



Health

Hunter New England
Local Health District

Whole of Health Planning for the LHD

Jenny Carter WOH District Lead



Setting the Scene – Planning

- As managers we are having to plan/manage ‘variation’ to normal activity on a daily basis to ensure business continuity.
- ‘Variation’ can be triggered by range of factors. Politics, societal, behavioural, seasonal (e.g. ‘Winter’), and other including disaster (flood, bushfire, pandemic influenza)

Principles: Escalation Plan development

- The process of developing the plan is just as critical as the outcome (plan)
- Facility/Service plans cannot be developed in 'Silos'-whole of system approach
- Patient centred
- Common language
- De-complexisize!

Considerations


- Service Agreement 2015/16
- Excellence accountability framework
- Key stakeholders
- Experience (Winter 2015)-learnings
- Work already entrained within the LHD
- Themes: Exercises, data and stories
- National Standards
- Organisational culture around this?

Flow Monitoring Real-Time/Reports

- Executive
- General Manager
- Operational Managers
- Flow/Access positions
- Support Services Managers

GNAH_0412: Real Time LPM data entry for patient ADT

Local Procedure

 **Health**
Hunter New England
Local Health District

Document Number: GNAH_0412

Real time iPM data entry for patient Admission, Discharge & Transfer

Sites where Procedure applies: Greater Newcastle Acute Hospitals
Target audience: All staff
Description: Procedure for real time data entry in LPM
EQUIPNational standard: 1, 6
Keywords: Admission, transfer, ADT, NEAT, discharge, Bed Manager, AHM, JHH, RNC, JHCH

Replaces Existing Procedure: Yes
Registration Number(s) and/or name and of Superseded Documents: JHH 3.1.1C Designation of Clinical Beds
JHH 3.1.1D Priority in Bed Allocation
JHH 3.1.1E Bed Manager
JHH 3.1.1J Hospital Emergency Bed Management

Relevant or related Documents, Australian Standards, Guidelines etc:

- NSW Health Policy Directive PD2011_015 [Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals](#)
- NSW Health Policy Directive 2009_055 [Emergency Department – Direct Admission to Inpatient Wards](#)
- Local procedure GNAH_0362 [Bed Management: John Hunter complex](#)
- Local procedure JHCH 3.2 [Paediatric Bed Management Protocol](#)
- Local procedure GNAH_0369 [Notification of change in admission status](#)
- Local procedure GNAH_0394 [Direct Admissions from the Emergency Department](#)
- Local procedure GNAH_0377 [Notification and management of patient's directed to attend the hospital for immediate admission](#)
- Local procedure GNAH_0053 [Outliers – Management of Outlier Patients GNAH](#)

Note: Over time some links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

Prerequisites: LPM registration and training for staff entering data into LPM

Procedure Summary: This procedure sets out the steps to be followed to ensure that patient admission and discharge data is entered onto LPM in real time. The procedural components are considered mandatory.

Date Initial authorisation: October 2013
Authorised by: GNAH Patient Safety and Quality Committee
Contact Person: JHH Director of Nursing/Midwifery
Contact Details: Sally Mison-Hawke, (02) 49214494
Date Reviewed: January 2016
Review due date: October 2016
Responsible for review: JHH Director of Nursing/Midwifery
Version: Version 1.4 26/2/2015

RISK STATEMENT

This local procedure has been developed to provide direction to staff and to ensure that inpatient beds are identified and managed in a timely manner.

Any unplanned event resulting in, or with the potential for, injury, damage or other loss to patients/staff/visitors as a result of this procedure must be reported through the Incident Information Management System and managed in accordance with the Ministry of Health Policy

Page 1 of 7

What do you need to be able to see?

Dashboards: Real Time or Rear view?

Patient	Age	Sex	Arrival Time	Notes
62 07:23	3	M	07:30	Medical, R01:3h 32FA
15 02:32	3	F	03:05	Psychiatry:03:05:3h 59
20 12:11	12	M	12:40	Barker, 12:44
77 12:51	2	F	12:52	Crowley, 12:56
87 10:20	10	M	10:40	Subham, 10:47
82 11:40	3	M	11:40	
15 10:29	3	M	11:00	Barker, 11:10
86 11:39	4	M	12:10	Kennedy, 12:11

Patient Profile: John Hunter Hospital

Ward Status: Physical Exams: 300/600
 Bed Status: Open: 300/478, Available: 307/487, Unavailable: 0/0, Surge: 1/11, Closed: 0/12

Bed Profile: Physical Exams: 673/7000, Open: 637/688, Available: 636/678, Unavailable: 0/0, Surge: 1/11, Closed: 0/12

Ward	Bed	Status	Notes
Ward 1	1	Open	
Ward 1	2	Open	
Ward 1	3	Open	

NSW Ambulance Hunter New England LHD

ENROUTE

Car	Incident	Destination	Distance	ETA
4219	40421	Maitland	<1 km	<2 mins
4275	40415	John Hunter	11 km	13 mins

ARRIVALS

Car	Incident	Hospital	Waiting Time
4213	40402	Cavity Mater	00:06:10
WEST1	40392	John Hunter	00:11:44
4323	40310	Maitland	00:17:28
4257	40343	John Hunter	00:23:34
4286	40341	Lake Macquarie Private	00:27:28
4215	40350	John Hunter	00:32:17
4239	40327	John Hunter	00:32:24
4312	40274	Tamworth	00:52:38

BOOKED TRANSFERS

From	To	Status
Warrbrook	Cavity Mater	On Hold
Carrieton House	Mater	On Hold
Ph Home	Cavity Mater	On Hold
Raymond	Cavity Mater	On Hold

DELAYED AVAILABLE

Car	Incident	Hospital	Elapsed Time

PATIENT FLOW WHITEBOARD

Date Referred	From	Going To	Bed Required	Required By	Comments - MAT				
18/11/2018 17:55:00	John Hunter Hospital	Lingard Private Hospital	Orthopaedics	18/11/2018 18:00:00	ON HOLD Return				
23/11/2018 08:43:00	Belmont District Hospital	John Hunter Hospital	Rehab	23/11/2018 08:48:00					
23/11/2018 13:44:00	John Hunter Hospital	Foster Private Hospital	Rehab	23/11/2018 14:00:00	ON HOLD Ready 2011				
24/11/2018 16:38:00	Coffs Harbour	John Hunter Hospital	Cardiology	24/11/2018 17:11:00	By 2011				
26/11/2018 14:28:00	Coffs Harbour	John Hunter Hospital	Cardiology	26/11/2018 14:34:00	2011				
11/11/2018 08:25:00	John Hunter Hospital	Manning Base Hospital	Surgical	11/11/2018 09:24:00	ON HOLD				
26/11/2018 14:10:00	John Hunter Hospital	Lake Macquarie Private Hospital	Vascular	26/11/2018 15:01:00	Bed and 1Part 2011				
26/11/2018 16:17:00	John Hunter Hospital	Harmer Valley Private Hospital	Rehab	26/11/2018 17:06:00					
27/11/2018 08:43:00	John Hunter Hospital	Maitland Private Hospital	Rehab	27/11/2018 09:00:00					
27/11/2018 11:47:00	John Hunter Hospital	Singleton District Hospital	Medical		In Progress				
27/11/2018 13:16:00	John Hunter Hospital	Terrace Private Hospital	Rehab	27/11/2018 13:16:00	Bed and 1Part 2011				
27/11/2018 13:17:00	John Hunter Hospital	Terrace Private Hospital	Rehab	27/11/2018 13:17:00	ON HOLD				
28/11/2018 19:08:00	John Hunter Hospital	John Hunter Hospital	Gastroenterology	28/11/2018 19:08:00	By 2011				
29/11/2018 14:22:00	Belmont District Hospital	John Hunter Hospital	Urology	29/11/2018 16:03:00	2011				
30/11/2018 07:35:00	John Hunter	Mater	Belmont	Maitland	Manning	Tamworth	Armidale	Other	In Process

Non-emergency Patient Transport Booking Service

Serial	Book Ref	Transfer Reason	Requested Time	PNR	Patient	Ordering Facility	From	To	Status
49383	Post Appointment		20/11/2018 04:00:00	000		LAKELAND MATERNITY HOSPITAL	NEWCASTLE CENTRE AT 200	NEWCASTLE CENTRE AT 200	Planned
49012	Post Appointment		20/11/2018 01:30:00	000		NEWCASTLE CENTRE AT 200	NEWCASTLE CENTRE AT 200	NEWCASTLE CENTRE AT 200	Planned
49925	Post Appointment		20/11/2018 02:30:00	010		BELMONT HOSP	BELMONT HOSP	BELMONT HOSP	Planned
48911	Post Appointment		20/11/2018 12:30:00	010		NEWCASTLE CENTRE AT 200	NEWCASTLE CENTRE AT 200	NEWCASTLE CENTRE AT 200	Planned

Serial	Book Ref	Transfer Reason	Requested Time	PNR	Patient	Ordering Facility	From	To	Status
49383	Post Appointment		20/11/2018 04:00:00	000		LAKELAND MATERNITY HOSPITAL	NEWCASTLE CENTRE AT 200	NEWCASTLE CENTRE AT 200	Planned

Emergency Treatment Performance

Key Performance Indicator		Target	Not Performing	Under Performing	Performing
Tier 1	Emergency Treatment Performance - Patients with total time in ED <=4 hours (%)	≥81	<71	≥71 and <81	≥81

EMERGENCY TREATMENT PERFORMANCE (ETP) DEFINITION CHANGES:

Patients who have a mode of separation listed below then their ETP end time will be the earlier of the Depart. Ready Date/Time or Actual Departure Date and Time entered.

Note: Visit Types excluded from ETP are – Telehealth and Current Admitted Inpatient Presentations.

Mode of separations which will use the Depart Ready Date/Time:

- Admitted & Discharged from ED
- Departed: Treatment Complete
- Departed: Transfer to other hospital, not admit this hospital
- Departed: Retrieval transfer to other hospital
- Departed: For GP rooms
- Departed: For Other Facility
- Departed: Ref'd to GP Access After Hours
- Departed: Referred to Delivery Suite

Enter the date and time the patient's emergency department non-admitted clinical care ended in the Departure Ready Date/Time. Once the patient actually physically leaves the department then you enter the Discharge Date/Time.

The screenshot shows a software window titled 'Add Patient Discharge - Test, Test Temp: 11682976 Male'. It has tabs for 'Discharge', 'Transfer', 'Destination', and 'Coding'. Under 'Discharge Detail', there are dropdown menus for 'Mode of Separation' (set to 'Departed: Treatment Complete'), 'Discharge Destination' (set to 'ED Home/Usual Residence'), and 'Refer to on Departure' (set to 'GP - General Practitioner'). Below these are two rows of date and time fields: 'Depart Ready Date' (03/10/2014, 09:00) and 'Discharge Date' (03/10/2014, 09:50). A blue oval highlights the 'Depart Ready Date' field, with a blue arrow pointing to a text box on the right.

Enter Depart. Ready Date and then when patient actually physical leaves the ED then enter the Discharge Date.

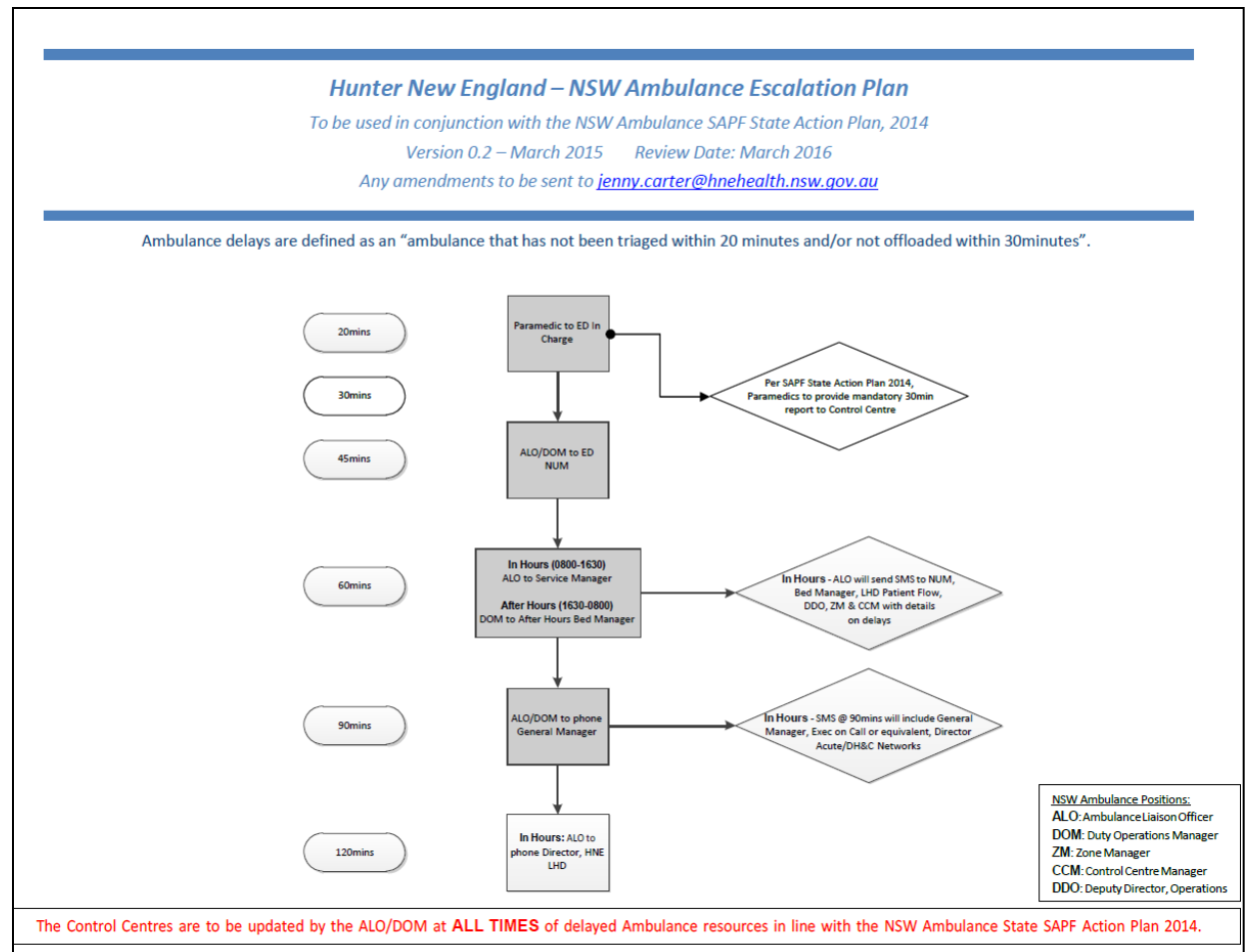
DEPARTURE READY:

The NSW Emergency Department Data Dictionary (Version 4.1) states that a patient is considered to be ready for departure when the following conditions are met:

- For a non-admitted patient: This is the time at which the assessment and initial treatment of the person is completed such that if home arrangements of

Transfer of Care-work already in place

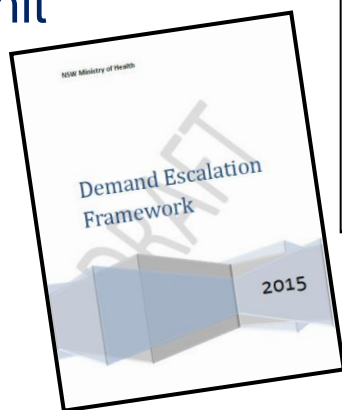
- SAPF guidelines-communication escalation
 - Accountability



Demand Escalation Framework

linking it all together

- HNE District Level
 - Facility level
 - Support Services
 - Healthshare
 - Patient Flow Unit



Step 1: Does the framework below identify the key components for your organisation? If so endorse and move to Step 2.

The framework is organised into four levels escalating core business activities from business as usual through to extreme compromise.

Consistency of language across the system is imperative to ensuring appropriate response between all parties.

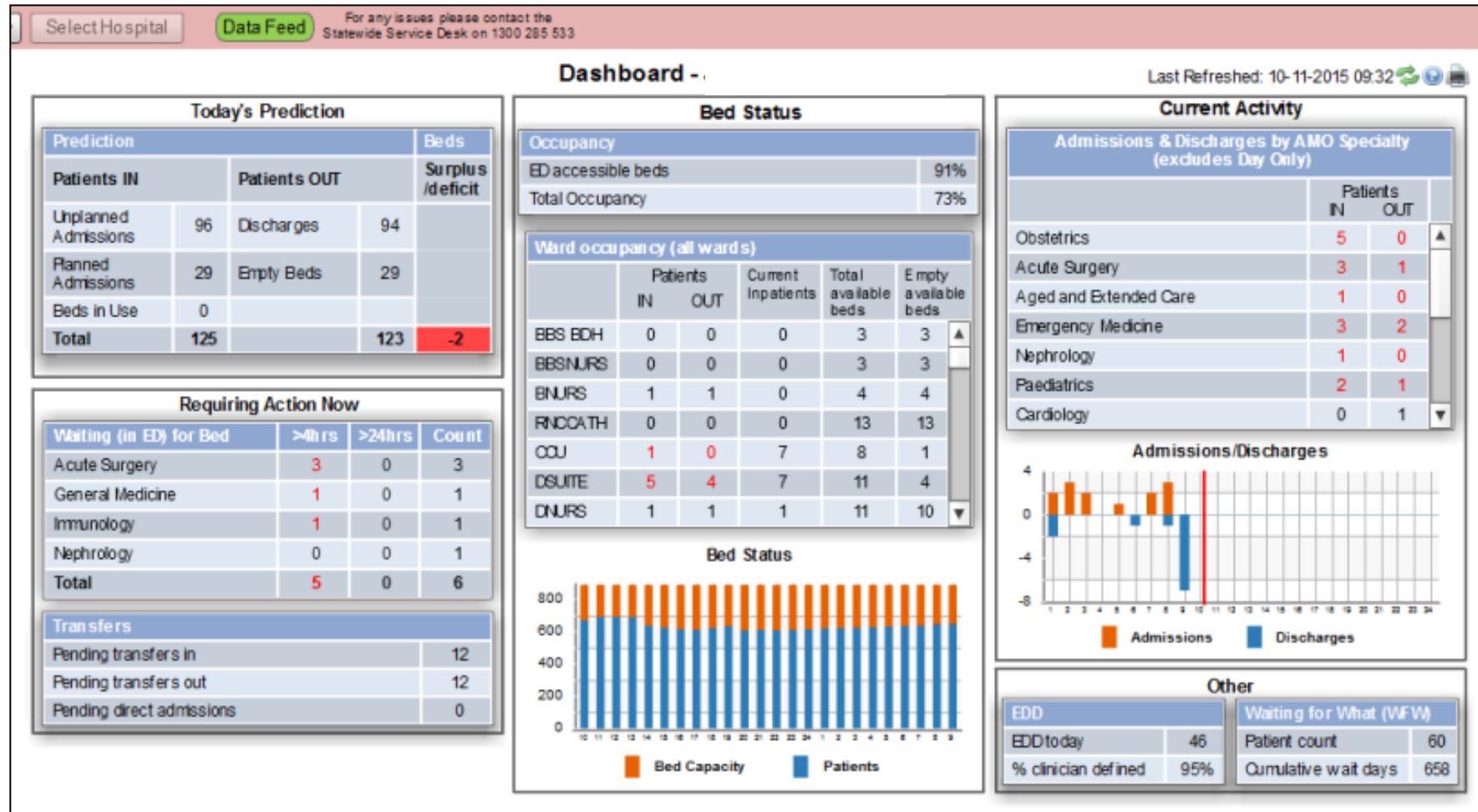
Level	Description	Responsible	Tools and Templates
0 Business as usual	Adequate capacity to sustain core business and maintain performance	Executive Lead Patient Flow Manager All Managers Health Relationship Manager (Ambulance Liaison)	Patient Flow Systems & Patient Flow Portal (including monitoring & predictive tools, policies & communication pathways) Short Term Escalation Plan Capacity Action Plan* Patient Allocation Matrix (Ambulance) Business Continuity Management Plan Relevant Emergency & Incident Escalation Plans (MOH Policies) Facility Demand Escalation Matrix
1 Moderate compromise	Moderate compromise to core business activities Demand or Capacity thresholds breached		
2 Severe compromise	Severe compromise to core business activities Demand or Capacity		
3 Extreme compromise	Extreme compromise to core business activities All contingencies fully		

STEP: Short Term Escalation Plan
CAP: Capacity Action Plan

Demand/Capacity management

- What are the targets?
- What is variation (defined in metrics)?
- How should we be monitoring flow?
- Leaner communication (e.g. apply incident management principles)
- Strategies agreed to ready to activate-open beds disinvest/reinvest workforce.
- Identified positions with authority to activate strategies once triggers are reached (permission granted concept)-action consistently.

'Source of Truth' Patient Flow Portal/Electronic Journey Board



Reporting Framework

- What to report when and to whom?

The image shows two overlapping reports. The top report is titled 'i.PM Reporting Peak Activity Overview For Period 11/24/2015 to 11/24/2015'. It is a table with columns for 'Monday 23-Nov-2015' and '24'. The table lists various hospitals and their performance metrics against targets. The bottom report is titled 'Peak Activity Report' for 'Date Wednesday 4th November 2015' at 'Time: 1600hrs'. It provides a summary of activity under the heading '<Manning>', including metrics for ETP (NEAT), ToC, Presentations, Admitted Patients in ED, Triage levels, Surge Beds Open, Surge Beds Available, OST, and Issues (e.g. Staffing). It also includes a note: 'All wards staffed extra AIN for surge beds. Theatre called in overnight On call anaesthetist also booked for 0800 list ,will need replacement or 1000 start.'

i.PM Reporting
Peak Activity Overview
For Period 11/24/2015 to 11/24/2015

	Monday 23-Nov-2015	24
ETP Target: >= 81 %	79.74 %	
John Hunter Hospital	64.29 %	
The Maitland Hospital	75.00 %	
Calvary Mater Newcastle	78.48 %	
Belmont Hospital	74.45 %	
Tamworth Hospital	85.42 %	
Armidale Hospital	71.08 %	
Manning Base Hospital		
ToC Target: >= 90 %		
John Hunter Hospital		
The Maitland Hospital		
Calvary Mater Newcastle		
Belmont Hospital		
Tamworth Hospital		
Armidale Hospital		
Manning Base Hospital		
Total LHN		
Admitted Pts in ED		
Armidale Hospital		
Belmont Hospital		
Calvary Mater Newcastle		
John Hunter Hospital		
Manning Base Hospital		
Tamworth Hospital		
The Maitland Hospital		
OST Target >= 90%		
Armidale Hospital		
Belmont Hospital		
Calvary Mater Newcastle		
John Hunter Hospital		
Manning Base Hospital		
Tamworth Hospital		

NSW GOVERNMENT | **Health**
Hunter New England
Local Health District

Peak Activity Report
Date Wednesday 4th November 2015
Time: 1600hrs


<Manning>

ETP: (NEAT) 85 %
ToC: 94 %
Presentations: 55
Admitted Patients in ED: 0
Triage 1: 0 pts - 0 %
Triage 2: 15 pts - 87 %
Triage 3: 20 pts - 85 %
Surge Beds Open: 4
Surge Beds Available: 10 (available pending staff)
OST: 94 %
Issues (e.g. Staffing)

All wards staffed extra AIN for surge beds.
Theatre called in overnight On call anaesthetist also booked for 0800 list ,will need replacement or 1000 start.

External Stakeholders re: Transport

FOR OFFICIAL USE ONLY

GUIDELINE 

Non-Emergency Patient Transport (NEPT) Escort Guideline

Document ID	NEPT_003
Publication date	July 2015
Summary	This document outlines the minimum level of escort for patients being transferred with Non-Emergency Patient Transport providers.
Policy Sponsor	Jenny Van Cleef, State Manager, Non-Emergency Patient Transport
Application	All Non-Emergency Patient Transport providers in the Greater Metropolitan area, working in line with NSW Health NEPT Program.
Review date	August, 2016

Jennifer Van Cleef
State Manager, Non-Emergency Patient Transport
HealthShare NSW

NEPT Escort Guideline Version: 1.1.1 Page 1 of 18

FOR OFFICIAL USE ONLY

