



Adelaide Health Service
Southern Area

**Regional Capacity Management in
Southern Adelaide**

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Opportunities to Improve Patient Flow in the Southern Area

- > In 2008, RGH Daw Park became part of the (then) Southern Adelaide Health Service (including Flinders Medical Centre Noarlunga Hospital, Southern Mental Health)
- > This increased the opportunities for co-operation in relation to managing patient flows and acute capacity
- > The work described here is part of a larger program of work related to improving patient access and capacity for acute care across the Southern Area



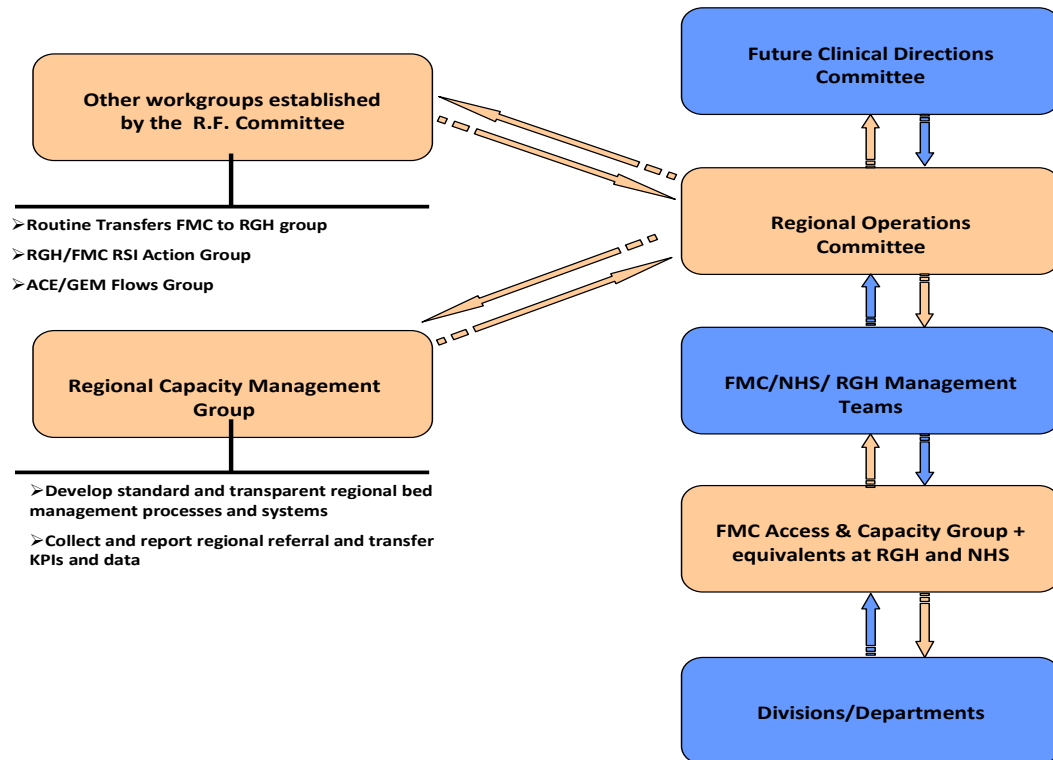
Authorisation and Permission

Complex programs of work of this kind

- 1) Must align with organisational priorities, so need authorisation from management
- 2) Must involve the highly skilled front line staff who make programs work on the ground- those staffs have to 'give permission' for their day to day work to become part of a program of change and improvement

Area Governance

Established an Access and Capacity governance structure linking clinical services planning with service delivery and performance. Including key partners such as SAAS and GPs





Methodology

April 2009 we held a 'big picture' mapping session, attended by over 80 clinical and managerial staff from across the region

The mapping session allowed staff from each hospital to describe their processes for assessing & reviewing, admitting or referring patients to other services

There were 2 further sessions with smaller groups of staff from across Southern sites to refine and prioritise our goals and actions

FMC p1
 ◊

After Hours WEEKDAY
 Admit DIC TIF
 ED MEDICAL STAFF
 ← Cons Intern Med ST
 - SW
 DC record

WHO ◊?
 WHAT ◊?

ADMIT
 DIC//
 TRANSFER - PP
 specialty consult

WHEN? < 2 hrs vs 1/24

WHERE? TRIAGE OR CUBICLE

WHERE to NEXT? 5-9pm - page specialist, + AAU - Surg RMO Reg
 NEXT STEP 7-9pm - page AAU/Reg - Spec Reg

how is it communicated?
 ◊ T/F?
 - staff
 - which pt gp
 - how communicated?

ED DOCTOR:
 Flag Vascular + Urology
 phone bed manager
 to RGH 5-7pm
 phone calls
 NH
 private Reg
 NHS
 AAU fax
 RGH / NHS BM catchment area

NHS p 2
 ◊

After Hours WEEKDAY
 ED DOCTOR < 9% Cons
 Junior discussion
 DC record on wards

WHO ◊?
 WHAT ◊?
 DIC//
 TIF ADMIT
 Short Stay
 TIF - FMC, RAH, PP, WtC//

WHEN? 2-24

WHERE? ED

WHERE to NEXT? GEN MED - 72130 no Med Staff

NEXT STEP
 - how is it communicated?
 ◊ T/F? Referral to Hatt → 2100
 - staff
 - which pt gp
 - how communicated? HPH rec @ bay M'LV
 flag " to MHL → takes ≈ 24hrs



Southern Area Flows Program

At the end of the sessions staff agreed to work together as one hospital on multiple sites

“Right Patient, Right Place, First Time, On Time, Safely”

Goals

1. Reduce overcrowding at Flinders Medical Centre Emergency Department
2. A fair distribution of patients to available capacity across the Southern Area
3. Routine transfer of patients during times when sites are best resourced to receive them
4. Standardised processes to reduce waste and duplication



Southern Area Flows Program

Commenced a range of ‘standard work’ practices

- > Implementation of patient journey boards for wards
- > Implementation of ‘discharge traffic lights’ system to identify discharge status for patients
- > Standardised capacity reports through-out the day
- > Weekday Southern Area Capacity Management teleconference and report at 1pm, etc



Routine Transfers FMC to RGH

- > A multi-disciplinary workgroup from both sites, in partnership with SAAS, developed the process
- > Clinicians developed Right Patient Right Place Criteria for:
 - Aged Care
 - Respiratory
 - General Medicine
 - Cardiology
- > Commenced in June 2009
- > Refined the process as we learnt
- > Initiative is now in continuous improvement phase

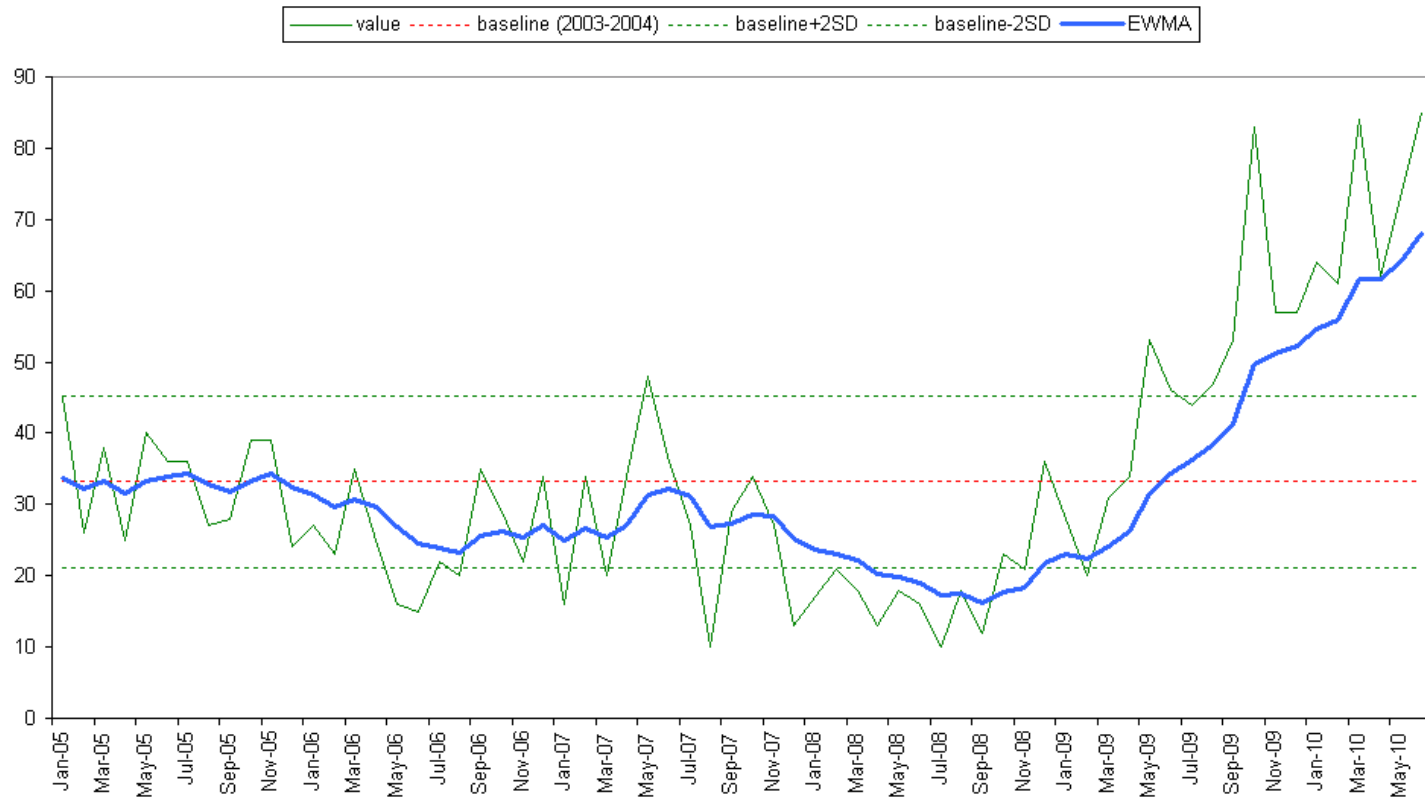


Outcomes

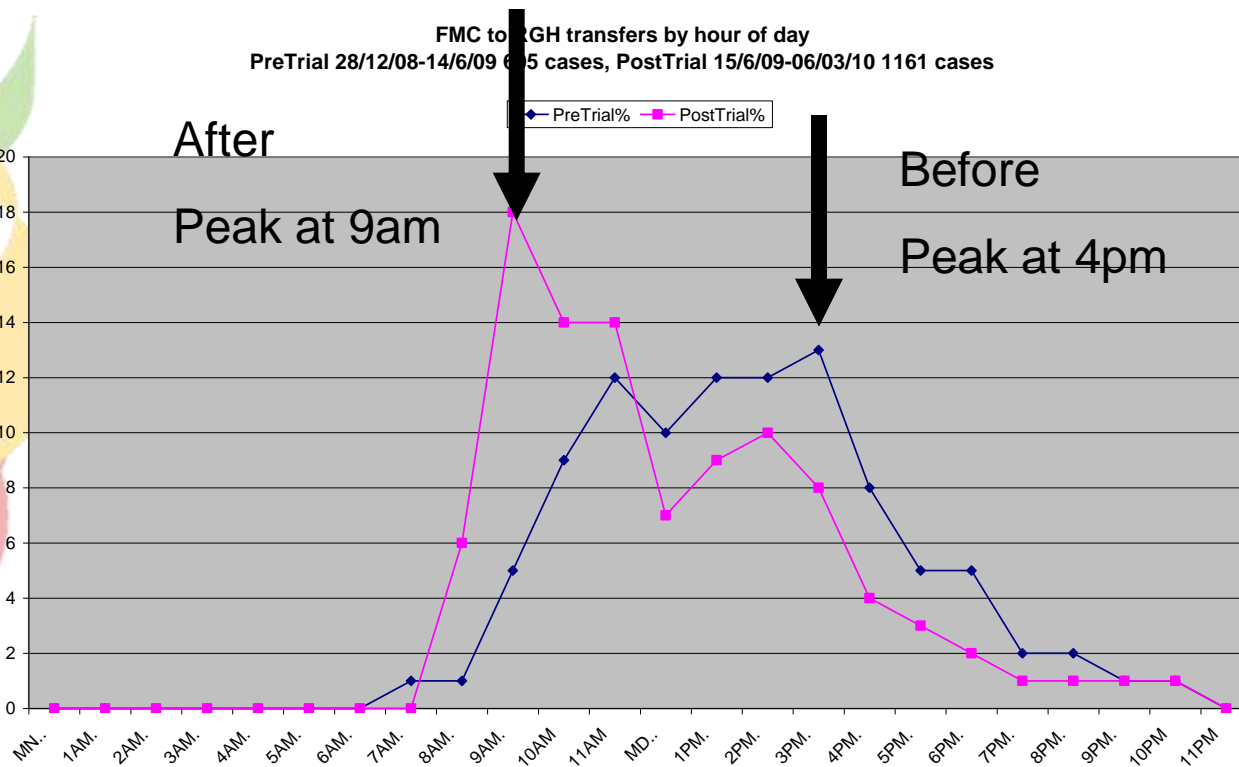
- > Transfers occur routinely over 7 days with known volumes to enable planning
- > Patients arrive in time for the consultant round at the receiving hospital
- > Clear criteria and process checklists are used for patient selection and transfer
- > The patient has one consultant review within first 24hrs, avoiding duplication
- > The admitting doctor who sees the patient handover to the doctor receiving the patient, maintaining quality of care

Transfers between FMC and RGH have increased dramatically

transfers from FMC ED to RGH



And occur at an earlier and more appropriate time





And maximises occupancy at both sites

Average midnight census for Winter 2010

Inpatient occupancy at FMC = 101%

Inpatient occupancy at RGH = 102%



Lessons Learned

- > Consistent clinical leadership
- > Engaging staff who “do the work”
- > Clear goals – “safety, timely, right patient, right place”
- > Documented standard processes and checklists – with clear accountabilities
- > Communication, communication, communication!
- > Regular monitoring and timely feedback loops
- > There are challenges – also celebrate the successes



Government of South Australia

SA Health