

Winter 2015

Bankstown-Lidcombe Hospital

The Problem

- Reliance on Surge Beds – 1277 occupied overnight bed days in 2014 Winter
- Large queues in the Emergency Department – up to 26 admitted patients
- Patients were scattered across the facility despite a Homewards strategy

Respiratory separations

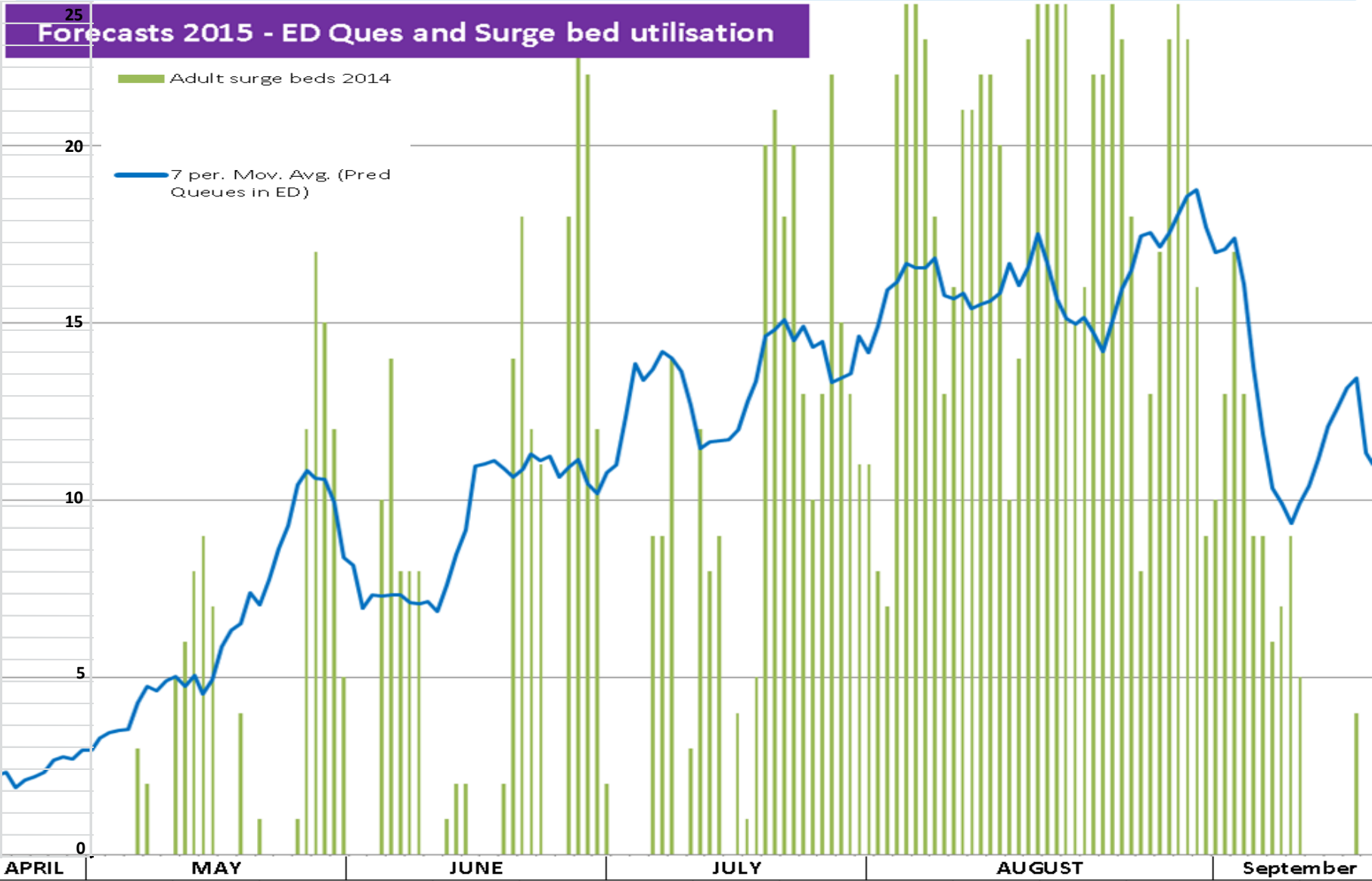
Periods	Respiratory Team Discharges
2013 Winter (April-September)	802
2013/14 Summer (Oct-March)	456
2014 Winter (April-September)	746
2014/15 Summer (Oct-March)	470

What did we already have in place?

- Admission Matrix
- SIBR rounding in two aged care wards
- ED Navigator Role
- Frequent Presenters Program
- Rapid Intervention Treatment Zone
- Patient Journey Board Rounds
- Reviewing surgical demand across the week
- Plus Plus Plus

What did winter look like in 2014?

25
Forecasts 2015 - ED Ques and Surge bed utilisation



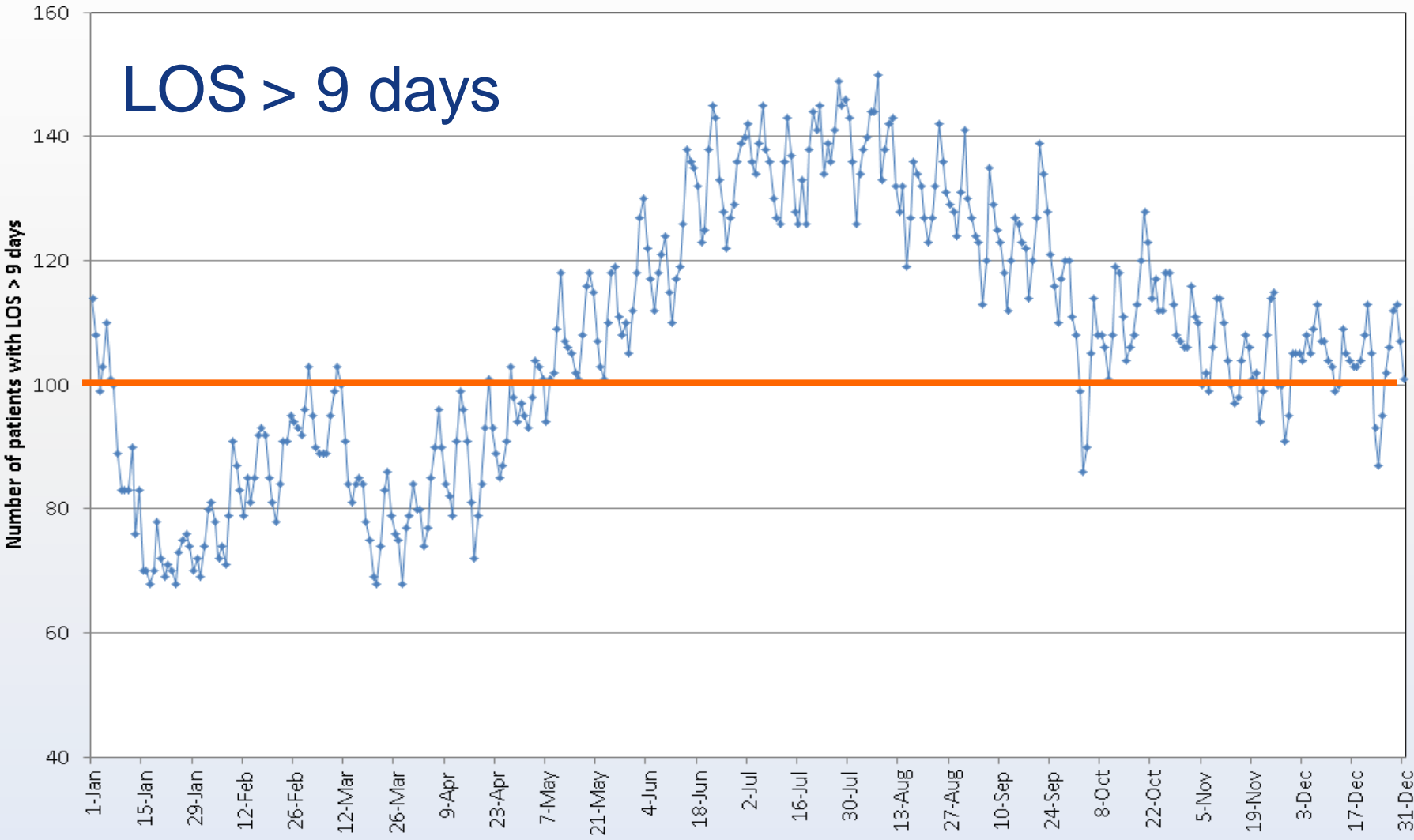
What did we do differently?

- Two audits – WAISH and WOTL
- Winter planning meetings, ED, inpatient teams and Executive.
- Used data to inform decisions
- Built on organisational culture, patient flow strategies and models of care in 2014
- Initial hypothesis – We needed more outpatient clinics or to open a winter ward
- **I was wrong**

Three strategies

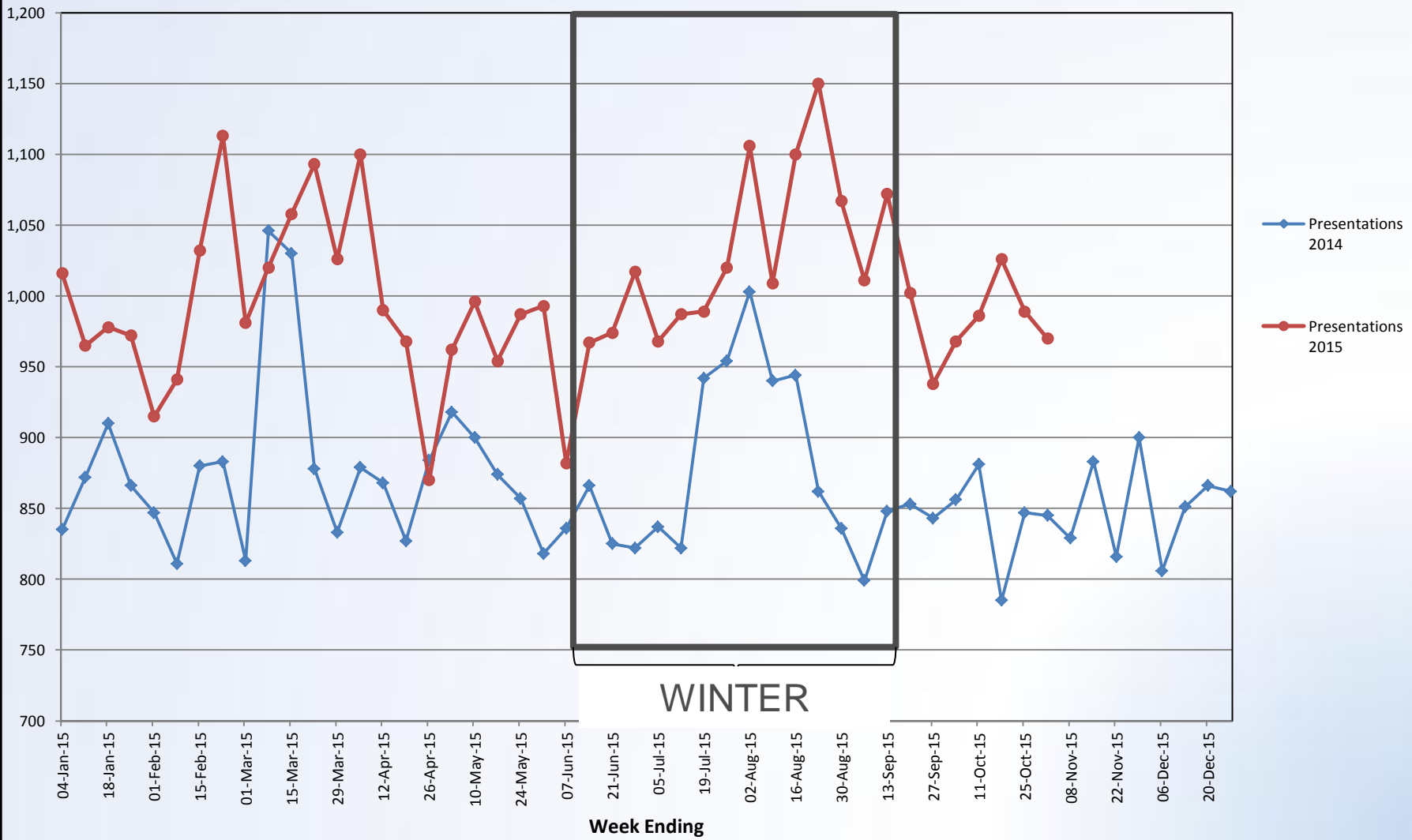
- Early Intervention Group
- Respiratory Outreach Service
- Specialist Geriatric Outreach Service

What were we measuring?

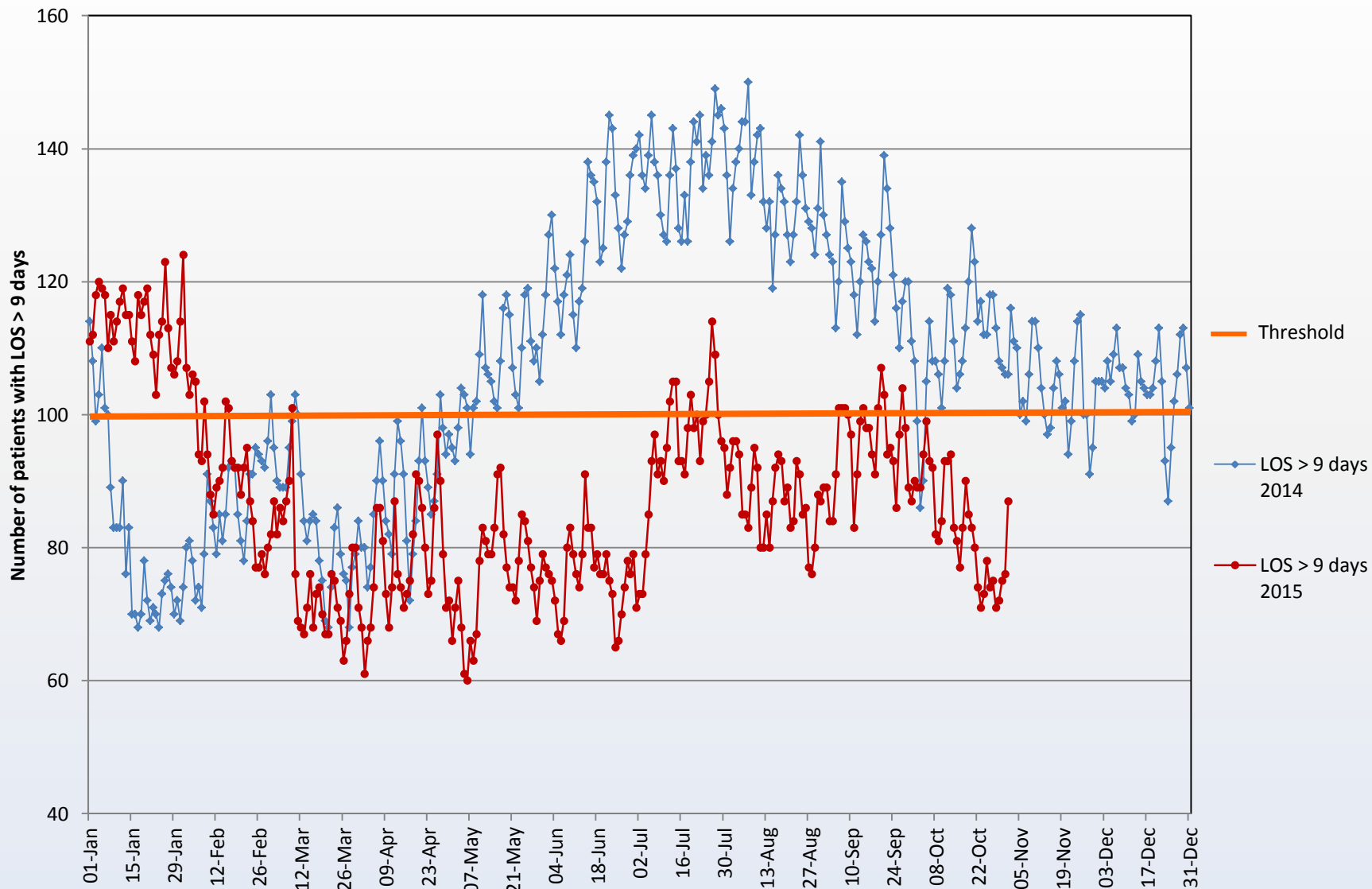


What did winter 2015 look like?

ED Presentations 2014 v 2015



Inpatients with a LOS >9 days (calculated daily) 2014 v 2015



June-September

2014 -1277 overnight surge bed days were used,

2015 - 192 overnight surge bed days

- Discharge Liaison Nurse
- Transfer of Care CNS = 14 -18% of weekly discharges on a weekend.
- Efficient patient journey board rounding = increased collaboration in the multidisciplinary team
- Improved allocation and accuracy of clinician defined EDD
- Re emphasis on the use of the Discharge Lounge
- Catchcry: LOS > 9 days

Forecasts 2015 - ED Ques and Surge bed utilisation

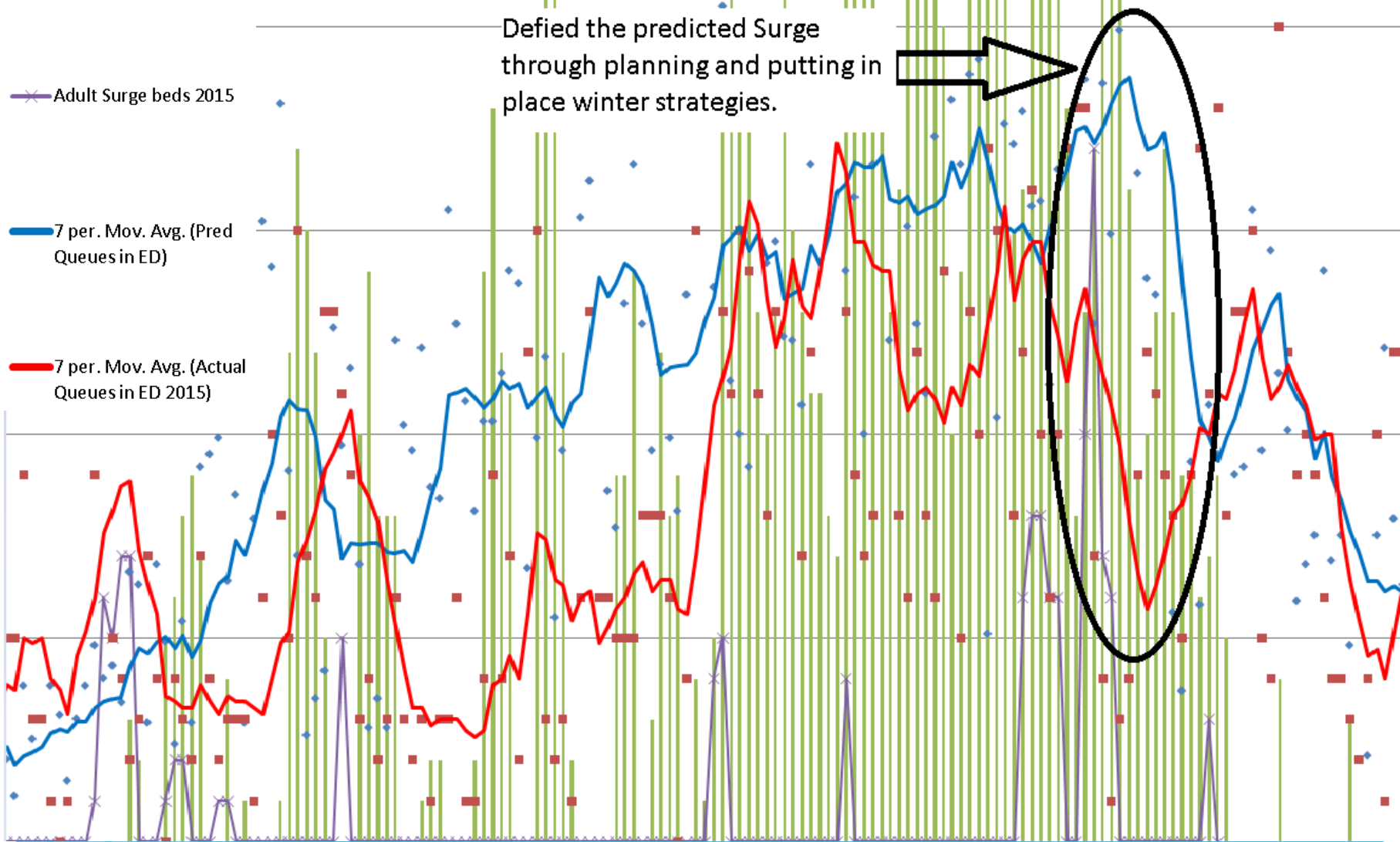
Adult surge beds 2014

Adult Surge beds 2015

7 per. Mov. Avg. (Pred Queues in ED)

7 per. Mov. Avg. (Actual Queues in ED 2015)

Defied the predicted Surge through planning and putting in place winter strategies.



APRIL MAY JUNE JULY AUGUST September

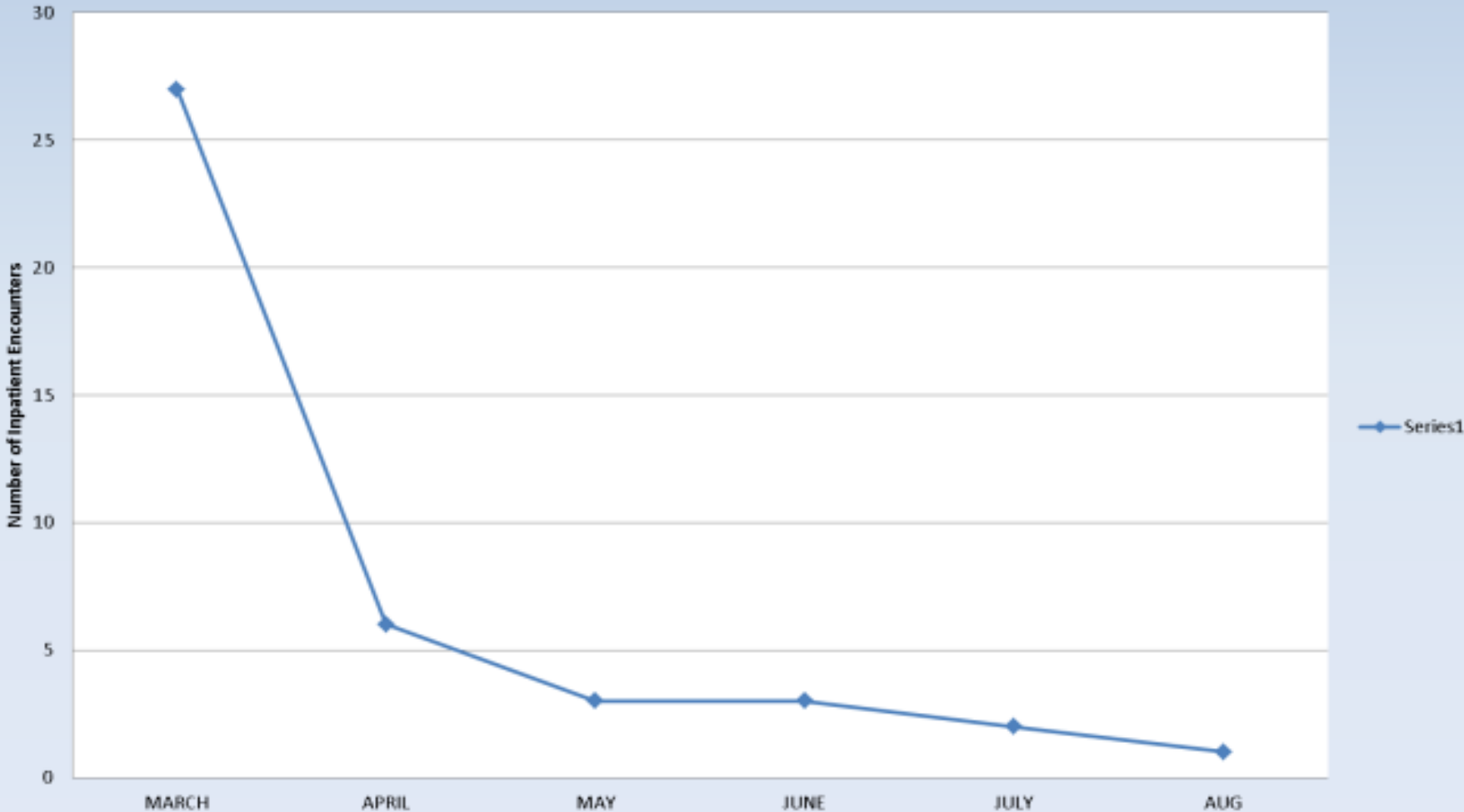
Respiratory Outreach Program

Respiratory Chronic Care Program - Review Cohort (30 patients)
ED Presentations for Respiratory Conditions BY MONTH
March 2015-August 2015



Respiratory Outreach Program

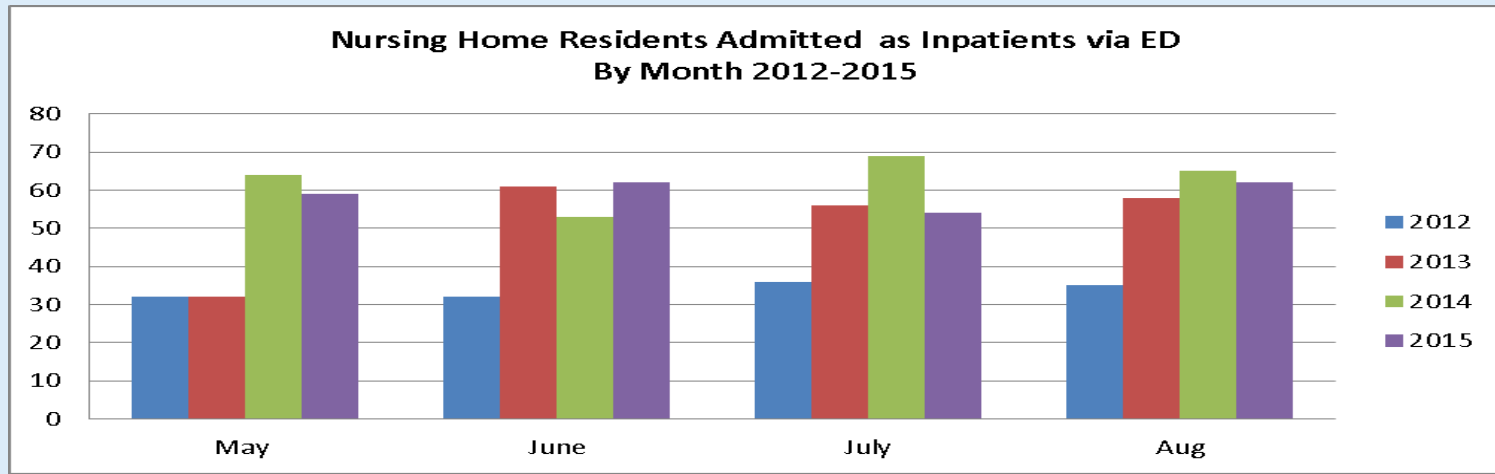
Respiratory Chronic Care Program - Review Cohort (30 patients)
Inpatient Admissions for Respiratory Conditions (excluding Ambulatory Services) BY MONTH
March 2015-August 2015



Early Intervention Group

- Improved multidisciplinary teamwork in managing patients with a difficult transfer of care
- Identification of frequent barriers to discharge ('waiting for whats')
- Well informed Executive on transfer of care issues occurring at ward level and support where required.
- Reduced length of stay - 924 bed day reduction for LOS greater than 30 days

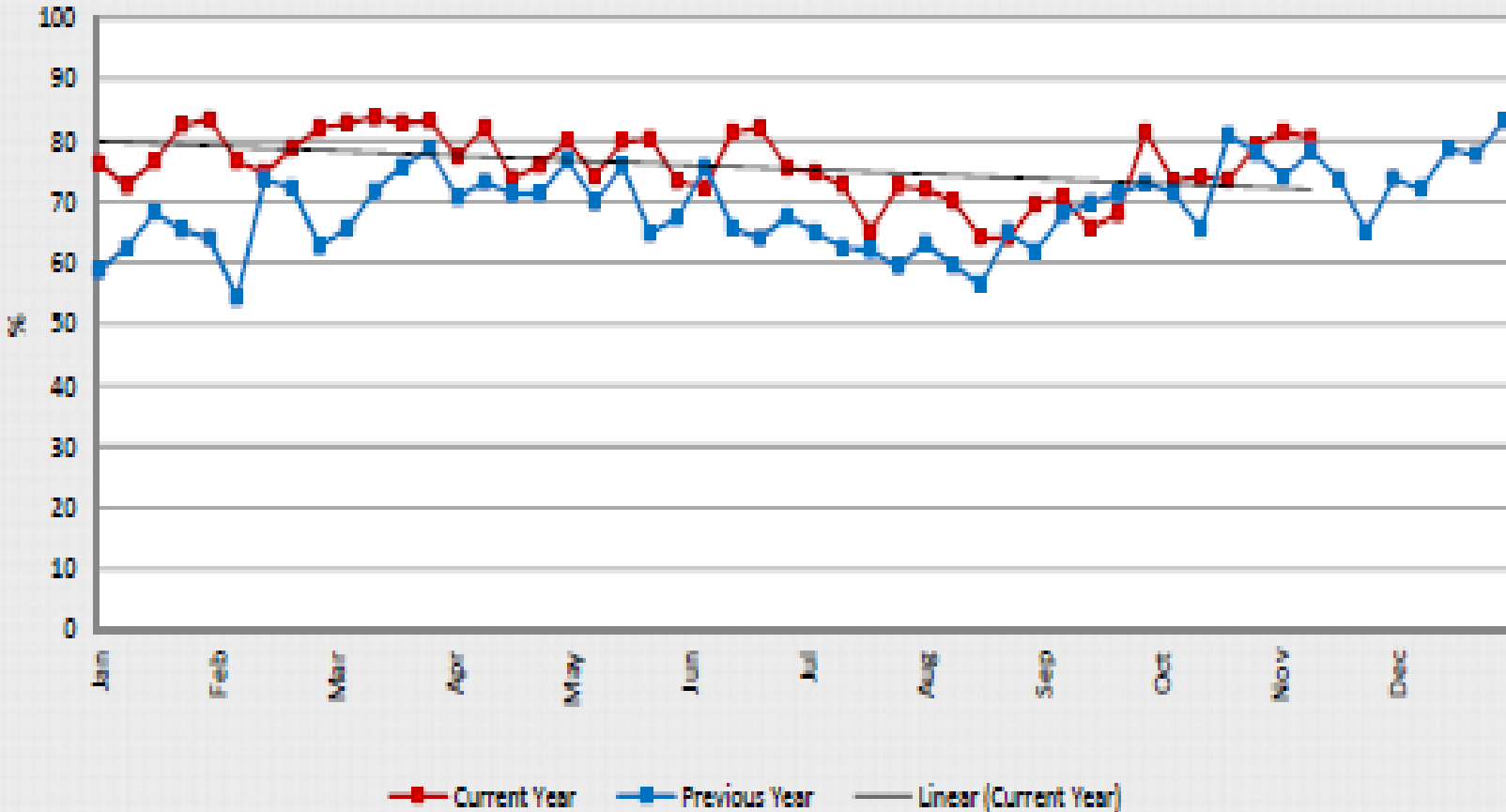
Geriatric Outreach Program



- The 173 patients that were seen and treated by the Geriatrician in the nursing home avoided further presentations to the Emergency Department and possible admissions.
- This resulted in a decrease of 2.27 days of the ALOS for nursing home patients over winter 2015 as compared to winter 2014.

Overall ETP

BANKSTOWN - LIDCOMBE Emergency Treatment Performance per week



2015 Winter overview

Highlights

- *Improved ETP*
- *Average LOS reduced by 0.4 days*
- *Average monthly improvement of 13% in TOC*
- *Decrease in the use of surge beds*
- *Collaboration + clinician engagement*
- *Continuous path of advancement*