Whole of Hospital 2014

Show me the …data!
(And what to do with it?)

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WOHP Team

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IMPROVING ACCESS TO CARE

Whole of Hospital

- WOHP is about transformational change

- Timeline analysis / diagnostic

- Cultural change using the levers

- Which data to inform for further drill down?

- What do we do with the data?
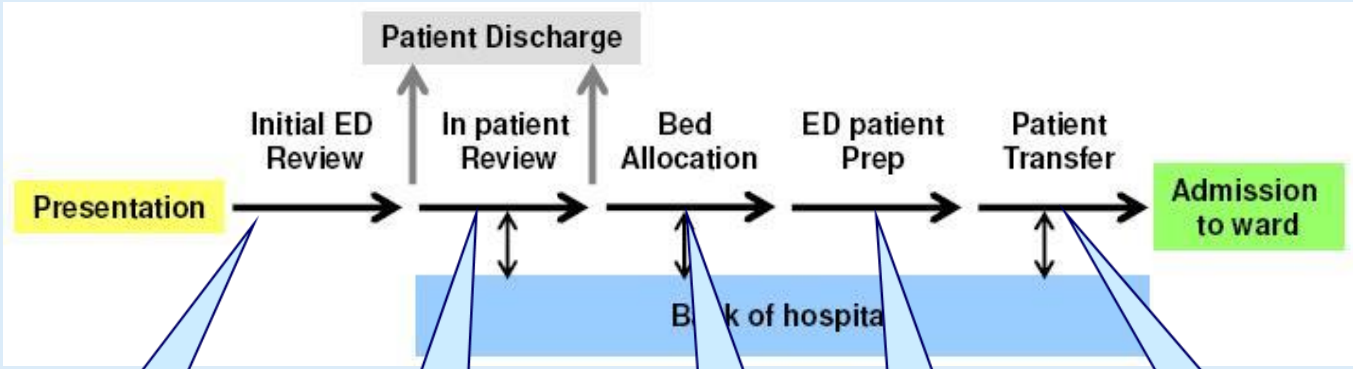
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Levels of data

- What is of best use for WOHP

  - Operational

  - Strategic

  - Tactical

  - Qualitative and quantitative

  Program and Clinical Leads – non operational…support the change program

In the world of Whole of Hospital…

- Use the data for:

    - Myth busting (timeline, WAISH, activity)

    - Clinician engagement

    - Educating your organization

    - Selection of the top 3-5 strategies

    - Evaluation of strategies

    - Performance reporting (NEAT, daily, weekly, monthly)

Myth busting…and do we really need more beds?

Patient Discharge

| Initial ED Review | In patient Review | Bed Allocation | ED patient Prep | Patient Transfer |

Presentation → **Admission to ward**

Back of hospital

Median – 2:00
Target – 0:30
75% decrease

Median – 2:30
Target – 1:00
60% decrease

Median – 6:30
Target – 1:00
85% decrease

Median – 0:45
Target – 0:30
33% decrease

Median – 0:20
Target – 0:15
25% decrease

Median – 12:05
Target – 3:15
73% decrease

Provides clarity on the delays
First undertaken RPH 2008
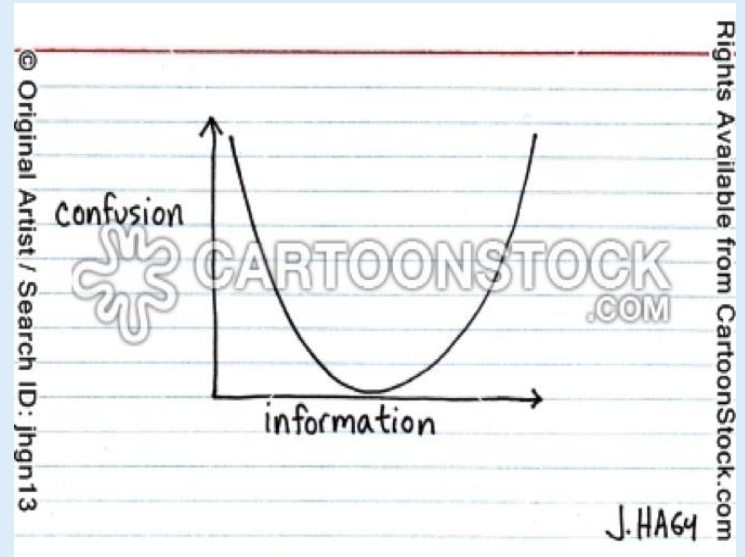
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Clinician engagement

- Understanding the "why"

- Understanding your business
  - Clinical indicators and outcomes
  - Safety and quality
  - Patient stories
  - LOS
  - Discharge patterns
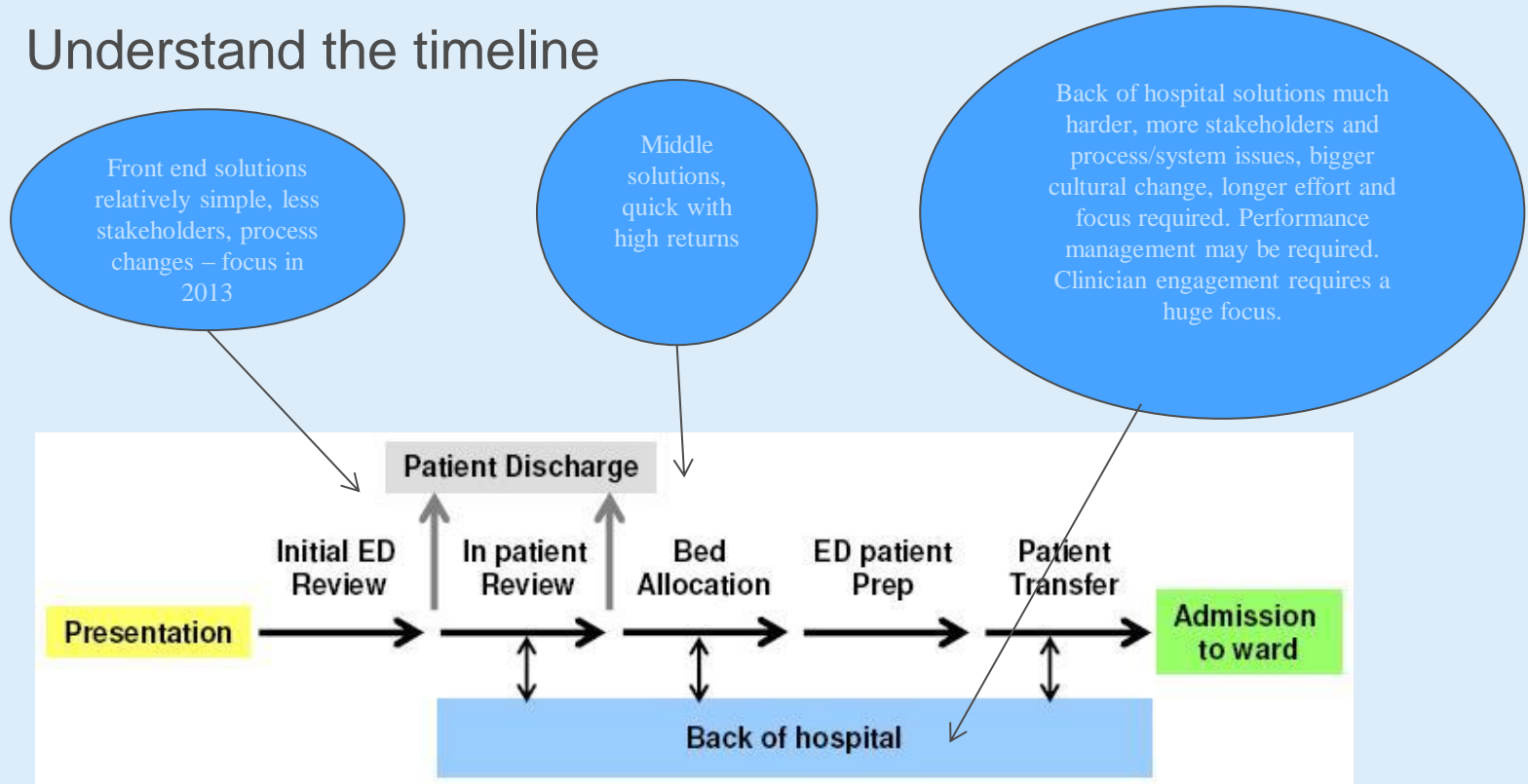 - Activity
  - Myth busting

Educating the organisation

- Targeted focus

- Interpretable

- Applicable

- Meaningful

- Intuitive and clinically relevant

Selecting the top 3-5 strategies

- Understand the timeline

Front end solutions relatively simple, less stakeholders, process changes – focus in 2013

Middle solutions, quick with high returns

Back of hospital solutions much harder, more stakeholders and process/system issues, bigger cultural change, longer effort and focus required. Performance management may be required. Clinician engagement requires a huge focus.

Patient Discharge

| Presentation | Initial ED Review | In patient Review | Bed Allocation | ED patient Prep | Patient Transfer | Admission to ward |

Back of hospital

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Evaluation of strategies

- Establish baseline

- Monitor, report, re-evaluate

- Manual and electronic capture

- Prioritize the next 3-5
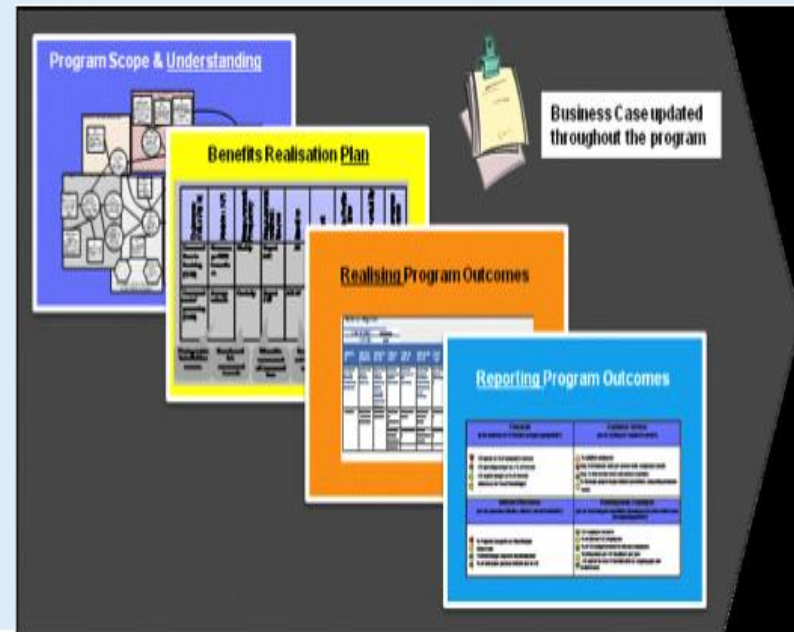
Specific reports

- Should address the timeline

- Should address the business of the hospital

- Daily performance reporting (1 pager)

- Dashboard reporting (NEAT and broader business of the hospital)

- Ward and specialty reporting

- Have quality indicators and counter measures

- Be used to effect a change in process/systems

Daily performance reporting

- *Send to Executive, Heads of Department, NuM's, Performance Unit and Redesign / Program Team daily 0800 hrs*

- *Review yesterdays performance at daily bed meeting (with actions for follow up)*

- Daily report of yesterdays performance (NEAT, N^o of presentations, D/C before 10 am, 12 pm, ward or specialty breakdown, TOC, N^o of ambulances, DNW's)

- Review the patients with LOS between 4 hrs and 4hrs 30 mins (lost opportunity)

- Display in ED

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Daily performance reporting

Compiled by the SMAHS Business Performance Unit
Data Extracted from EDIS daily at approximately 5am
Report period 03/05/2012 to 03/05/2012 inclusive. Report run

Destination	Within 4 Hours	Breaches	Total Cases	% Within 4 hours
Admitted	75	34	109	68.8 %
Discharged	121	1	122	99.2 %
Transferred	0	4	4	0.0 %
Total	196	39	235	83.4%

/NOTE: Unknown = Breached patients still in ED at time of extract/

How close were we?

To reach a target of 85% we needed another 4 patient(s) within 4 hours.
The median breach time for these patients: 9.5 mins.
Longest breach time: 20 mins.

Inpatient discharges	R1	R2	Total
by 10 am	13.87%	37.50%	15.17%
by 12 midday	37.23%	62.50%	38.62%

Ward	Within 4 Hours	Admitted	% Within 4 hours
10A	1	1	100.0 %
10C/BMTU	1	1	100.0 %
2K	0	0	No Cases
4A	2	2	100.0 %
5G	2	2	100.0 %
5H	4	6	66.7 %
6A	2	3	66.7 %
6G	3	4	75.0 %
6H	2	2	100.0 %
7A/7B	4	5	80.0 %
8A	6	9	66.7 %
9A/9B	1	1	100.0 %
9C	1	2	50.0 %
AAU	13	23	56.5 %
BURNS	0	0	No Cases
CCU/4F	2	5	40.0 %
EMW	22	28	78.6 %
HDA	1	1	100.0 %
ICU5/ICUG	1	1	100.0 %
STU/STUA	4	6	66.7 %

Division	Within 4 Hours	Admitted	% Within 4 Hrs
RP Cancer & Neurosciences Services	5	7	71.4 %
RP Critical Care	26	36	72.2 %
RP Medical Specialties	20	35	57.1 %
RP Mental Health	0	0	No Cases

Dashboard reporting (weekly, monthly)

- *Send to Executive, Heads of Department, Operational Nurse Managers*

- *Discuss at weekly executive meetings, monthly patient flow meetings (with actions)*

- Timeline specific KPI's (S/B Dr, request to consult, consult compliance, request to bed ready, bed ready to pt departure)

- Short stay unit, ward and specialty NEAT, overall NEAT, Mental Health NEAT

- DNW's, LOS > 12 and 24 hrs, TOC

Dashboard reporting (weekly, monthly)

- % pts leaving ED between 4hrs and 4hrs 30 mins

- Hospital activity and occupancy (surge beds open, beds closed)

- Readmissions within 28 days

- Representations within 24-48 hrs

- % ICU admits and change of specialty within 24 hrs

- LOS by pts > 5, 21, 30 days etc

- PFP compliance, clinician defined EDD's

Dashboard reporting (weekly, monthly)

- % of admissions per triage category

- % meeting triage benchmarks

- Short stay unit
    - % conversion to inpt team
    - % of total admissions
    - % < 4 hrs LOS
    - % SSU admits not located in SSU area
    - LOS SS pts converting to inpt

Ward and specialty reporting

- *Send to Executive, Heads of Department, NuM's*

- *Discuss at MDT weekly meetings (with actions)*

- LOS by DRG (clinician level data – send to HoD's)

- Admission and discharge rates per DRG

- Discharge by ToD, DoW specialty or ward

- Clinician defined EDD's

- Display on ward (not clinician level data)

Forums

- Daily bed meetings (LOS, occupancy, NEAT, DNW's-as per daily performance report)

- Grand rounds (diagnostics, hospital activity, LOS, clinical indicators-as per dashboard reporting)

- MDT meetings (LOS, NEAT, Pt feedback)

- Scheduled forums with all craft groups (pre and post work)

- Executive meetings (all of the above)

- Put it on the wall!

Quality boards: data display

Manage the challenges

- Data integrity

- Timeliness

- System connectedness

- Overload – data for the sake of data

- Use for actions and improvement

- One source of truth

- Ensure quality and safety focus

Questions

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