



**Ambulance Service  
of New South Wales**



**Health**  
Central Coast  
Local Health District

# Enhanced Patient Transfers (Back End) – CCLHD and NSW Ambulance

**A Joint Project between  
Central Coast Local Health District and  
NSW Ambulance**

**Project Team:  
Mel Willis  
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# What was the challenge?

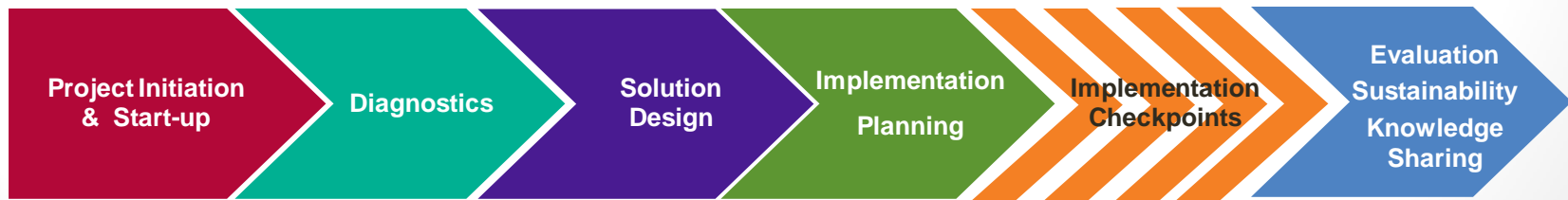
- To improve the patient experience and overall patient flow by reducing delays in discharge transfers of patients being transported by NSW Ambulance from CCLHD facilities
- To successfully undertake a collaborative project between the two services (CCLHD & NSW Ambulance) involved in the transfer process
- To improve communication between both services





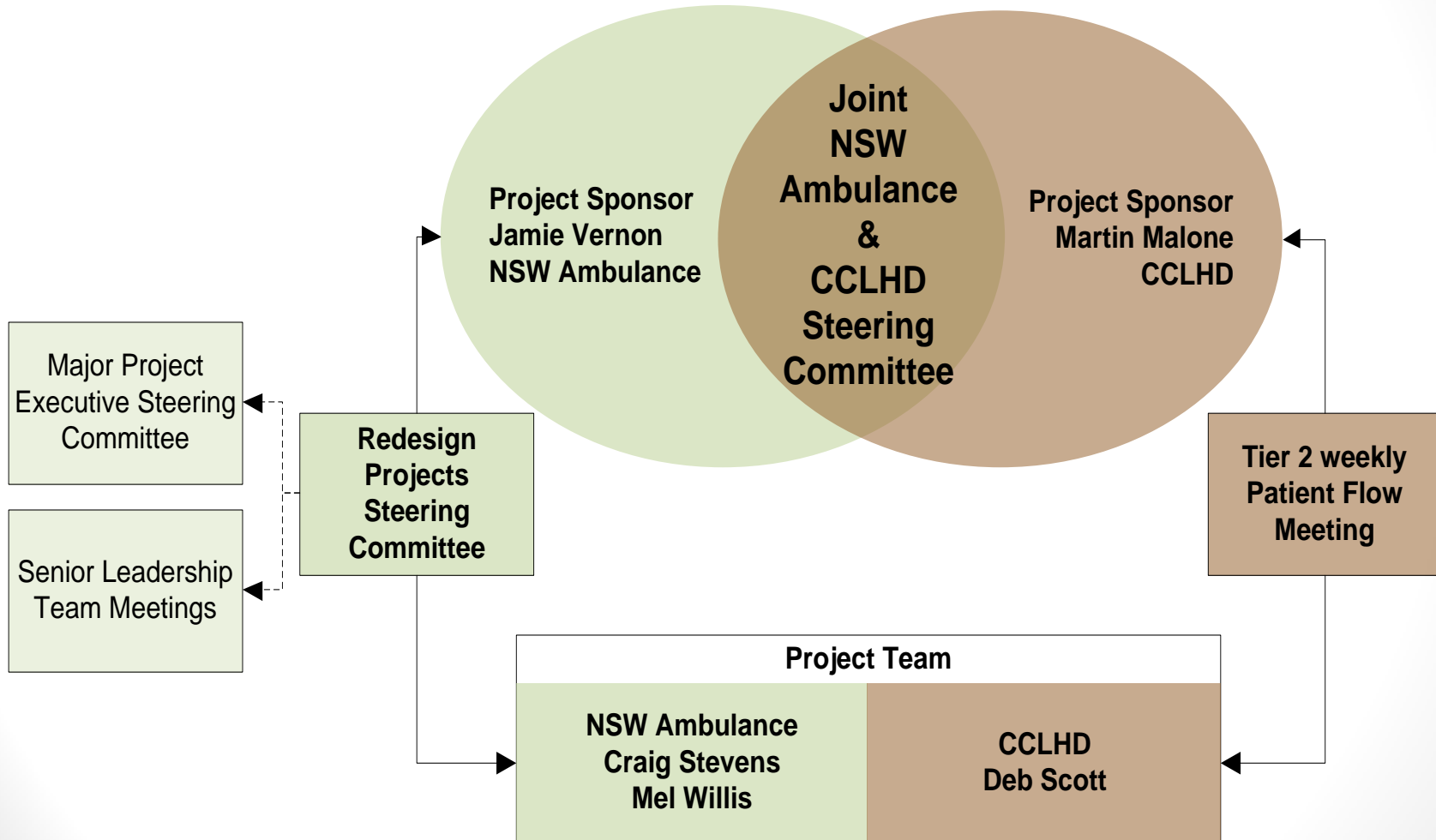
# Practical Steps

1. The Redesign Leads from NSW Ambulance and CCLHD proposed to their respective Executive Teams that a collaborative project team be formed to take the challenge as a project to the NSW Centre for Healthcare Redesign (CHR) 20 week Diploma Program
2. Executive Leaders from both NSW Ambulance and CCLHD endorsed the initiative
3. Project teams members were selected and accepted the challenge
4. Clinical Redesign Methodology was applied during the 20 week program in a supported learning environment which not only addressed the challenge but built the capacity of the project team members to apply robust methodology when addressing a challenge



<http://www.aci.health.nsw.gov.au/centre-for-healthcare-redesign>

# Governance Structure set up



# Common Goals were identified

**To improve stakeholder communication regarding patient discharge timeframes**

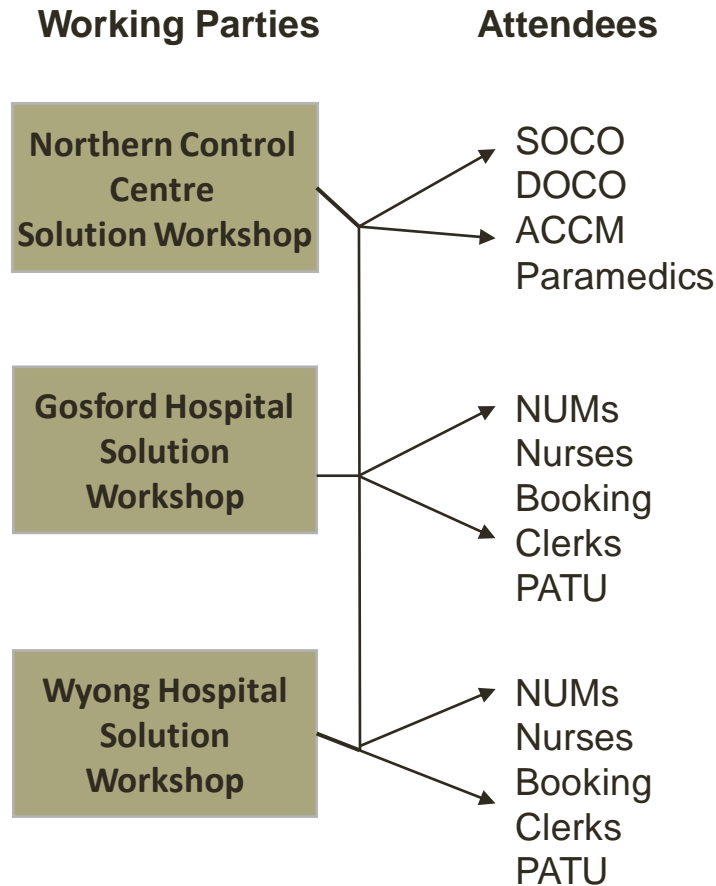
**To improve patient and staff satisfaction with the process**



**To ensure appropriateness of transport options for patients**

**To provide a streamlined booking and scheduling process for patients**

# Stakeholders were consulted



## Patients



## Staff



# Key Issues were identified

- 4% of discharges (average 9/day) CCLHD transported by ambulance
- Total ART hours CCLHD, August 2012 - 291 hours, costing approx. \$65000
- 63% of transport booking requests were made on day of discharge
- 56% of requests are for transport between 1200 and 1500
- 59% of ambulance transports picked up within 2 hours of request time
- 38% variance in entering CCLHD request time into VisiCAD
- NSW Ambulance unaware which transports are priority for patient flow
- 94.4hrs of delay for ED patients waiting for ward bed (over 2 week period)
- CCLHD staff understand time on PATU Form to be a booking 'Pick Up' time but NSW Ambulance staff consider it to be a 'patient ready from' time



# Solutions were designed

- ✓ Discharge prioritisation on a daily basis from CCLHD sites
- ✓ Reinforcement of dispatch procedures, not multi-assigning cases to resources
- ✓ Development an education package regarding Patient Flow and Patient Transport for Control Centre staff
- ✓ Maintenance of PTS rosters on the Central Coast
- ✓ Movement of PTS roster to the northern end of the Central Coast
- ✓ Process to follow when transport arrives but patient not ready for pick up
- ✓ Development of a risk assessment tool for discharge mode of transport
- ✓ A single point of pick up for all non-emergency patient transfers from CCLHD facilities
- ✓ Revise and reinforce the discharge planning process for all patients within CCLHD
- ✓ Redesign of ambulance transfer request form

Green = Quick Wins    Blue = Solutions for NSW Ambulance    Red = Solutions for CCLHD

# What We Are Implementing



Discharge prioritisation on a daily basis from CCLHD sites.



Maintenance of PTS roster on the Central Coast

Movement of PTS roster to Morisset Station.



A single point of pick up for all non-emergency patient transfers from CCLHD facilities

Process to follow when transport arrives but patient not ready for pick up.



Reinforcement of dispatch procedures, not multi-assigning cases to resources.

Development an education package regarding Patient Flow and Patient Transport for Control Centre staff



Revise and reinforce the discharge planning process for all patients within CCLHD facilities

Redesign of ambulance transfer request form and process of booking

Development of a risk assessment tool for discharge mode of transport

# New Forms

NSW Health

## Patient Transport Booking Form

Version 1.00.10

**PATIENT DETAILS**

Given Name:   
 Male/Female:  Male  Female  
 Suburb / Postcode:  FC   
 Medicare Number:

**BOOKING INFORMATION**

Date: 11/09/2013  
 Appointment Time:

**TRANSPORT REQUEST DETAILS**

Ready for Pick up from:   
 Transport Type:  LHD Patient Transport  Ambulance Service NSW  Air Transport  
 Transfer To:   
 Facility:   
 Drop off Location:

**CLINICAL DETAILS FOR TRANSPORT**

Drop off Location:   
 Whole Phone Number:   
 Receiving Doctor:   
 Bed Confirmed:

Diagnosis / Diagnostic Test & Relevant History:

Weight:  Kgs  
 Mobility:  Assist Walk (ie Can walk up 3 steps)  Stretcher  
 Paediatric Patients:  Humidcrib  Baby Capsule   
 Oxygen:  Yes  No  
 Tracheostomy:  Yes  No

ASNSW Pick-up Priority Notification - Windows Internet Explorer provided by Central Coast Health

Reply Reply All Forward

## ASNSW Pick-up Priority Notification

To: ASNSWPriority@nscchah.health.nsw.gov.au  
 Deborah Scott

• This message was sent with High importance.

ASNSW Pick-up Priority Notification for Gosford : 11/09/2013

Priority	Hospital	Ward	Destination	Infectious	Registered	Time Ready
1	Gosford	M3	Berkley Vale Pr	No	Yes	9:00 AM
2	Gosford	S2	Veronica Aged C	No	Yes	10:30 AM
3	Gosford	M1	Gosford Private	Yes	Yes	2:00 PM
4	Gosford	M1	Gosford Private	Yes	Yes	2:00 PM

End of Report

# The NEW Patient Journey



All processes are working efficiently to eliminate any delay in the discharge of patients

A process that sees the appropriate method of discharge for the patient



# Lessons learned

- Continued ownership of the project is very important to maintain focus towards the objectives
- Engage with staff – putting all the process owners in the room together was invaluable
- Redesign leads are an extremely valuable resource for project success

***Though NSW Ambulance is responsible for only 4% of discharge transports from CCLHD there is such demand on both our systems that any slight delay either in transport pick up, discharge planning, patient readiness, booking process etc. impacts on patient flow.***

***Add to this any increase in Triple Zero (000) calls, other NEPT requests, presentations to ED, acuity of patients and staff sick leave and the system ultimately experiences increased OS time, TOC and ART hours.***

# Lessons learned

*'The program is well worth participating in if you are prepared to put the effort in. I would highly commend this program to other staff. The collaborative project was brilliant. The buy in we all got (as project team) with stakeholders was magnified due to the collaboration'.*

(Project Team Member)

*'Our goal is to deliver better care as a system, not as individual organisations. Seeing this team working together to improve patient care and breaking down historical barriers is very encouraging, and we hope to have more collaborative projects participating in the Centre for Healthcare Redesign Program'.*

(Manager from the Centre for Healthcare Redesign, ACI)

*'Accolades to the team. Their work has gone a long way in reinforcing the relationship between NSW Ambulance and LHD as well as providing a positive no-blame direction for improvement'.* (Sponsor)

## Acknowledgements

**Project Sponsors** Jamie Vernon - Director Control Centres, Ambulance and Martin Malone – A/Director Acute Care Service, CCLHD

**Redesign Managers** Anna Rozario – NSW Ambulance and Natalie Irwin – CCLHD  
**Central Coast Local Health District staff, PATU staff and NSW Ambulance staff**