THERE’S NO PLACE LIKE HOME

Timely, quality healthcare to get you safely back home

Clinical Redesign Program – North West
Rethinking healthcare service delivery
Medical Patient Journey and Whole of Hospital Patient Flow - North West

Lynne Pearce
Nurse Unit Manager
Clinical Redesign NW

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Rethinking healthcare service delivery
Medical Patient Journey
**Pharmacist on post take ward round to improve communication and reduce errors on charts**

**Positive Team culture - Multidisciplinary staff allocation board with names and photos**

**Establishment of EDDs which drive discharge planning**

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**Survey monkey Audit**

Commenced 5th August, 2015, audit results one month post implementation 5th September 2015:

- 69% of respondents stated that there was a reduction in the number of prescriber errors
- 54% stated there had been a reduction in the number of prescribed regular medications omitted from charts
- 92% of respondents stated there had been an increase in the number of charts reviewed post 24 hours of admission
- 100% stated the information, recommendations and choice of medication had improved
- 83% agreed that communication and working relationships had improved with the process implementation.

**MDT staff allocation board - increased staff awareness of team members**

**Audit - overall improvement of 88% compliance with EDD from a 21% baseline.**
Protected meal times at NWRH medical ward to improve patient experience

Lean processes
- Equipment and case note storage at NWRH
- Electronic Journey board
  - Established at MCH
  - Improved use of journey board at NWRH

Reduction in the time to ED and time to complete assessment by medical officers to meet NEAT target

Survey monkey
Audit pre implementation

Case notes placed in pigeon holes after ward round to save time locating

EMERGENCY DEPARTMENT

ED assessment by MO improved – 90 mins to 65 mins
ED attendance by MO improved – 60 mins to 15 mins

MO arrive in ED
MO assessment

Earlier discharges by an average of 19 minutes at NWRH and an increase in the number of admissions before 10am.

Learning opportunities in clinical redesign and lean thinking principles and developing change champions

Process guide to implementation, credentialing and training of nurses for nurse criteria led discharge

2234 genmed discharges in the year Dec 2014 to Nov 2015.
If all patients over a year left hospital 19 minutes earlier, this would save 19 minutes × 2234 = 42,541 minutes = **29.5 days**

There is an increase in the number of patients discharged from 8am to 1pm

Earlier discharges- average of 19 mins per patient

29.5 bed Days saved in one year
Multidisciplinary team huddles 2 days per week at NWRH for patient discharge planning

Practice Partnership Nurses participation at ward rounds for their allocated patients at MCH including bedside handover

Improved uptake of ISOBAR tool to improve handover and communication

Audit results show meeting times improved with majority taking 35 mins for 31 patients

Audit results show support for huddles by majority of staff

### Multidisciplinary Registrar led huddle

- Monday and Thursday 10:30am
- Survey Monkey audit - 1 month post implementation, September 2015
- 92% of respondent’s state there has been an increased understanding of the EDD
- 100% stated it has improved information sharing with the team
- 66% said the process had improved communication with the team
- 77% of respondents stated they were more aware of the plan for discharge
- Comments: change venue from journey board at nurse’s station to patient lounge when IT resolved.
Whole of hospital patient flow
Model for patient flow

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| Situation Room | Weekly KPI dashboard: Developed by BIU  
|                | • support implementation of a weekly Situation Room meeting  
|                | • review previous weeks activity  
|                | • hold staff accountable for reaching targets  
|                | • planning the following weeks activity  
|                | • Supporting documents- agenda and terms of reference. |

| IT solution | Patient Flow Manager bid |

| Demand Escalation policy | Demand escalation workshop:  
|                         | • model proposed in line with Hobart  
|                         | • to monitor and review demand on a daily basis, make decisions, notify staff and take action in relation to pressure for beds and activity in the hospitals. |

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**Bed management practice**

**Interim Dashboard:** developed on Knowledge Base
- to provide 24/7 visibility of bed stock and demand / capacity - not implemented

**Patient flow daily meeting:**
- patient flow terms of reference and agenda for managing bed flow daily

**Development of a briefing paper:**
Review of Daily Bed Management/Staffing role to be reviewed. Aim to trial a dedicated patient flow role at NWRH

**‘Transfers and Bed Management Workshop’ at Ulverstone:**
- identify key principles of improved transfers between MCH and NWRH
- key information required to be gained or given to others in relation to bed management.
- The activities were designed to build an environment of cooperation and trust.
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<thead>
<tr>
<th>Culture</th>
<th>Change leadership training:</th>
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<tbody>
<tr>
<td></td>
<td>• 40 staff attended 2 Proteus Leadership workshops ‘Creating a Positive Workforce Culture’</td>
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<td>• supporting change champions throughout the organisation.</td>
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<tr>
<th>Patient flow as a concept for staff</th>
<th>Special visitor:</th>
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<tbody>
<tr>
<td></td>
<td>• Nicola Ross, Acute Services Director, Ipswich Hospital</td>
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<td></td>
<td>• implementation of patient flow in Queensland</td>
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<th>Site visit to Brisbane:</th>
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<tr>
<td></td>
<td>• 14 staff from NWRH and MCH visited Ipswich and QE11</td>
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<td>• patient flow practices</td>
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<td>• medical and emergency department clinical redesign initiatives.</td>
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Overall benefits for the organization

- Improved use of technology to support practice
- Improved communication and multidisciplinary processes
- ‘Bottom up’ approach to redesign
- Change champions, positive experience of the process
- Identification of future improvement activities
- Empowered staff
- Greater understanding of ‘hospital business’
- Move towards improvement in KPIs
- Training opportunities
- Empowered staff

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“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

Margaret Mead