

The Good, Bad and the Ugly

Setting up an Acute Assessment Unit



"Yeah, I heard you had to be thick-skinned to work in that department."

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Redesigning Care
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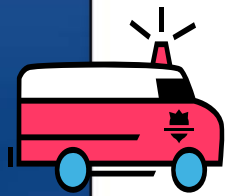


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General Medicine: The way we were



**Patient seen by
ED DR &
referred to GM**

**Take team
8am -11pm,**

5-12 patients
per day

**25% of patients
go to
wrong ward**

**No specific
Gen Med wards**

**Safari
ward round**

ALOS 7 days

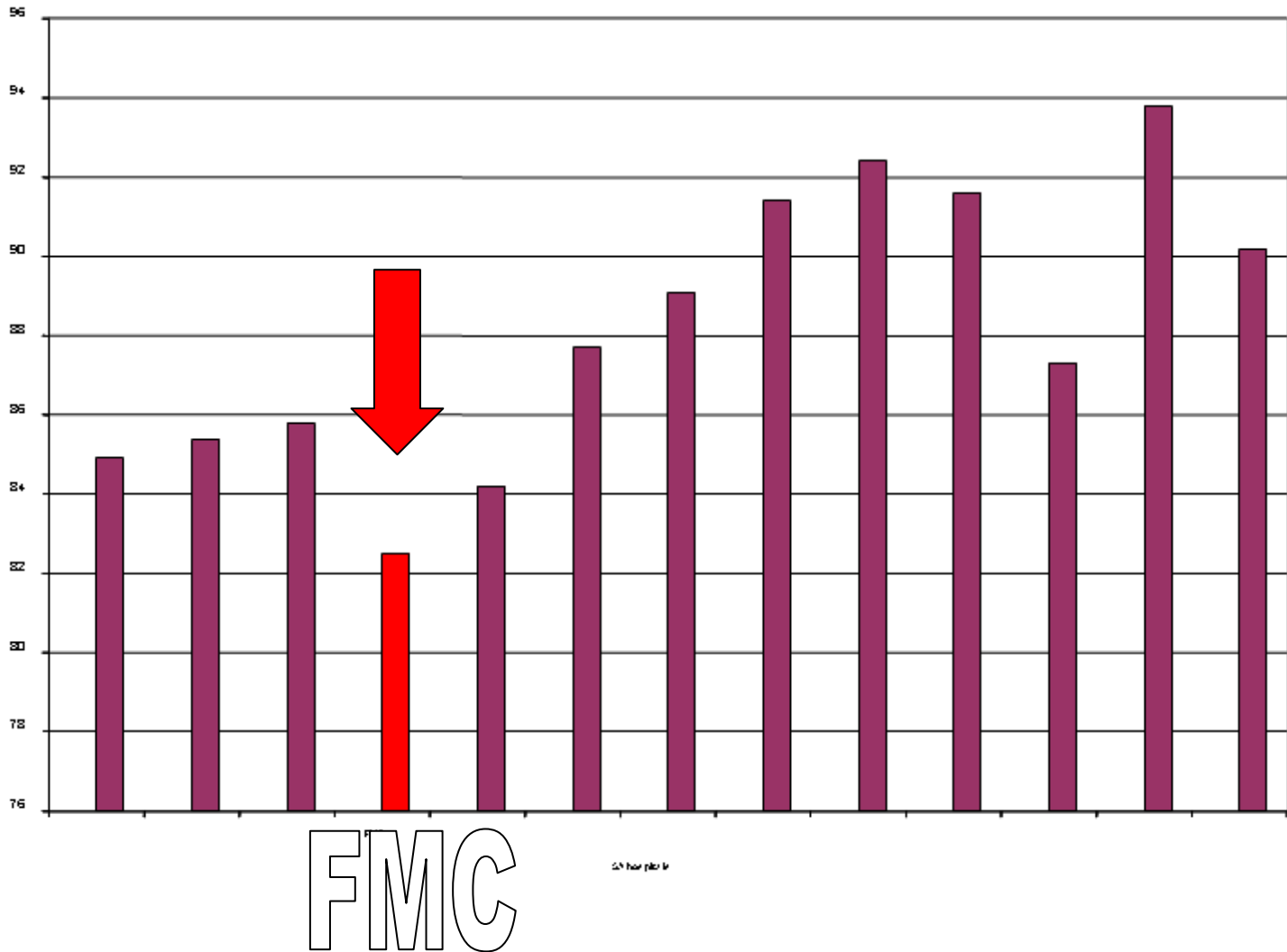


Why Redesign?

- ◆ ED wait times
- ◆ Adverse events



Consumer Confidence



FMC

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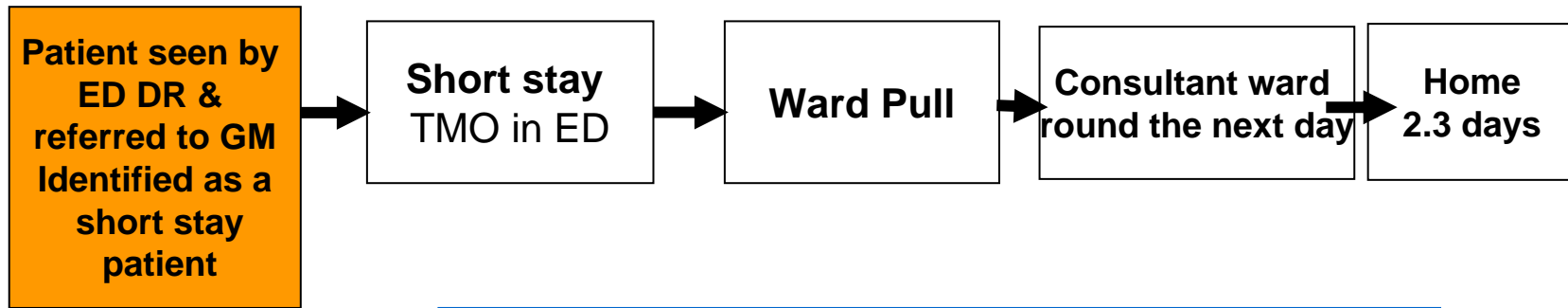
Why Redesign?

- ◆ ED wait times
- ◆ Adverse events
- ◆ Variation
 - ◆ workload
 - ◆ LOS
 - ◆ ward rounds
- ◆ 10 % per year
- ◆ Lack of resources
- ◆ General Medicine
 - ⇒ subspecialty



What did we do?

Medical Short Stay



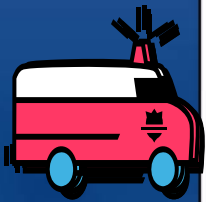
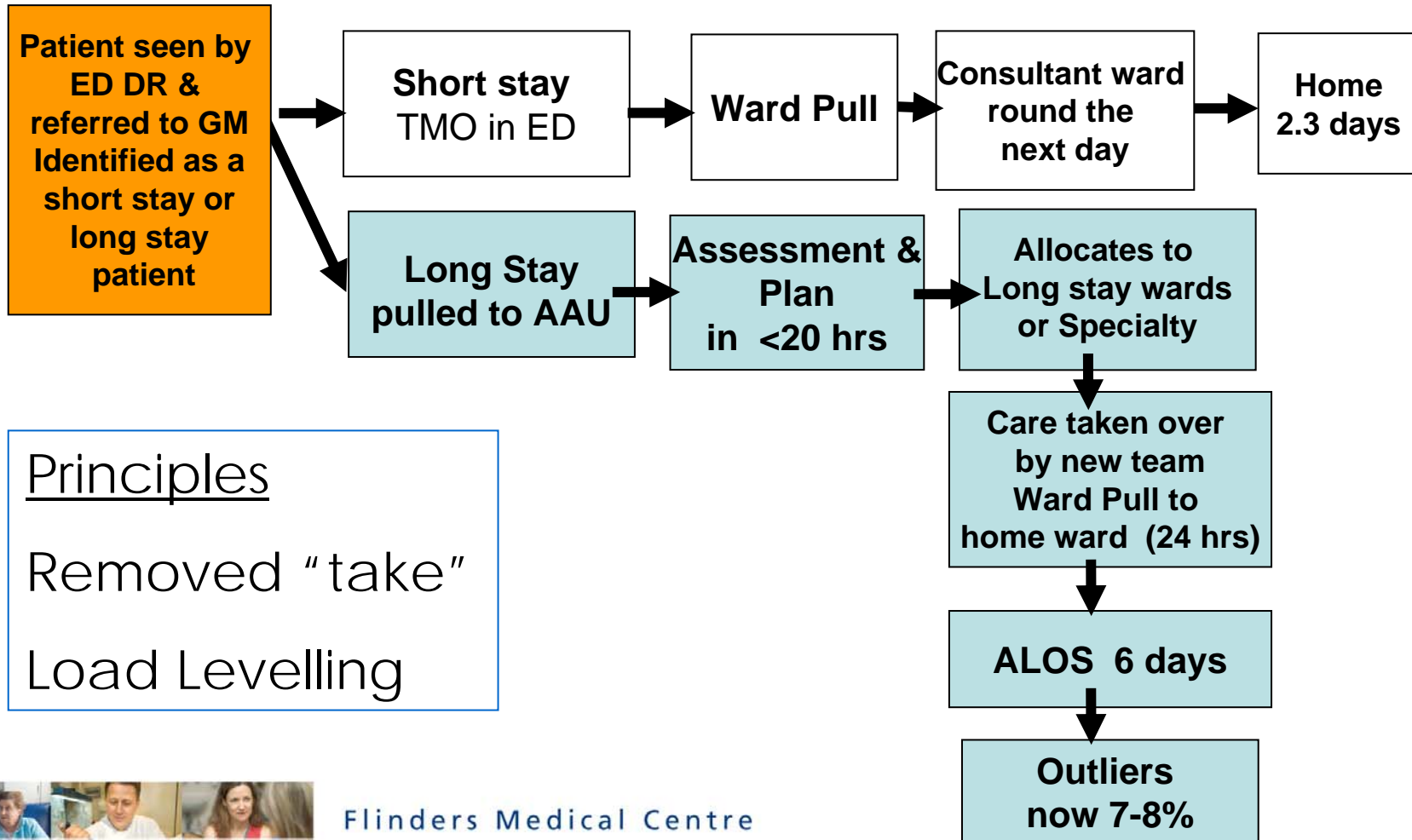
Principles

- same value streams together
- similar rhythm
- created good capacity
- worked closely with ED



What did we do? Version Two

Two separate wards: Short and Sort



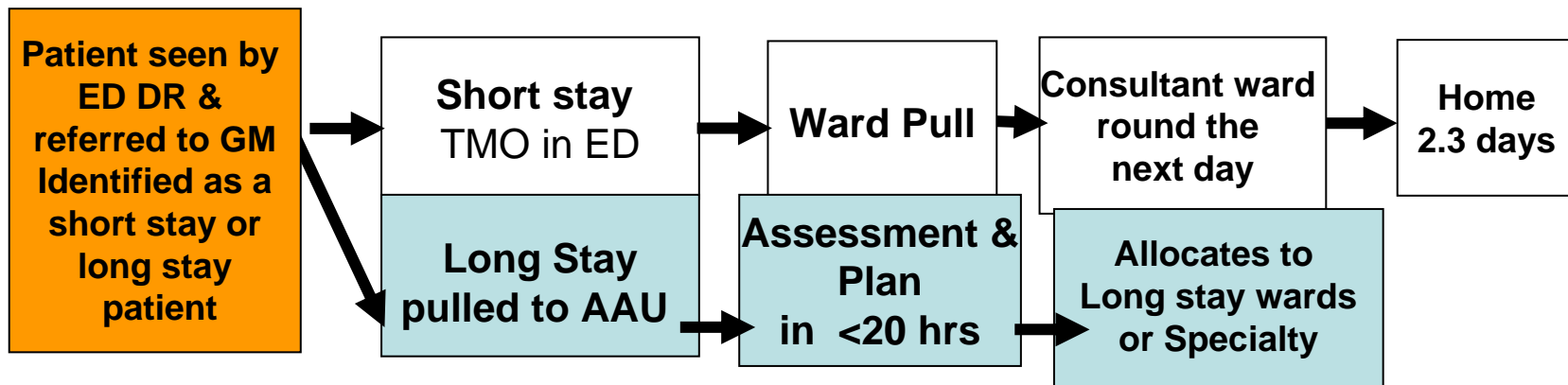
What did we do? Version Three

One ward = 28 beds



What did we do? Version Three

One ward = 28 beds



Principles

Less beds = Saved money

Short Stay = "our get out of gaol card"



How ?

- ◆ Significant Executive support
- ◆ Doctor engagement?
 - ◆ New positions created in Gen Med , TMOs and Consultants
 - ◆ Dedicated Gen med wards
 - ◆ Right place, right time.
 - ◆ Reviewed patients on the ward.
 - ◆ Matched workload to resources
 - ◆ Gave the physicians time to teach



The team



What did we need to do to make it happen?

- ◆ Visual Management: Journey boards
- ◆ Energetic stable leadership
- ◆ Relevant KPIs
 - ◆ Timely data
- ◆ Clinicians/Clerical staff willing to change
- ◆ Perseverance, constancy of purpose
- ◆ Communication



Training requirements

- ◆ Nurses required specific training to assess patients.

Admission – Discharge planner
version 97

- ◆ Trained nursing staff to use Cardiac Monitors

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Admission Assessment and Discharge Planner
Page 1 Section I

TRANSFER / DISCHARGE CHECKLIST

1. PREDICTED DISCHARGE DATE

2. KEY CONTACT PEOPLE

RELATIONSHIP	PHONE NUMBERS

3. INITIAL ASSESSMENT AND REFERRAL CHECKLIST

Patient Assessment / Admission to discharge tool completed YES / NO

Referrals	Required	Referred	Reviewed	Word follow up required YES / NO
Physiotherapist				YES / NO
Occupational therapist				YES / NO
Social Work				YES / NO
Dietitian				YES / NO
Speech Pathologist				YES / NO
Other				YES / NO

4. PROVISIONAL DISCHARGE PLAN

TRANSFER DISCHARGE CHECKLIST
NURSING ASSESSMENT
ALLIED HEALTH PLAN
MEDICAL ASSESSMENT
CONSULTANT ASSESSMENT



Different roles

Assessment nurse



Short Stay Team Nurse

- Criteria met discharges

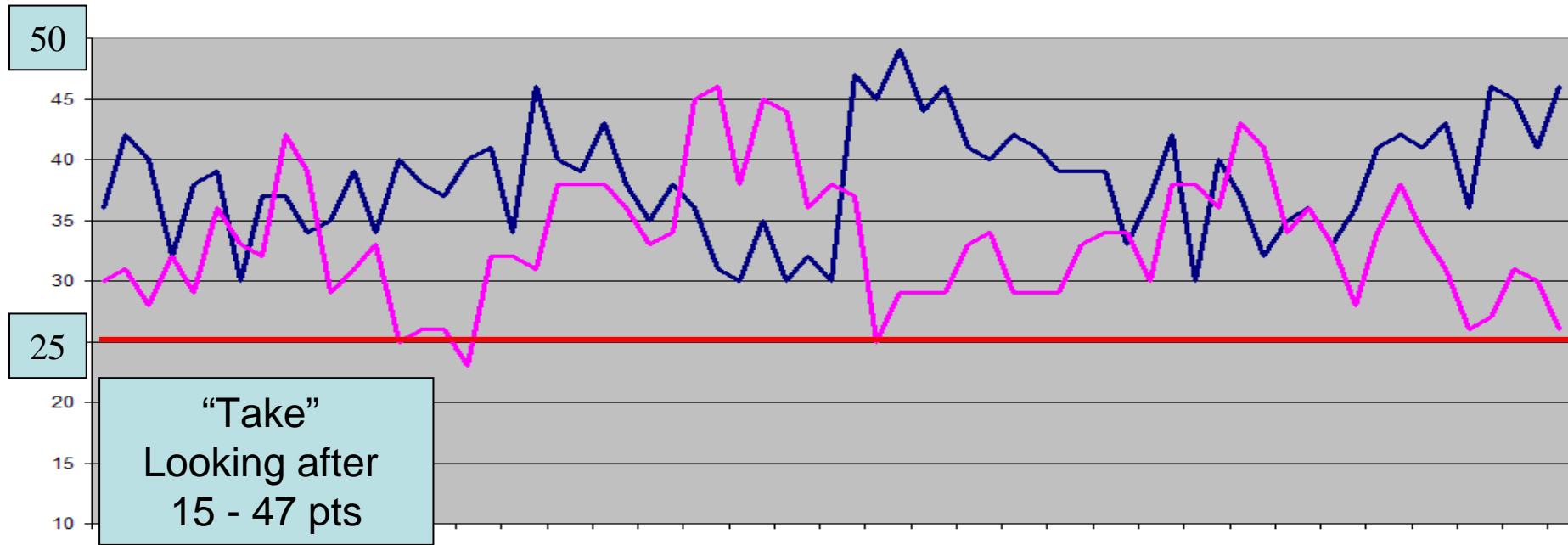


The Good

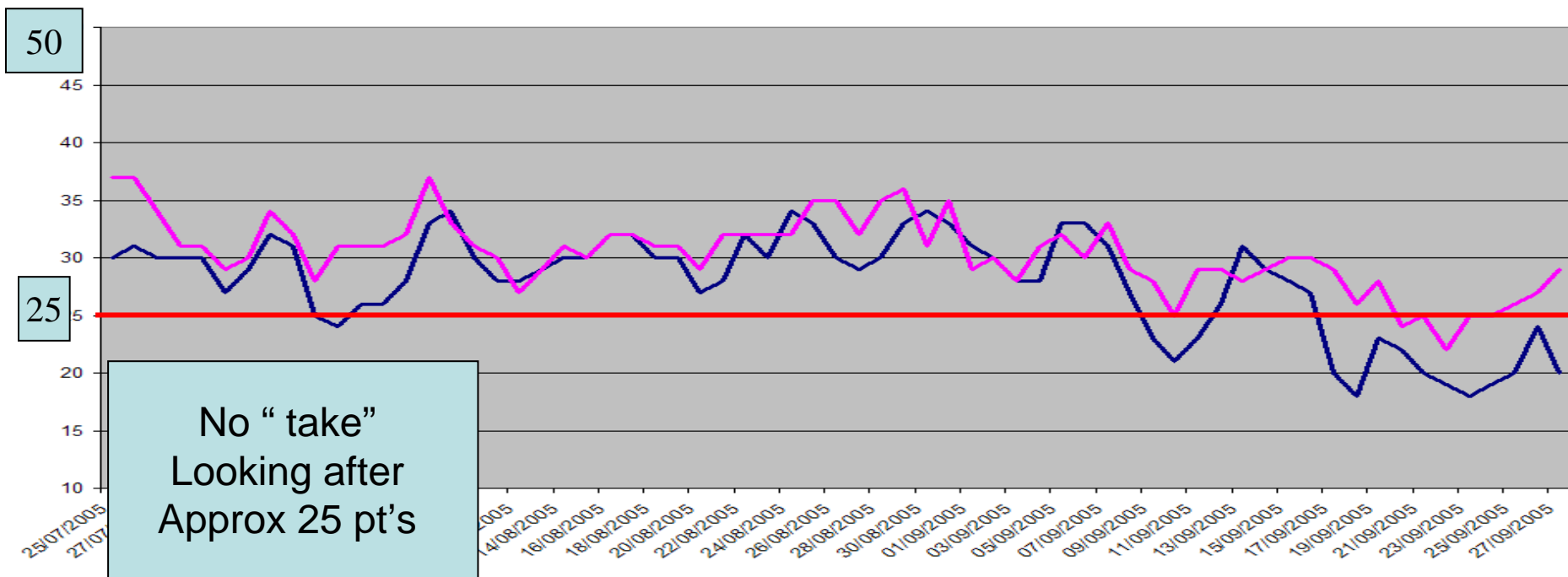
- ◆ General Medicine Consultants
 - much happier on the long stay wards
- ◆ Dedicated Gen Med wards
- ◆ Good treatment plans
- ◆ Good D/C planning
 - already commenced
- ◆ Great teaching environment for teachers & students



GMA & GMC Daily workloads 2004



GMA & GMC daily workloads 2005



The Good

- ◆ General Medicine Consultants much happier on the long stay wards
- ◆ Nursing staff
 - ◆ More autonomous roles
 - ◆ New skills

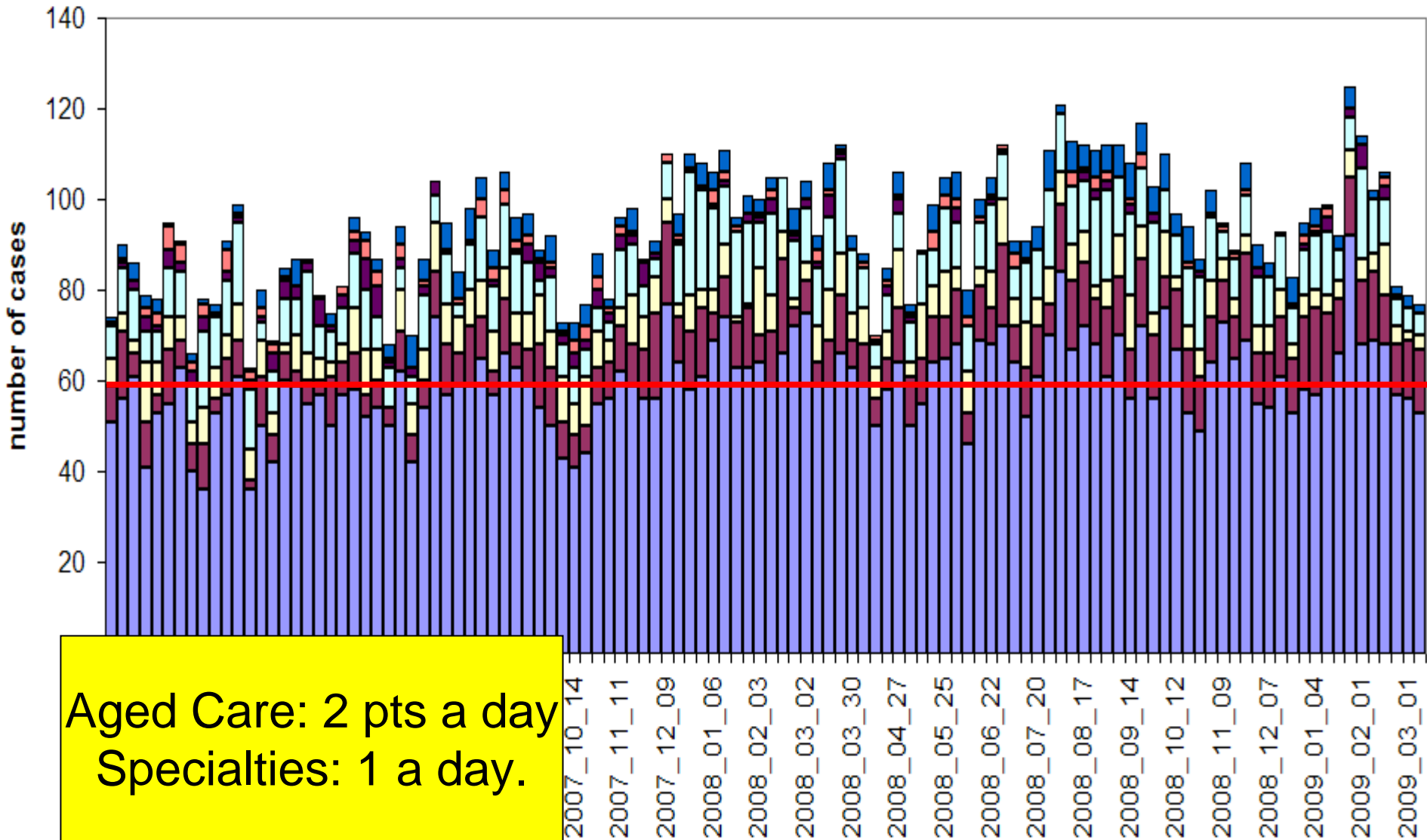
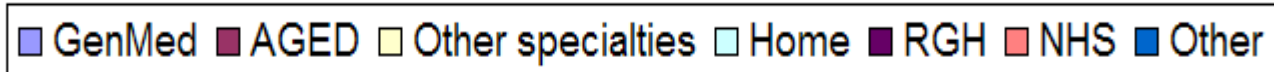


The Bad: Lessons learnt

- ◆ Assessments
- ◆ Monitors
- ◆ Continuity
- ◆ Environment
- ◆ Specialty allocation



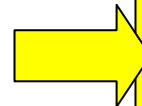
AAU - where cases went



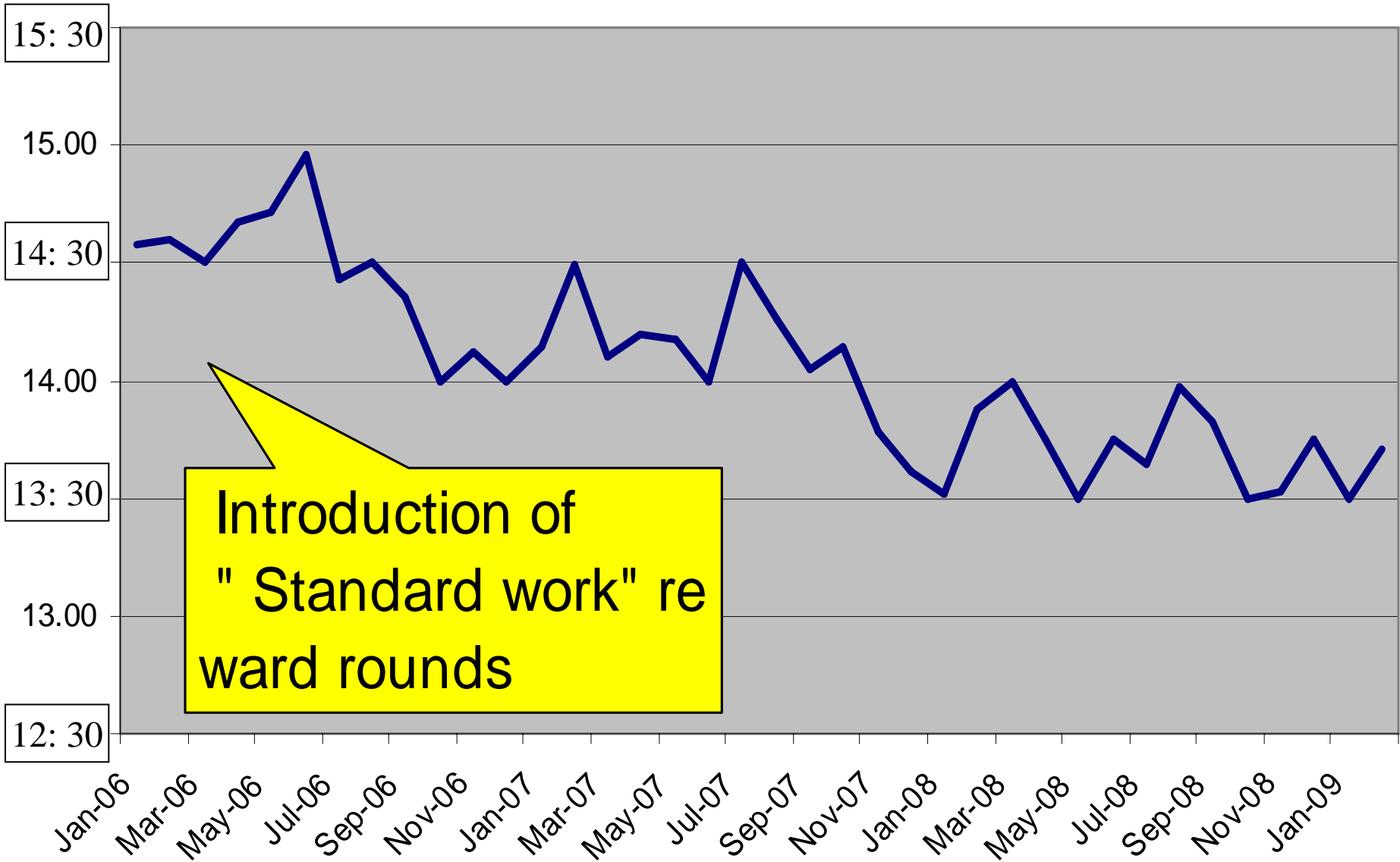
The Ugly: Lessons learnt



Standard ward rounds
Discharges and
sick patients first



Long Stay Medical Wards Median Discharge time








Forecasting Capacity

◆ Discharge Traffic Lights

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When Can I Go Home?

Based on your current condition you are likely to go home in :
NB this is a Dr decision

-  More than 3 days
-  2-3 Days
-  Within 24 hrs
-  Today
-  Medically able to go, can't leave for other reason(s)



In summary

- ◆ “ No Take”
- ◆ Standard work
- ◆ Dedicated General Medical wards
- ◆ Specific recruited workforce
- ◆ Value Streaming work: [Long, Short, Sort](#)
- ◆ Visual Management
- ◆ Knowing the ‘plan’ for the patient



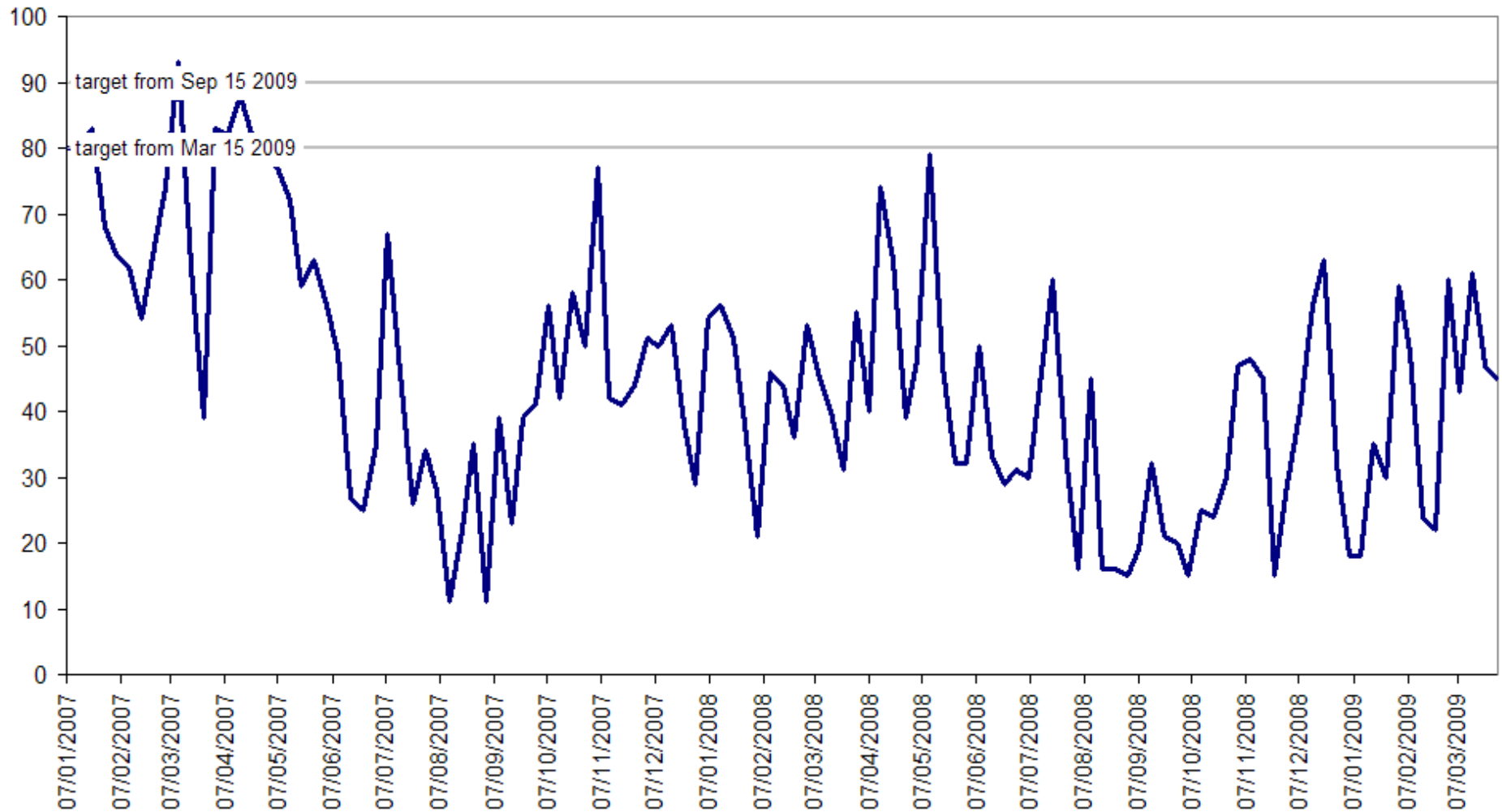
What would we do differently?

- ◆ Sub Acute care flows critical to success
 - ◆ Regional flows and partnerships
- ◆ The hospitals needs to be 7 day a week discharging process
 - ◆ Standard work
- ◆ AAU support
 - ◆ Responsive Pharmacy
 - ◆ Priority access to diagnostics
 - ◆ Seven day week Allied health & support services



Future Challenges

Unit: AAU/GenMed; % ED admissions in ward bed within 4hr





"I've seen this before: Combustion due to extreme resistance to change."