



**Health**

Hunter New England  
Local Health District

# Manning – A whole hospital approach to improving access

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# Guiding principles

- Not a “project”
- Create space to change
- Change based on “purpose” not target
- Keep it simple
- Everyone’s role is important
- Culture driving performance not numbers
- Executive are accountable



# Manning Hospital 2012



- Inefficient & fragmented
- Community dissatisfaction with ED wait times
- Multiple barriers to inpatient services
- Dissatisfaction with discharge practices
- Hospital performance well below target



# Context 2012

- ED at 20-22 beds opened daily
- Patients on trolleys-OST poor
- On-call Exec constantly notified
- NEAT between 30-50%
- No community input
- Acute hospital seen as “provider of all care”
- Constant bed block



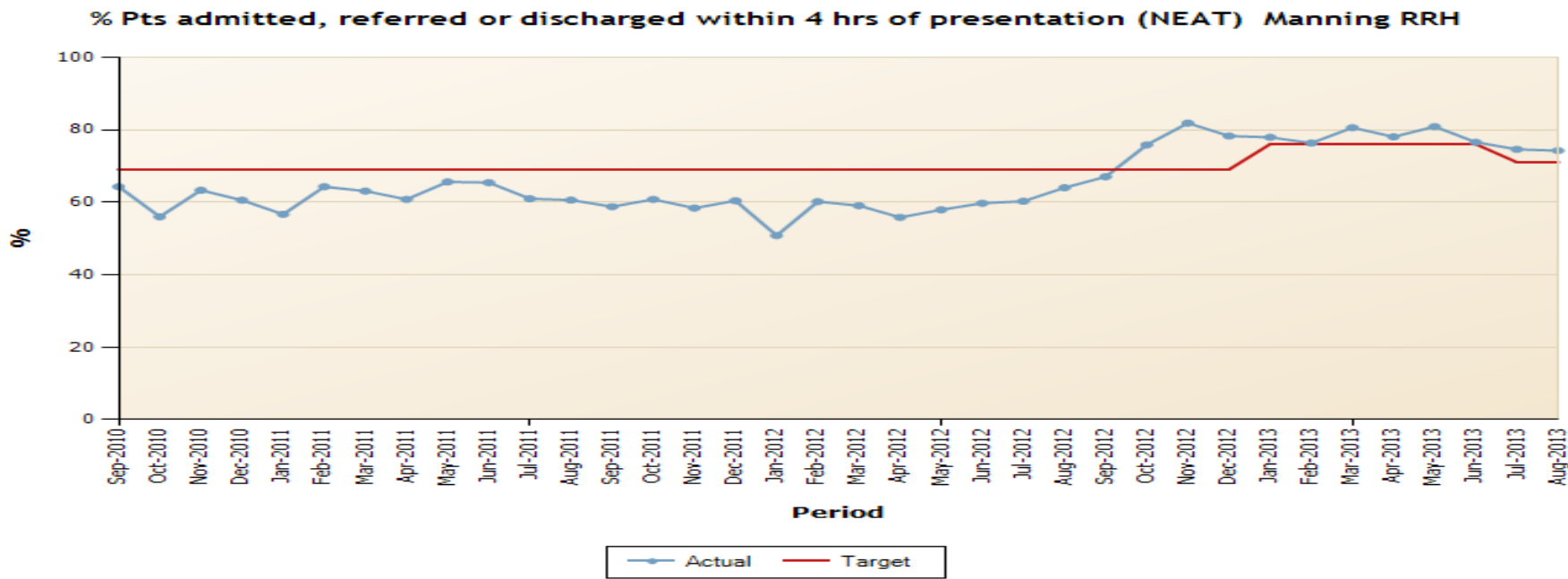
# Context 2013

- 26,000 ED presentations per year (+3% pa)
- Approx 210 beds
- 9 funded ED beds + 2 resus bays
- Winter beds not opened
- Senior nurse (NUMs/AHNM) led process
- Medical engagement at all levels
- Improved experience for all staff



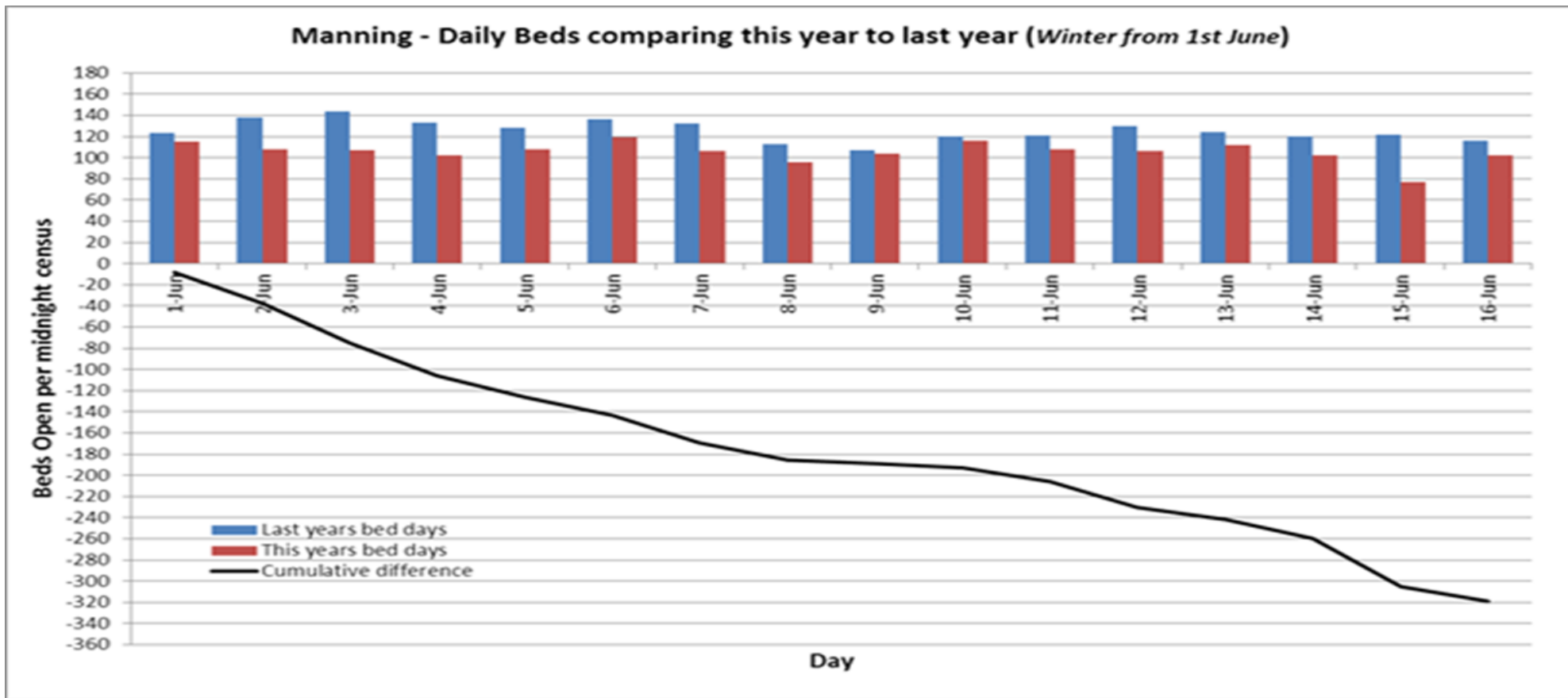
# NEAT

- Improved efficiency, patient safety and satisfaction through streamlining of care in ED:



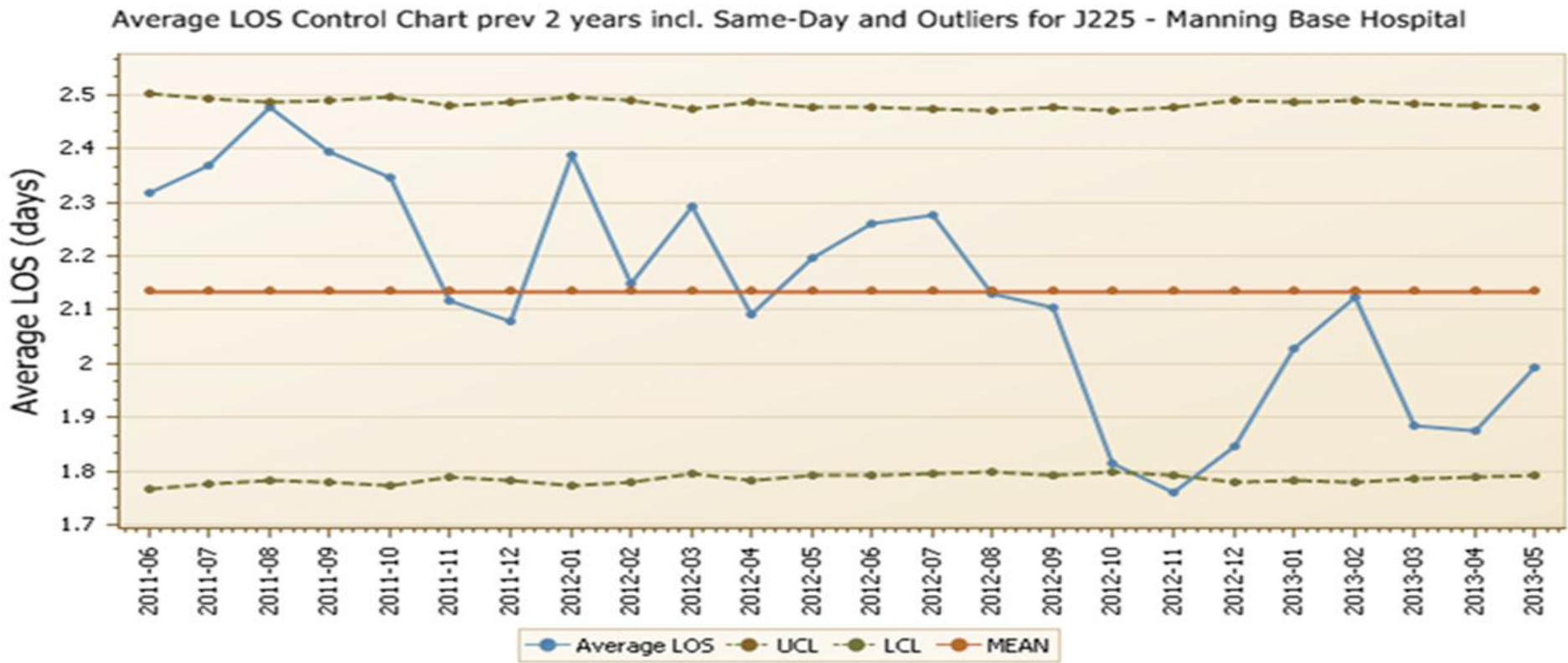
# Bed days

- Reduction in bed days:



# Length of stay

- **Reduction in LOS:**

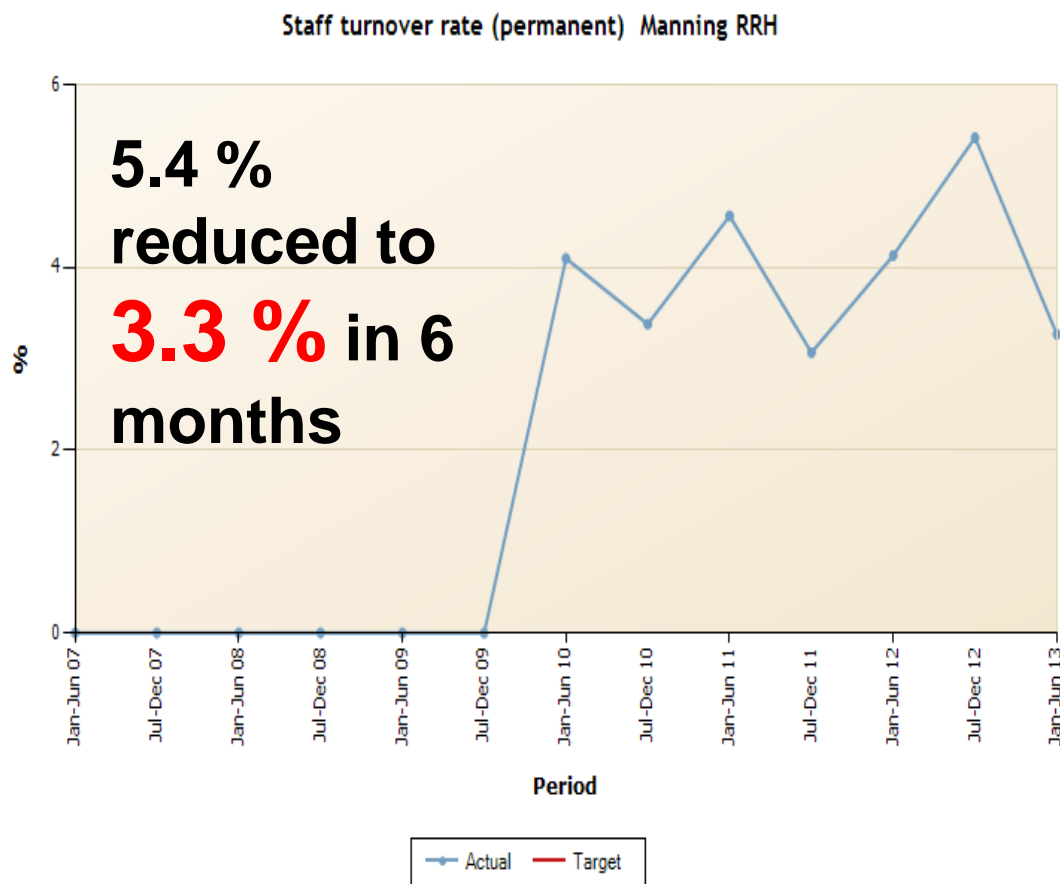




# Staffing and inpatient care

- Increase in per patient staffing
- Improved inpatient care efficiency
- Sick leave below 3% (11% in 2012)
- Overtime below 1%

- **Reduction in staff turnover**



# Innovations: ED

- ✓ ED funded beds
- ✓ 7/7 ED Nurse Practitioner
- ✓ 7 day Aboriginal Liaison Officer in ED
- ✓ Direct admission to inpatient beds



# Innovations: Hospital-wide

- ✓ Daily bed meeting
- ✓ 20 discharges per day target
- ✓ Discharge lounge & 11am discharge time
- ✓ Policy platform for Nurse Unit Managers and Bed Managers to negotiate with Medical Staff



# Innovations: Community

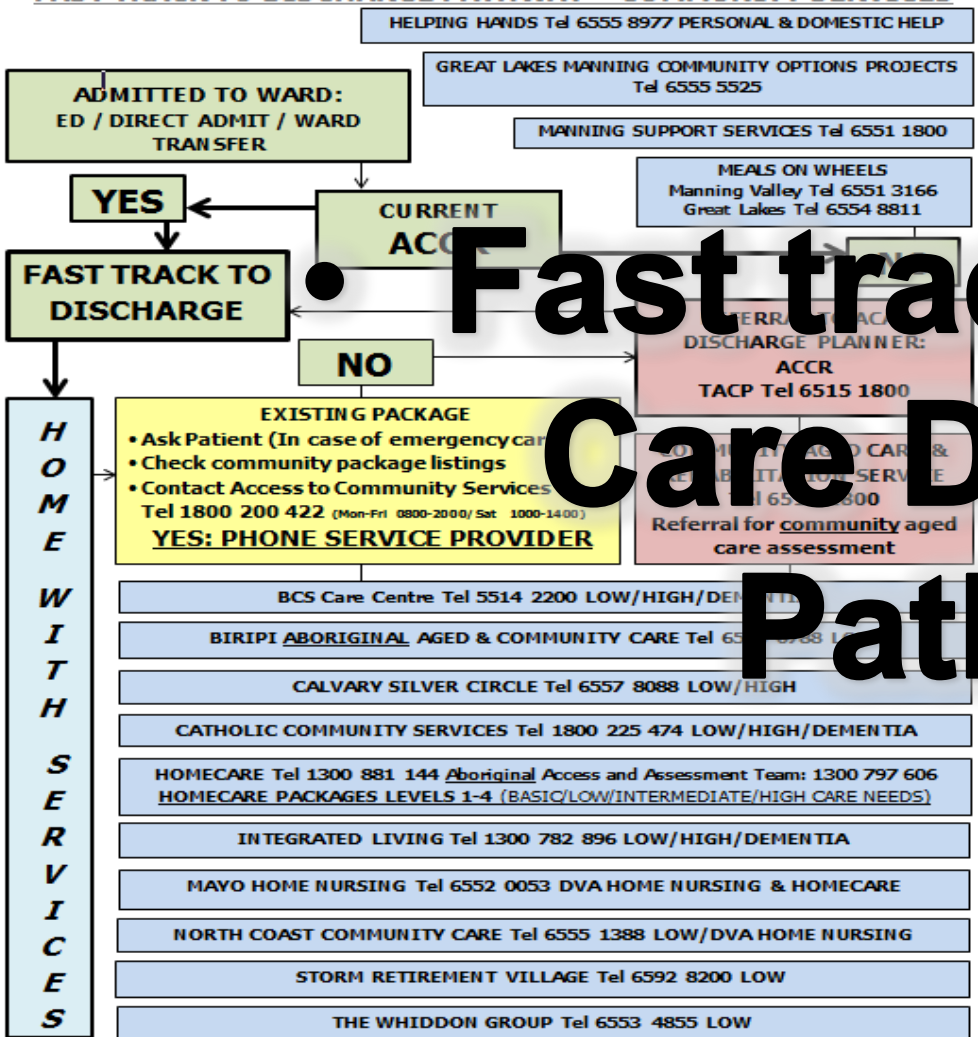


- ✓ Community aged care providers forums
- ✓ Streamlining discharge medications
- ✓ Regular vacancy updates for community care packages
- ✓ Hospital support services
- ✓ Transport options

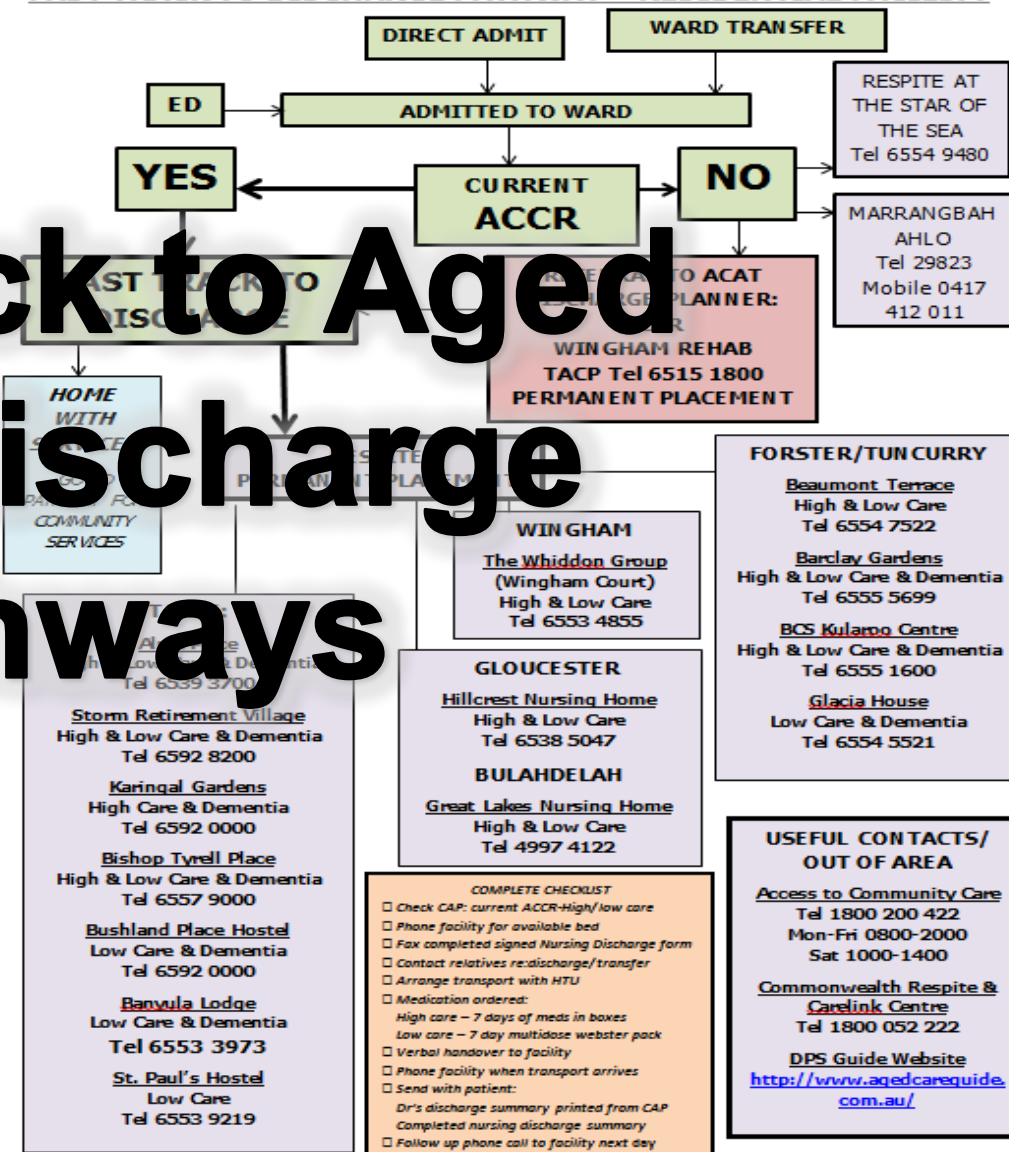


# Innovations: Aged care

## FAST TRACK TO DISCHARGE PATHWAY – COMMUNITY SERVICES



## FAST TRACK TO DISCHARGE PATHWAY – RESIDENTIAL FACILITY



# Fast track to Aged Care Discharge Pathways

**USEFUL CONTACTS & OUT OF AREA**  
 Access to Community Services Tel 1800 200 422  
 Commonwealth Respite & Carelink Centre Tel 1800 052 222  
 DPS Guide Website <http://www.agedcareguide.com.au/>  
 VHC (Veteran's Homecare) Hotline Tel 1300 500 450

**CDC (Consumer Directed Care) Packages:**  
 CDC Low care of personal care, social support, gardening, home help, meal prep, transport to appointments  
 CDC High care of nursing, domestic help, social support, in-home respite, personal care, transport to appointments  
 CDC Dementia – high level, complex care needs & dementia behaviours & symptoms

- COMPLETE CHECKLIST**
- Check CAP: current ACCR-High/low care
  - Phone facility for available bed
  - Fax completed signed Nursing Discharge form
  - Contact relatives re: discharge/transfer
  - Arrange transport with HTU
  - Medication ordered:
    - High care – 7 days of meds in boxes
    - Low care – 7 day multidose webster pack
  - Verbal handover to facility
  - Phone facility when transport arrives
  - Send with patient:
  - Dr's discharge summary printed from CAP
  - Completed nursing discharge summary
  - Follow up phone call to facility next day

**USEFUL CONTACTS/ OUT OF AREA**  
**Access to Community Care**  
 Tel 1800 200 422  
 Mon-Fri 0800-2000  
 Sat 1000-1400  
**Commonwealth Respite & Carelink Centre**  
 Tel 1800 052 222  
**DPS Guide Website**  
<http://www.agedcareguide.com.au/>

# 2013 and beyond ...

- Whole hospital approach
- Consultation and a shared ownership
- Regular review and feedback
- A culture of universal responsibility





***The outcome is a  
high performing and efficient acute hospital  
streamlined into the broader community***



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**Acknowledgements**

Manning Hospital staff and patients; and the  
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