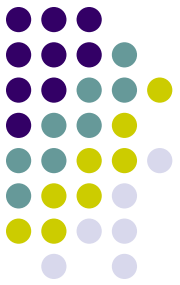


NEW MODELS OF ACUTE CARE- JUST DUIT ✓

Jodie Huntley-Forde, Rebecca Smith

**Day Unit for Investigation and Therapy (DUIT)
Internal Medicine Service, The Prince Charles
Hospital**



Local Data

- General ED opened in 2007 along with:
 - Early-assessment Medical Unit (EMU)
 - 30 bed medical ward
- Increasing ED presentations, minimal increase in beds
- 33% Increase in admissions to general medicine

Part one: consider alternatives to hospital overnight admission

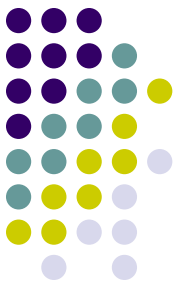


**“And when the music stops,
grab a bed . . .”**



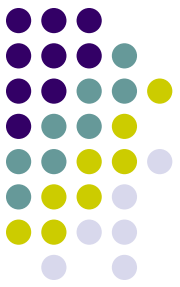
And then In 2009,

- EMU expanded to 16 beds
- DUIT opened
- a second 30 bed medical ward opened
- General medicine expanded to include oncology, rehab, geriatrics
- **54% of patients** in EMU were staying ≤ 24 hours



Fundamentals

- Permission to give it a go
- Initially assumed to increase capacity through flexible options for discharge
- Use patient experience to guide improvements to patient flow
 - **hospital isn't always the best place**
- Evolved to create dual capacity and utilised to stream patients admissions and discharges



What we are aiming for

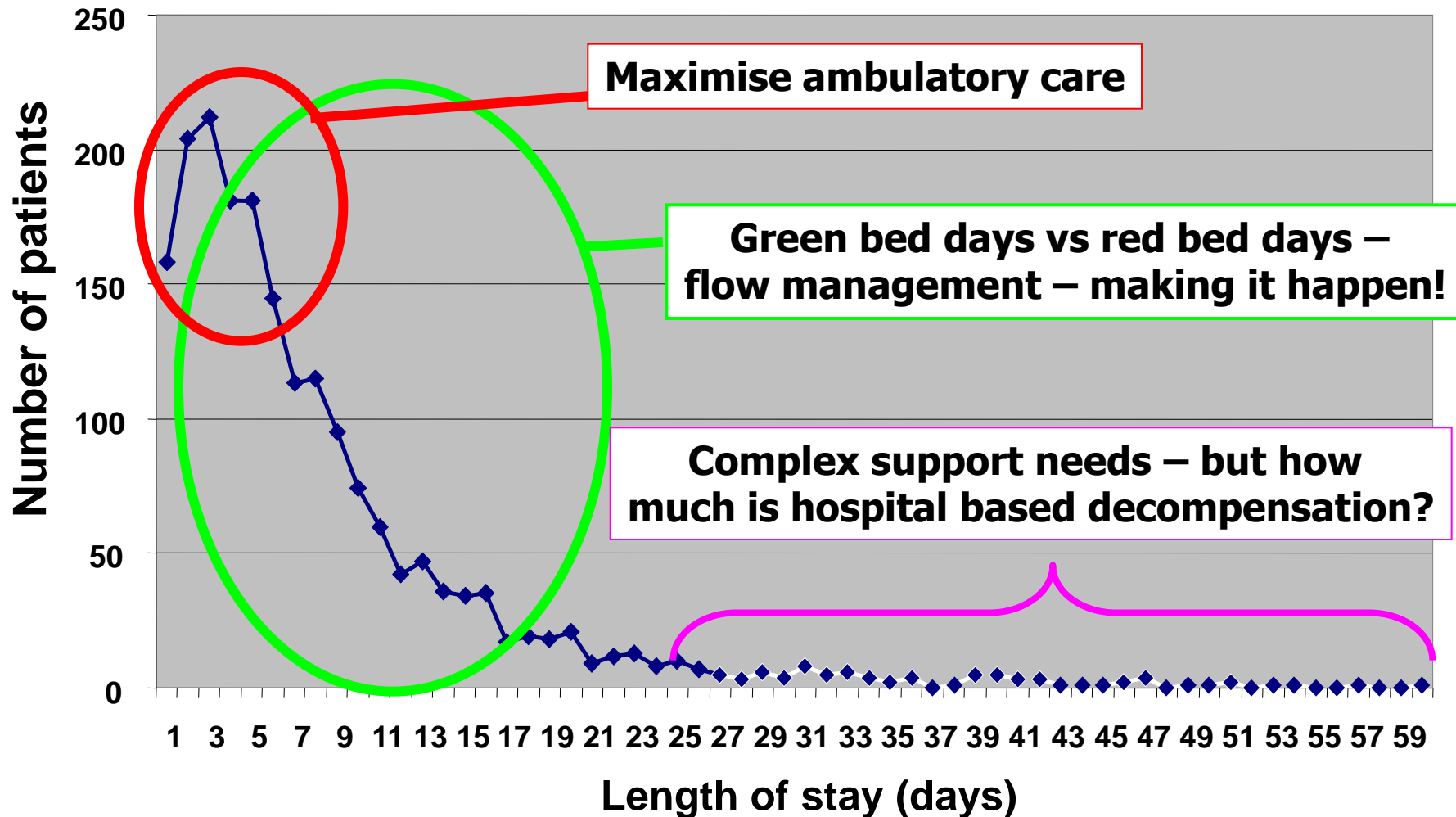
- Right care in the right place, **first time**

General Principles:

- No unnecessary steps in the process
- Dissolution of traditional care boundaries
- Development of new flexible systems for urgent care delivery
- More effective patient access management



Understanding and Managing Flow in Acute Admissions



WHAT....

- 10 Chairs, 2 Beds
- Clinical nurse led with a dedicated Registrar
- Access to allied health as required
- 5 days week, 8-4pm
- Accepts booked or emergency admissions from all specialities



Benefits of DUIT vs Outpatients

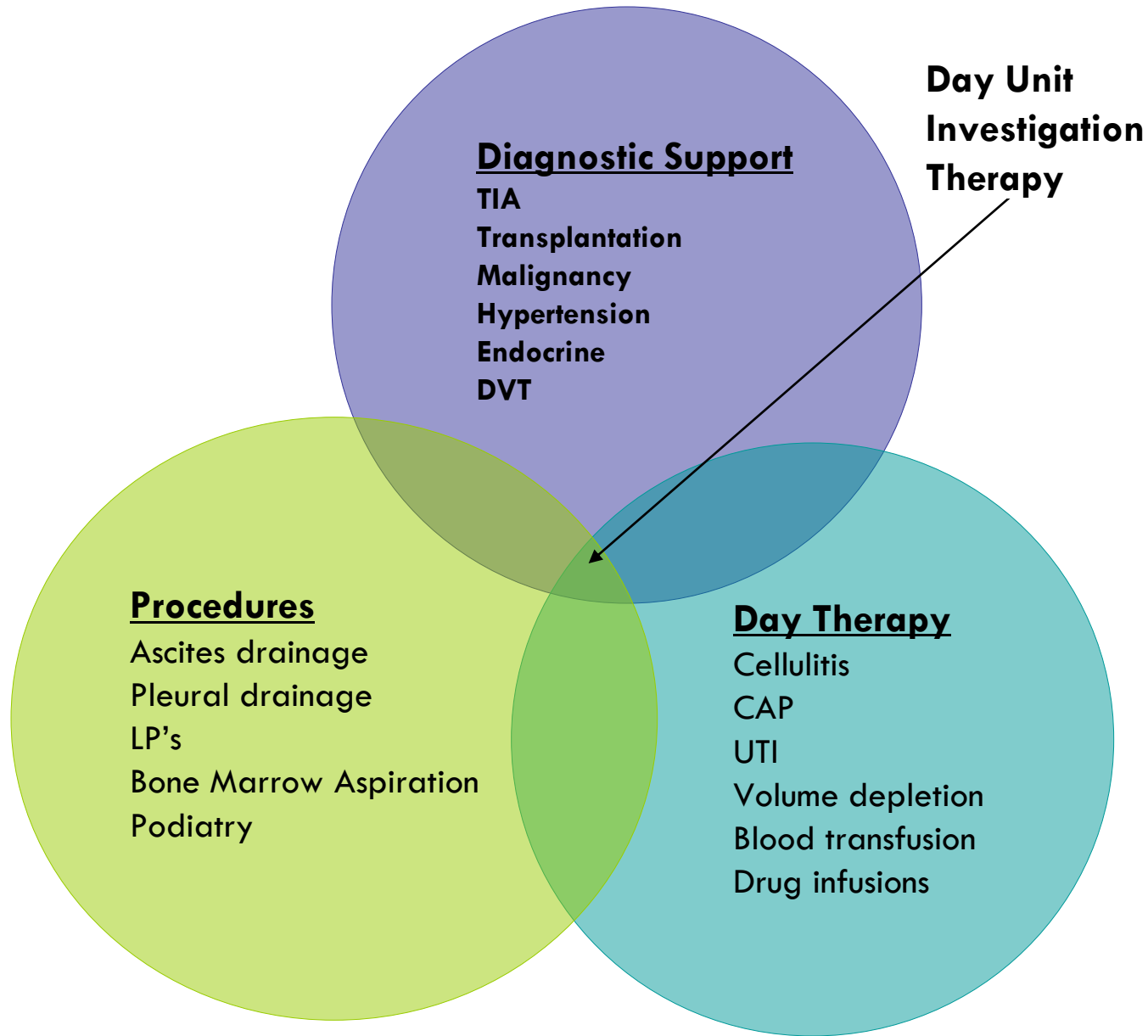
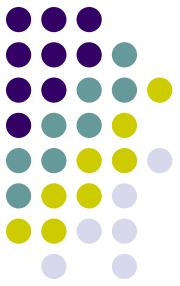


DUIT	Outpatient Clinic
Access to comprehensive team	Limited
If tests missed, resolved same day	Clinician not aware of missed tests
Improved access to required treatments	Results not reviewed until next OP
Patient can return for daily review	Limited, usually long wait lists
Priority access to same day diagnostics	Required to return for further appointments

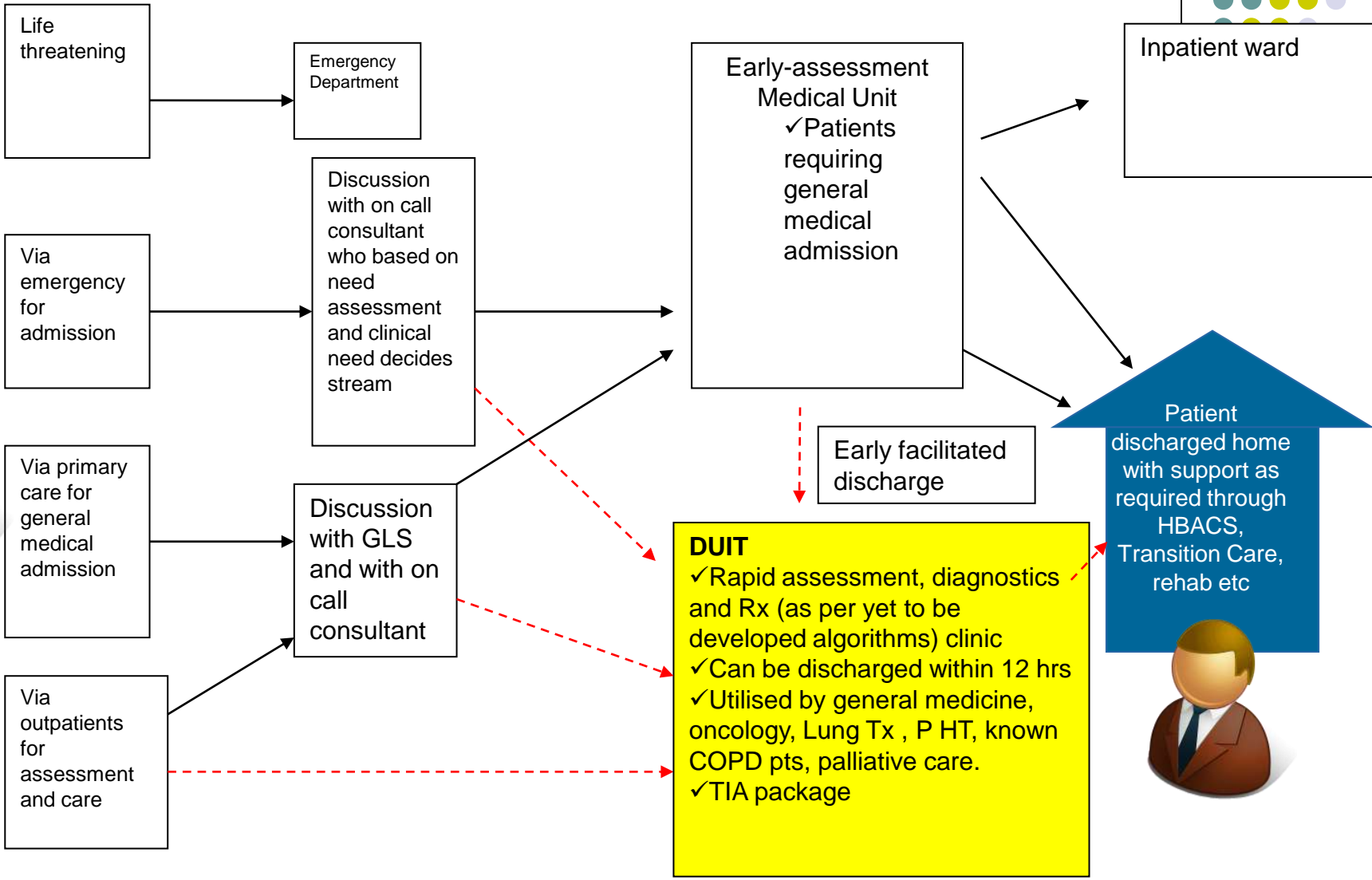
WHO...



- Ambulatory
- Ideally suited for those pts who would be admitted to an acute hospital bed for less than 24 hrs
 - Drug infusions and blood transfusions
 - Cellulitis, IVAB at home with HBACS
- Streaming to primary care to prevent admission and vice versa
- Pre-admission work-ups requiring multiple diagnostics



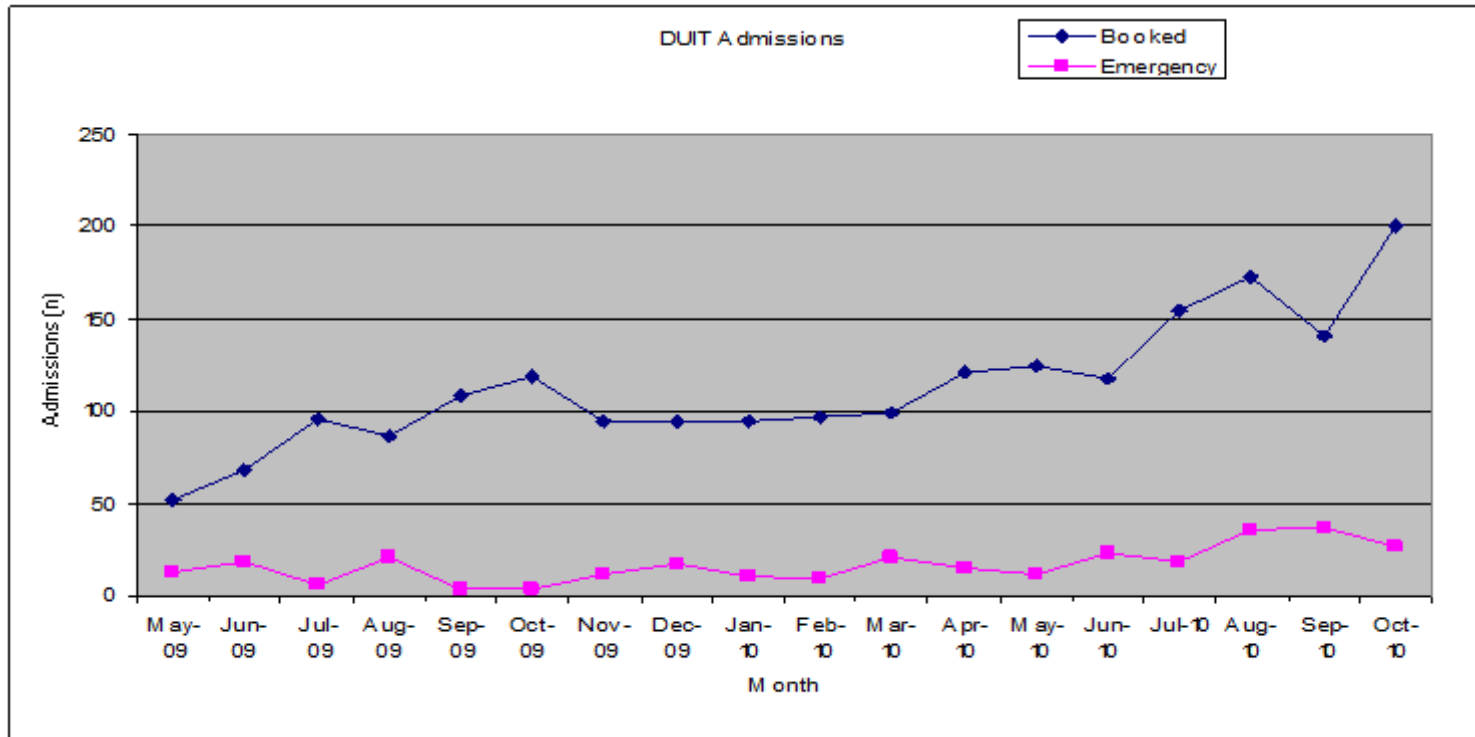
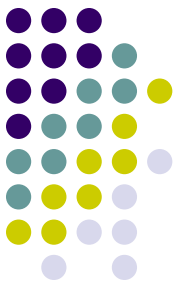
EMU and Ambulatory Care pathways



Legends

Existing pathway
 New pathway

Data



- Average LOS
- Aim to close the gap between booked/emergency
- Data definitions
- Emergent data collection

Opportunities



- Evolving Model of Care whilst ensuring quality of service
- Links to Emergency Department, Primary Care and Hospital Programs
- Develop a electronic patient list visible to all members of team at all times
- Playing an integral role in assisting ED to reduce wait times target
- Improving bed capacity and patient flow across the hospital



The Future Plans

- Need to continue to grow and expand
- Increase opening hours and staffing
- Continue quality care
- Staff education
- Criteria led discharge
- Increase ED referrals and Primary Care referrals



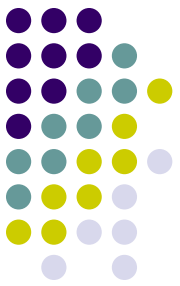
Referrals from ED

- **Benefits:**

- Avoiding admission altogether for some DRG's
- Limited co-morbidities
- Allowing next day review and decision to admit/discharge
- Free up ED for 'emergencies'

- **Challenges:**

- After hours, under pressure
- PR required is ongoing



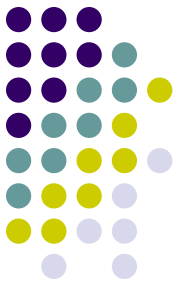
Primary Care Referrals

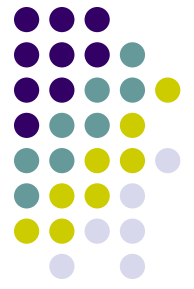
- Continue relationship with RACF through HINH nurse
- Risk management/Patient Safety
- Careful not to double up on existing services
- Allied Health availability
- Develop admission pathways
- Ongoing education and communication with GP's

Challenges

- PR and Marketing- internal and external
- Changing attitudes to inpatient needs
- Balancing patient demand and resourcing
- Creating, but controlling demand
- Maintaining quality of care across many different specialities
- Nursing skills/training required
- Risk management of unseen primary care referrals

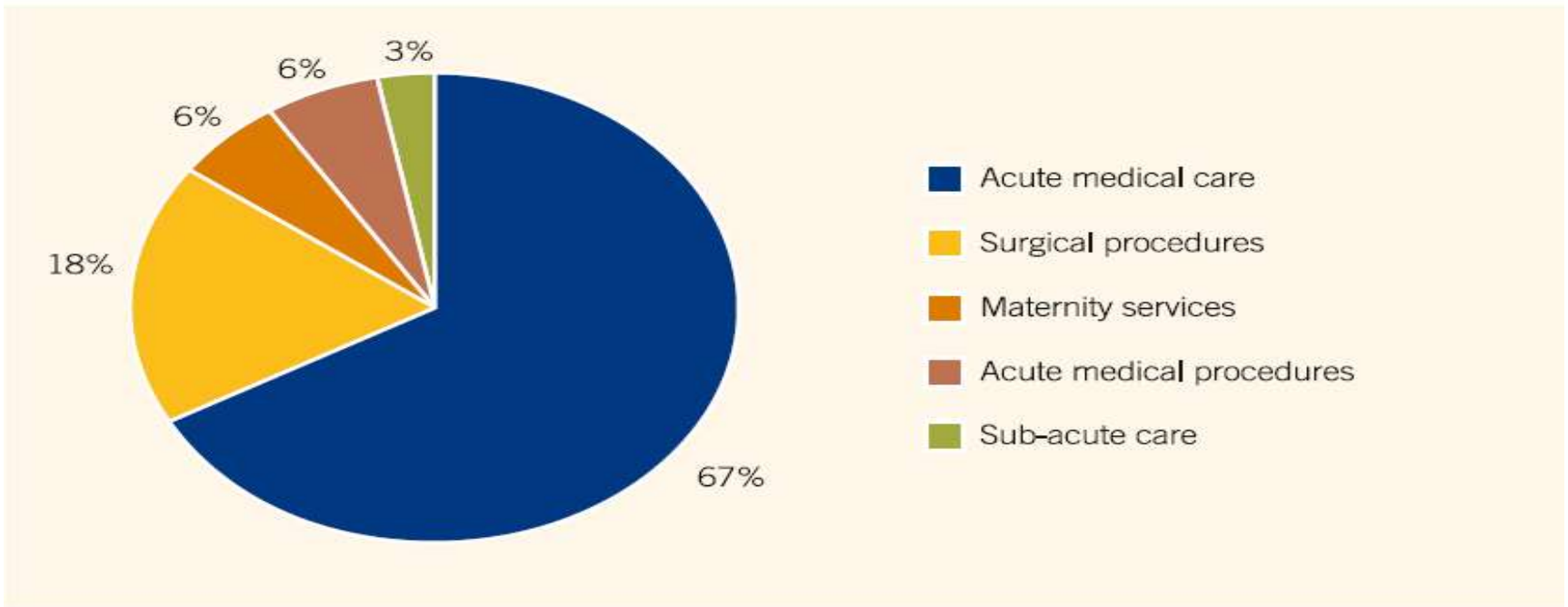






Patients admitted per service type

Australia, 2007-08



Data Cont'd

