

# WOHP Winter 2015 performance Evaluation Forum

Prepared by **Luke Elias** Whole of Health Project Lead BMDH

**Klaus Engelhardt** Director Service Improvement

Western Sydney Local Health District

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# WSLHD Whole of Health BMDH

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



# UNDERSTANDING BLACKTOWN

## BLACKTOWN HOSPITAL

42000 ED PRESENTATIONS

188 ED ACCESSIBLE BEDS

30 MENTAL HEALTH BEDS

33 % ADMISSION TO FACILITY AS PERCENTAGE OF

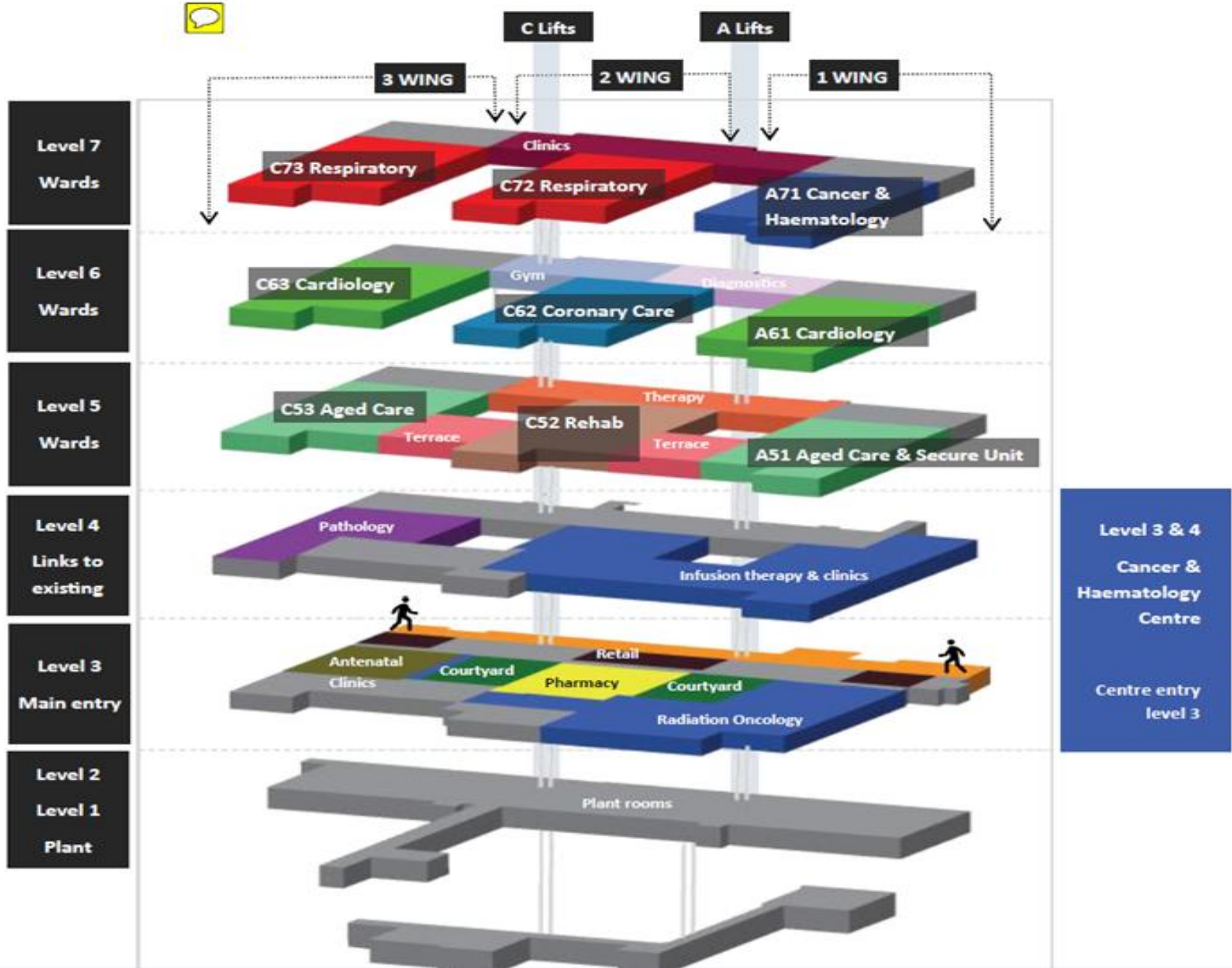
## MOUNT DRUITT HOSPITAL

32000 ED PRESENTATIONS

16 ED ACCESSIBLE BEDS  
(Paediatric admissions only)

ADULT ADMIT → BLACKTOWN

3000 TRANSFERS PER YEAR FOR ADMISSION TO BLACKTOWN HOSPITAL



# NEW BUILDING WILL NOT “FIX” US



# 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



# 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 FirsNet 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

### 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



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**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					Yellow	Blue	Blue	Blue		Yellow		Blue	Yellow		Blue	Yellow	Blue	Blue	Orange		Yellow	
pm			Blue	Blue	Blue			Blue	Blue	Blue	Blue		Orange		Blue			Blue	Yellow	Blue	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			Yellow		Orange		Blue	Blue		Yellow	Yellow		Orange		Blue		Blue	Blue	Blue	Blue	Yellow	
pm	Blue		Yellow			Yellow		Blue		Orange	Blue				Blue	Orange		Blue		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			Blue		Yellow	Blue		Blue		Yellow		Blue	Yellow		Blue		Blue	Blue	Blue	Blue	Yellow	
pm			Blue	Blue	Blue			Blue	Blue	Blue	Blue		Blue		Blue			Blue		Blue	Blue			Yellow	

**Week Four**

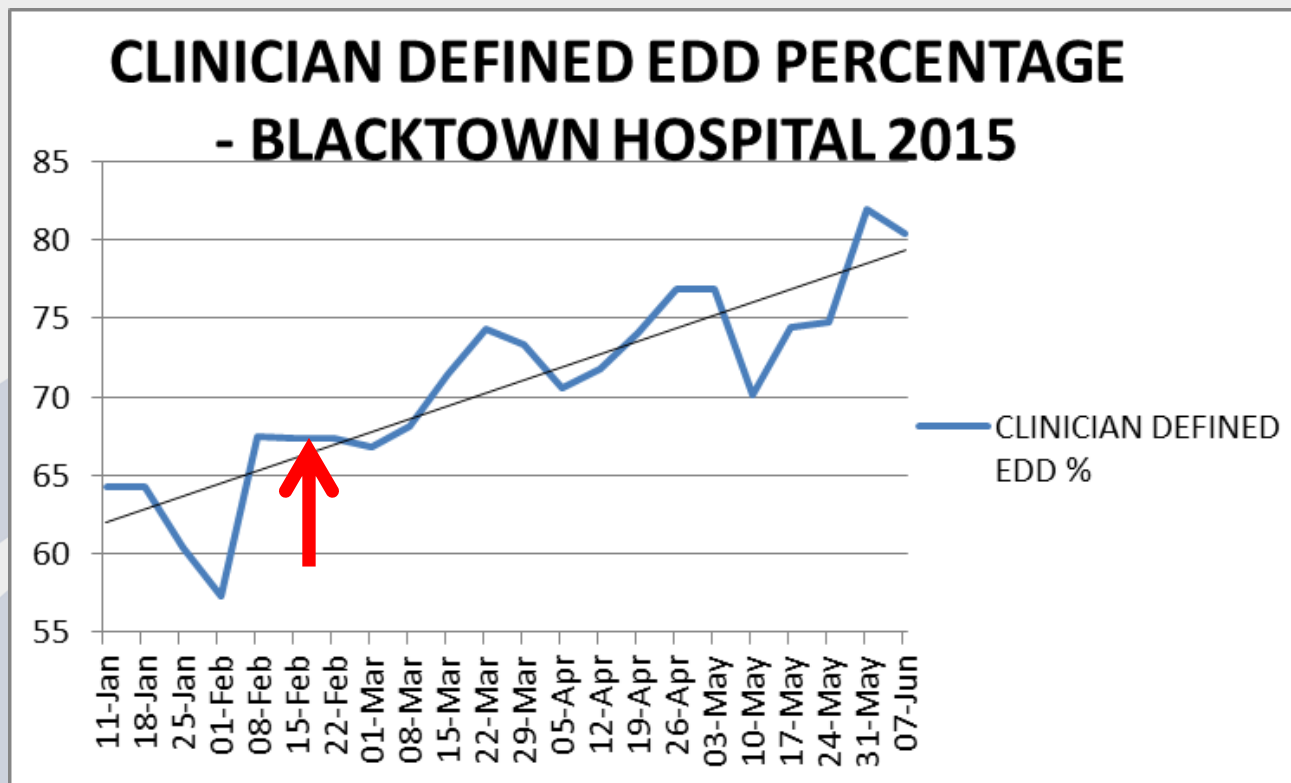
	Monday					Tuesday					Wednesday					Thursday					Friday				
Room	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc	1	2	3	4	Proc
am			Yellow		Orange	Orange		Yellow		Blue			Yellow	Yellow	Blue	Orange		Blue		Blue	Blue	Blue	Blue	Yellow	
pm	Blue		Yellow			Orange		Yellow		Blue	Blue				Blue			Blue		Blue	Blue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



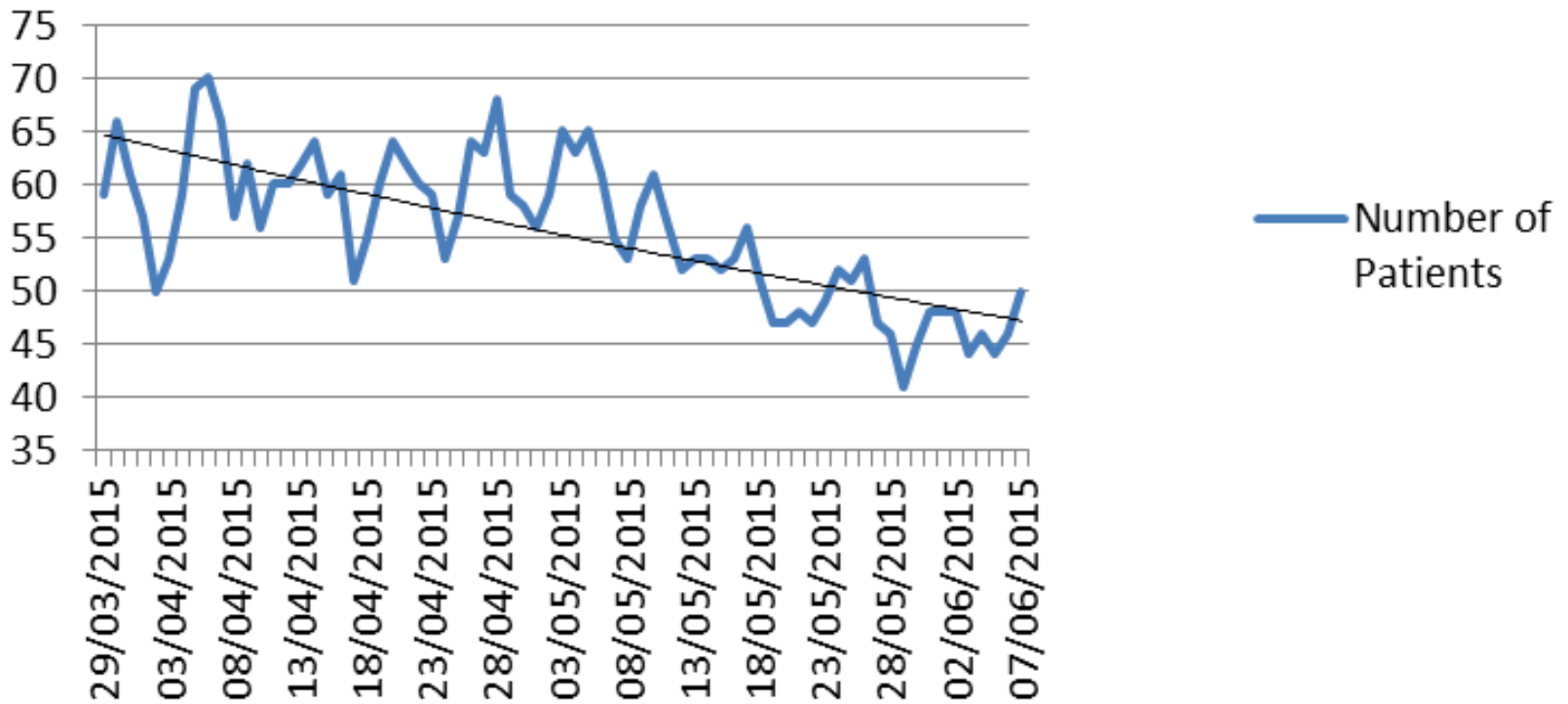
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# JOURNEY BOARDS AND RAPID ROUNDS

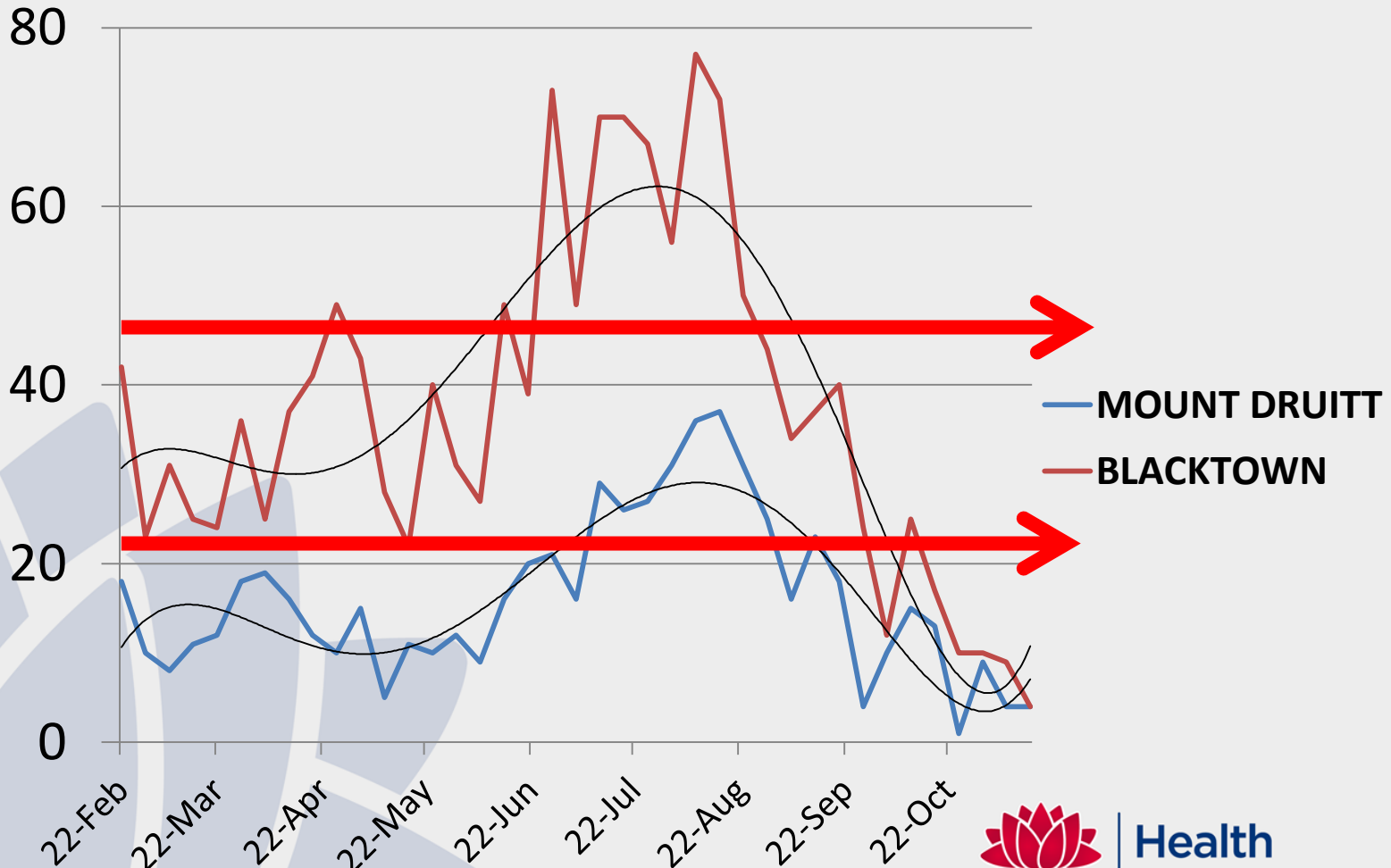


- Length of Stay Improvement at the same time as clinician defined EDD improvement
- Real and credible EDD's help more than the clinicians

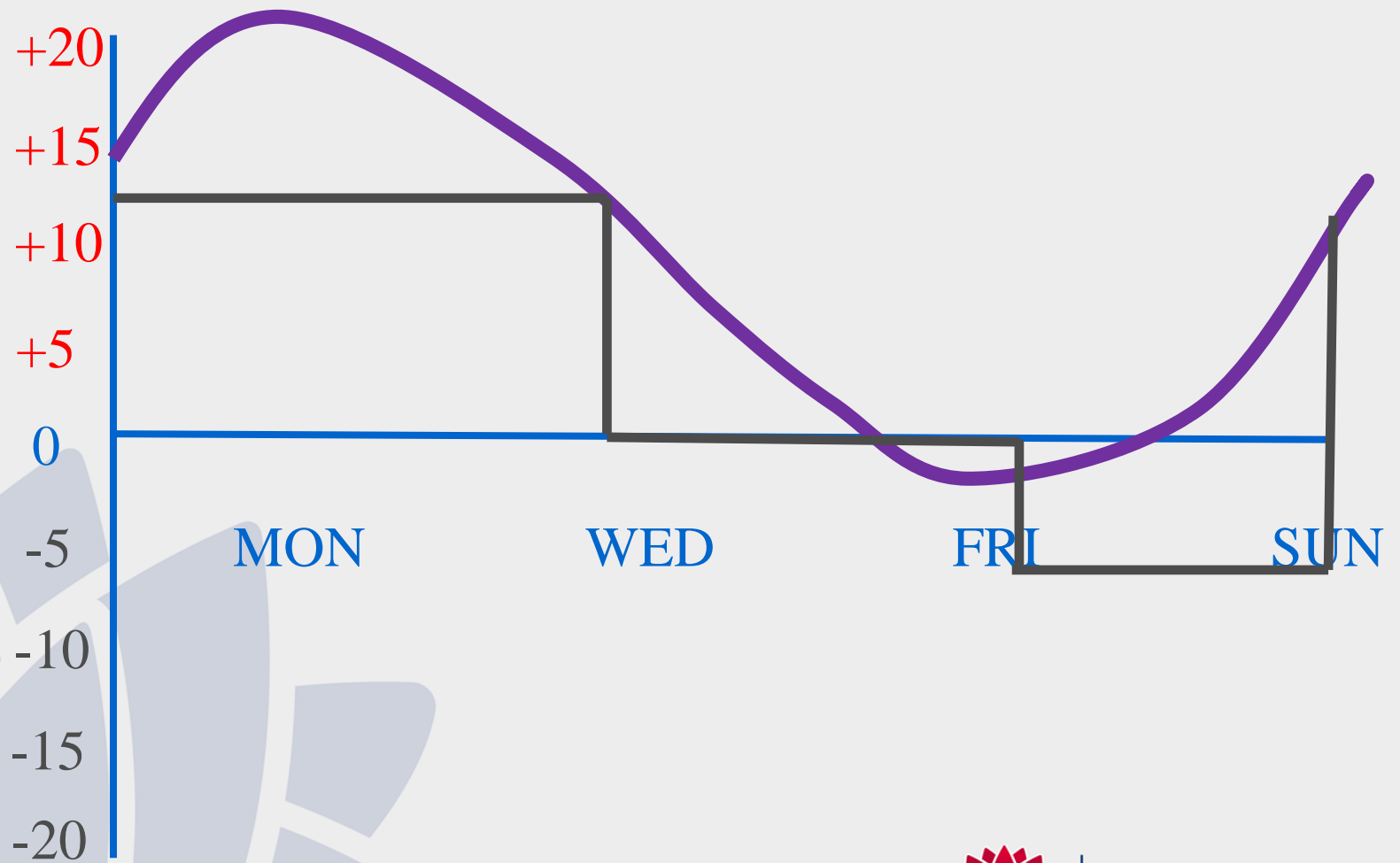
**Inpatients with LOS over 9 days - Blacktown Hospital**



# BLACKTOWN HOSPITAL – OUR 24 HOUR NUMBERS



# FLEXIBLE BED PLATFORM



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# Developing a district approach to improving patient flow

- WSLHD approach developed using the Patient Flow Systems Principles
- Governance remains the single most important element in effective Patient Flow improvement
- The Strategic Improvement program is developing clear and accountable sponsorship



# Predictive rather than reactive

- Demand and Capacity planning understanding the flows
  - Addressing emergency surgery workload work load
    - Blacktown extra emergency sessions
    - Westmead weekend Orthopaedic emergency sessions
    - Auburn hand service



# Predictive rather than reactive

- Demand and Capacity planning understanding the flows
  - Ambulance prescheduled workload understanding the flow and redirecting where appropriate
  - Tipping points for each hospital LOS over 9 days key to understanding the capacity for quick recovery
  - Building tools to understand ward activity demands





# Care Coordination and the Electronic Patient Journey Boards

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- Planning for discharge
  - Creating Care Teams from the silos
  - Managing the workflows on the wards
  - Improving EDD compliance
  - Demand and capacity planning on the ward
  - Refocusing morning bed meetings



# Non Emergency Patient Transport

- Planning for discharge
  - NEPT Project
    - 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



# Questions

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