The Ideal Patient Journey – NSLHD Spinal Cord Injury Exit Block Redesign Project

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Northern Sydney Local Health District

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With input from Royal rehab spinal staff and RNSH spinal rehab physicians

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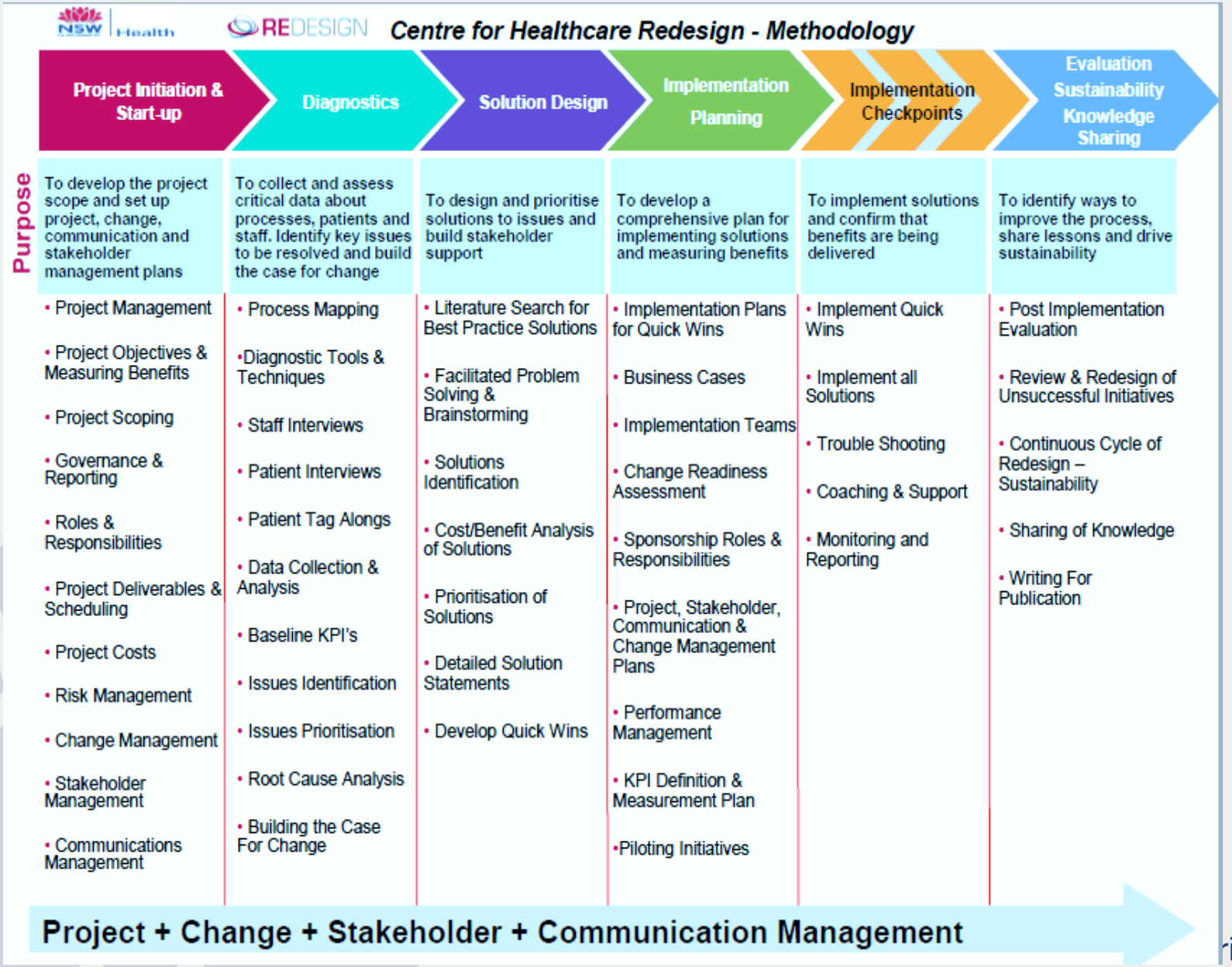
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REDESIGN
Centre for Healthcare Redesign - Methodology
Project Initiation & Start-up
Diagnostics
Solution Design
Implementation Planning
Implementation Checkpoints
Evaluation Sustainability Knowledge Sharing
Purpose
To develop the project scope and set up project, change, communication and stakeholder management plans
To collect and assess critical data about processes, patients and staff. Identify key issues to be resolved and build the case for change
To design and prioritise solutions to issues and build stakeholder support
To develop a comprehensive plan for implementing solutions and measuring benefits
To implement solutions and confirm that benefits are being delivered
To identify ways to improve the process, share lessons and drive sustainability
• Project Management
• Project Objectives & Measuring Benefits
• Project Scoping
• Governance & Reporting
• Roles & Responsibilities
• Project Deliverables & Scheduling
• Project Costs
• Risk Management
• Change Management
• Stakeholder Management
• Communications Management
• Process Mapping
•Diagnostic Tools & Techniques
• Staff Interviews
• Patient Interviews
• Patient Tag Alongs
• Data Collection & Analysis
• Baseline KPI's
• Issues Identification
• Issues Prioritisation
• Root Cause Analysis
• Building the Case For Change
• Literature Search for Best Practice Solutions
• Facilitated Problem Solving & Brainstorming
• Solutions Identification
• Cost/Benefit Analysis of Solutions
• Prioritisation of Solutions
• Detailed Solution Statements
• Develop Quick Wins
• Implementation Plans for Quick Wins
• Business Cases
• Implementation Teams
• Change Readiness Assessment
• Sponsorship Roles & Responsibilities
• Project, Stakeholder, Communication & Change Management Plans
• Performance Management
• KPI Definition & Measurement Plan
•Piloting Initiatives
• Implement Quick Wins
• Implement all Solutions
• Trouble Shooting
• Coaching & Support
• Monitoring and Reporting
• Post Implementation Evaluation
• Review & Redesign of Unsuccessful Initiatives
• Continuous Cycle of Redesign – Sustainability
• Sharing of Knowledge
• Writing For Publication
Project + Change + Stakeholder + Communication Management

REDESIGN

Project Goal

- To improve efficiencies in the spinal cord injury services to allow for implementation of a service model that is flexible in meeting patient's needs and ensures timely access to optimal patient care across the continuum.
- To optimize access for spinal cord injury patients to appropriate services across the acute and sub-acute phase of their care.

	In	Out
Patient	Patients admitted to RNS ICU with an acute spinal cord injury and referred to the spinal cord injury service. Patients admitted directly to 7E with an acute spinal cord injury which is the primary reason for their admission	Established spinal cord injury patients re-admitted to 7E; Patients discharged to rehab facility other than royal rehab, or home
Process	Patients presenting to RNS ICU or 7E and are being referred to spinal service	Patients not being managed by spinal service
Organisation	7E SCIU, ICU, Spinal rehab ward at Royal Rehab	Other wards
Facility	RNSH, Royal Rehab	Other Hospitals

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Diagnostics (July '14-Dec'14)

Are we having an extended LOS?

What subgroups of patients are having an increased LOS?

Are there any process issues we can identify? (file review, stakeholder interviews

Activities

- Medical record audit (20)
- Medical record analysis
- Process mapping workshops
- Stakeholder interviews and workshops
- Data compilation and analysis
- Compilation of issues and Team Issue Prioritization

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Data

Average LOS	RNS – RR (n=20)	POW (n=18)	RNS- Other (n=22)
LOS Acute	69.1 (63.5-74.7)	14.8 (7.3-22.3)	39.0 (29.4-48.6)
Los Rehab	108.5 (101.6-115.3)	74.7 (36.9-112.5)	

Data

Average LOS by sub groups	ACUTE	REHAB
COMPLEXITY of injury (high level/multi trauma)		
Complex	96.7 (60.2-138.7)	150.4 (111.4-195.5)
Less Complex	57.3 (42.8-74.0)	93.5 (73.7-116.4)
Walker	65.2 (31.0-104.7)	110.1 (68.8-136.3)
Non walker	72.3(55.0-92.2)	150.4 (85.2-151.5)
AGE		
Under 65	66.7	103.7 (n= 17)
Over 65	76.3	93 (n=3)
Compensable status		
Compensable	64.4 (44.1-84.8)	96.3 (71.9-120.8) (n=9)
Non-compensable	76.1 (43.1-109.1)	129.3 (92.6-165.9) (n=11)
AREA		
Rural	70	107 (13)
Metro	64.5	93 (7)
Housing on discharge		
Transition	77.4	109.4 (n=7)
Own home	63.6	111.1 (n=10)
DOH	67	82.5 (n=2)
Significant housing issues	65.0 (49.7-82.6)	134.3 (101.1-172.7)
No housing issues	71.8 (40.6-107.9)	93.4 (68.6-122.0)

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Data analysis

- Complexity statistically significantly increases LOS for more complex patients at RNSH by 39.4 days (22.5-56.2, p=0.02) and at Royal Rehab by 56.9days (32.6-81.2,p=0.009).

- Walking ability does not statistically significantly increase LOS at RNSH (p=0.68) or at Royal Rehab (p=0.45). I.e. walkers stay as long as non-walkers on average!

- Compensability status does not significantly increase LOS at RNSH (p=0.50) or RRCS (p=0.12)

- Ability to easily access housing significantly increases stay at Royal Rehab. On average housing issues add **40.9 days (30.0-51.8,p=.049) to stay at royal rehabilitation,** but does not affect stay at RNSH (p=0.70)

- Significantly difference in LOS (p=0.003). Patients discharged elsewhere are generally medically well and have recovered bowel and bladder function and are ambulatory. IE, SCI has resolved.

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Identified Issues

- Yes, there is an issues with LoS
- Rehabilitation and Discharge planning process is complex and highly dependent on external factors and patient adjustment to injury
- We are not clearly and consistently communicating between sites
- We are not clearly and consistently communicating with patients
- Unclear process and work allocation in relation to patient journey
- External factors beyond control of project team (enable, NDIS, LTCS)
- Access to housing and transition are major factors in delaying discharge

Solution Design- What we think could assist in tackling exit block issues

- A clearly identified clinical pathway that outlines timeframes for key rehabilitation points such as submissions or home visits
- Complex care coordinator that is a link between sites, external agencies and patients
- Regular combined case conferencing with attendance of both RNS and RR team-members
- Regular inter-site meetings to review operational processes and exit block issues
- Clear communication of pathway to patients
- A clinical psychologist to assist in adjustment and engagement in the rehabilitation journey.

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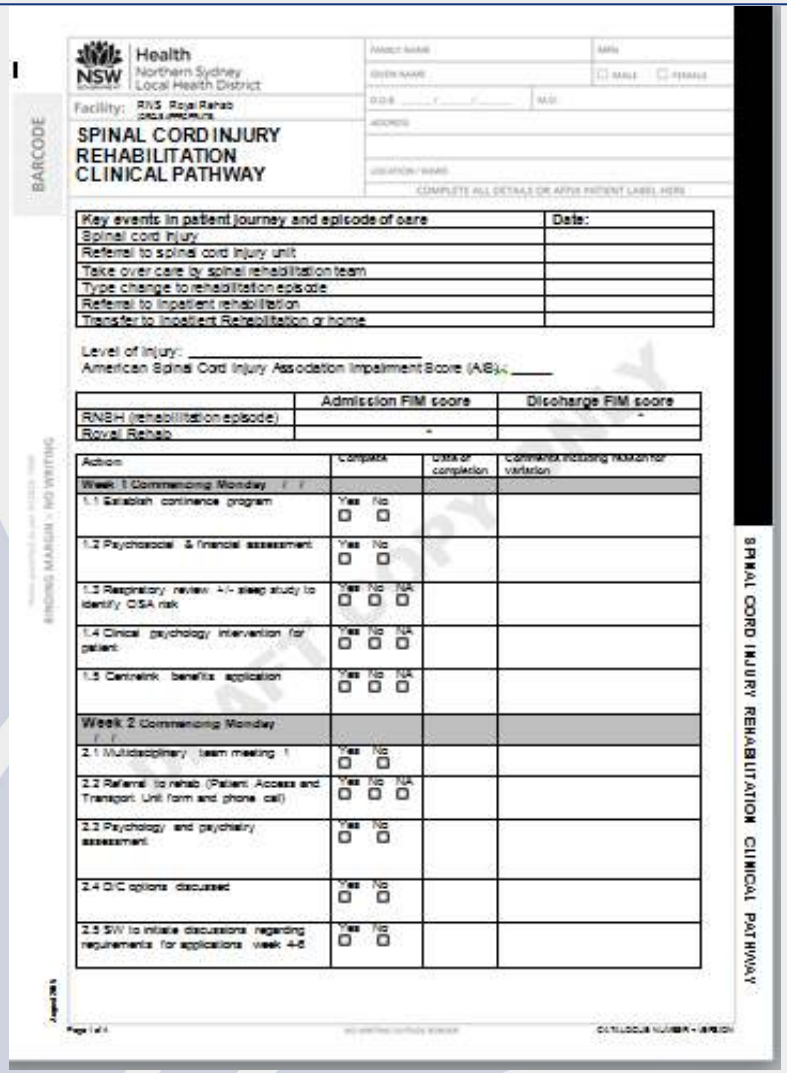
Implementation Planning (Jan- Sept'15)



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Facility: RNS Royal Rehab

SPINAL CORD INJURY
REHABILITATION
CLINICAL PATHWAY

BARCODE

Key events in patient journey and episode of care	Date:
Spinal cord injury	
Referral to spinal cord injury unit	
Take over care by spinal rehabilitation team	
Type change to rehabilitation episode	
Referral to inpatient rehabilitation	
Transfer to Inpatient Rehabilitation or home	

Level of injury: _____
American Spinal Cord Injury Association Impairment Score (AIS): ____

	Admission FIM score	Discharge FIM score
RNSH (rehabilitation episode)		
Royal Rehab		

Action	Complete	Date of completion	Comments including reason for variation
Week 1 Commencing Monday / /			
1.1 Establish continence program	Yes ☐ No ☐		
1.2 Psychosocial & financial assessment	Yes ☐ No ☐		
1.3 Respiratory review +/- sleep study to identify OSA risk	Yes ☐ No ☐ NA ☐		
1.4 Clinical psychology intervention for patient	Yes ☐ No ☐ NA ☐		
1.5 Centrelink benefits application	Yes ☐ No ☐ NA ☐		
Week 2 Commencing Monday / /			
2.1 Multidisciplinary team meeting 1	Yes ☐ No ☐		
2.2 Referral to rehab (Patient Access and Transport Unit form and phone call)	Yes ☐ No ☐ NA ☐		
2.3 Psychology and psychiatry assessment	Yes ☐ No ☐		
2.4 D/C options discussed	Yes ☐ No ☐		
2.5 SW to initiate discussions regarding requirements for applications week 4-6	Yes ☐ No ☐		

SPINAL CORD INJURY REHABILITATION CLINICAL PATHWAY

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- Development of Clinical Pathway
- Approval of Pathway through Clinical Policies Stream
- Development of PDs for approved positions
- Approval of PD and grading through relevant governance streams
- Piloting Pathway

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Next steps

- Trial Clinical Pathway
- Employ Case coordinator and Clinical Psychologist
- Monitor Exit Block and pathway implementation
- Introduce cross site meetings
- Need to involve consumers as a next step

Thank You

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