

# Acute Care Taskforce

## The medical patient journey: where to from here? – November 2012

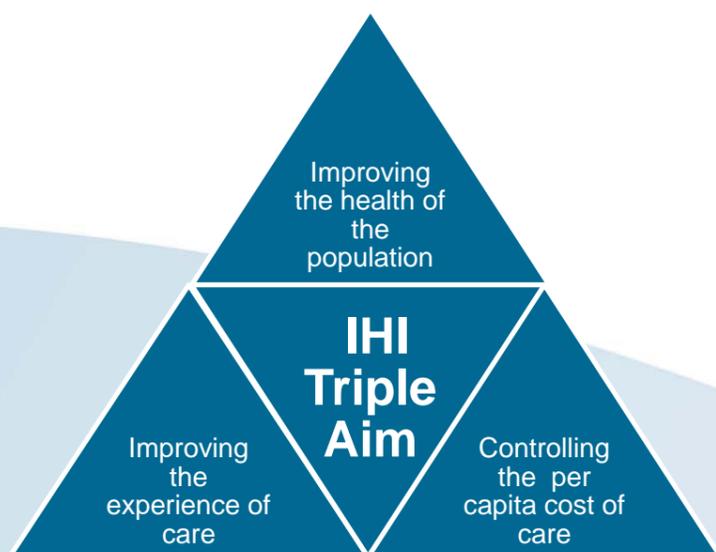
Co Chairs - Prof Jeremy Wilson / Ms Vicki Manning

The Acute Care Taskforce recently conducted a workshop with representatives from the Cardiac, Endocrine, Respiratory, Renal, Radiology and Nuclear Medicine Networks to discuss best practice for a good medical patient journey. The purpose of the workshop was to actively involve consumers and nursing, medical and allied health clinicians to assist in determining the priorities of the Acute Care Taskforce. Co Chairs Prof Jeremy Wilson and Vicki Manning opened the session highlighting that the Acute Care Taskforce has recently transitioned to the ACI and will increasingly be seeking to work with the established networks across ACI.

Dr Nigel Lyons, ACI Chief Executive, presented the ACI Strategic Plan and set the scene by outlining contributors and solutions for issues across the medical patient journey. Nigel highlighted the potential of the Patient Flow Portal to identify the patient waits that consume significant resources. He acknowledged that there is already a huge amount of work underway across the system and to continue to meet the needs of patients these teams will need to work in partnership to align priorities.

Dr Tracey Tay, ACI Clinical Lead, presented to the group on clinician involvement and engagement. In particular Tracey highlighted the importance of clinicians (nursing, medical and allied health), managers, patients, consumers and communities working to develop shared goals and shared accountability for outcomes across the medical patient journey. Tracey noted that this work should be conducted with the Institute for Healthcare Improvement's 'Triple Aim' in mind.

Figure 1: IHI Triple Aim



The workshop identified that a good medical patient journey required the following:

- **Clinician engagement and involvement** that is meaningful and not tokenistic.

- Excellent **relationships** between clinical team members across care boundaries and with patients and their families.
- **Leadership** established at multiple levels with the authority to make decisions. Leaders provided with appropriate training.
- Respectful **communications** that involve both informing and listening.
- **Seamless care** that maintains respect for the experience of the patient.
- **Enablers** such as electronic tools and information and communication technology (ICT).
- More **support for the role of patients** as a member of the health care team (e.g. as a participant in handover).
- Care provided in the **appropriate setting** and a structured approach to moving patients between settings

In particular the following elements were identified as important for good medical patient journeys:

- A **structured approach to delivering patient outcomes** (e.g. patient flow portal, defined patient protocols or pathways, criteria led discharge, waiting for what).
- A **clinical management plan** that is commenced on admission and has a good understanding of the social needs of both patients and their families.
- **Multidisciplinary ward rounds** and case conferences that involve all members of the health care team including patients and their families.
- Meaningful **estimated date of discharge (EDD)** that is entered on admission and revised throughout the journey.
- The **handover of care** that involves sharing information with all members of the health care team, particularly the patient.

Co Chairs Vicki and Jeremy and Director, Acute Care Daniel Comerford would like to thank all the participants for giving up their valuable time. In particular thanks to Ms Jan Alford – Co Chair Endocrine Network, Dr James Mackie – Co Chair Renal Network, Ms Marianne Matea – Consumer Representative, Dr David McKenzie – Co Chair Respiratory Network and Ms Margaret Stephens – Consumer Representative.

### WHERE TO FROM HERE?

At the December 14 meeting the Acute Care Taskforce will consider the input received from the ACI's acute care networks in developing its workplan for 2013-15. Further communications will come to the networks as the Acute Care Taskforce workplan is defined and requires additional input.

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### THE ACI HAS MOVED

Future meetings of the Acute Care Taskforce will be hosted in our new office at Level 4, Sage Building, 67 Albert Ave, Chatswood NSW 2067. **The next meeting is on Friday December 14, 14:00-16:00.**