Patient Flow Portal - Electronic Patient Journey Board

Project Update

Prepared by Pedram Bidhendi, Damian Miners, Melinda Pascoe

Ministry of Health

October 2015

NSW GOVERNMENT | Health

Contents

Background / Current State

Preliminary Insights

User Survey Results

Next Steps

EPJB Background / Current State

- Journey Board Redesign work across NSW

- Lessons learnt Interstate

- Requirements Gathering Workshops LHD / SHN's

- Release 1 - June 2014

- Enhancement Register

- PFP specialty working groups

EPJB Background / Current State

- Budget Supplementation funds for 'in-scope' LHD / SHN's

  - 2014/15 – 191 packages

  - 2015/16 – 392 packages*

- Total packages including self funded screens currently = 617 EPJB packages

- Currently 315 PFP EPJB's are live across NSW Public Hospitals

*69 Packages allocated to MH inpatient Units

NSW GOVERNMENT | Health

Contents

Background / Current State
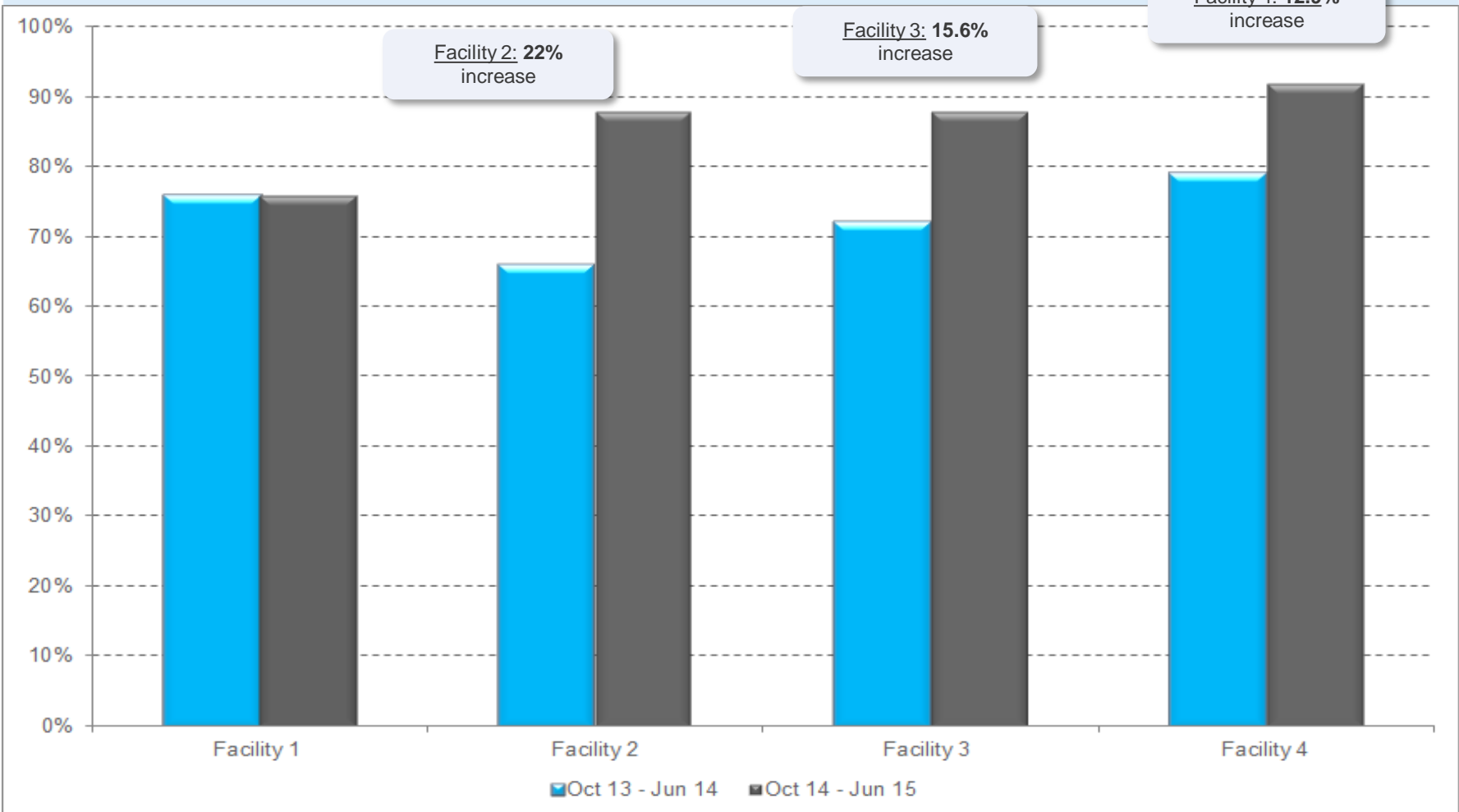
Preliminary Insights

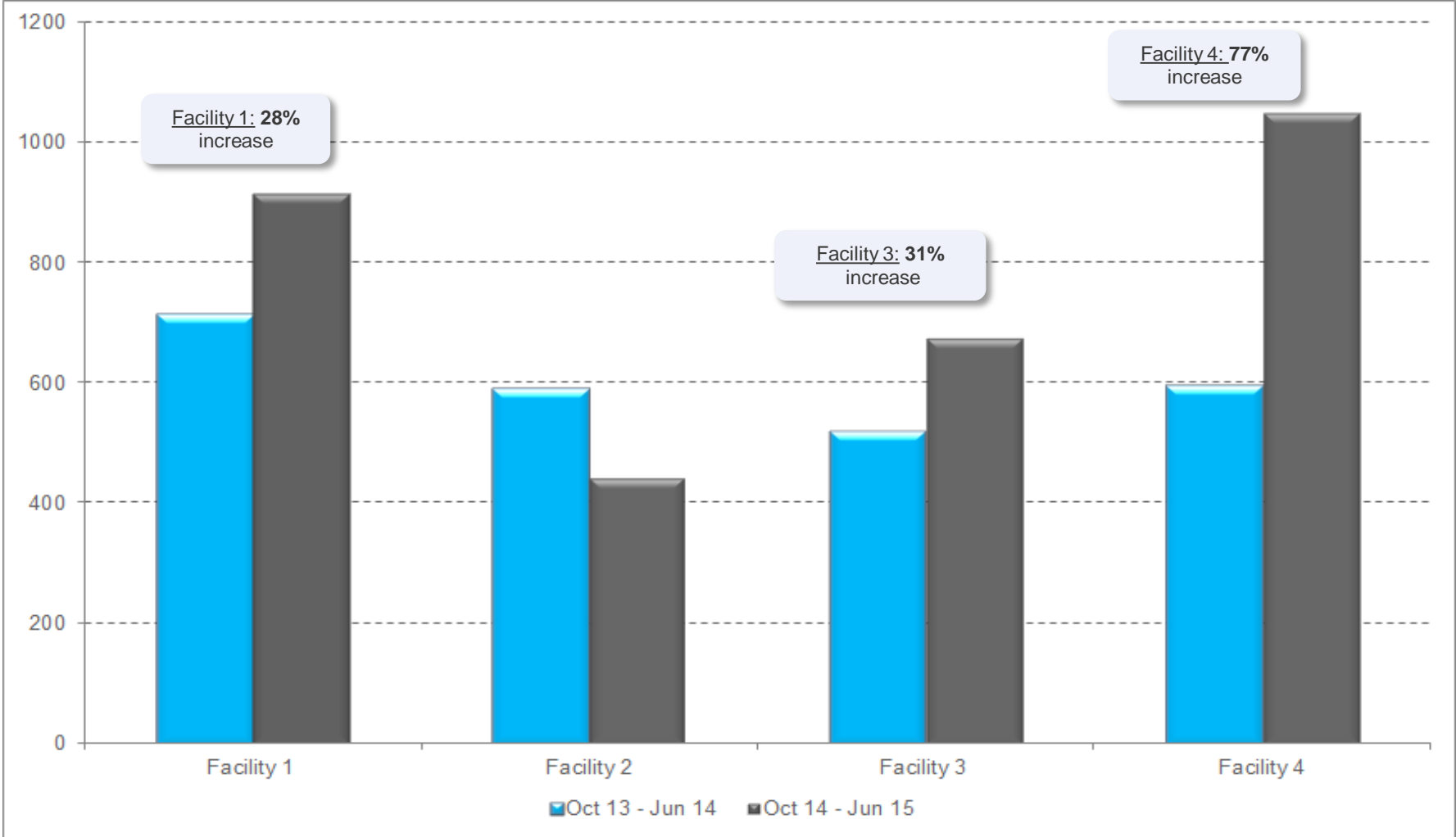User Survey Results

Next Steps

Preliminary Insights

- EPJB Data Review

- 4 facilities chosen

- Early Adopters

- Data pre and post EPJB implementation

- Concurrent Flow Strategies

% Clinician Defined Estimated Date Discharge

Facility 2: **22%** increase

Facility 3: **15.6%** increase

Facility 4: **12.9%** increase

☐ Oct 13 - Jun 14   ■ Oct 14 - Jun 15

Number of Waiting for What delays recorded

Transfers functionality within the EPJB

Occupancy:	88%	Clinician Defined EDD:	86%
Current Inpatients:	22	DWA's:	0

IHT IN:	0	IWT IN:	2
IHT OUT:	4	IWT OUT:	0

Outliers in Ward:	3
Outliers out of Ward:	7

Waiting (in ED) for Bed	3-4hrs	>4hrs	>24hrs	Count
Total	View	0	6	0	8

Discharge Target
0

Nurse	Alerts	Bed	I/R	ID	Surname	Age	AMO	Specialty	Team Contact	HLOS	EDD	EDD #	G2G	Diet	Phys	SW	OT	SP	DT	Referrals	W4W

Improved transparency for all Patient transfers into & out of ward/units

Patient Details

Bed:	11	DOB:	14-09-1923
EDD:	23-10-2015 2	Age:	92 yrs
Admit Date:	08-10-2015	Language:	English
HLOS:	13	Financial Status:	DVA
WLOS:	12		DVA O/N
Speciality:	Vascular	Suburb:	

Inter Hospital Transfer

Urgency: Inpatient specialist care 24-72hrs
Hospital: Manly Waters Private Hospital

+ Confirmed at 21-10-2015--10:13

Inter Ward Transfer

Outgoing Inter Hospital Transfers for   **Hospital,**

| To Facility	Patient ID	Name	Urgency	Receiving D
Ryde Hospital	230266		Inpatient specialist care 24-72hrs	
Manly Waters Private Hospital	1457683		Inpatient specialist care 24-72hrs	consultant
Sirius Cove Nursing Home	275155		Inpatient specialist care 24-72hrs	XXXXXXXXXXX
Kuringai Gardens Nursing Home	940414		Inpatient specialist care 24-72hrs	XXXXXX

NSW GOVERNMENT | Health

IMPROVING ACCESS TO CARE

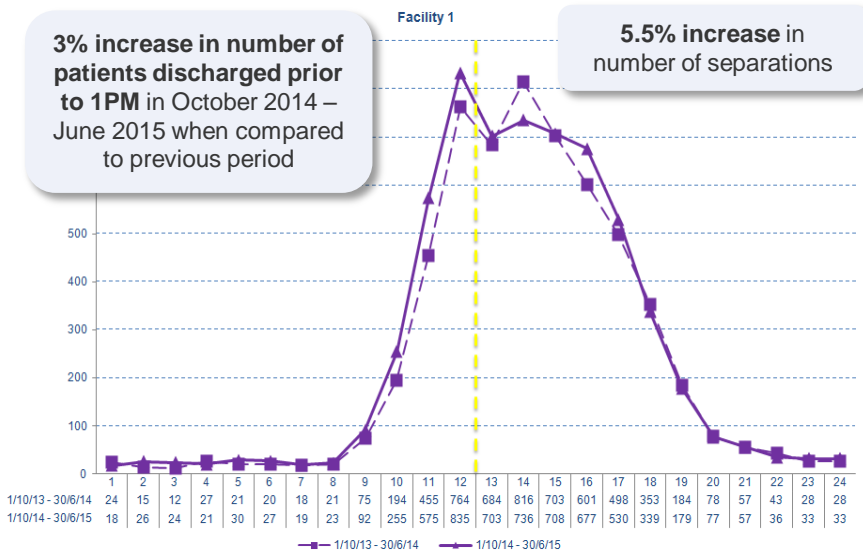# % Inter Hospital Transfers completed within urgency timeframe
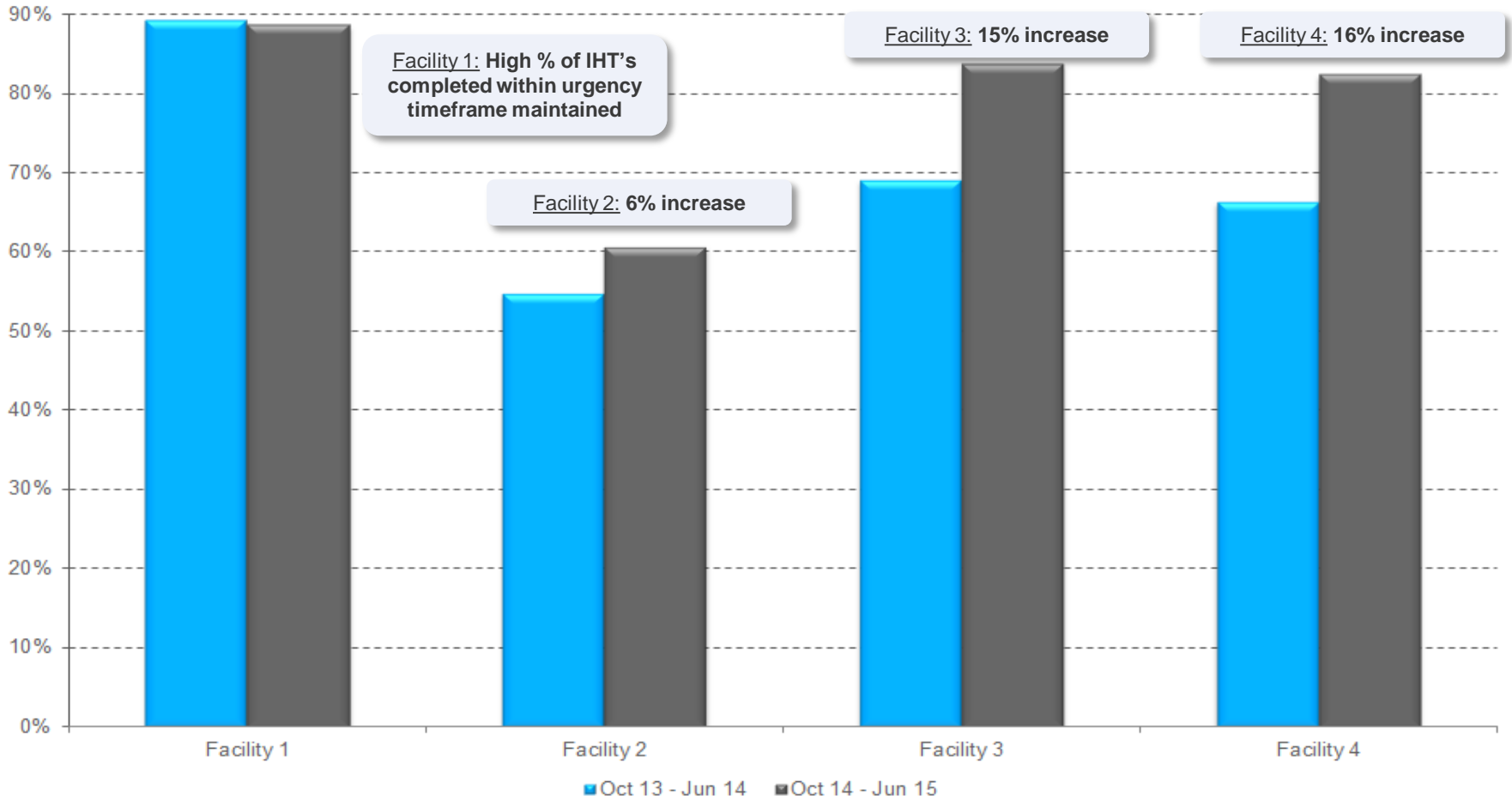
Separations by time of day

Facility 1

3% increase in number of patients discharged prior to 1PM in October 2014 – June 2015 when compared to previous period

5.5% increase in number of separations

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1/10/13 - 30/6/14	24	15	12	27	21	20	18	21	75	194	455	764	684	816	703	601	498	353	184	78	57	43	28	28
1/10/14 - 30/6/15	18	26	24	21	30	27	19	23	92	255	575	835	703	736	708	677	530	339	179	77	57	36	33	33

■ 1/10/13 - 30/6/14   ▲ 1/10/14 - 30/6/15

Facility 2

2% increase in number of patients discharged prior to 1PM in October 2014 – June 2015 when compared to previous period
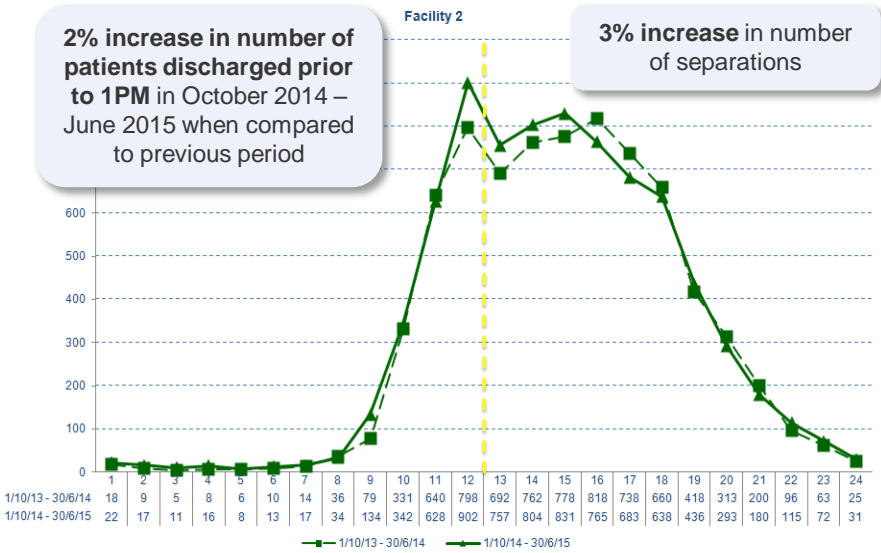
3% increase in number of separations

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1/10/13 - 30/6/14	18	9	5	24	11	14	36	79	331	640	798	692	762	778	818	738	660	418	313	200	96	63	25	
1/10/14 - 30/6/15	22	17	11	16	8	13	17	34	134	342	628	902	757	804	831	765	683	638	436	293	180	115	72	31

■ 1/10/13 - 30/6/14   ▲ 1/10/14 - 30/6/15

Facility 3

0.5% increase in number of patients discharged prior to 1PM in October 2014 – June 2015 when compared to previous period
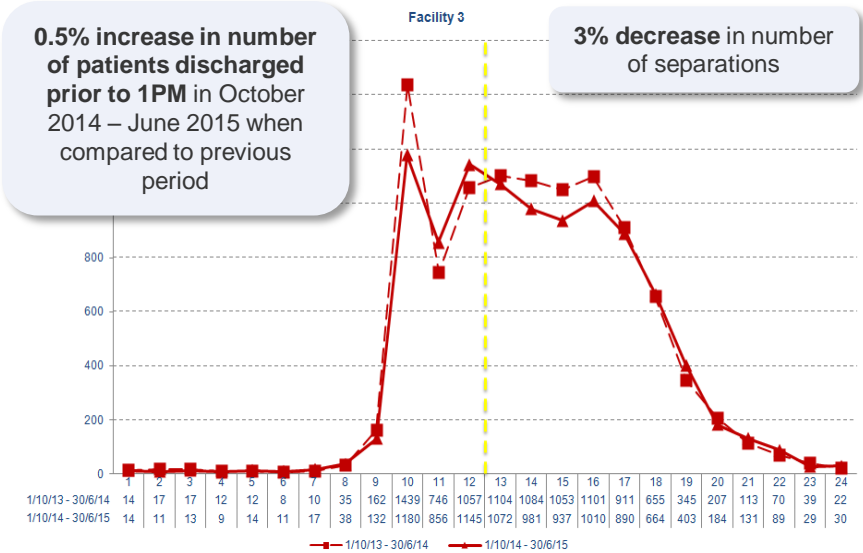
3% decrease in number of separations
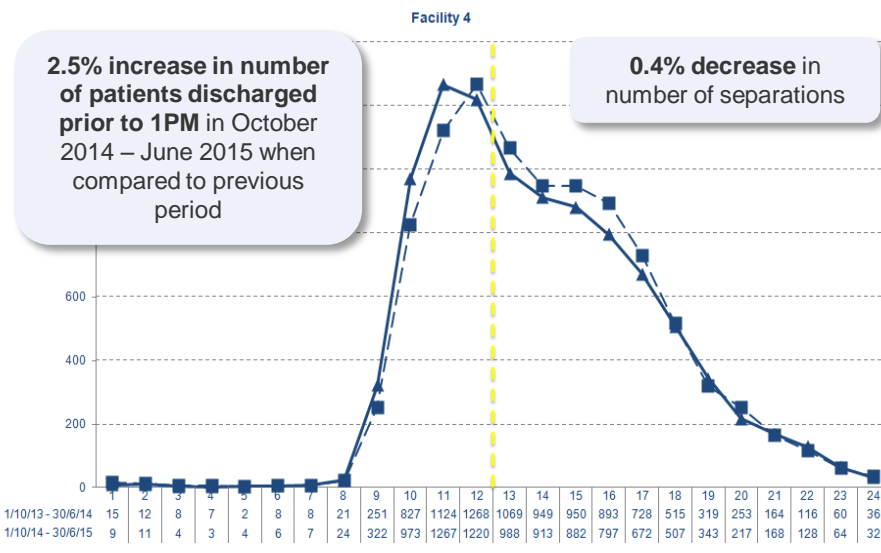
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1/10/13 - 30/6/14	14	17	17	12	12	8	17	9	35	162	1439	746	1057	1104	1084	1053	1101	911	655	345	207	113	70	39	22
1/10/14 - 30/6/15	14	14	9	14	11	17	38	132	1180	856	1145	1072	981	937	1010	890	664	403	184	131	89	29	30

■ 1/10/13 - 30/6/14   ▲ 1/10/14 - 30/6/15

Facility 4

2.5% increase in number of patients discharged prior to 1PM in October 2014 – June 2015 when compared to previous period

0.4% decrease in number of separations

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1/10/13 - 30/6/14	15	12	11	4	9	6	7	21	251	827	1124	1268	1069	949	950	893	728	515	319	253	164	116	60	24
1/10/14 - 30/6/15	9	11	11	4	9	7	24	322	973	1267	1220	988	913	882	797	672	507	343	217	168	128	64	32	

■ 1/10/13 - 30/6/14   ▲ 1/10/14 - 30/6/15

Contents

Background / Current State

Preliminary Insights

User Survey Results

Next Steps

EPJB Survey Overview

- Users from 40 hospitals in 13 LHD/SHN's were surveyed in August 2015*

- 908 users responded to survey:

  - 60% users in nursing / midwifery related roles

  - 22.5% users in allied health roles

  - 17.5% users in other roles

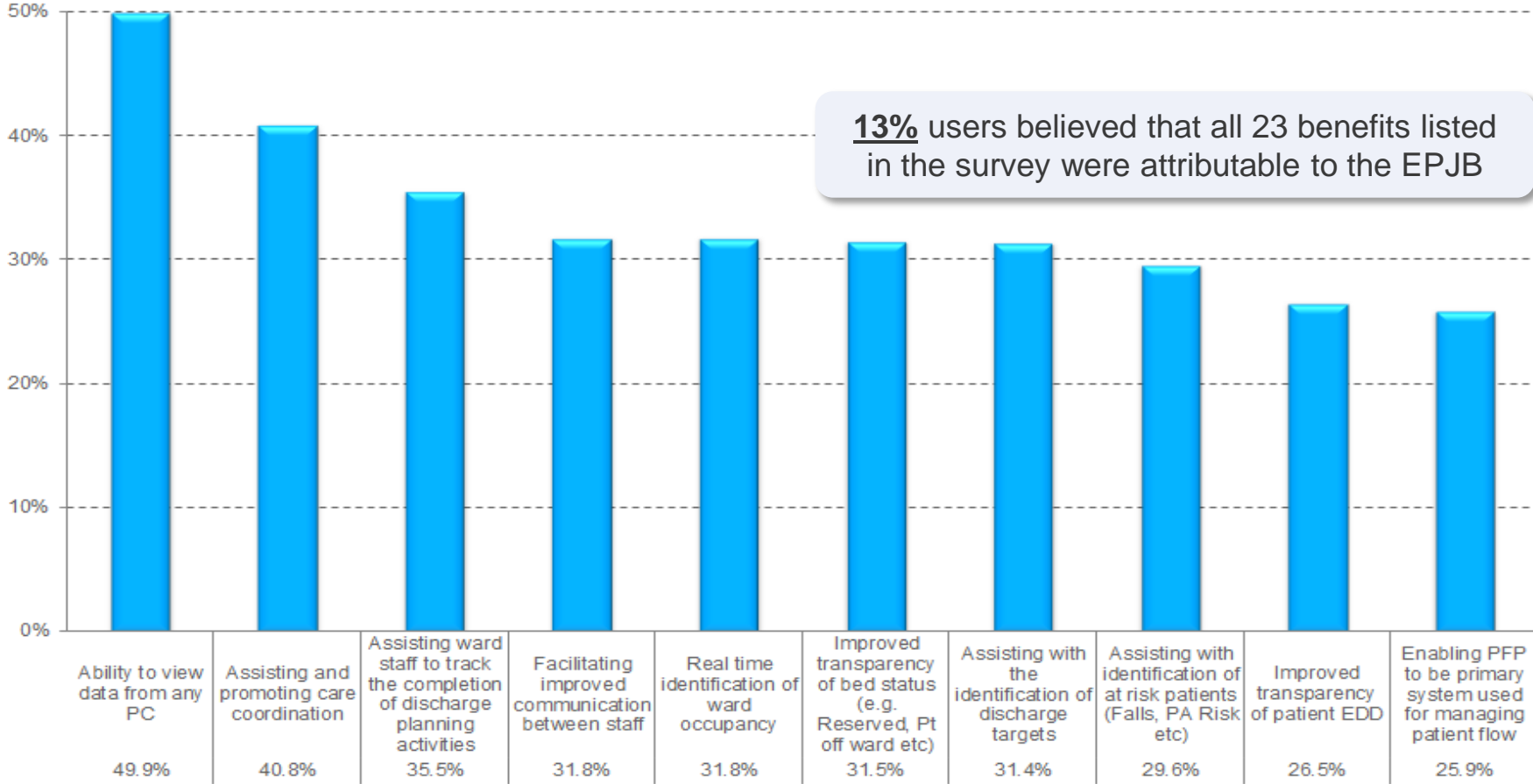*Hospitals using EPJB for at least 3 months

EPJB User Satisfaction

52% users were either Extremely Satisfied or Satisfied
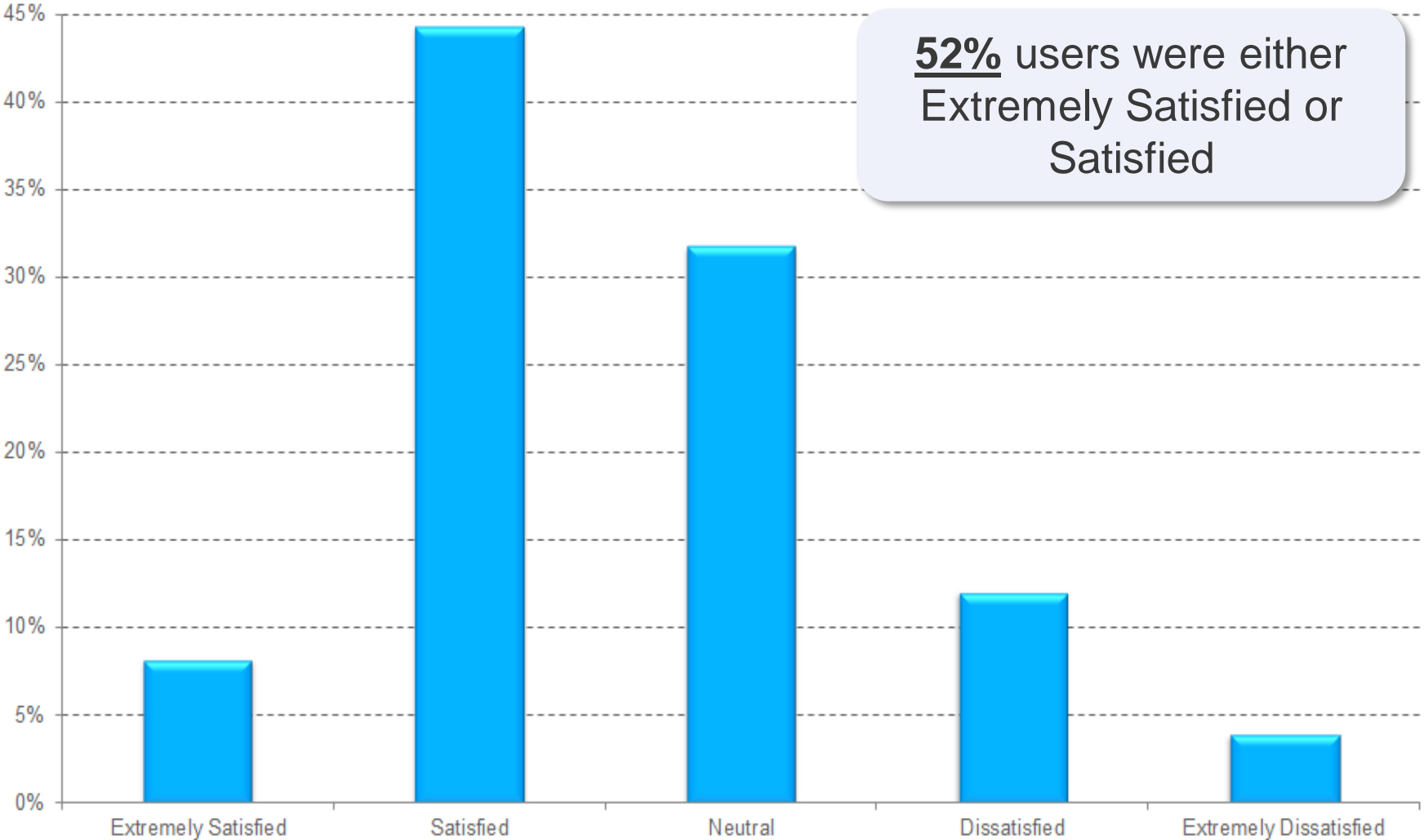
EPJB Frequency of Use
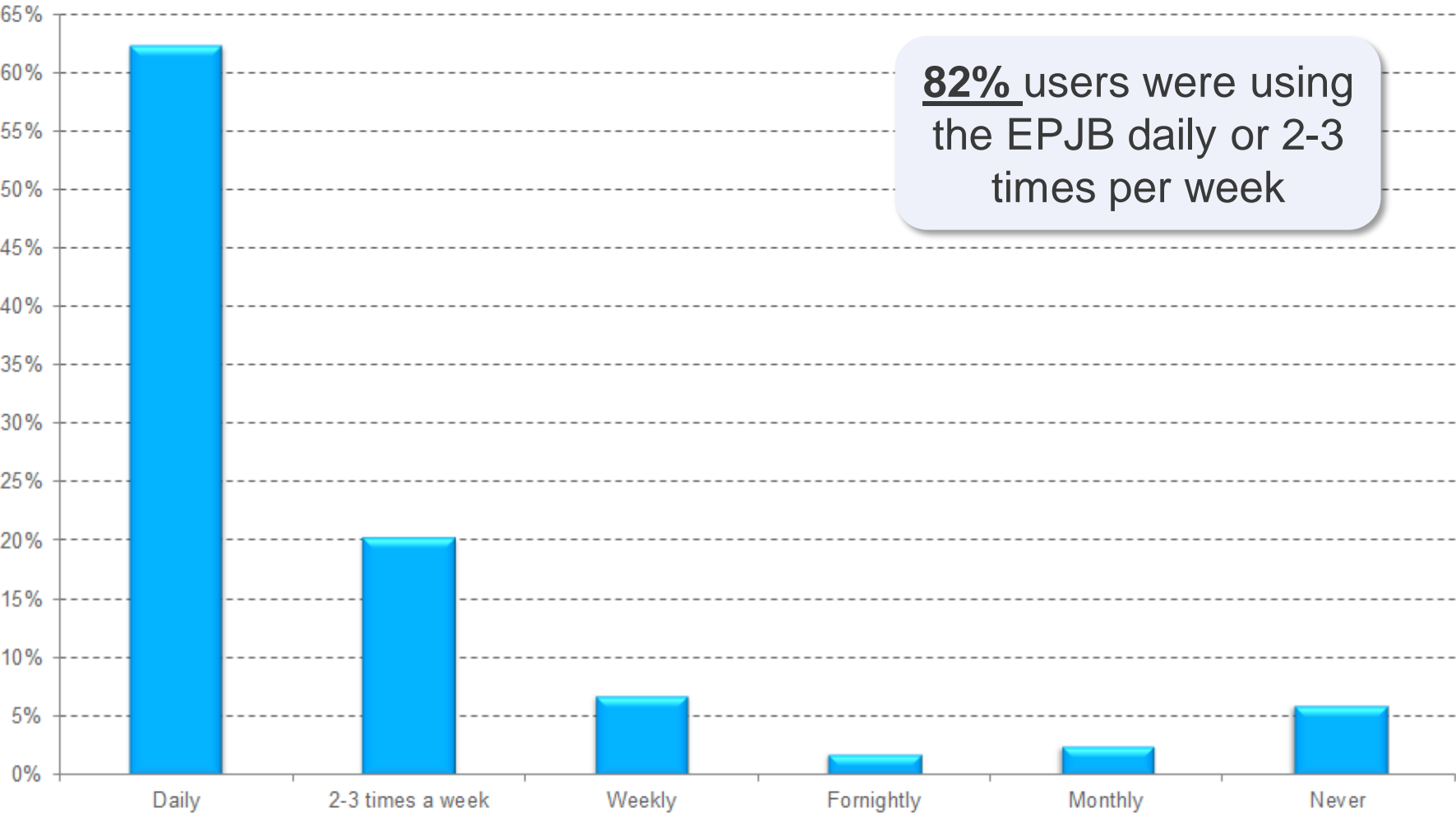
82% users were using the EPJB daily or 2-3 times per week

Perceived Benefits

Users were requested to indicate what they perceive to be the benefits of EPJB. The top 10 benefits were…

13% users believed that all 23 benefits listed in the survey were attributable to the EPJB

Benefit	Percentage
Ability to view data from any PC	49.9%
Assisting and promoting care coordination	40.8%
Assisting ward staff to track the completion of discharge planning activities	35.5%
Facilitating improved communication between staff	31.8%
Real time identification of ward occupancy	31.8%
Improved transparency of bed status (e.g. Reserved, Pt off ward etc)	31.5%
Assisting with the identification of discharge targets	31.4%
Assisting with identification of at risk patients (Falls, PA Risk etc)	29.6%
Improved transparency of patient EDD	26.5%
Enabling PFP to be primary system used for managing patient flow	25.9%

Users were requested to indicate whether EPJB has resulted in a change in work practices …

■ Yes ■ No

Yes 52%

"There has been good potential for change, but still lots of room for improvement. But it's been a good start."

"Daily rounding at journey board with all disciplines, was previously held 3 times per week and poorly attended."

"The EPJB has allowed daily meetings to be used for discussions regarding discharge planning."
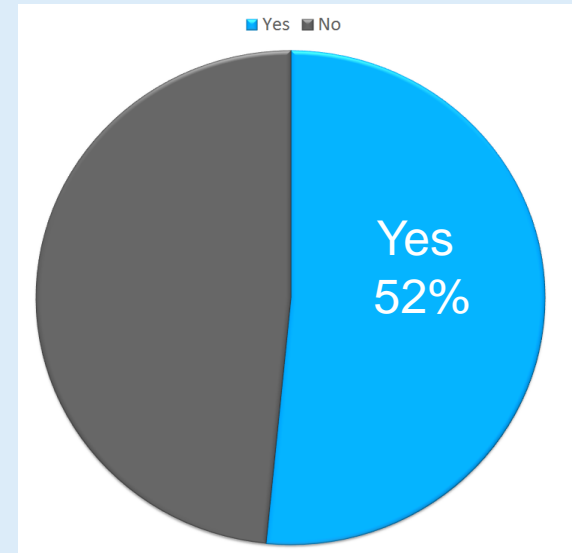
"Processes have not been updated since implementation of electronic journey board but may in the future."

"It is used in multidisciplinary ward meetings, used at the daily bed meeting for the whole of hospital, and to record all the referrals for allied health and support staff."

"More yes than no - impact most greatly seen in managing and transparency in inter- hospital transfers and WFW."

NSW GOVERNMENT | Health

IMPROVING ACCESS TO CARE

Users were requested to indicate whether EPJB has impacted patient outcomes…

"It has the potential to reduce LOS as it is the single key reference point."

"Less failed discharges."

"Safer journey through hospital."

"Too early to say. Early referral to allied health has improved."

"Easily identify patients that have not been referred to allied health."

"More staff thinking about LOS and readmissions."

"We could not demonstrate improved patient outcomes but it has improved team communication however."

"Improved MDT coordination of care."

"Not yet. It is too early to tell."

■ Yes ■ No

No
56%

NSW GOVERNMENT | Health

IMPROVING ACCESS TO CARE
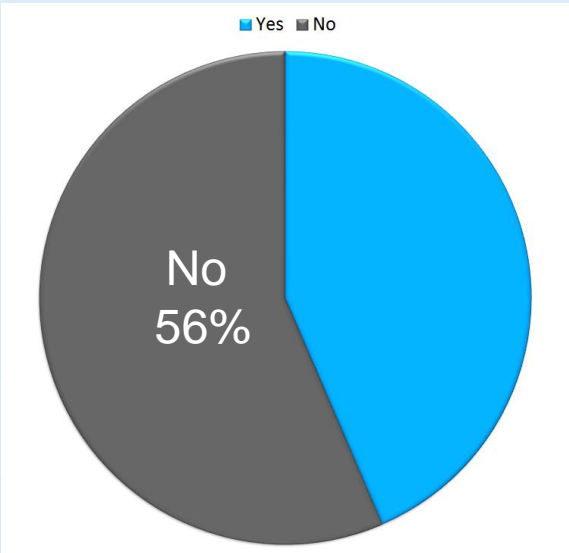
Users were requested to indicate whether EPJB has impacted patient privacy and confidentiality…

"Improved safety and planning is the key issue and staff need to be considerate about how sensitive information is used."

"No different to white boards, however the ability to hide information actually makes the EPJB better e.g. hover over Admission Reason and not display name if needed."

Yes · No

No
67%
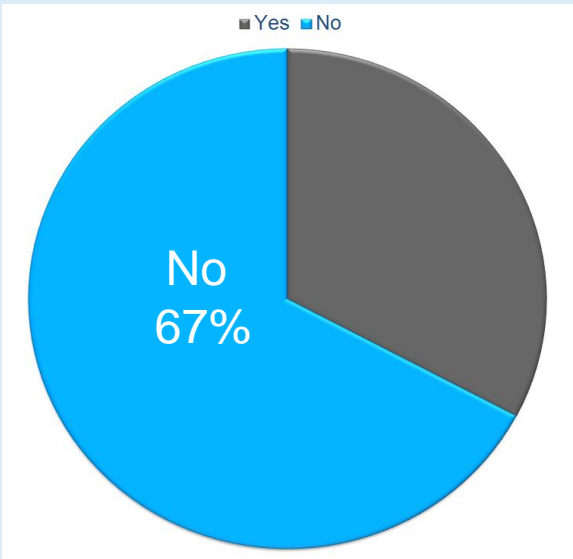
"Not very different to whiteboards previously located in prominent areas."

"It has perhaps improved since the days of whiteboards as it is less visible to the passing visitors (smaller font etc.)."

"Our board is out of sight, patients are not aware of it's content."

"Nil complaints that we are aware of."

"No more than any hand over tool."

NSW GOVERNMENT | Health

Contents

Background / Current State

Preliminary Insights

User Survey Results

Next Steps

Integration with other Systems

- Obtain 10 minute updates from Cerner Power Chart to auto populate and update EPJB for:

  - Referrals

  - Alerts

  - Diets

  - Problems

- Obtain status updates from NEPT to display on EPJB and Bed Board e.g. En route to pick up, At destination etc.

- NEPT bookings via EPJB and Bed Board sent to NEPT Booking System

- Reconfigured Hospital Dashboard with NEPT operational indicators

EPJB Potential Future Projects

- Ability to generate a handover sheet from EPJB

- Mobile version for tablets / phones to assist with Doctor rounds and Nursing handover