



Health
Western Sydney
Local Health District

SHOWCASING CHANGE AT BLACKTOWN HOSPITAL

22-23 October 2015

Luke Elias
Whole of Hospital Project Lead
Blacktown and Mount Druitt hospitals



UNDERSTANDING BLACKTOWN

***“WE ARE UNIQUE.....
JUST LIKE EVERYONE
ELSE”***

UNDERSTANDING BLACKTOWN

BLACKTOWN HOSPITAL

42000 ED PRESENTATIONS

188 ED ACCESSIBLE BEDS

30 MENTAL HEALTH BEDS

33 % ADMISSION TO FACILITY AS PERCENTAGE OF PRESENTATIONS

MOUNT DRUITT HOSPITAL

32000 ED PRESENTATIONS

16 ED ACCESSIBLE BEDS

(Paediatric admissions only)

ADULT ADMIT → BLACKTOWN

3000 TRANSFERS PER YEAR FOR ADMISSION TO BLACKTOWN HOSPITAL



**I DONT ALWAYS DRINK
ON MONDAY NIGHTS**



**BUT WHEN I DO I
USE A FUNNEL**

OUR CHALLENGE #2



OUR CHALLENGE #2

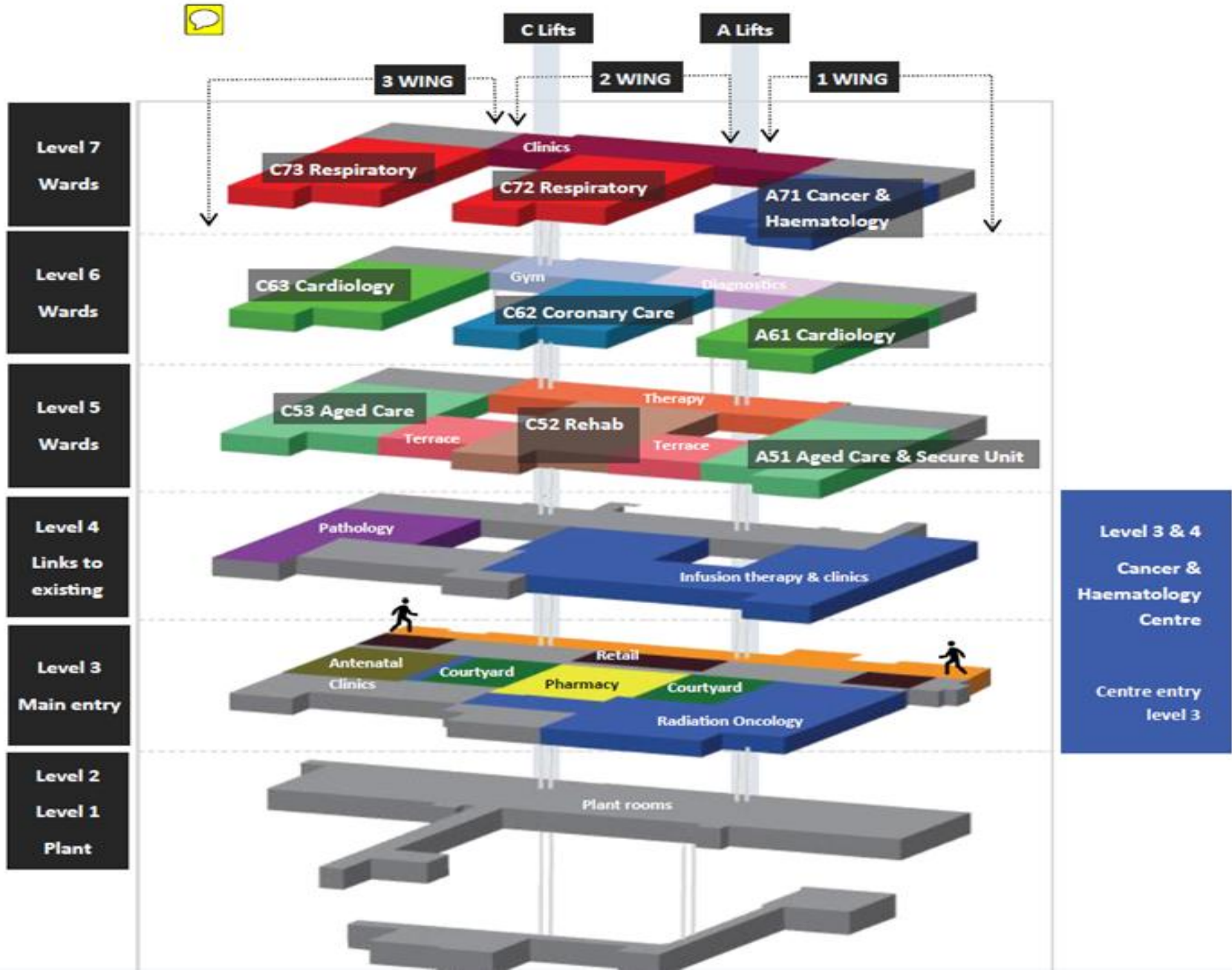


OUR CHALLENGE #2



OUR CHALLENGE #2





NEW BUILDING WILL NOT “FIX” US



KEY OPPORTUNITIES FOR IMPROVEMENT – THE UNIQUE 5

1. Patient Flow and Planning for the Year
2. Ambulances and Transport
3. Emergency Department Practices
4. Emergency and Elective Surgery
5. Multidisciplinary Team Work and Care Coordination



1. Patient Flow and Planning for the Year

Initiative:	Initiate	Develop	Implement	Finalise
Establish a Whole of Hospital flow governance group	✓	✓	✓	✓
Daily logging and escalation of patient access and flow	✓	✓	✓	
Assignment to senior management for resolution	✓	✓	✓	








CLINICAL REFERENCE GROUP

1. Director of Medical Services (Chairperson)
2. Emergency Service – HOD
3. Medicine Services – HOD
4. Surgical Services – HOD
5. Intensive Care – HOD
6. Medical Assessment Unit – HOD
7. Mental Health Service – HOD
8. General Manager
9. Director of Nursing and Midwifery
10. Patient Flow – District and Local Operations
11. Integrated Care
12. Community Health











2. Ambulances And Transport



2. Ambulances and Transport

Initiative:	Initiate	Develop	Implement	Finalise
Collaborate and improve communication between Ambulance and Hospital Emergency teams				
Ambulance arrivals have a priority point for clerking and improved triage prioritisation process				

2. Ambulances and Transport

Initiative:	Initiate	Develop	Implement	Finalise
Triage Directly to Acute Medical Assessment Area				
Triage Directly to Acute Surgical Assessment Area				
Change behaviours for recording of ambulance arrival time to improve transparency of ambulance waits to nursing and medical teams				

NEW WAY OF DOING BUSINESS

Ambulance Registration, Triage and Transfer

Commencing

Wednesday

22 April

Admin Officer escalate to Admin Mgr (in hours) or Communications Officer (out of hours) when 2 or more ambulances in registration queue

Triage Nurse Escalates when 3 or more patients waiting in triage queue

CNUM Escalate to PFU when Ambulance unable to offload longer in 30 minutes

Arrival

- Paramedic arrives at ED Ambulance Bay
- Patient needs immediate attention? Go to Triage nurse
- If Triage nurse with other patient paramedic escalate to CNUM

Registration

- Treating paramedic goes to registration desk
- Admin Officer completes iPM then FirstNet PreRegistration
- Admin Officer prints labels and gives to Treating Paramedic
- Treating paramedic takes labels back to patient

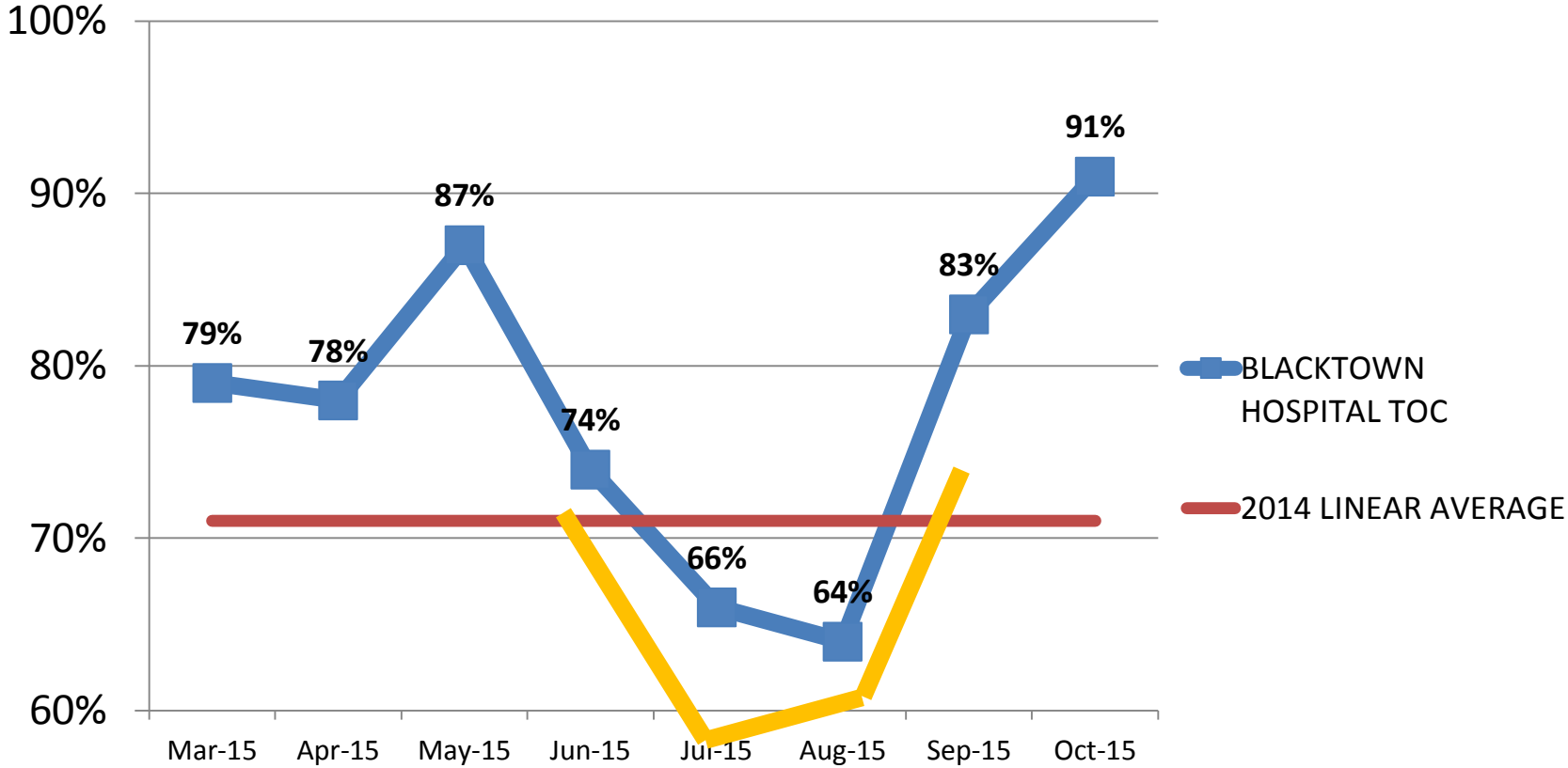
Triage

- Triage nurse triages in order of arrival in FirstNet or clinical priority
- Triage nurse triages patient using COW in ambulance bay
- If Patient needs a bed Triage Nurse notifies CNUM to get bed location.
- If no bed available CNUM gives plan and timeframe. If prolonged delay provides 30 minute updates at paramedic request

Transfer of care

- Triage nurse communicates treatment space location to paramedic
- Patient transferred to treatment space or bed and handover to nurse at location
- If patient does not need bed transfer to PIT, Fast Track or Waiting Room

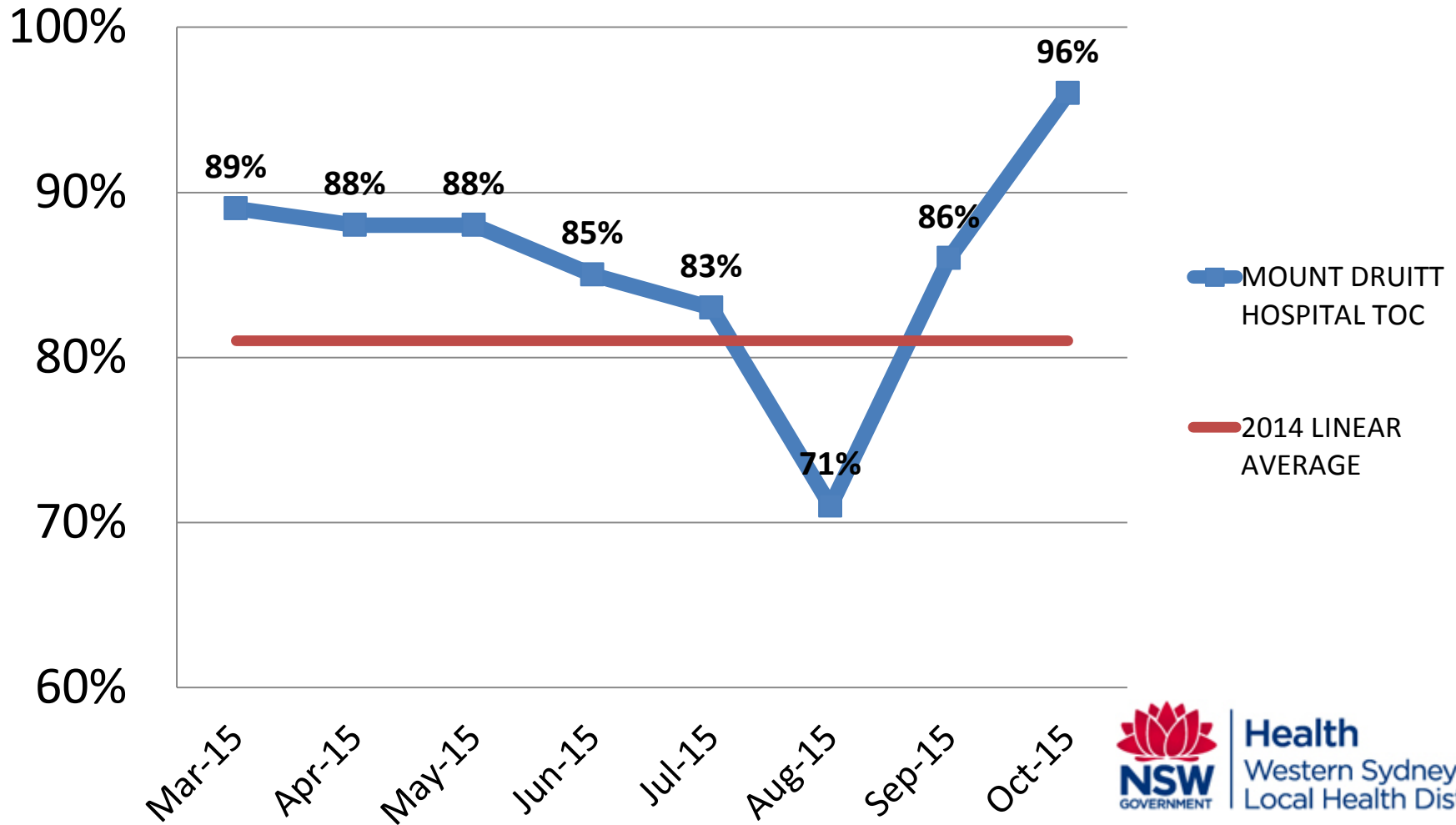
THE FULL PICTURE – BLACKTOWN HOSPITAL TOC 2015



2014 DIP

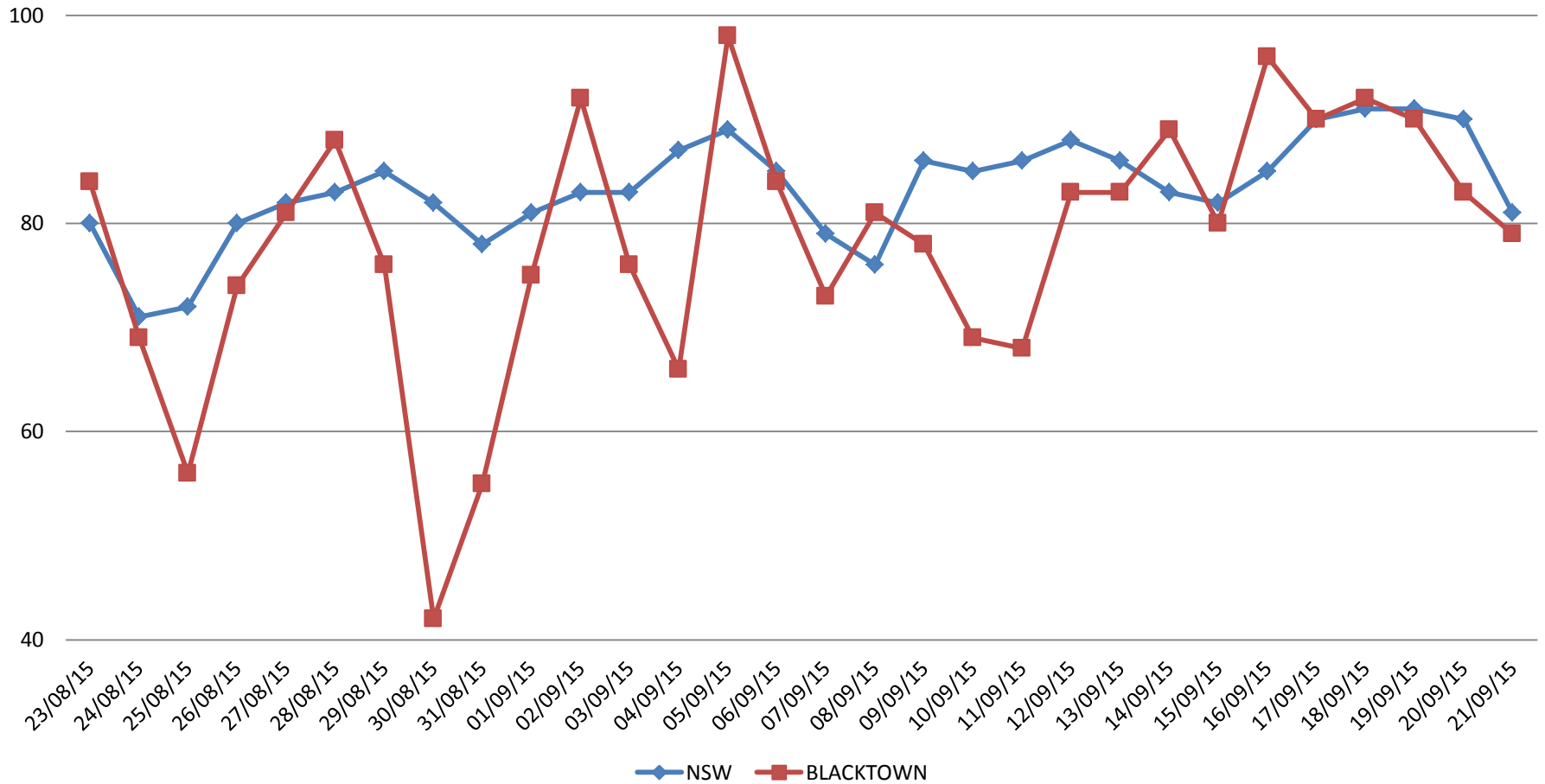
71% 57% 61% 74%

THE FULL PICTURE - MOUNT DRUITT HOSPITAL 2015 TOC



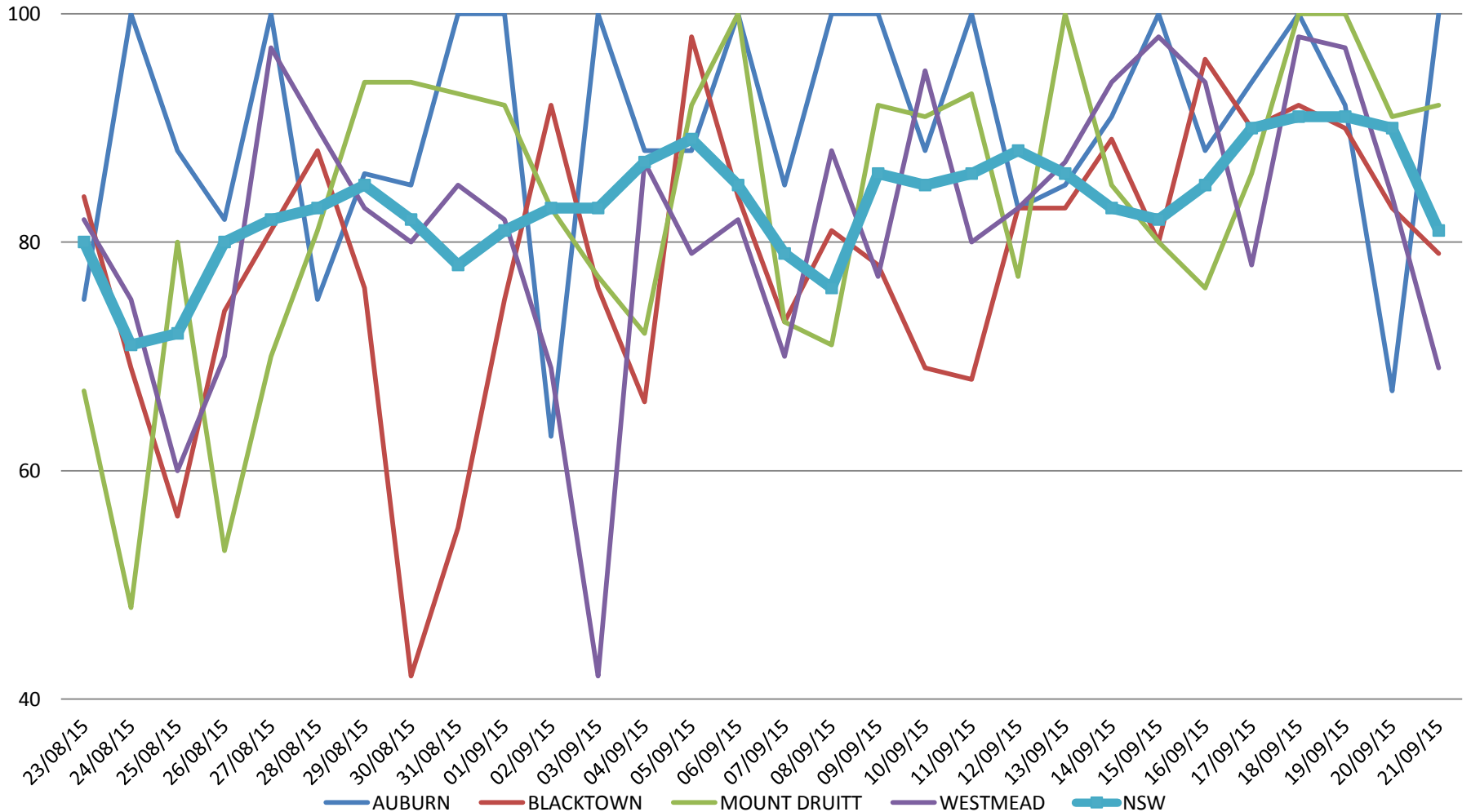
Blacktown Data Comparisons

DAILY TOC COMPARISON - PEAK ACTIVITY TELECONFERENCE PERIOD



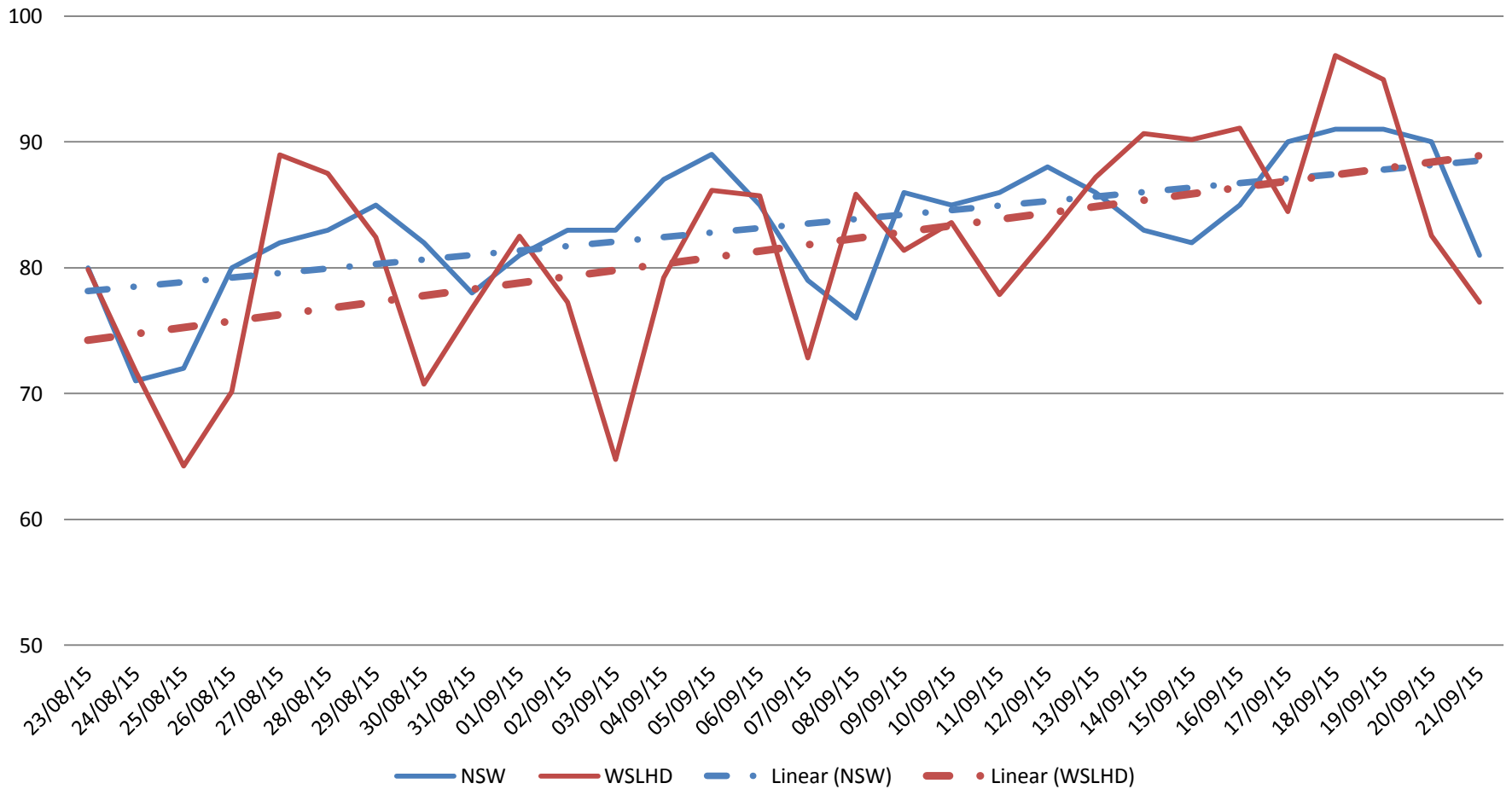
WSLHD Data Comparisons

DAILY TOC PERFORMANCE – PEAK ACTIVITY CONFERENCE



WSLHD vs NSW Data Comparisons

DAILY TOC PERFORMANCE COMPARISON









2. Ambulances and Transport - NEPT

Initiative:	Initiate	Develop	Implement	Finalise
Recruit to vacant positions for Patient Transport Officers	✓	✓	✓	✓
Replace vehicles to get fleet back to required size	✓	✓	✓	
WSLHD identify strategies where it can collaborate with NEPT to prioritise transport and discharge needs across the district	✓	✓	✓	








3. Emergency Department Practices



3. Emergency Department Practices

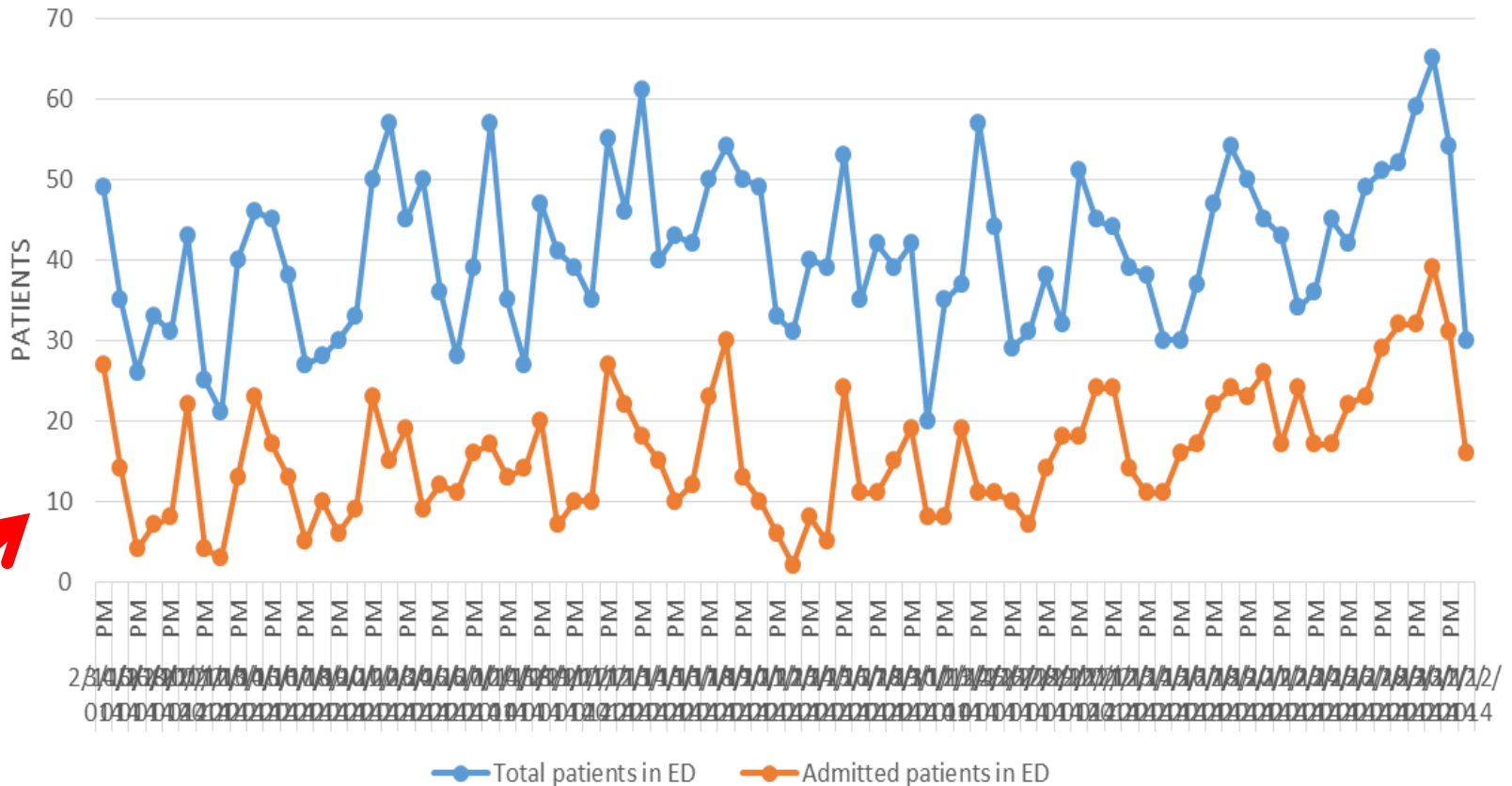
Initiative:	Initiate	Develop	Implement	Finalise
<p>Ownership of admitted patients by medical teams and back of hospital to allow efficient, safer processes that promote an “our patient” culture across ED and back of hospital</p>				
<ul style="list-style-type: none"> - Documented assessment and plan of care for every consulted patient - Proactive ward pull to home ward for admitted ED patients 				

3. Emergency Department Practices

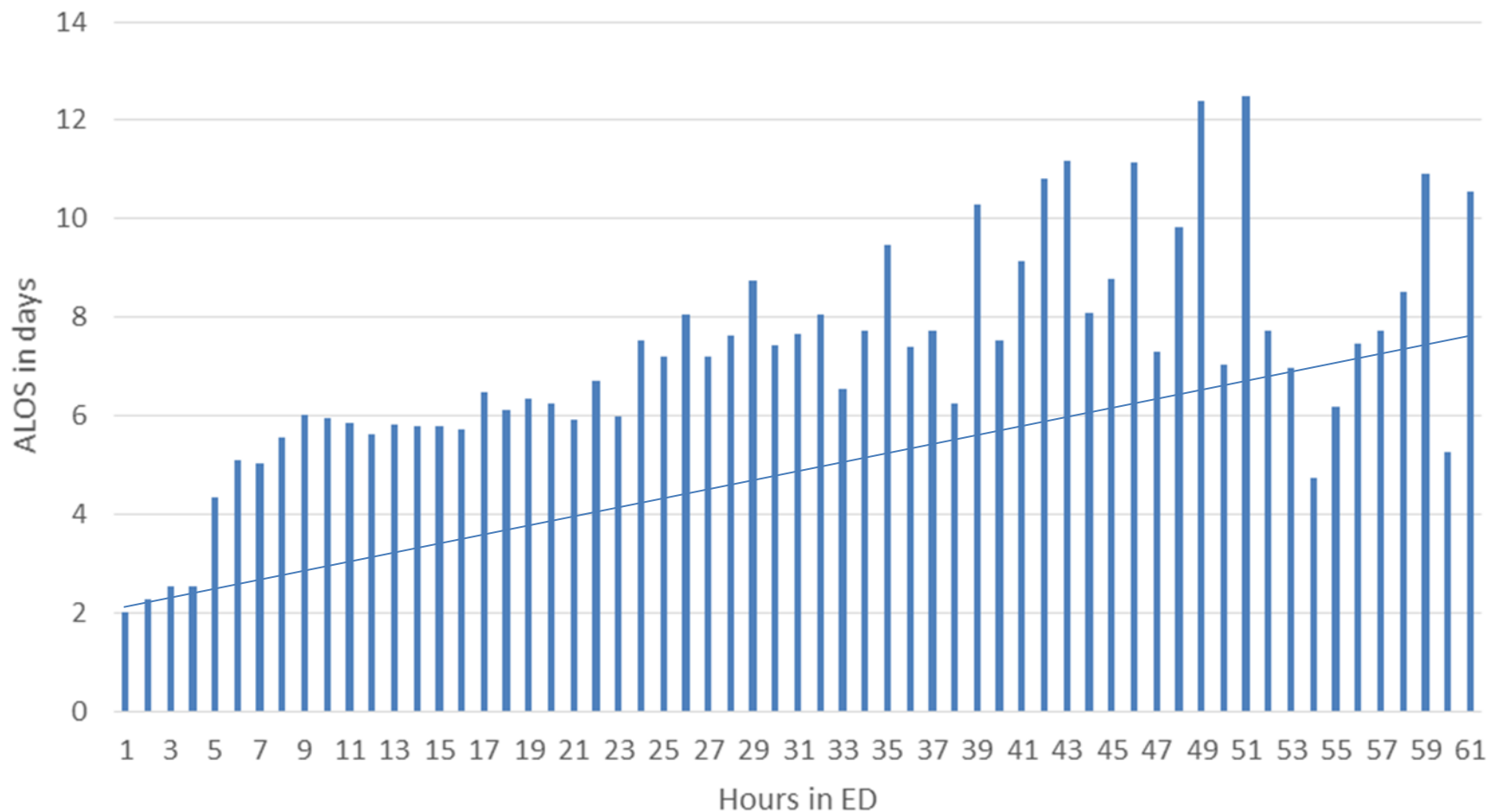
Initiative:	Initiate	Develop	Implement	Finalise
Radiology to pull patients from wards and emergency into diagnostics department				
Additional Wards person support for emergency and medical imaging areas				

ED HAS 24 BEDS

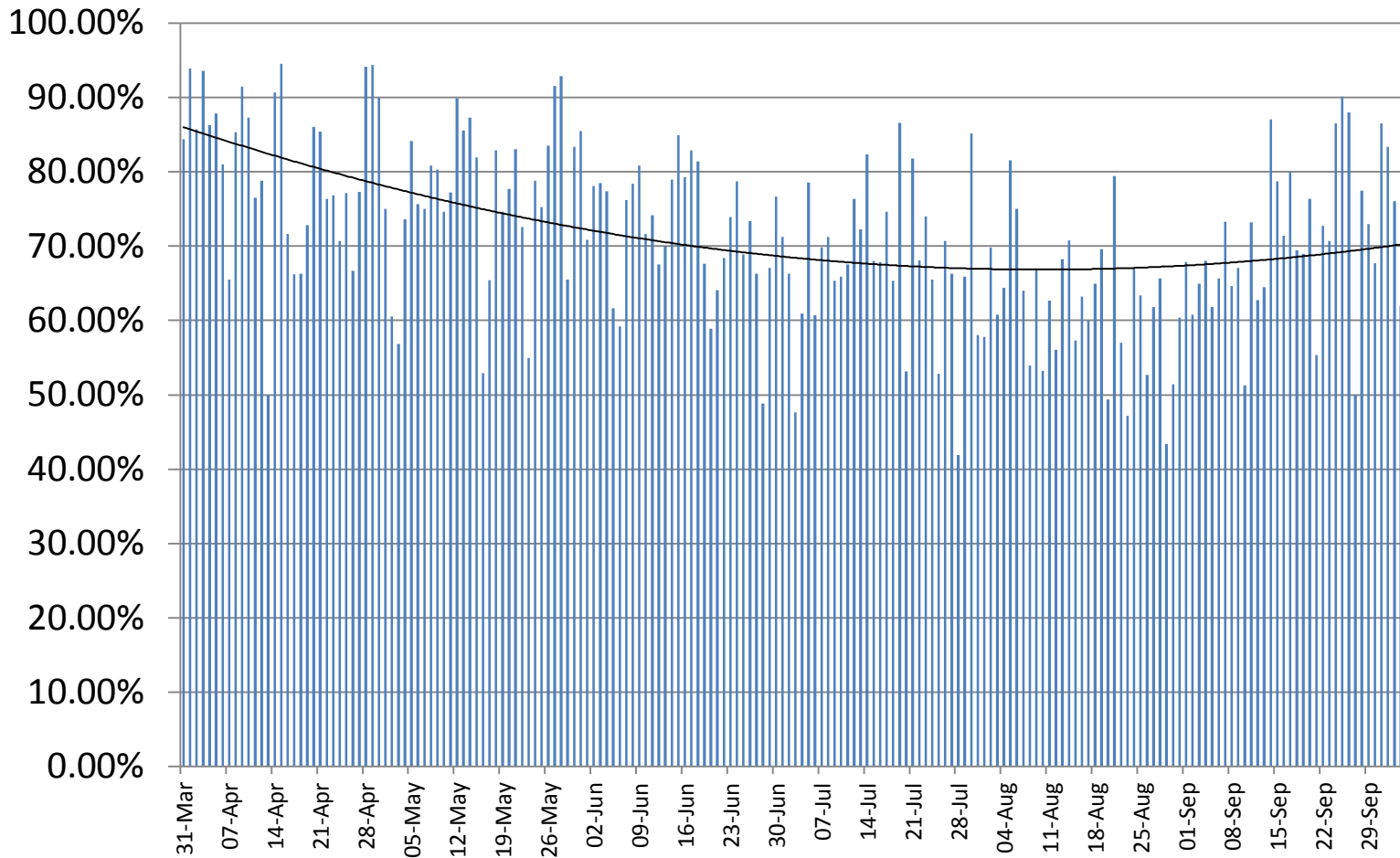
Total Patients and Admitted Patient (1800) 10Oct-31 Dec 2014



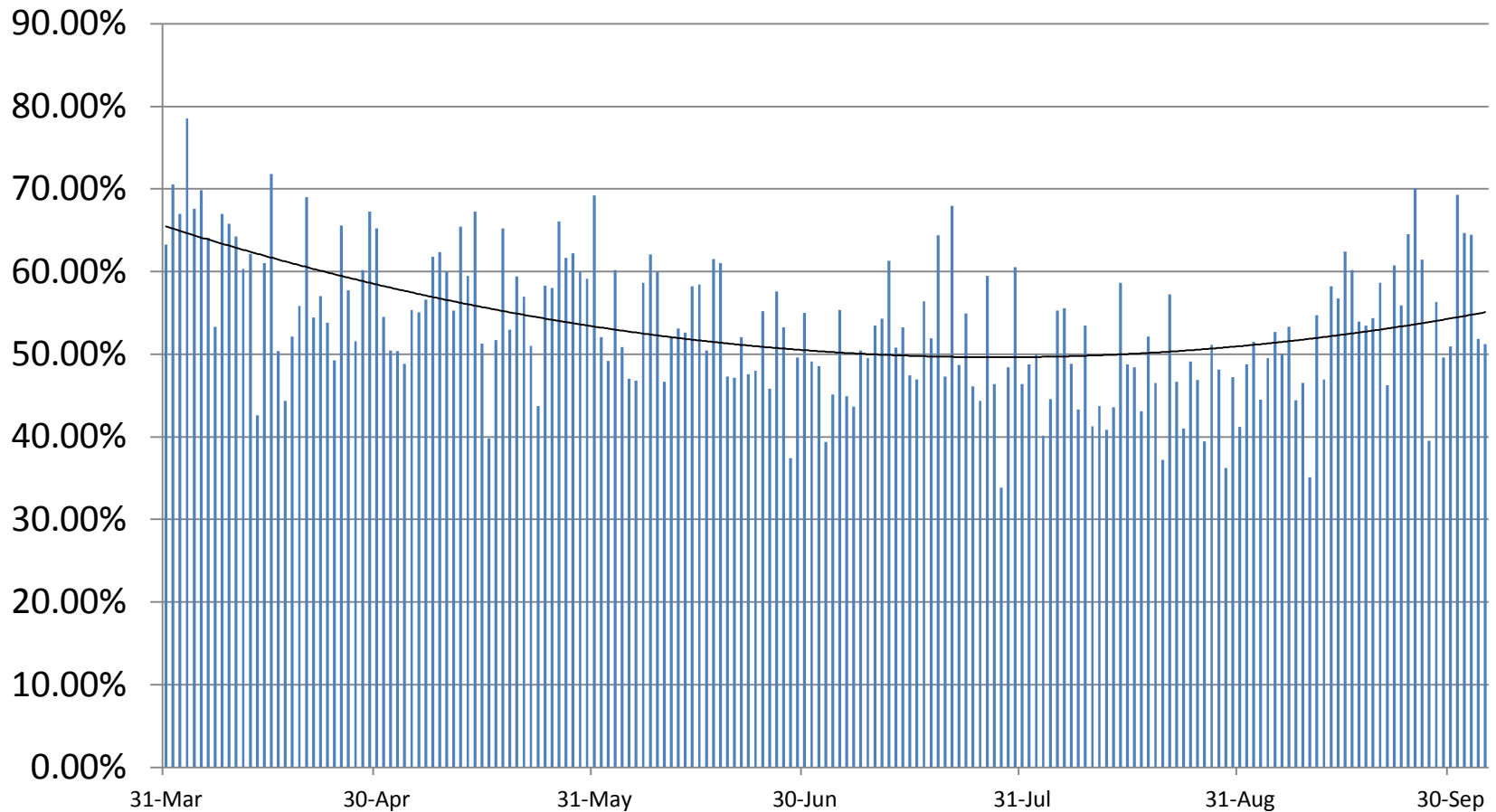
Blacktown ALOS by number of hours in ED 2013-2014



NON ADMITTED ETP BLACKTOWN HOSPITAL 2015

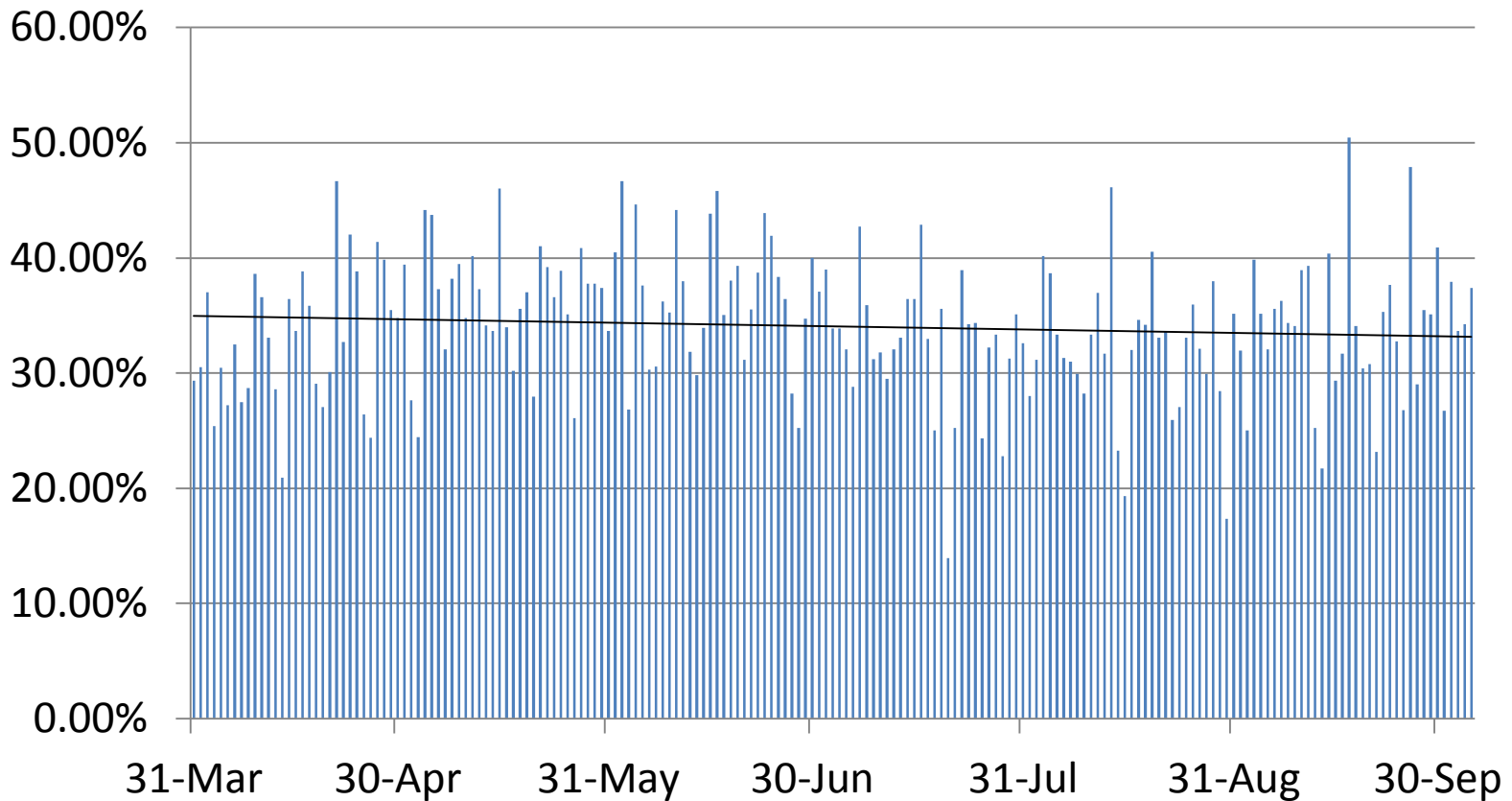


ETP – BLACKTOWN HOSPITAL 2015



TOTAL ADMISSIONS TO FACILITY AS A % OF PRESENTATIONS

ADMISSION RATIO 2014 = 37.5%, 2015 YTD = 33%

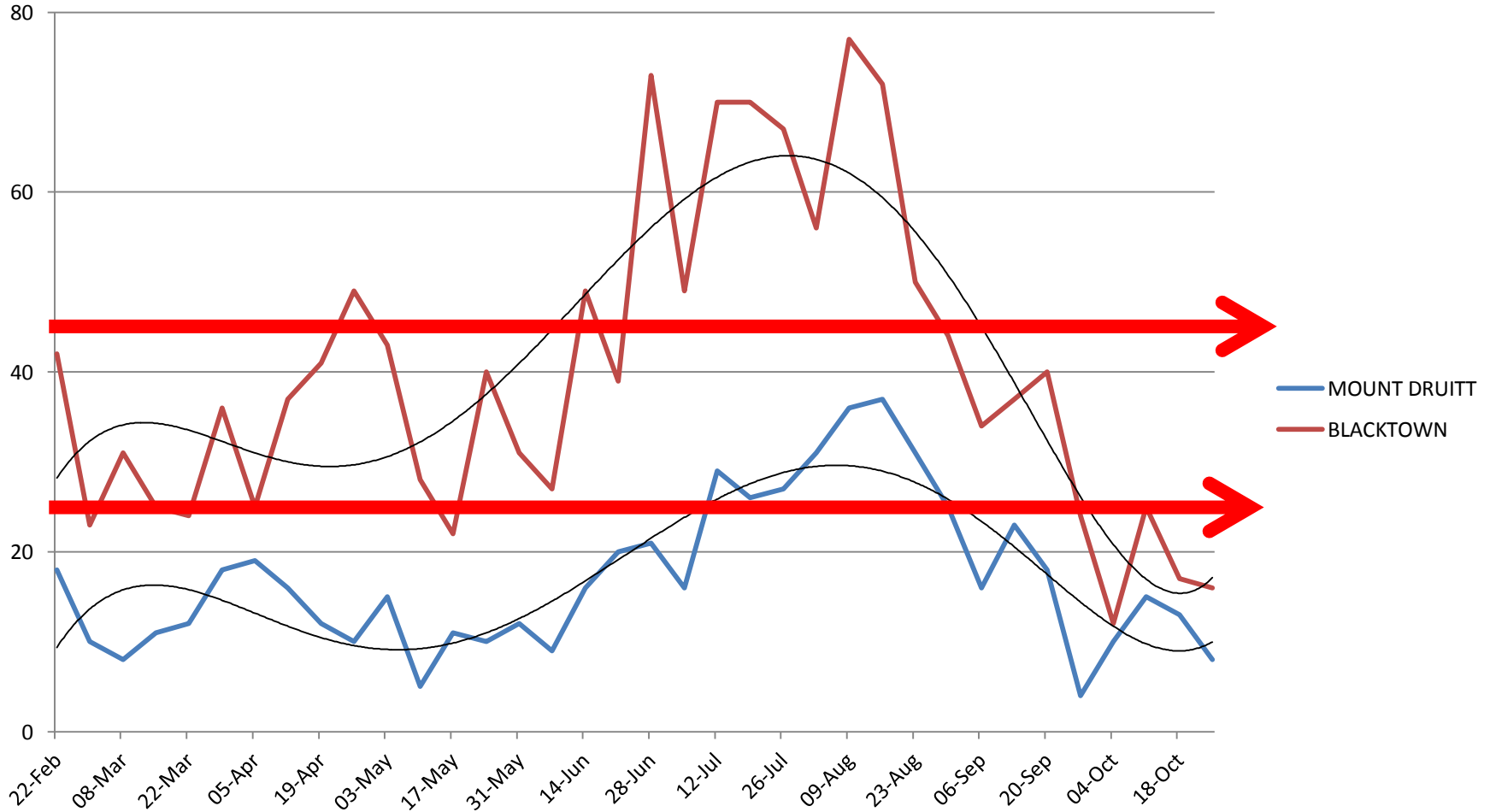


BLACKTOWN HOSPITAL – OUR 24 HOUR NUMBERS

- Blacktown 2013 = 30/week
- Blacktown 2014 = 44/week
- Blacktown 2015 = ???

- Mount Druitt 2013 = 10/week
- Mount Druitt 2014 = 22/week
- Mount Druitt 2015 = ???

BLACKTOWN HOSPITAL – OUR 24 HOUR NUMBERS



BLACKTOWN HOSPITAL – OUR 24 HOUR NUMBERS

- Blacktown 2014 44/week
- Blacktown 2015 36/week
- Blacktown last 2 months 23/week

- Mt Druitt 2014 22/week
- Mt Druitt 2015 16/week
- Mt Druitt last 2 months 12/week

4. Emergency and Elective Surgery











Balance the Elective and Emergency surgery we perform within the operating minutes









Utilise as much as possible of our available theatre time and quarantine time for emergency surgery



4. Emergency and Elective Surgery

Initiative:	Initiate	Develop	Implement	Finalise
<p>Implement a Surgical Assessment Unit (SAU) model from within existing bed capacity allowing direct transfer capability from Mount Druitt Hospital</p>				
<p>Conduct a Surgery Efficiency Review in line with the newly released ACI guidelines</p>				

4. Emergency and Elective Surgery

Initiative:	Initiate	Develop	Implement	Finalise
Levelling overnight bed demand for medical and DOSA admissions across the week to balance the daily bed demand				
Initiate an Operating Theatre redesign program to meet Elective and Emergency demand within the available operating minutes				

Week one

Date	Monday								Tuesday								Wednesday								Thursday								Friday							
Room	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
am		Emerg								Emerg								Emerg								Emerg		Ortho						Emerg						
pm		Emerg								Emerg			Ortho					Emerg								Emerg		Ortho						Emerg						

Week two

Date	Monday								Tuesday								Wednesday								Thursday								Friday							
Room	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
am		Emerg								Emerg								Emerg								Emerg		Ortho						Emerg						
pm		Emerg								Emerg								Emerg								Emerg		Ortho						Emerg						

Week three

Date	Monday								Tuesday								Wednesday								Thursday								Friday							
Room	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
am		Emerg								Emerg								Emerg								Emerg		Ortho						Emerg						
pm		Emerg								Emerg			Ortho					Emerg								Emerg		Ortho						Emerg						

Week four

Date	Monday								Tuesday								Wednesday								Thursday								Friday							
Room	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
am		Emerg								Emerg								Emerg								Emerg		Ortho						Emerg						
pm		Emerg								Emerg								Emerg								Emerg		Ortho						Emerg						

- Current Orthopaedic Emergency Sessions
- Current Shared Emergency Sessions
- New Emergency General Surgery Sessions
- New Emergency Orthopaedic Surgery Sessions

ORTHOPAEDIC SURGERY SERVICE SUMMARY OCTOBER 2015

Emergency Surgery 48 hours
 Elective Surgery 40 hours

Week One

	Monday					Tuesday					Wednesday					Thursday					Friday				
Room	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc
am	Blue		Yellow	Light Blue				Yellow	Blue		Blue		Yellow			Yellow		Blue	Light Blue		Blue	Orange		Yellow	
pm	Blue		Blue	Black Stripes				Blue					Orange					Blue	Yellow		Blue			Yellow	

Week Two

	Monday					Tuesday					Wednesday					Thursday					Friday				
Room	1	2	3		Proc	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc
am	Orange		Yellow	Light Blue		Yellow		Orange			Blue		Yellow			Orange		Blue	Light Blue		Blue	Black Stripes		Yellow	
pm	Blue		Yellow	Light Blue		Yellow		Blue		Orange	Blue		Light Green			Orange		Blue			Blue	Orange		Blue	

Week Three

	Monday					Tuesday					Wednesday					Thursday					Friday				
Room	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc
am	Blue		Yellow	Light Blue		Blue		Yellow	Blue		Blue		Yellow			Blue	Yellow	Black Stripes	Light Blue		Blue			Yellow	
pm	Blue		Blue	Black Stripes				Blue					Blue			Blue		Blue			Blue			Yellow	

Week Four











	Monday					Tuesday					Wednesday					Thursday					Friday				
Room	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc
am			Yellow	Light Blue	Orange	Orange		Yellow					Yellow		Blue	Orange		Blue	Light Blue		Blue	Black Stripes		Yellow	
pm	Blue		Yellow	Light Blue		Orange		Yellow			Blue		Light Green			Blue		Blue			Orange	Blue		Yellow	

-  Orthopaedic Surgery Sessions (Reassigned)
-  Current Orthopaedic Surgery Sessions
-  Unallocated Sessions for Staged Reassignment/Expansion
-  General Surgery Sessions (Including Reassigned/Transferred)
-  New General Surgery Sessions
-  Oral/Maxillofacial Sessions
-  Plastics Sessions

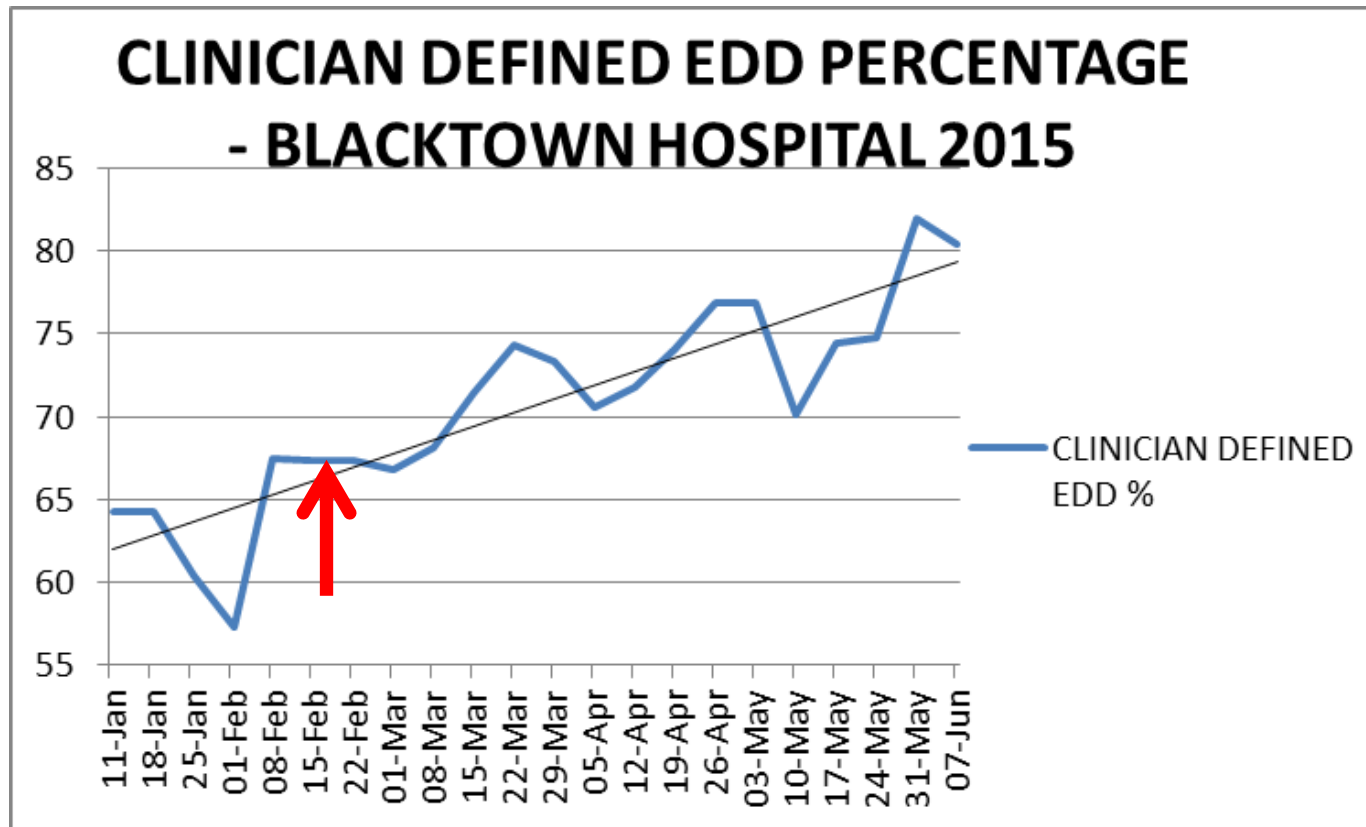
5. Care Coordination and Multidisciplinary Teamwork

Initiative:	Initiate	Develop	Implement	Finalise
<p>Improved use of Patient Flow Portal and Patient Journey Boards and complete transition from WAND tool use</p> <ul style="list-style-type: none"> • Journey boards • Daily rapid rounding • “Waiting 4 What” reasons 	✓	✓	✓	
<p>Reinstitute daily dashboard to the key stakeholders in patient flow to drive patient flow performance</p>	✓	✓	✓	✓

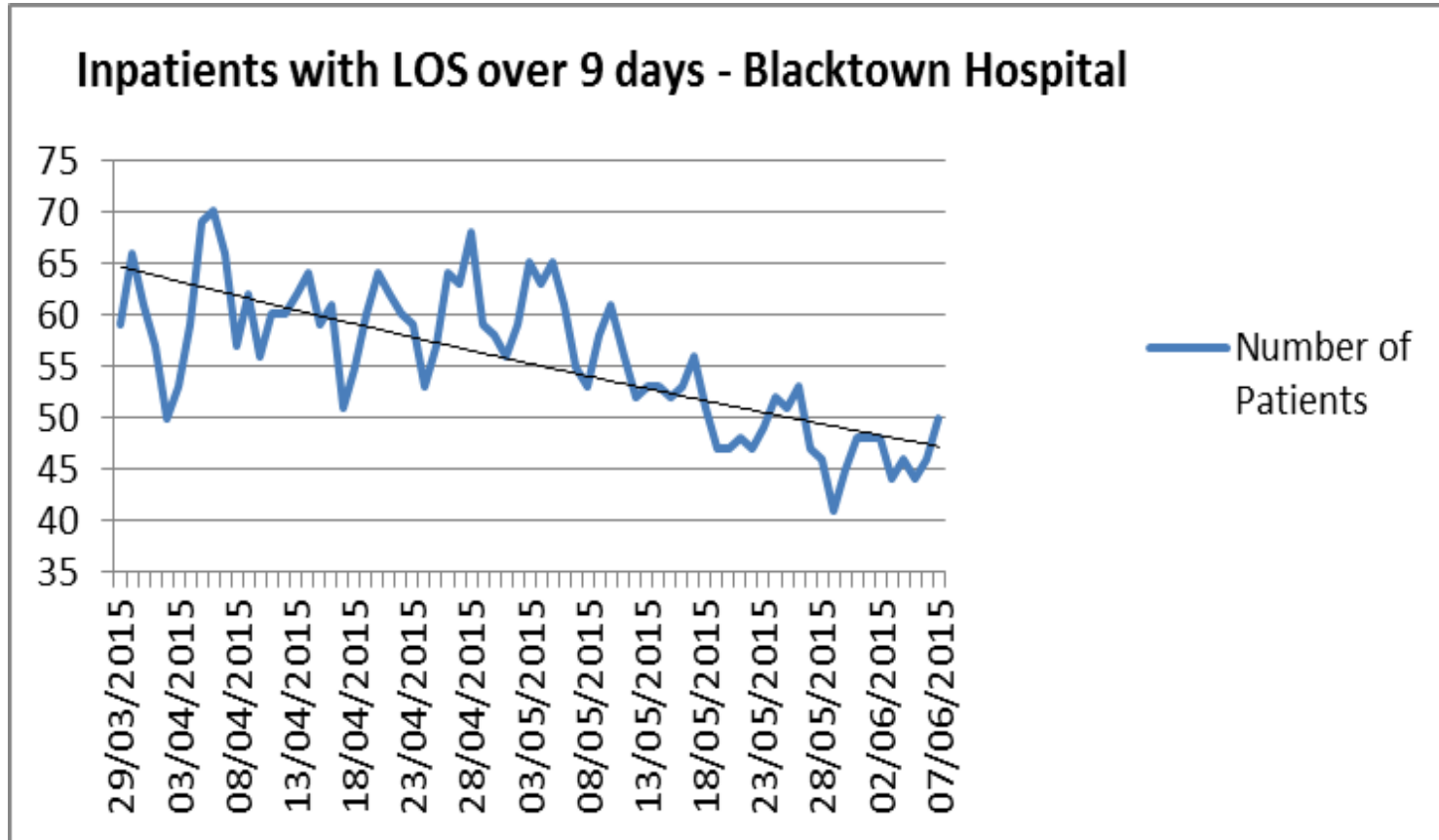
5. Care Coordination and Multidisciplinary Teamwork

Initiative:	Initiate	Develop	Implement	Finalise
<p>Bed Cleaning staff availability to be better matched to the time of demand for bed cleaning</p>				
<p>Portering hours to be reallocated to support increasing demand for imaging and Emergency department patient internal transfers</p>				
<p>Maximise use of Patient Discharge Lounge</p>				

JOURNEY BOARDS AND RAPID ROUNDS

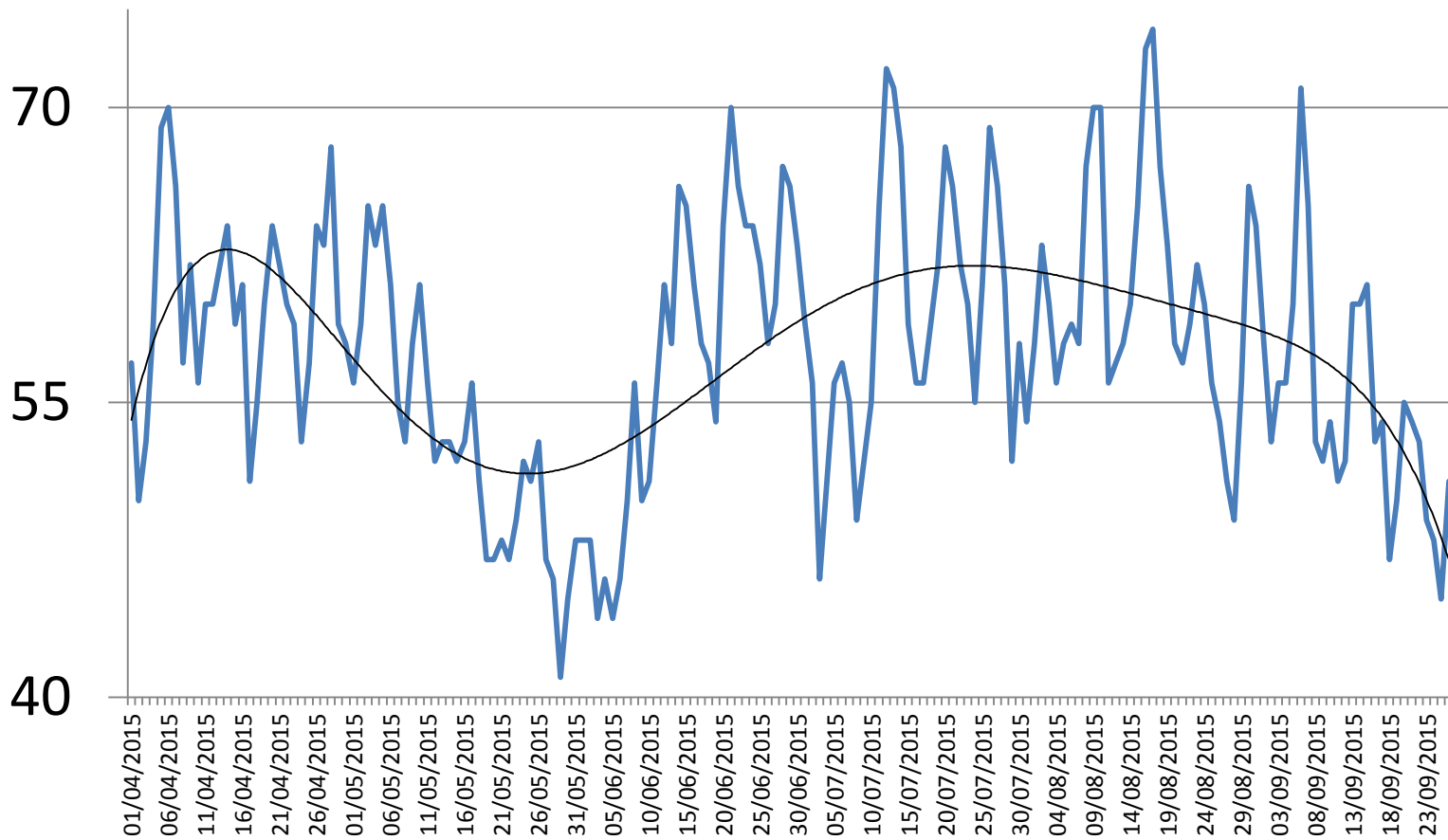


- Length of Stay Improvement at the same time as clinician defined EDD improvement
- Real and credible EDD's help more than the clinicians



- KNOW YOUR 9 DAY TIPPING POINT
- OUR MOST EFFECTIVE SINGLE PULSE

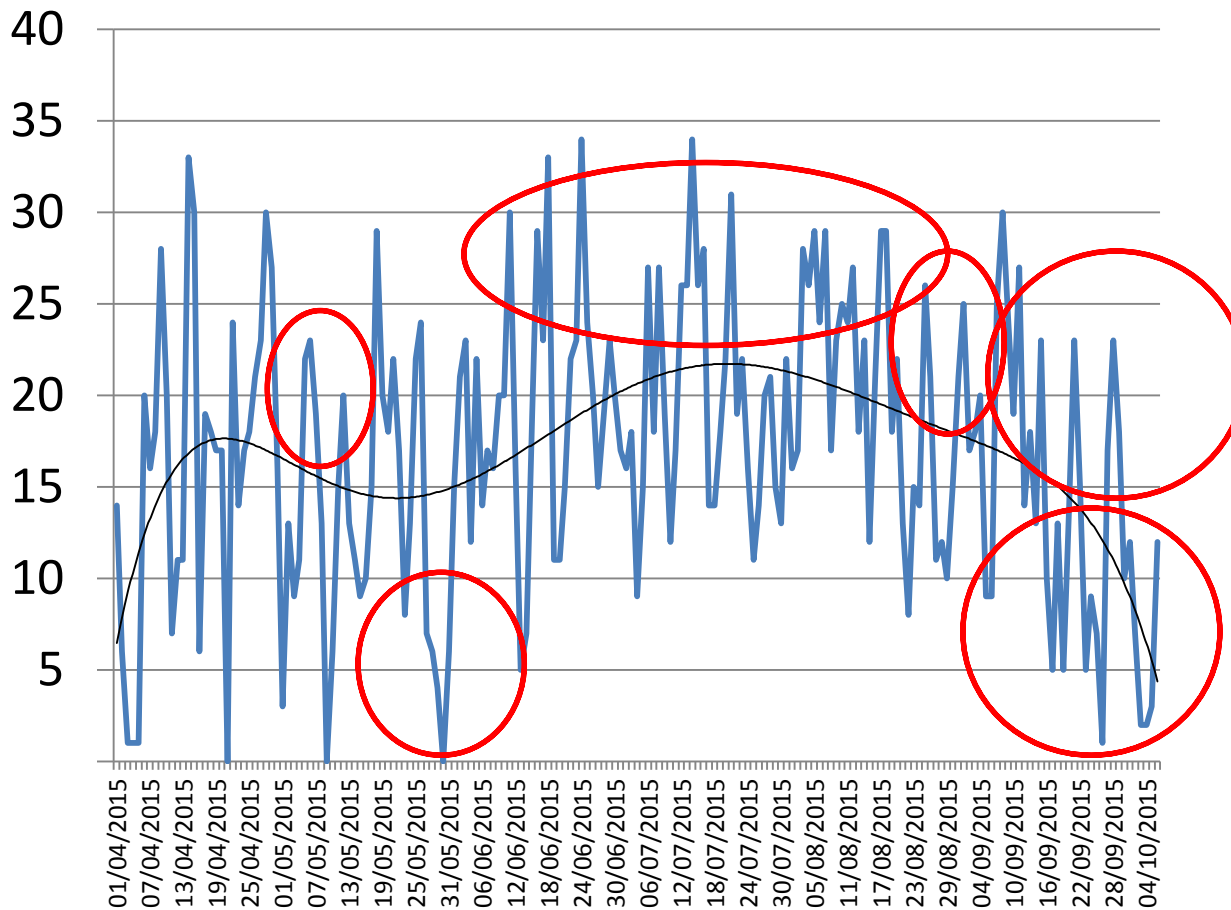
Patients over 9 days



2015 WINTER CHALLENGE

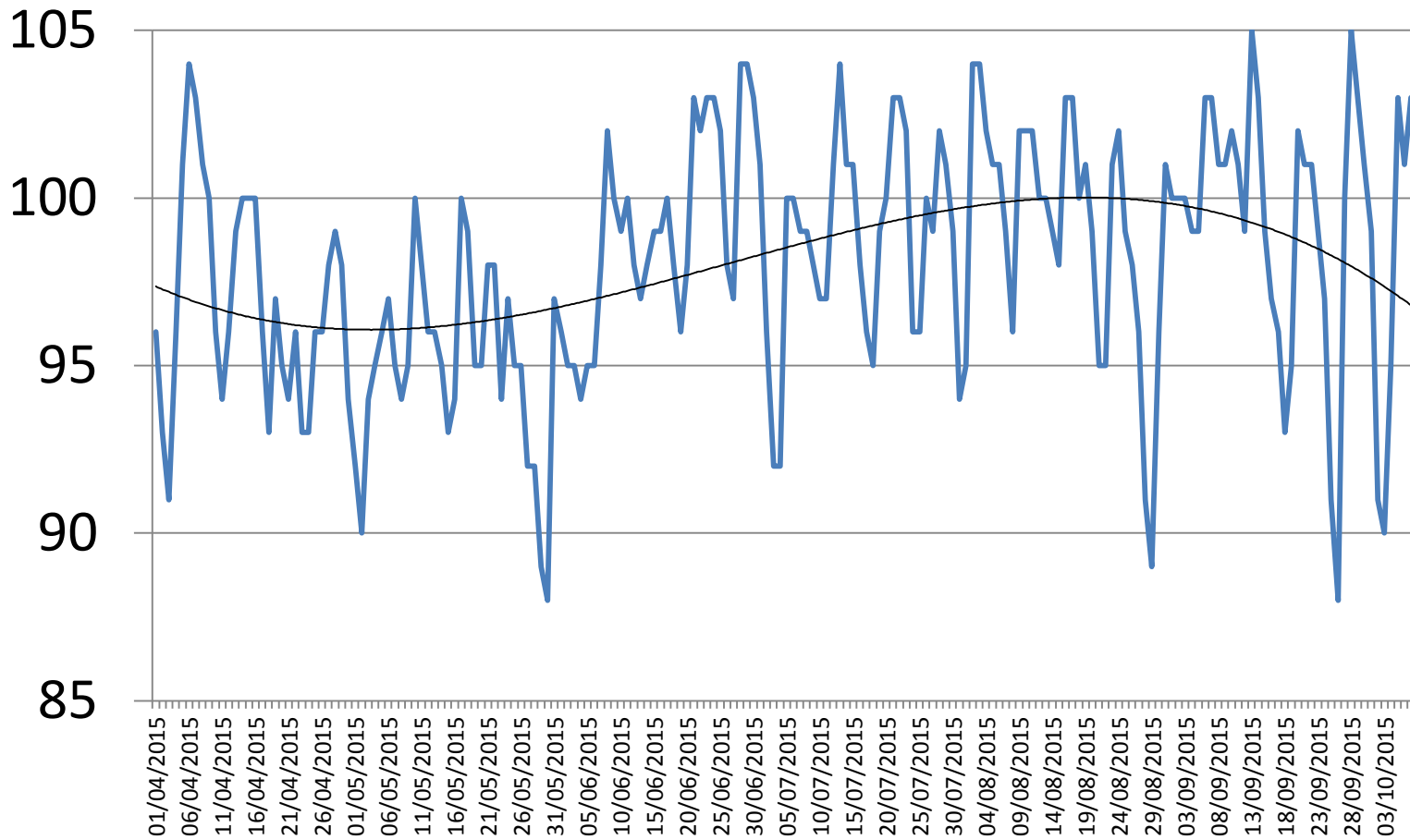
NOW MUCH EASIER TO CLEAR THE SHOP

Yesterday's Admissions still in ED



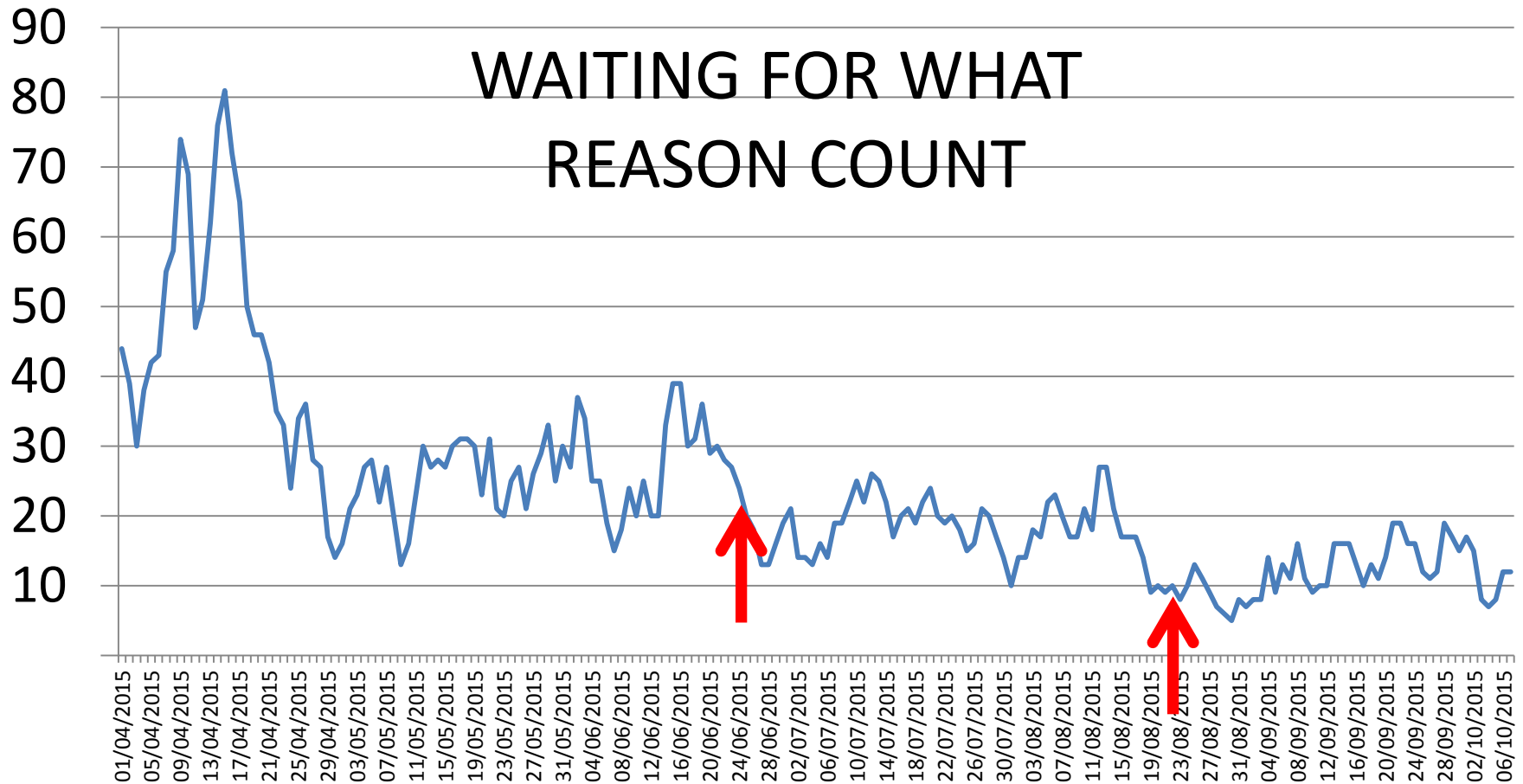
2015 WINTER CHALLENGE

ED accessible bed occupancy %



- USE W4W CORRECTLY AND IT WORKS
- EDUCATE IN THE FIRST 8 - 12 WEEKS
- REFINE YOUR W4W TIPPING POINT

WAITING FOR WHAT REASON COUNT



- Patient Discharge Lounge is for the tough times and the good times – ALWAYS an option
- “10 by 10” or “10 by 12” rule works for us

INDICATORS	APRIL / MAY / JUNE 2015	JULY / AUGUST / SEPT 2015
ED ACCESSIBLE DISCHARGES THAT MEET INCLUSION CRITERIA	71%	93%
AVERAGE PATIENTS PER DAY USING LOUNGE	14	26
CONVERSION RATE	45%	65%
LUKE’S EFFECTIVENESS SCALE [®]	3.5/10	9/10
UNIT SIZE	8	14

KEEPING IT SIMPLE

MOVING TO OUR NEW BUILDING
SHOULD BE LIKE MOVING TO OUR
NEW PATIENT DISCHARGE LOUNGE

- *Model of care is the only way of doing business*
- *Simple to understand and easy to buy in*
- *Bigger and better, not just bigger*
- *High rating on Luke's Effectiveness Scale*



- REINFORCING THE WHOLE OF HOSPITAL VISION
- SIMPLE MESSAGING ABOUT KEY PRACTICES IS VITAL

GET THE NUMBER OF PATIENTS WHO HAVE TO WAIT IN ED FOR MORE THAN 24 HOURS DOWN TO ZERO



ALL PATIENTS NEED TO BE TREATED IN THE MOST APPROPRIATE PLACE FOR CARE



WE MUST DO THIS AS A TEAM, IN THE BEST WAY AND AS SAFELY AS POSSIBLE

