

Winter 2015 Maintaining Performance

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Why are we here?

Every Winter our hospitals are faced with the same dilemmas:

- Increasing presentations
- Increasing hospital admissions
- Performance deterioration
- Negative Media

Media articles

News headlines on Winter crisis happens in Australia and around the world every year

A&E 'winter crisis': Call to put GPs in ho emergency departments



Swine flu deaths: hospitals face long winter

A health expert warns hospitals are in for a long winter, with a third Australian confirmed to have died after contracting swine flu.

The 55-year-old woman died at the Peter MacCallum Cancer Centre in Melbourne.

She had been receiving treatment for bone marrow cancer for a long time, but it is believed her death was a direct result of complications with swine flu.

Professor of infectious diseases at the University of Adelaide, Ross MacIntyre, says there will now be more pressure on hospitals to cope with an increasing number of swine flu cases.

"It may see pressure on beds, increased waiting times in emergency, cancellation of elective

swine flu death
swine flu death
swine flu death

Hospitals fail to cope as winter flu strikes



A&E crisis: hospital managers aren't to blame for failures



Extra hospital beds to meet winter demand

Victorian hospitals are receiving a \$13.9 million boost thanks to a Victorian Government strategy to open more than 100 extra hospital beds to meet a surge in demand during winter.

Premier John Brumby and health minister Daniel Andrews visited Monash Medical Centre in Clayton to announce details of the new strategy, that is providing capacity to treat an additional 1,023 patients across 10 metropolitan, regional and rural Victorian hospitals.

The initiative began on July 1.

Mr Brumby said the boost would open an extra 102 sub-acute beds statewide.

The new beds are providing improvements for patients by increasing access to sub-acute care.



Patients dying in Queensland hospital emergency departments waiting for treatment



Doctors are calling for another 400 beds at busy Perth hospitals after ambulances were forced to wait outside emergency departments for almost 200 hours in the past week.

The surge has also led to a blow-out in the time some emergency department patients are waiting to be seen.

Category 3 patients, who are considered urgent with injuries such as major bleeding, have been waiting up to 47 minutes on average on some days instead of the recommended maximum of 30 minutes.

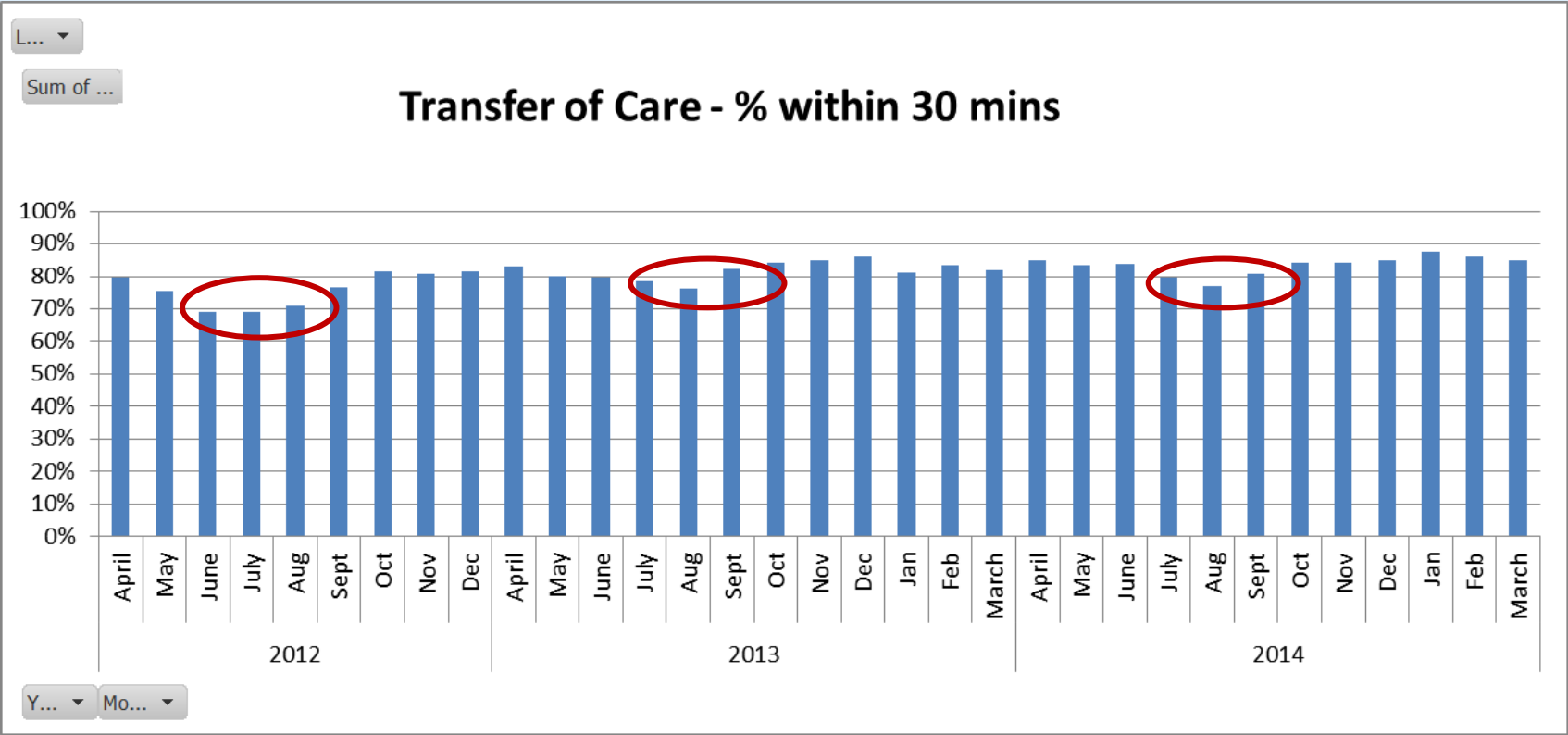
Whole of Health Program

The WOHP was implemented in 2012 to focus on Improving Patient Flow & Access to Care for all patients across the care continuum.

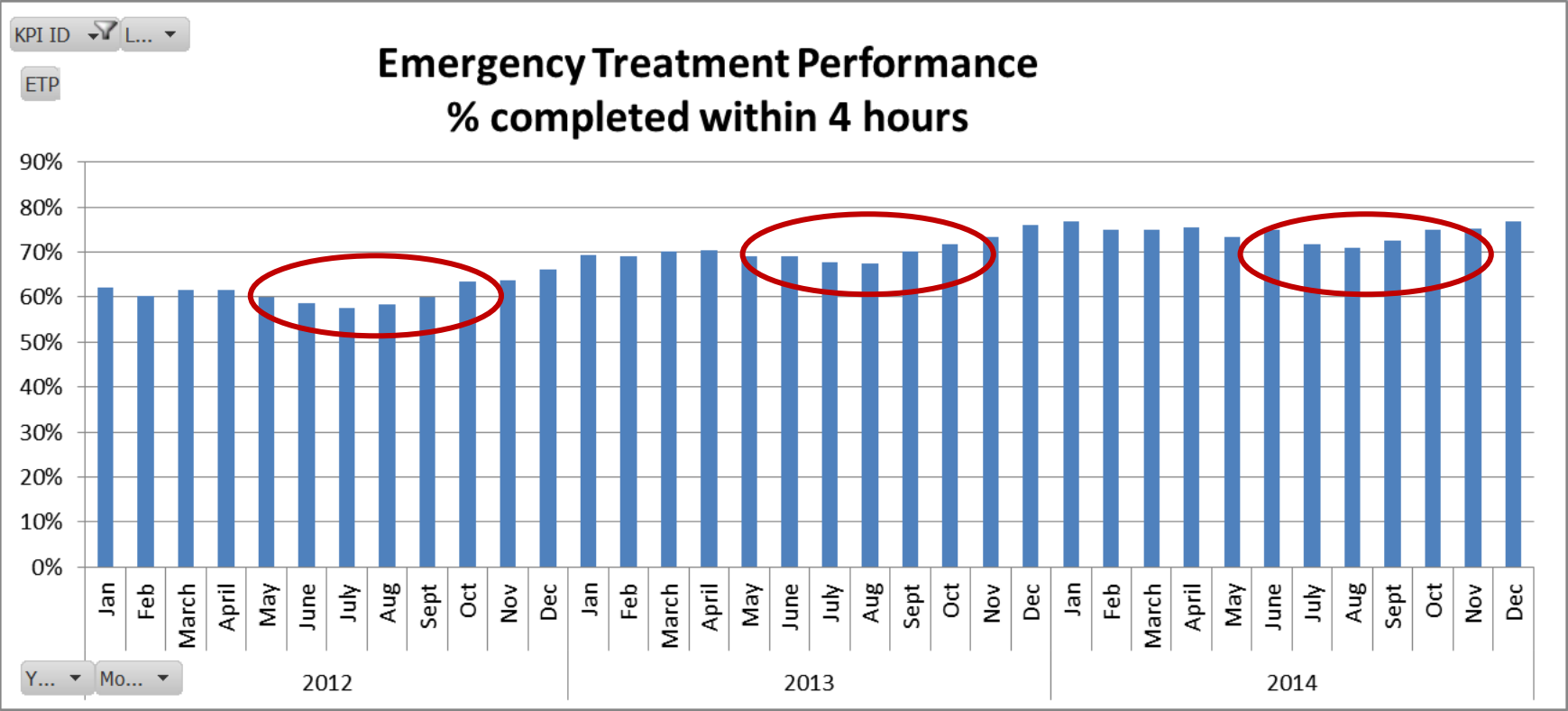
The WOHP is centrally facilitated but locally led, by frontline staff who implement local strategies to improve flow & access for their communities

Between 2012- 2014 there has been a 15% improvement in the benchmark (previously NEAT), which equates to an additional 485,000 patients receiving their care in our Emergency Departments within the 4 hours

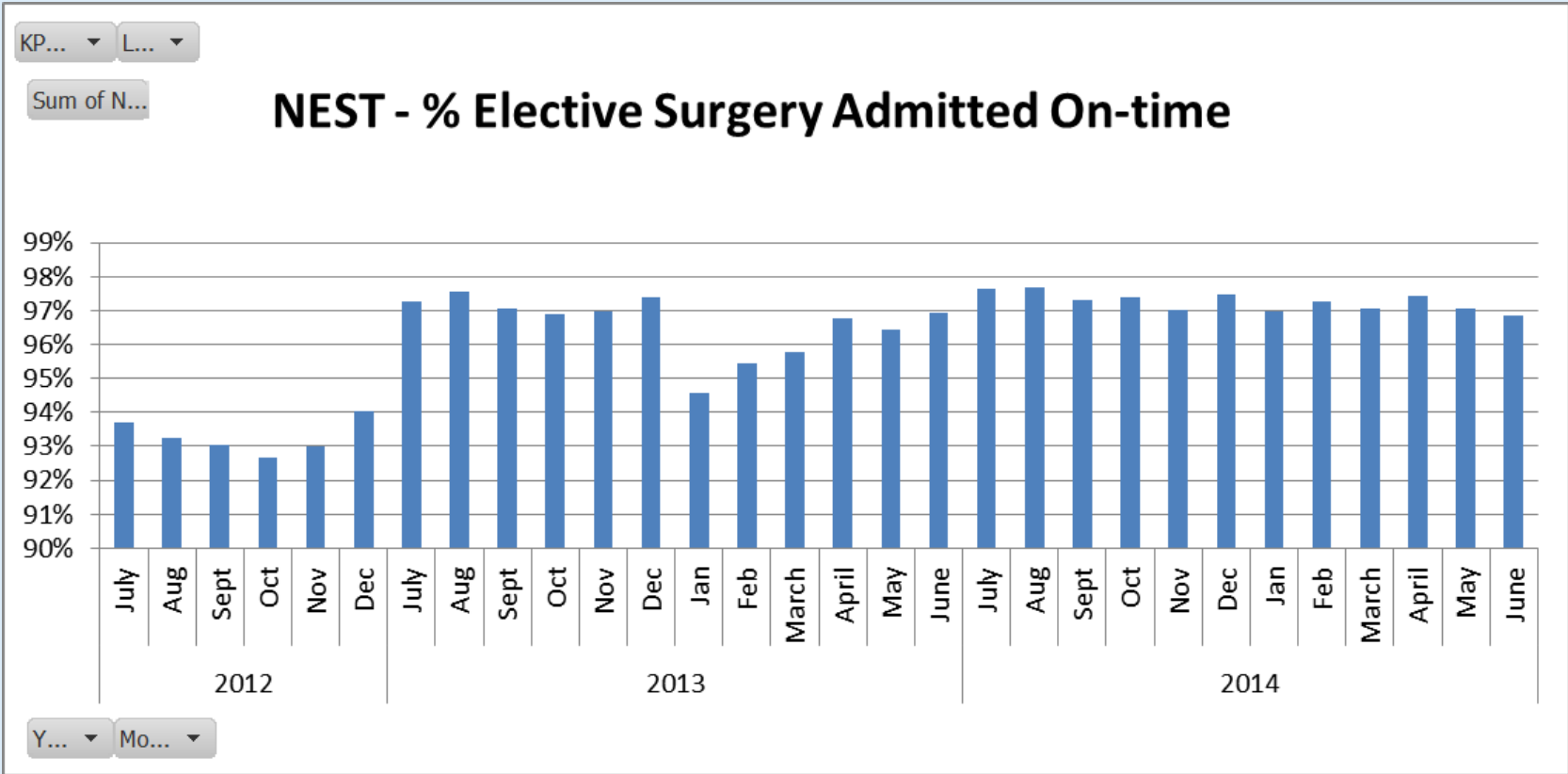
What does the data show



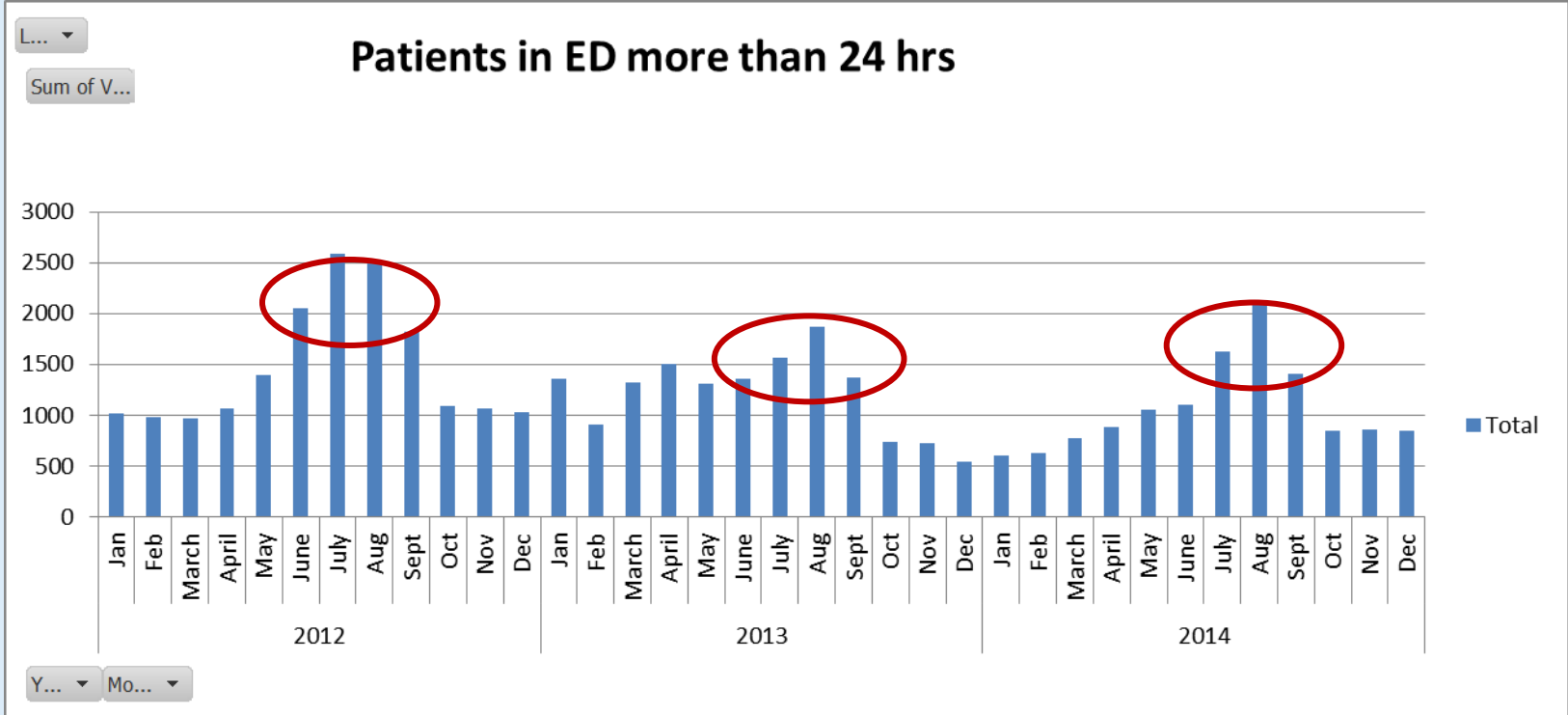
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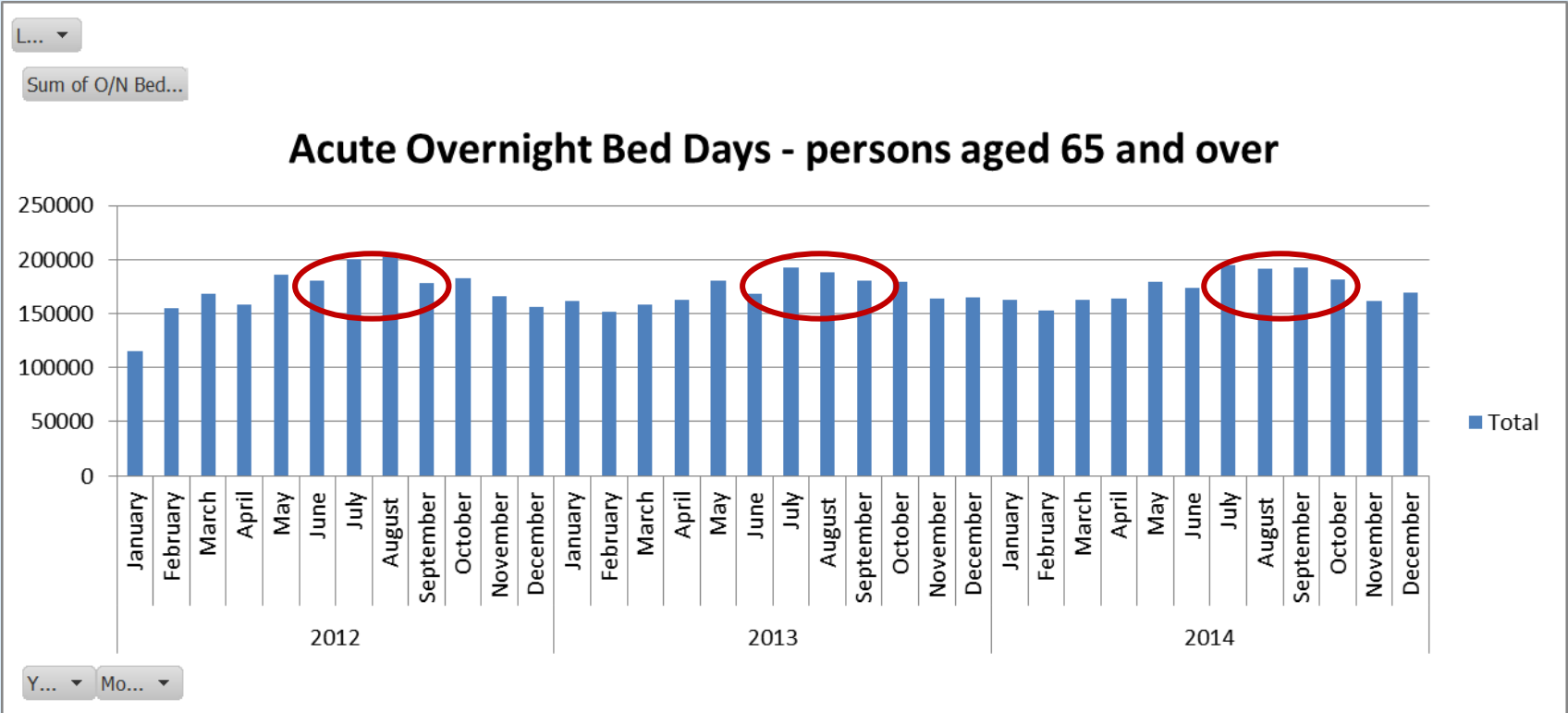
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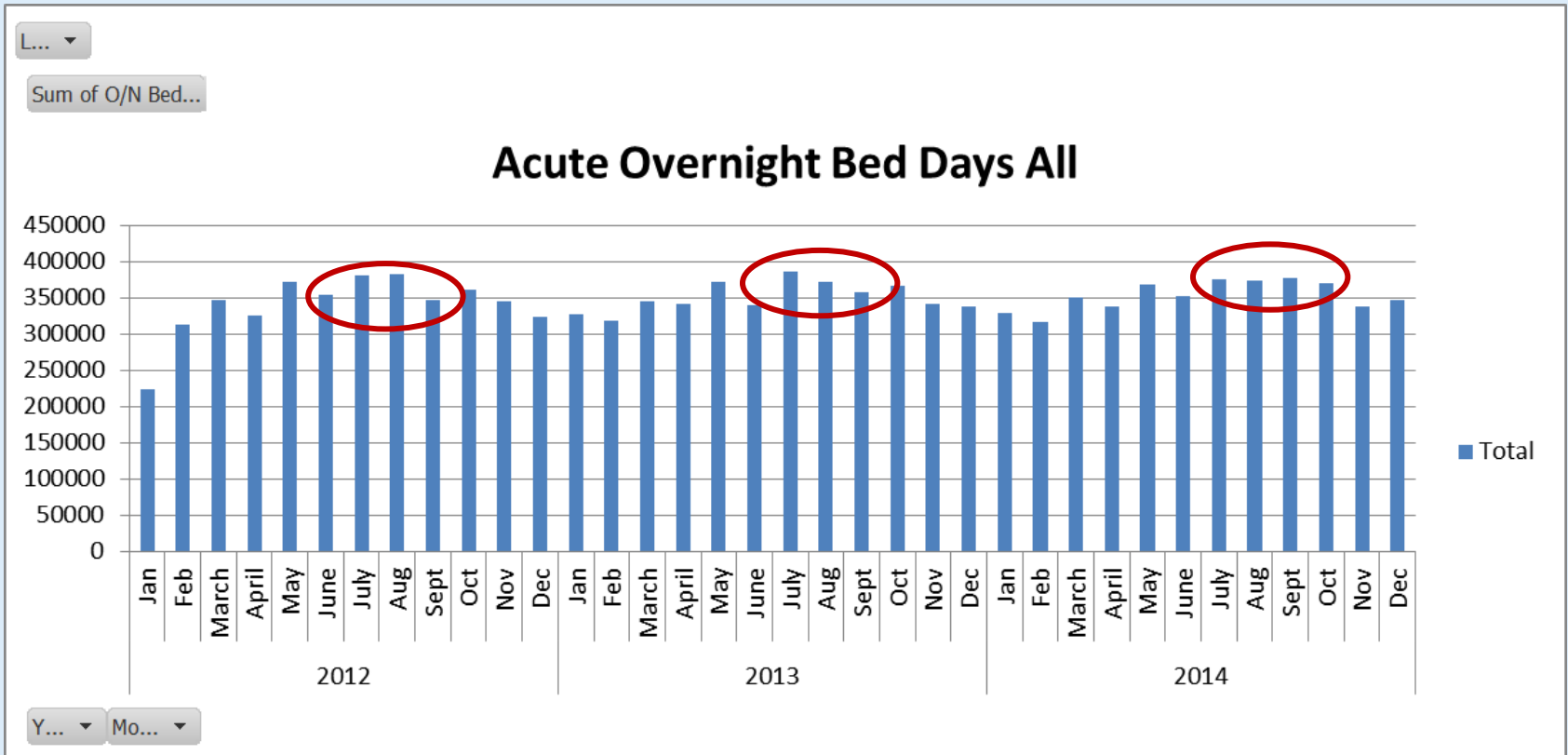
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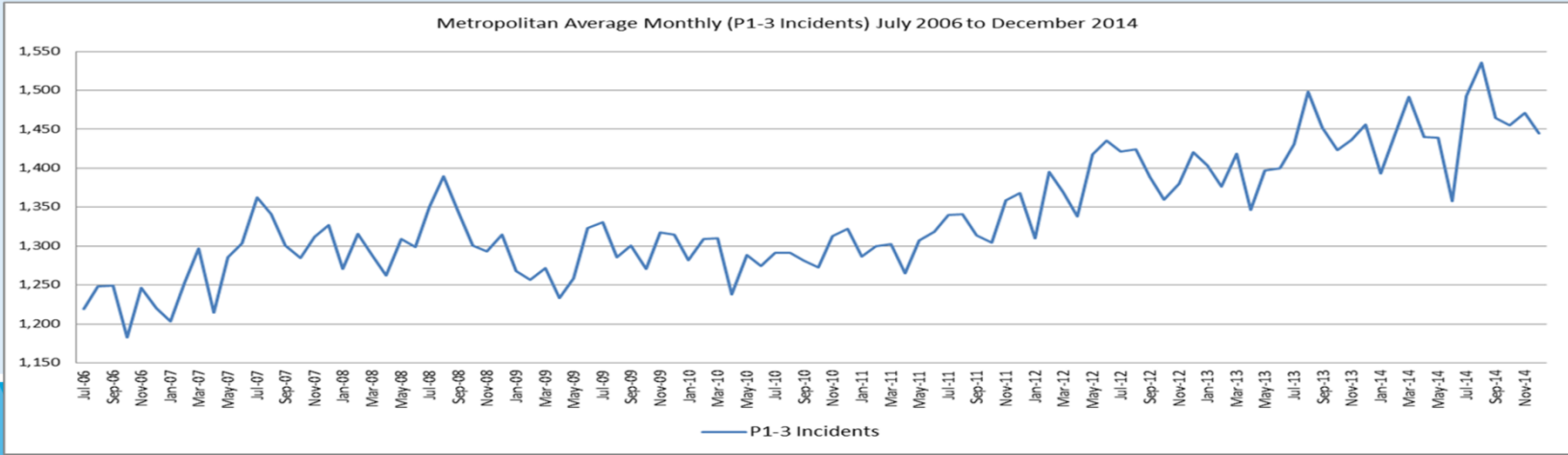
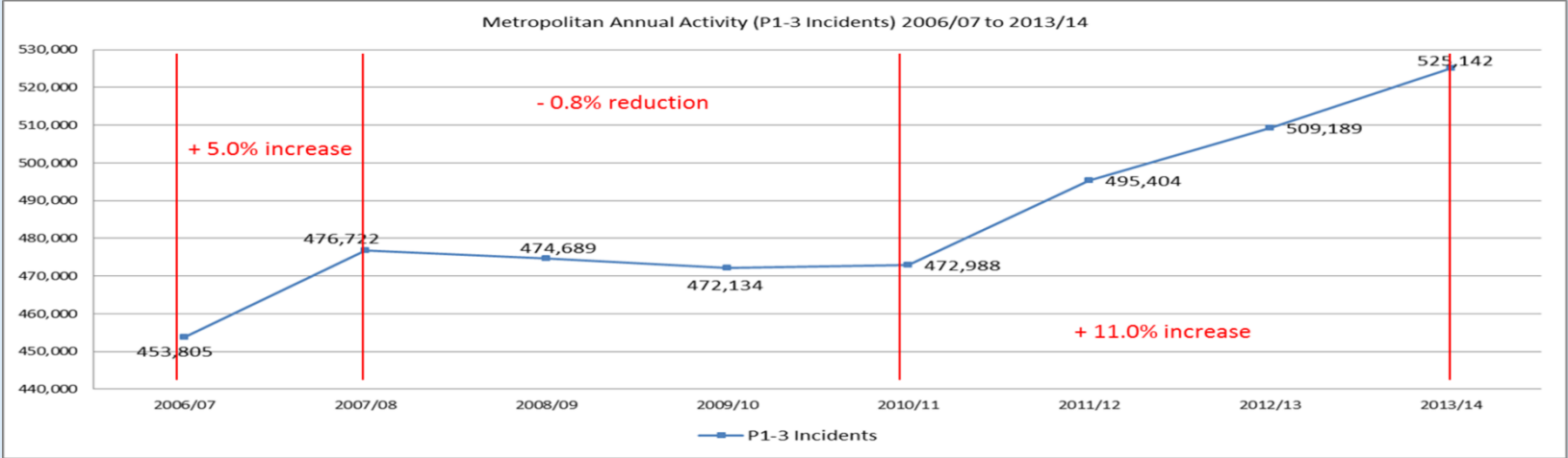
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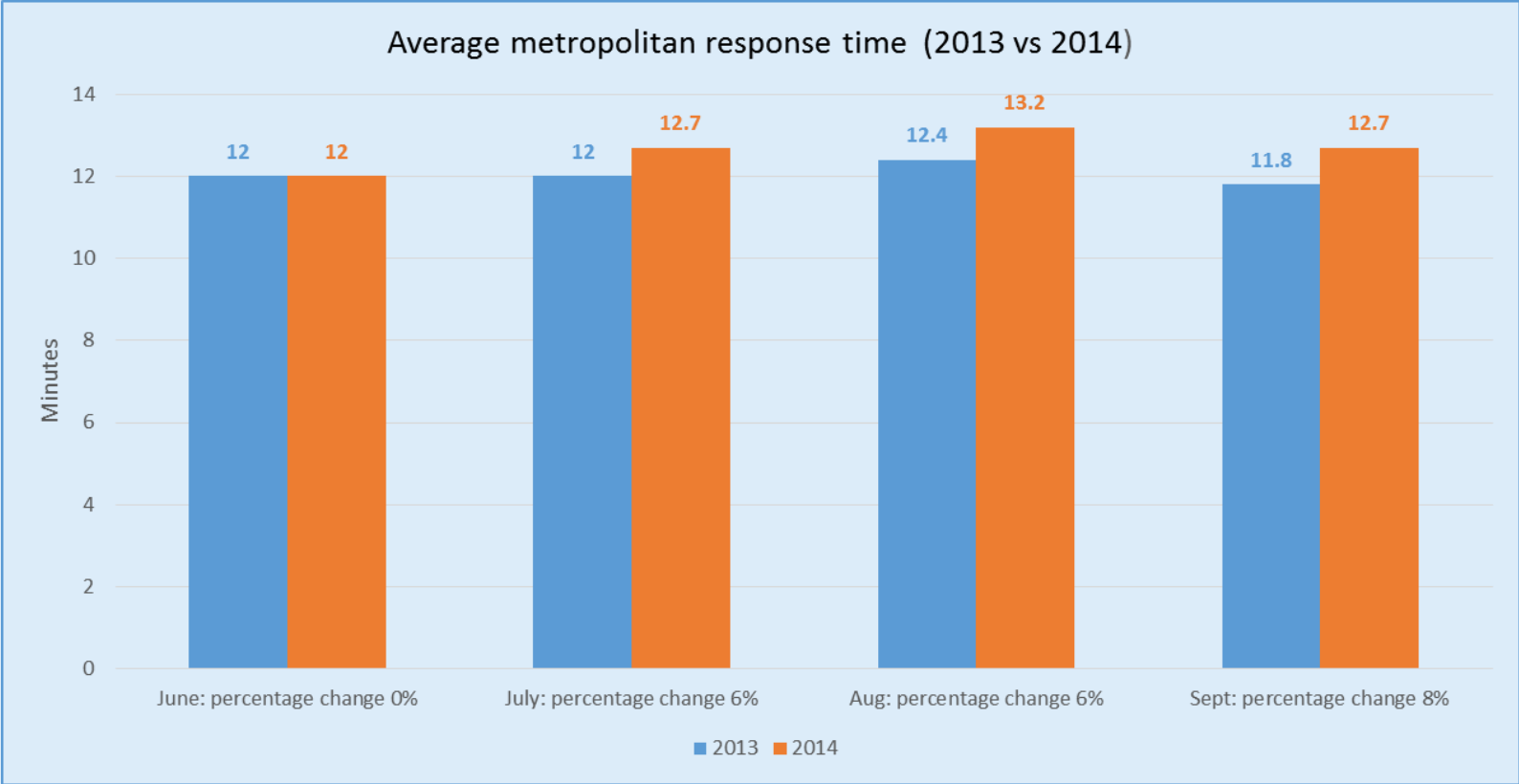
What does the data show?



Ambulance NSW data



Ambulance Response times



NSW Auditor-General's Report – 'Reducing ambulance turnaround time at hospitals'

Ensure hospital escalation plans include:

- A) Ambulance delays as a response trigger
- B) a whole-of-hospital response
- C) what actions should occur, who is responsible for them, and within what timeframe

Current strategies

The Patient Flow Portal (PFP) supports NSW Health workers to adopt the Patient Flow Systems (PFS) framework through providing accessible, user-friendly tools. The PFP can be used to assist in improving patient flow within a hospital.

The PFP is a vehicle for the delivery of effective patient flow and requires the PFS framework for effective work practice change.

Care Coordination; From Admission to Transfer of Care in NSW Public Hospitals Policy Directive (PD2011_015)

ED_ Direct to Ward admission PD2009_055

Inter-facility Transfer PD2011_031

Current Strategies

The Electronic Patient Journey Board (EPJB) provides:

- Information about every patient on a ward
- Information that directly relates to coordinating care and managing patient flow

The EPJB assists with:

- Making the patient journey visible to the whole team on a ward every day.
- Communication between all members of a healthcare team to progress the patient's journey through a facility.
- Planning ahead to manage patient flow.

Additional Strategies

- ED short stay units
- Medical Assessment Unit
- Care Navigators
- Team Based Care
- Fast Track Care
- Structured Interdisciplinary Bedside Rounds (SIBR)
- Criteria Lead Discharge
- Transit Lounges
- Psychiatric Emergency Care centres
- Diagnostics (Why am I still here? Who owns the timeline?)

What is clearly evident

A collaborative approach between MOH, WOHP, Pillars, LHDs/SHNs and NSW Ambulance , also NEPT & Health Direct is required for us to collectively prepare and sustain our performance over winter.

We need an aligned strategic and operational response to winter to ensure that the patients in NSW receive the right care in the right place at the time.