ACI NSW Agency for Clinical Innovation

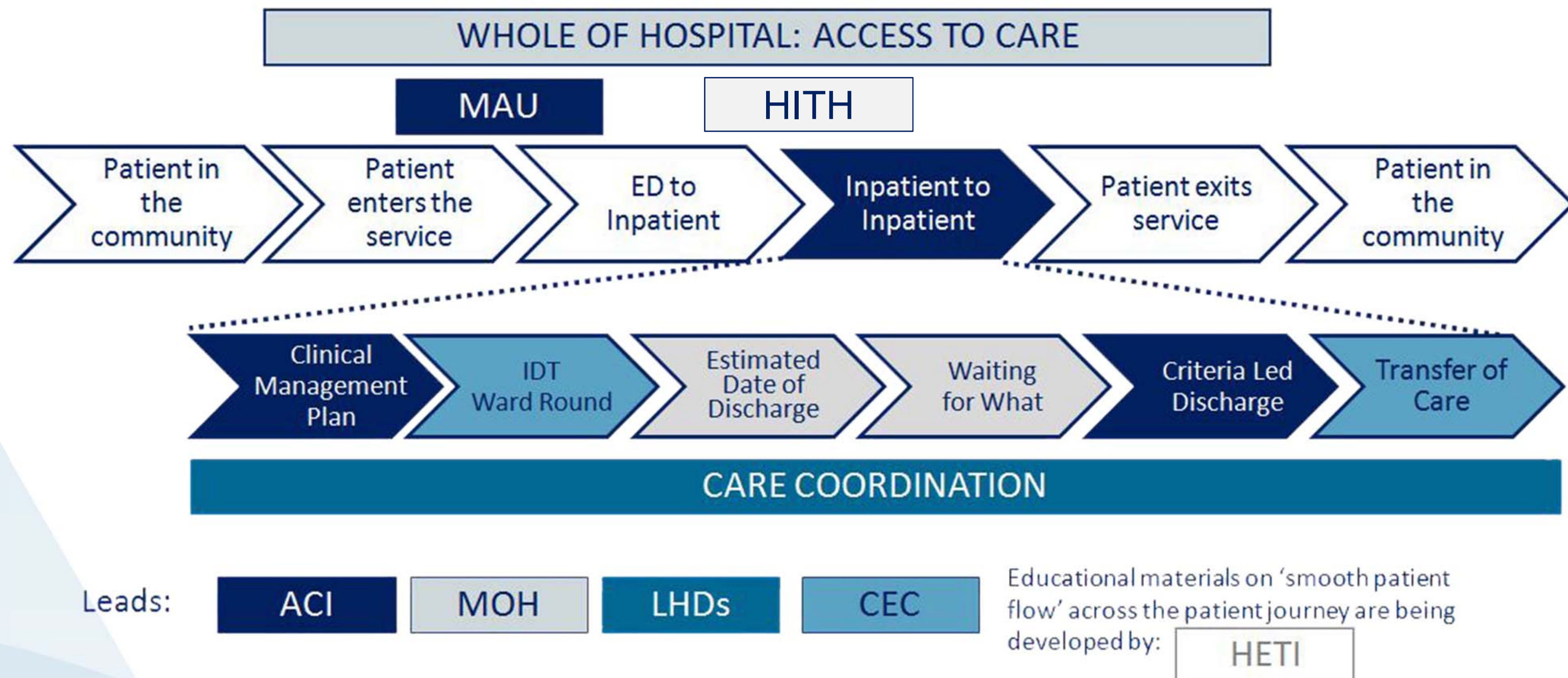
Implementation

Friday May 30, 2014

Daniel Comerford
Director, Acute Care
NSW Agency for Clinical Innovation
02 9464 4702 | 0407 946 438

Kate Lloyd
Manager, Acute Care
NSW Agency for Clinical Innovation
02 9464 4623 | 0467 603 578

The medical inpatient journey



Key

ACI=NSW Agency for Clinical Innovation
CEC=NSW Clinical Excellence Commission
HETI=NSW Health Education and Training Institute
LHDs=NSW Local Health Districts and Speciality Networks
MOH=NSW Ministry of Health

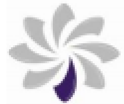
IDT=Interdisciplinary
HITH=Hospital in the Home
MAU=Medical Assessment Unit

ACI NSW Agency for Clinical Innovation

Patient Flow Systems

Care Coordination
Navigate patients through the health system to prevent delays

Standardised Practice
Promote best practice to lock in expected outcomes



Demand Escalation
Act early to preserve capacity

Variation Management
Smooth the peaks and troughs to distribute the load

Demand & Capacity Planning
Organise your service to build capacity

Quality
Structure systems around an expected outcome

Governance
Establish transparent accountable leadership

PATIENT FLOW PORTAL (Ministry of Health)

- Bed board: estimated date of discharge / waiting for what
- Predictive tool
- Dashboard

STATUS: IMPLEMENTED

- MAU reports
- Electronic Patient Journey Board

STATUS: USER TESTING

SMOOTH PATIENT FLOW (HETI)

Three stage blended learning program

1. Self-Directed Learning, Reading and Research.
2. eLearning module developed by HETI.
3. Continuous Improvement Activities

STATUS: READY FOR IMPLEMENTATION

Clinical Management Plan

STATUS: IN DRAFT

The clinical management plan should articulate the:

1. patient's goals
2. team's agreed actions including responsibilities and timeframes

Supporting documents:

1. Daily plan (progress notes)
2. Problem Management Sheet
3. Weekend Handover

ACI NSW Agency for Clinical Innovation

STANDARD 1: CONDUCT A SINGLE COMPREHENSIVE ASSESSMENT

- A complete assessment of the patient's past and current physical, cognitive and social function
- The comprehensive assessment should be informed by other care providers and be contributed by the risk assessment, medication reconciliation and estimated date of discharge (EDD)

STANDARD 2: USE ISBAR TO DOCUMENT IN A CLEAR AND CONCISE MANNER

- Use the ISBAR structured approach to communication when documenting the clinical management plan

STANDARD 3: PLAN YOUR COMMUNICATION WITH PATIENTS, FAMILY/CARERS AND CARE PROVIDERS

- Develop and agree patient goals in partnership with patients and family/carers, including agreed actions, identified responsibilities and timeframes
- Gather information from other care providers outside the hospital e.g. General Practitioners or Residential Aged Care Facilities

STANDARD 4: RECOGNISE AND RESPOND TO DETERIORATING AND/OR DYING PATIENTS

- Document the deteriorating patient's needs and the action that has been taken to escalate care
- Document existing advance care plans or initiate advance care planning discussions

STANDARD 5: REVIEW CLINICAL MANAGEMENT PLAN ACCORDING TO ONGOING NEEDS OF PATIENT

- Additional assessments may be necessary as a patient's needs change; review existing information gathered to date
- Acknowledge the work of your colleagues when reviewing the clinical management plan as patient needs change. Know the plan, share the plan, action the plan.

STANDARD 6: DEVELOP COMPREHENSIVE DISCHARGE PLAN

- The plan for discharge should commence on admission with an estimated date of discharge identified within 24 hours of admission
- Provide written evidence of the discharge plan

Ward Rounds

STATUS: READY FOR IMPLEMENTATION
30 teams currently implementing

In Safe Hands aims to build and sustain **effective health care teams**. Structured Interdisciplinary Bedside Rounds (SIBR) is one component of the In Safe Hands program.

SIBR has been shown to:
> improve patient safety
> improve communication
> promote a patient centred approach to care
> develop and improve team structures

Links to:
- Clinical Management Plan
- Criteria Led Discharge
- Transfer of Care

ACI NSW Agency for Clinical Innovation

NSW GOVERNMENT

BARCODE HERE

SMR000000

Facility:

CRITERIA LED DISCHARGE

MILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ______/______/______	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

PART A: MEDICAL REVIEW (to be completed by Consultant or Medical Fellow)

Diagnosis: ______________________

Estimated Date of Discharge (EDD) on admission

☐ I agree for this patient to be discharged once the milestones in part B and C are met.

☐ Please do not discharge until medical team review for the following reason (s): ______________________

Name: ____________ Signature ____________ Time/date: ____________

PART B: Specific patient interdisciplinary team (IDT) discharge criteria (to be completed by IDT)

IDT agreed specific milestones	Name	Designation	Contact
Responsible person:	*CLD competent staff member*		

PART C: PATIENT CRITERIA	Y/N	Name	Signature
All observations Between the Flags within the last 24 hours or within the documented Altered Calling Criteria for this patient			
	If no, refer to senior medical clinician		
Transfer of care (discharge) checklist completed			

Reason patient not discharged using CLD protocol: ______________________

I confirm that the criteria I parts B and C have been met and are achieved:

Name ____________ Designation: ____________

Signature: ____________ Date/time: ____________

Holes punched as per AS2828-1999

BINDING MARGIN - NO WRITING

CRITERIA LED DISCHARGE

FORM #

STATUS: READY FOR IMPLEMENTATION

Supporting documents:

- CLD form
- Transfer of care checklist
- Policy/procedure
- Competency set
- Education/orientation slides
- Patient leaflet (in draft)
- Patient and Staff experience questions
- Audit form
- Implementation checklist

Links to:

- Clinical Management Plan
- Ward Rounds
- Transfer of Care

Transfer of Care

Safe Clinical Handover

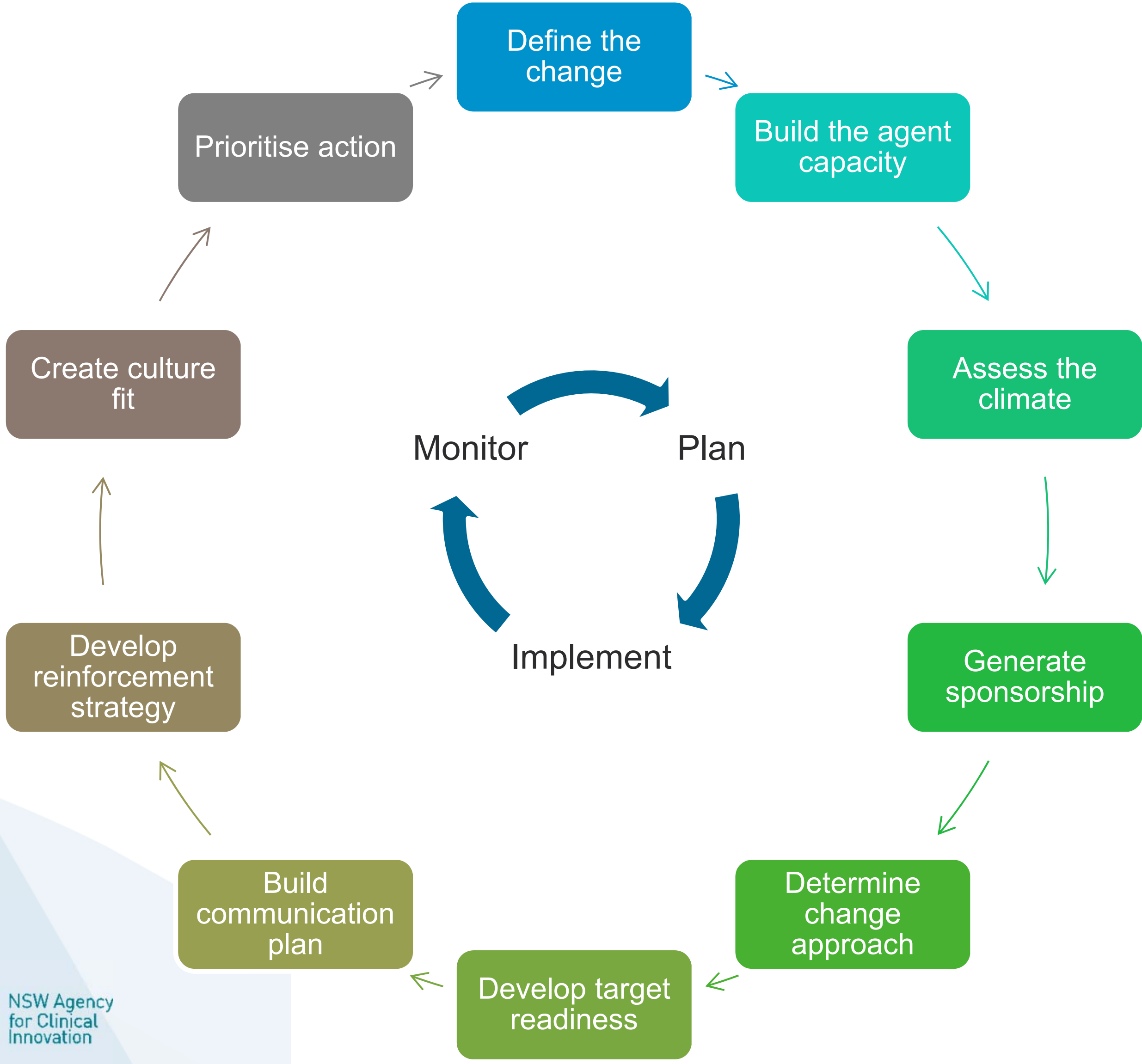
A resource for transferring care
from General Practice to Hospitals
and Hospitals to General Practice

<u>Electronic Discharge Summary</u>
(CEC/eHealth)

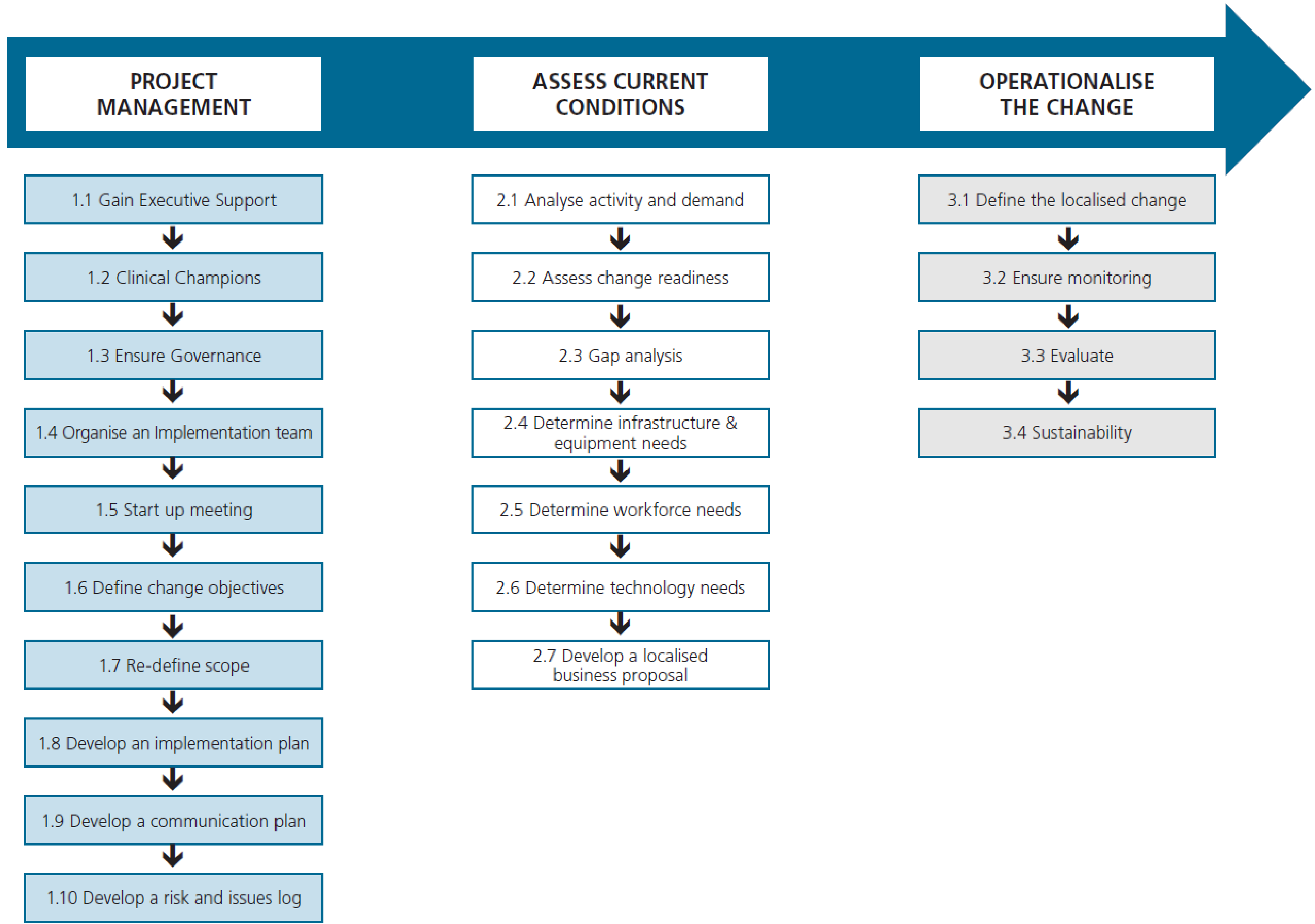
- Primary care consultation completed
- Hospital consultation in progress

STATUS: IN DEVELOPMENT

Implementation



ACI NSW Agency for Clinical Innovation


PROJECT MANAGEMENT
ASSESS CURRENT CONDITIONS
OPERATIONALISE THE CHANGE
1.1 Gain Executive Support
1.2 Clinical Champions
1.3 Ensure Governance
1.4 Organise an Implementation team
1.5 Start up meeting
1.6 Define change objectives
1.7 Re-define scope
1.8 Develop an implementation plan
1.9 Develop a communication plan
1.10 Develop a risk and issues log
2.1 Analyse activity and demand
2.2 Assess change readiness
2.3 Gap analysis
2.4 Determine infrastructure & equipment needs
2.5 Determine workforce needs
2.6 Determine technology needs
2.7 Develop a localised business proposal
3.1 Define the localised change
3.2 Ensure monitoring
3.3 Evaluate
3.4 Sustainability

Influencers

General Manager

Divisional Business Manager

Project Leads

Executive

Out of hospital care

HOD Others

Snr Medical / HOD

Consumer Rep

Allied Health Manager

NUMs / CNC

Q&A, Clinical Gov

GP
CAPAC / HITH

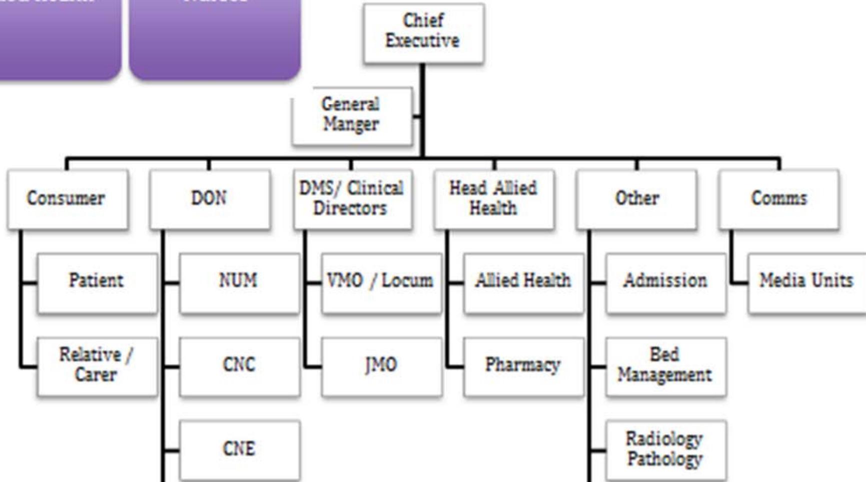
Radiology
Pathology
Pharmacy
Transport
IT
Managers

Doctors

Health care consumers

Allied health

Nurses



ACI NSW Agency for Clinical Innovation

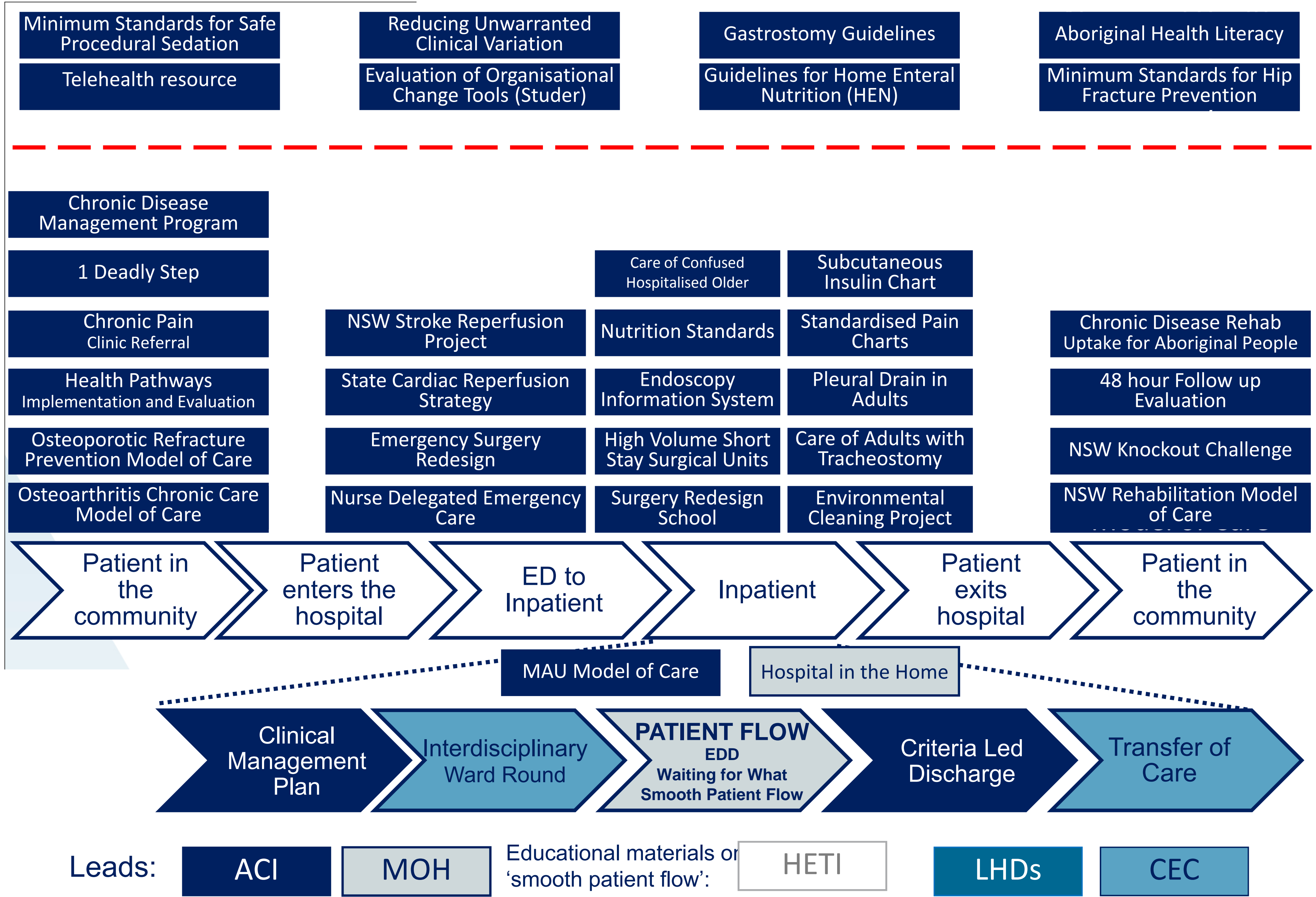
Hidden influencers

Who do you go to for advice and assistance at work?

- **Internal to your organisation**
- **Internal to health**
- **External to health**

ACI NSW Agency for Clinical Innovation

Duan, L, et al. 2014. Tapping the power of hidden influencers. *McKinsey Quarterly*



Key

ACI=NSW Agency for Clinical innovation

CEC=NSW Clinical Excellence Commission

HETI=NSW Health Education and Training Institute

MOH=NSW Ministry of Health

MAU=Medical Assessment Unit

HITH=Hospital in the Home

LHDs=NSW Local Health Districts and Speciality Networks

Wrap up

Co Chairs: Jeremy Wilson / Vicki Manning

Sarah Hoy
0434 606 098

WHOLE OF HOSPITAL: ACCESS TO CARE

MAU | HITH

Leads:

Kate Lloyd
0467 603 578

Melinda Pascoe / Damian Miners
9424 5924

Wilson Yeung / Mary Ryan
0417 219 121

Key
ACI=NSW Agency for Clinical Innovation
CEC=NSW Clinical Excellence Commission
HETI=NSW Health Education and Training Institute
LHDs=NSW Local Health Districts and Speciality Networks
MOH=NSW Ministry of Health

MAU=Medical Assessment Unit
HITH=Hospital in the Home
SIBR=Structured Interdisciplinary Bedside Round

ACI NSW Agency for Clinical Innovation