 | 0 | | | | | 3 | 4 | -1 |
| B45 Medical | 3 | 1 | 9 | 1 | | | | | 6 | 14 | -8 |
| B46 Women's Health | 0 | | 4 | 1 | | | | 1 | 5 | 5 | 0 |
| B47 Surgical Orthopedic | 0 | | 3 | 0 | | | | 7 | 3 | 4 | |
| Demand Totals: | 12 | 1 | 43 | 7 | 2 | 0 | 43 | | 52 | 63 | -11 |

How did we do it?

1. Confirmation of attendance - Start time is 0830 sharp - please arrive early or on time
2. Patients still in emergency
 - Breached patients requiring urgent placement and Identification of which ward they are to be placed
 - Who is responsible for ensuring the patient is placed?
 - Are there patients that require transfer out of hospital?
3. Expected Discharges and required target discharges – Surgical / Medical / Cardiac
 - Will you meet today's demand
 - Who are patients with wait reasons (including waiting for OT) and what are they waiting for
 - Who is responsible for resolving the issue and when will it be resolved
6. Utilisation of patient discharge lounge – identify patients ready to transfer within the next hour
7. How other services can assist to meet the capacity shortfalls?
8. Are there any other resource delays and constraints?
 - Provide issues by exception and try not to discuss normal business

What are the outcomes?

- Improvements in Clinician Defined EDD
- Accurate and useful waiting for what data
- Drives traffic towards the Patient Flow Portal and the Electronic Patient Journey Boards
- Beginnings of a 1 day turnaround hospital
- “Reasons” not “Excuses”
- “Support” not “Punishment”

What were the challenges?

- Stretch Target
- Understanding the Numbers
- Chronic Problems

| ED accessible unit | Yesterdays ED admits requiring Beds | | Today's Expected ED Bed Requirement | | Expected Planned Admissions (Medical and DOSA) | Expected Clinic Admissions & Transfers In | Expected Bed Demand as at 0830 | EMPTY BEDS | EDD (Capacity) Today | DC Target | Discharge Balance |
|----------------------------|-------------------------------------|--------------|-------------------------------------|--------------|--|---|--------------------------------|------------|----------------------|-----------|-------------------|
| | Blacktown | Mount Druitt | Blacktown | Mount Druitt | | | | | | | |
| B25 ICU | | | | | | | 43 | | | | |
| B26 HDU | | | | | | | | | | | |
| B27 CSD | 2 | | 6 | 1 | | | | | 6 | 9 | -3 |
| B28 CCU | 0 | | | | | | | | 0 | 0 | 0 |
| B35 AGU/Stroke/Scope/Rehab | 1 | | 6 | 1 | | | | | 0 | 8 | -8 |
| B41 Medical | 0 | | 4 | 1 | | | | | 3 | 5 | -2 |
| B23 Surgical Assessment | | | 3 | 1 | | | | | 5 | 4 | 1 |
| B42 Surgical | 4 | | 5 | 1 | 2 | | | 1 | 11 | 11 | 0 |
| B44 MAU | 2 | | 2 | 0 | | | | | 2 | 4 | -2 |
| B45 Medical | 3 | 1 | 9 | 1 | | | | | 6 | 14 | -8 |
| B46 Women's Health | 0 | | 4 | 1 | | | | 1 | 5 | 5 | 0 |
| B47 Surgical Orthopedic | 0 | | 3 | 0 | | | | | 7 | 3 | 4 |
| Demand Totals: | 12 | 1 | 43 | 7 | 2 | 0 | 43 | | 45 | 63 | -18 |

Patient Flow Meeting – Agenda and Script

Blacktown and Mt Druitt Hospitals

Start time is 0830 sharp - please arrive early or on time

1. Confirmation of attendance of

- All managers of Emergency Department Accessible beds
- Patient Flow Manager
- Operations Manager
- Executive team member

2. Patients still in emergency

- Breached patients requiring urgent placement and
- Identification of which ward they are to be placed
- Who is responsible for ensuring the patient is placed within the hour
- Are there patients that require transfer out of hospital
- Other patients requiring placement

3. Expected Discharges and required Target discharges – Surgical / Medical / Cardiac

- Will you meet today's demand
- Who are patients with wait reasons (including waiting for OT),
 - what are they waiting for
 - who is responsible for resolving the issue
 - when will it be resolved

6. Utilisation of patient discharge lounge

- How many patients are ready to transfer within the next hour

7. How other services can assist to meet the capacity shortfalls

8. Are there any other resource Delays and constraints?

- Provide issues by exception
- Provide strategy for how the constraint will be managed and who can be contacted to issues
- Recommend to flow manager if issues is not able to be resolved and needs escalation responsible executive