

Managing Demand

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Health
Southern NSW
Local Health District

LHD Achievement

- 100% wards > 10 beds in Goulburn , Bega and Moruya have:
 - Patient Journey Boards
 - Individual patient white boards
 - Daily MDT rapid rounding
 - Utilise the patient flow portal in inform bed management , LOS Prediction and *waiting for what* review processes
- All hospitals hold daily or twice daily bed management /patient flow meetings
- All hospitals report to LHD performance meeting monthly
- All hospitals have a readmissions follow up strategy



Whole of Hospital is transitioning to Whole of Health

- Patient flow meeting include community and subacute
- The Aged, Chronic and Complex Care (ACCC) MDT teams are based at all WoHP sites
- All sites have Care Navigators
- All sites have strategies to monitor representations and readmissions
- LHD drive to increase HITH



Goulburn

- Goulburn 156 beds+8 ED + HITH



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	This Month	Last Month	Current Calendar YTD	Last Calendar
Admitted	50.7%	49.4%	37.4%	36.1%
Non - Admitted	81.6%	84.8%	79.0%	78.2%
hrs (admitted and discharged)	2.91	2.88	3.19	3.3
f patients staying in ED over 24 hrs at 99998 min)	1	1	6	1
ns to EDSSU	0	0	0	0
ns to EDSSU as a % of total ED ions				
ber of patients admitted to PECC (85)	0	0	0	0
Defined EDD's	32.0%	39.0%	34.5%	32.8
DD's	9.4%	19.2%	18.6%	1.9
Discharge Rates	88.9%	87.8%	84.9%	84.6
Discharge Rates	11.1%	12.2%	15.1%	15.4
Representations within 48 Hours	10.2%	8.4%	6.8%	6.6
Readmissions (all)	7.0%	6.8%	6.4%	7.0
ED Accessible Bed Occupancy	104.7%	89.8%	103.9%	81.3
ivity (Bed Type 25)	1	3	55	15
ber of patients who used Transit	0	0	0	0

Goulburn achievements

- Executive Leadership
- Development of an admission and discharge policy to align to WoHP agenda and principles
- Daily Reports emailed out of Whole of Hospital performance
- Commencement of an Weekly WoHP meeting each Thursday
- Commencement of WoHP Leadership meeting and action plan
- Patient Flow Portal data guides all patient flow discussion and meetings
- Key players part of patient flow team, including community health and subacute
- Improved medical engagement
- Participation from AHNMS



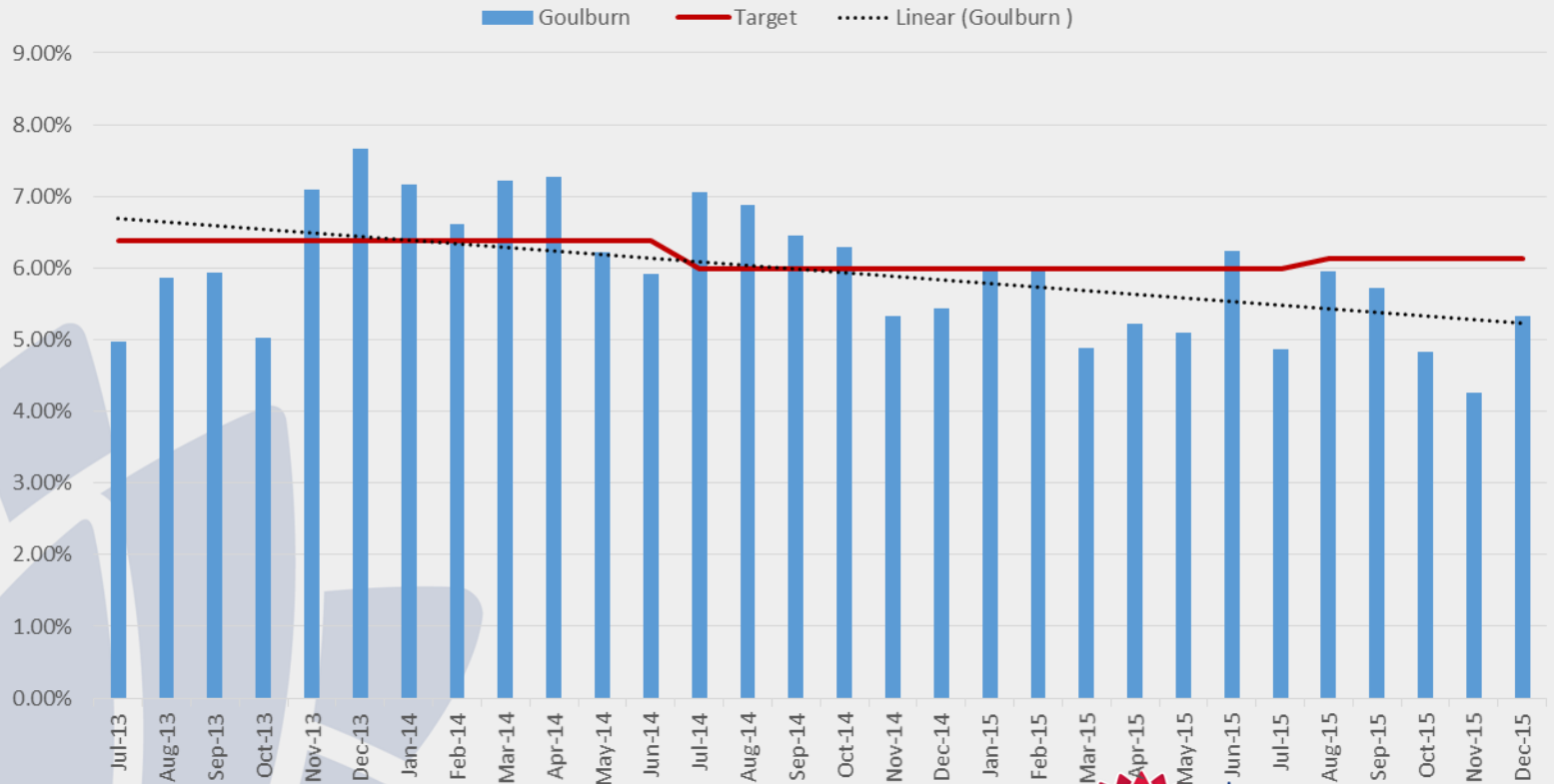
Goulburn – The Thursday meeting

- Chaired by executive manager
- Attendees include, DN&M, DMS, Ward NUMS , ED Director and NUM, Medical Registrar, Discharge Planner, AHNM, Community Health& HITH, sub acute Rehab and Bourke st SNM
- Flow between subacute and tertiary sites
- Performance areas
 - Weekend discharges
 - Representation within 48 hours
 - Readmissions within 28 days discussed and actioned
 - Bed occupancy prediction
 - Weekend discharge
 - Potential HITH
 - Flow to Subacute



Goulburn unplanned readmissions

Goulburn Unplanned Readmissions Within 28 Days



Measurement / Performance Indicator	This Month 01/10/2015 - 30/11/2015	Last Month 01/09/2015 - 31/10/2015	Current Financial YTD 01/07/2015 - 30/11/2015	La 01/07/2015 - 30/11/2015
ED D&A ALOS Hrs (Admitted & Discharged)	1.02	0.98	0.54	
Number of patients staying in ED over 24 hrs (trimmed at 99998 min)	0	0	0	
MH Number of Patients Staying in ED over 24 Hrs	0	0	0	
MH, D&A Patients Transferred to Other Hospital	0	0	0	
Admissions to EDSSU from ED	0	0	0	
Admissions to EDSSU from ED as a % of total Admissions from ED	0.0%	0.0%	0.0%	
Admissions to EDSSU from ED as a % of total ED Presentations	0.0%	0.0%	0.0%	
% EDSSU patients admitted to ward	0.0%	0.0%	0.0%	
Admissions to MAU from ED	0	0	0	
Admissions to MAU from ED as a % of total ED Presentations	0.0%	0.0%	0.0%	
Total number of patients admitted to PECC (Bed Type 85)	0	0	0	
Clinician Defined EDD's	74.0%	71.5%	66.2%	
Expired EDD's	8.1%	11.0%	15.1%	
Week Day Discharge Rates	86.9%	80.9%	86.5%	
Weekend Discharge Rates	13.1%	19.1%	13.5%	
Unplanned Representations within 48 Hours	4.8%	4.3%	5.2%	
Unplanned MH Representations to ED within 48 Hours	0.0%	0.0%	0.2%	
Unplanned Readmissions (all)	4.0%	3.5%	4.8%	
Average ED Accessible Bed Occupancy	76.5%	80.3%	76.3%	
HITH Activity (Bed Type 25)	3	1	67	
Total number of patients who used Transit Lounge	0	0	0	
Percentage of Transit Lounge Discharges via ED	0.0%	0.0%	0.0%	
Overdue Surgical Patients - Cat1	0	0	0	
Overdue Surgical Patients - Cat2	0	1	1	
Overdue Surgical Patients - Cat3	0	0	0	
Cat1 Elective Surgery Treatment Performance	100.0%	100.0%	100.0%	

BEGA

- Bega 65 beds + 4 ED + HITH



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Bega achievements

- Patient Flow Escalation Plan
- Twice daily FOCIS meetings
- Rapid rounding at EPJB's
- SIBR rounding – Medical ward
- Weekly Interdisciplinary Chronic Disease Patient Management meeting(ACCC)
- WoHP Improving “Access to Patient Care and Patient Flow” communication tool
- Daily Review of unplanned readmissions
- Medical orientation includes WoHP strategies
- Early pathology rounds
- Intentional rounding; Falls Prevention Officer and CNS rounding for Falls and PI prevention
- Case management for preadmission clinic



BEGA Escalation Plan



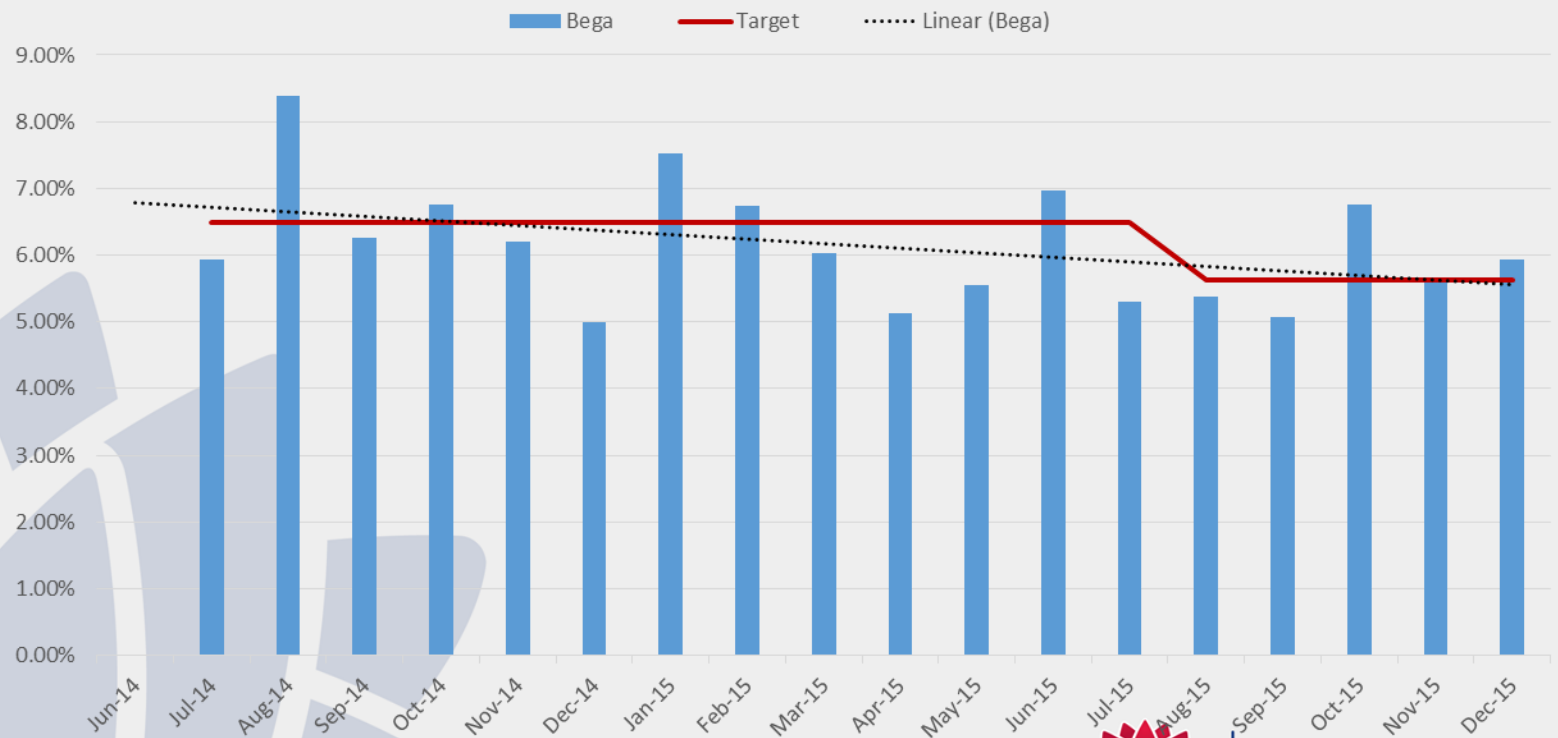
BEGA -FOCIS

- F – Flow
- O – Operations
- C- Communication
- I – Incidents/issues
- S- Patient and staff safety;



Bega unplanned readmissions

Bega Unplanned Readmissions Within 28 Days



Moruya

Moruya 50 beds + 5 ED + HITH (Batemans Bay 27 beds)



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Moruya- Achievements

- Twice daily Patient flow meeting
 - AM incl NUM
 - PM incl AHNM and IC of shift
- Review bed numbers, outliers, transfers
- Staffing levels
- Ensure every patient has a clinician defined EDD
- Review all EDD ensure *Waiting for What* for patients exceeded EDD
- Discuss all EDD due in next 24 hours to prepare for early discharge 10 AM

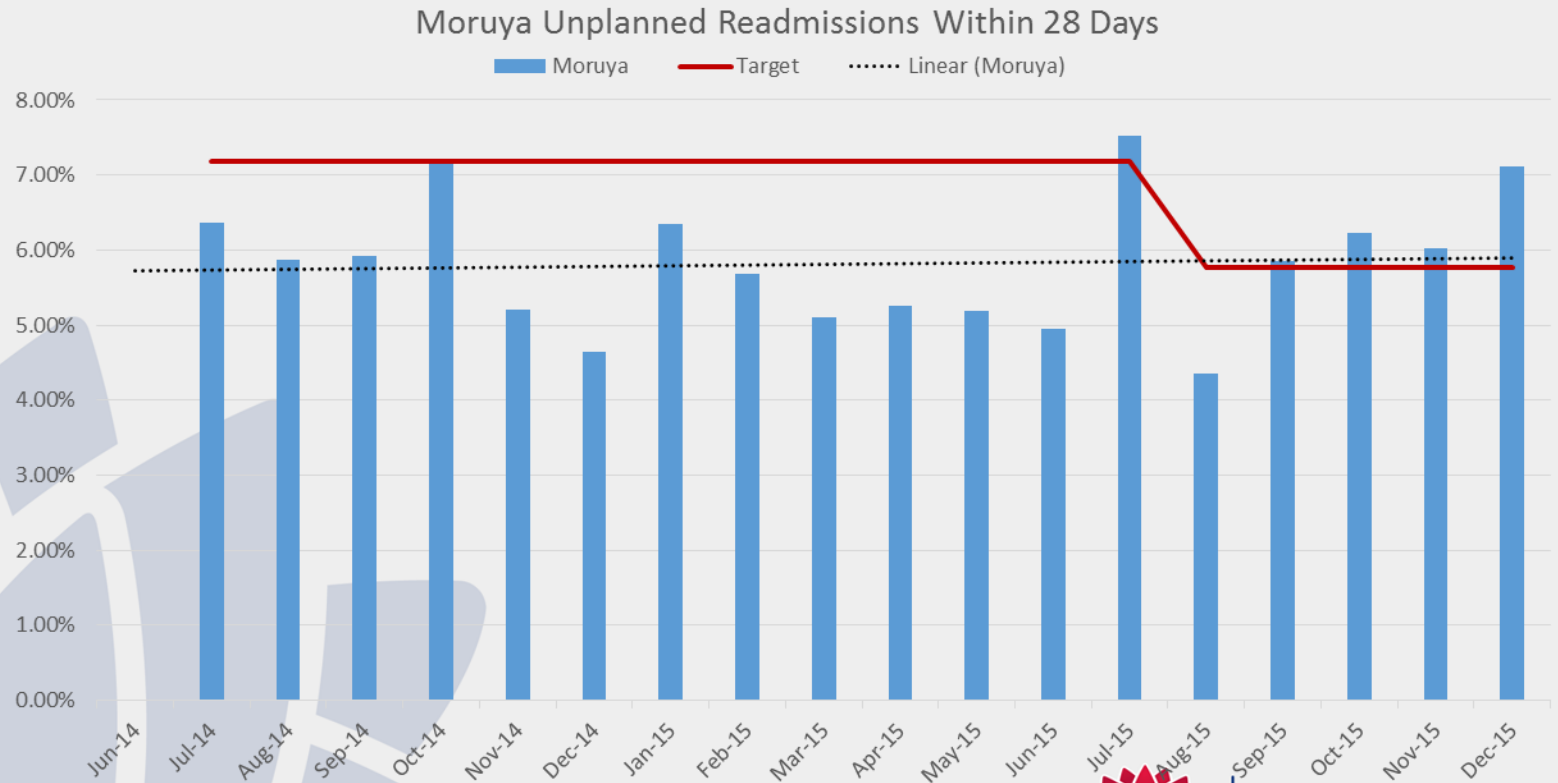


Moruya -Maintaining performance

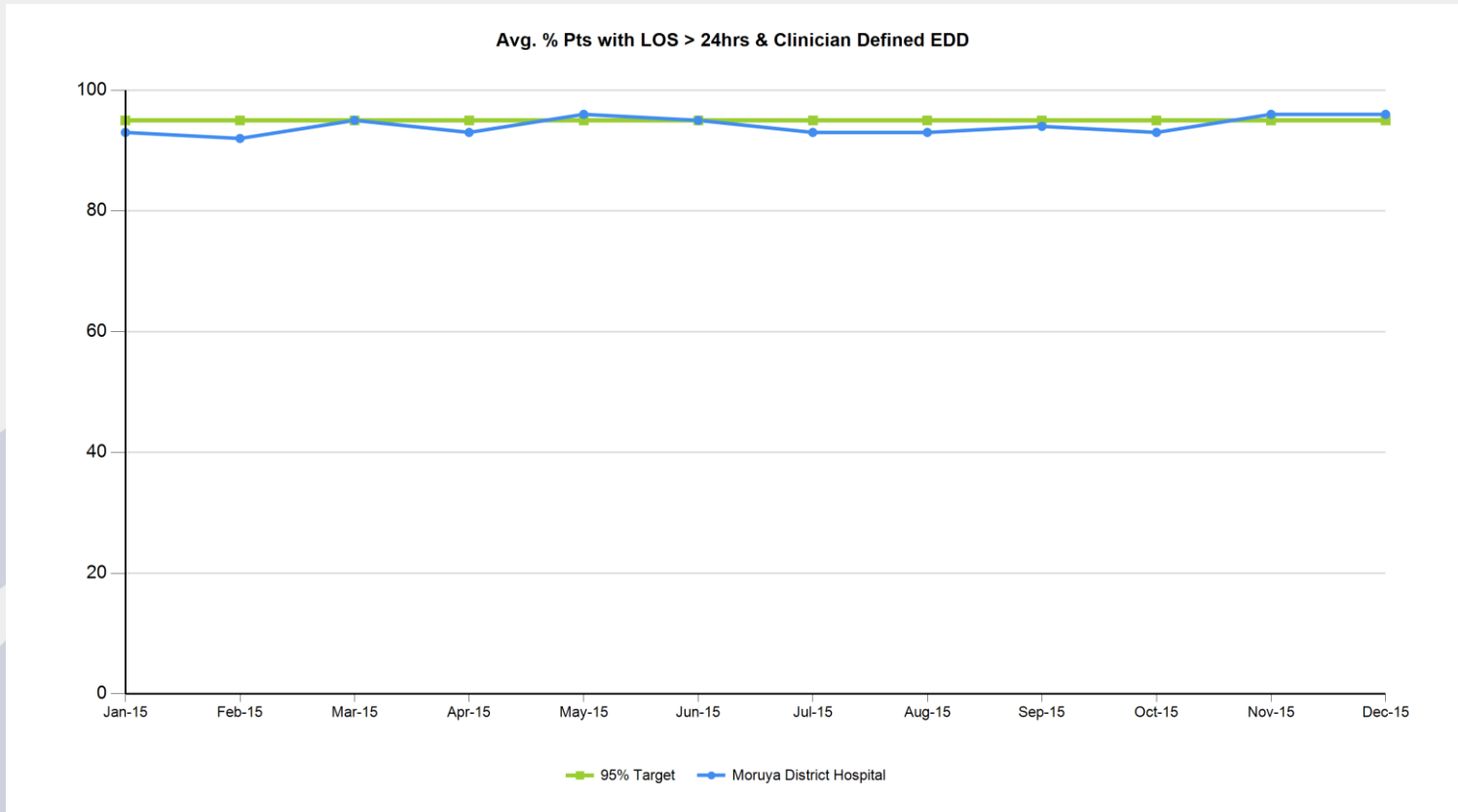
- Demonstrated sustainability with clinician defined EDD results
- Accurate waiting for what reports identify where flow blocks are e.g. RACF, subacute
- Data from portal is used in service planning – number of acute vs sub acute beds



Moruya unplanned readmissions



Moruya- LOS



LHD -Maintaining Performance

- Monthly performance is monitored across LHD
- Transfer of Care - close to or exceeding target at all sites
- ETP Close to or exceeding target in Goulburn and Bega, and Moruya improvement trends close to target
- Admitted ETP improving at all sites
- Clinically defined EDD Improving
- All sites have a strategy for reducing readmission within 48 hours
- ACCC is linking hospital and community with common purpose

