

**Technology-
a vital piece of
the puzzle in
patient flow**

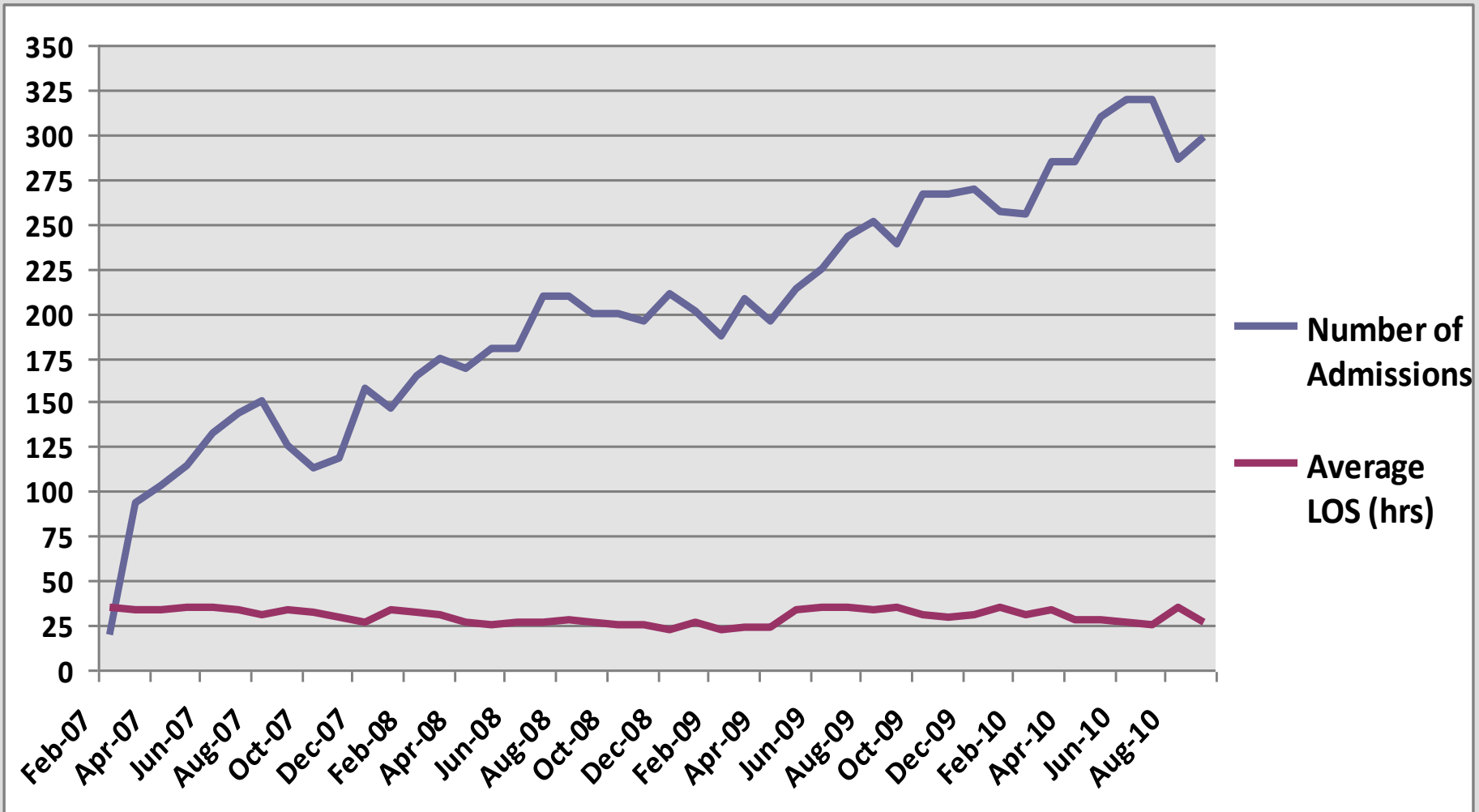


Rebecca Smith, Kevin Clark
Internal Medicine Service
The Prince Charles Hospital

Early-assessment Medical Unit (EMU)



EMU Admissions and ALOS

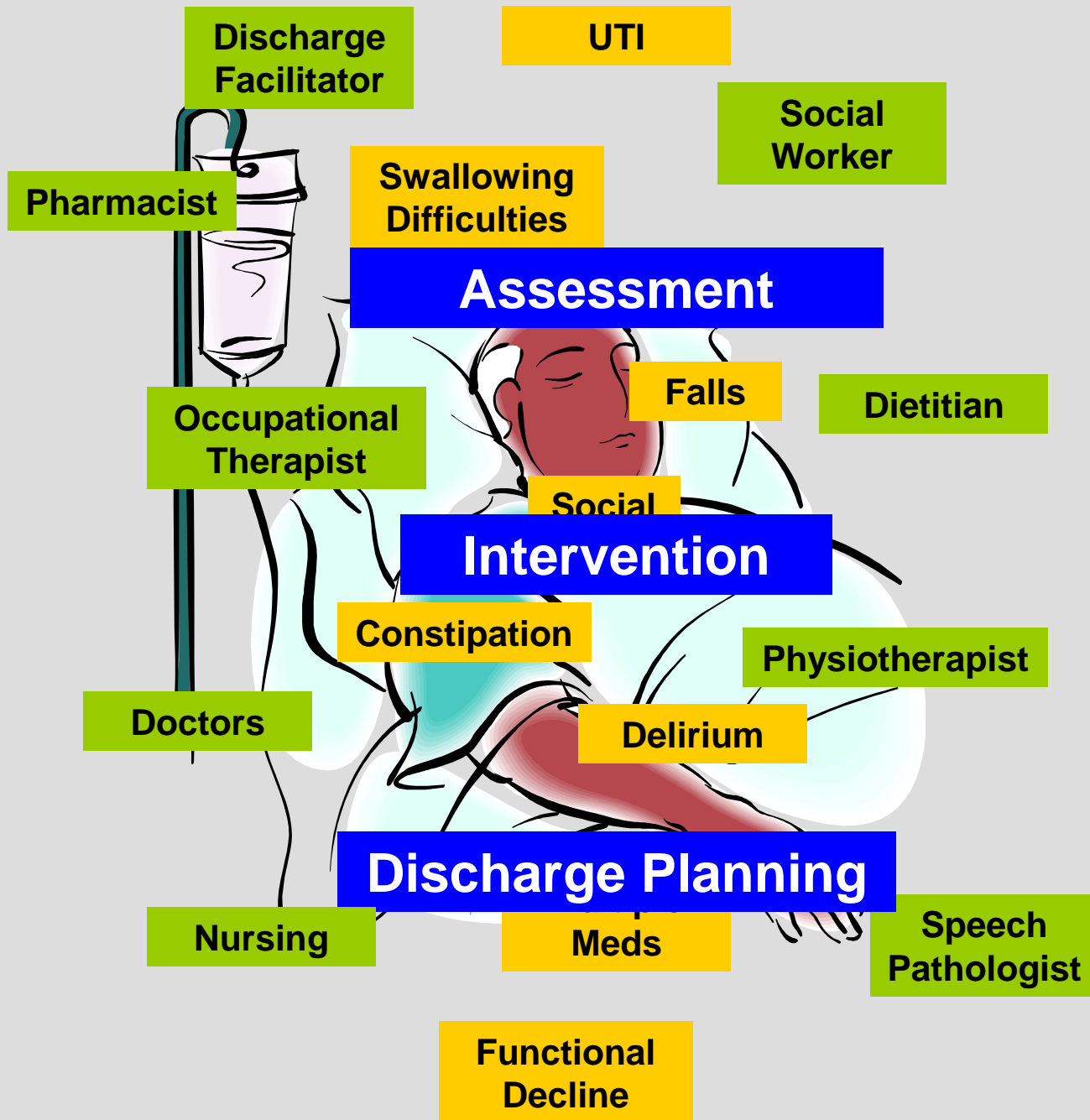


The Team



- Interdisciplinary Model of Care
- Dedicated Medical, Nursing and Allied Health







Patient Journey Board Video

1G Patient Journey Board

Shift Coordinator
Gordon

Tuesday, Oct 19 2010, 08:49

Patient Count: 20

Remaining Transfer: 10

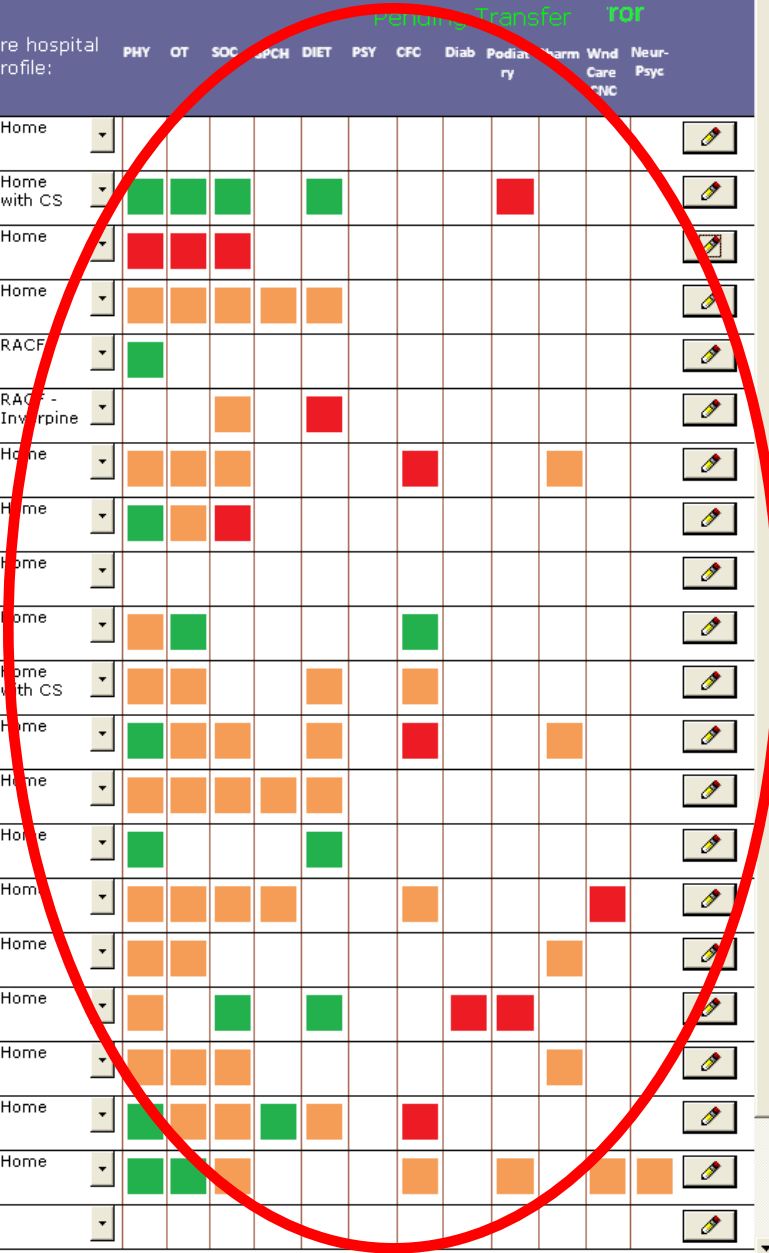
Edit All

Re-Sort/Cleanup transfer Beds

UnHide Unused Beds

Bed	LoS/ Days	D/C Code: ■ ■ ■	Surname	Firstname	Age	Consultant	Diagnosis	Exp. Date D/C D/C Destination	Pre hospital profile:	PHY	OT	SOC	SPCH	DIET	PSY	CFC	Diab	Podiatry	Harm Care	Wnd Care	Neur-Psyc
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01A	5						38 RICKARD	Urinary tract infection 20/10/2010 Home	Home													
01B	11						80 WHITING	Delirium/Dementia for 1x 19/10/2010 Home with CS	Home with CS	■	■	■		■					■			
01C	3						ROWLAND	hyperkalemia/hypernatremia Home	Home	■	■	■										
01D	9						90 MIKLI	Stroke v1G bed 1D 150	Home	■	■	■	■	■								
02A	3					H	99 ROWLAND	UTI,CCF 20/10/2010 RACF	RACF	■												
02B	3						87 ROWLAND	HONK, UTI, CCF RACF	RACF - Inverpine			■		■								
02C	11						91 RICKARD	URINARY RETENTION 15/10/2010 GEM	Home	■	■	■				■			■			
02D	5						82 RICKARD	Falls 18/10/2010 Home/GEM/Rehal	Home	■	■	■										
03A	4						59 ROWLAND	Pyrexia unknown origin Home	Home													
03B	11						90 WHITING	Fall & Chest Pain 19/10/2010 Home	Home	■	■					■						
03C	9						82 RICKARD	Urosepsis GEM-SNAPPED	Home with CS	■	■	■		■	■							
03D	7						75 RICKARD	Post-op Delirium 13/10/2010 Home	Home	■	■	■		■		■			■			
04	12						86 RICKARD	CVA 20/10/2010 GEM	Home	■	■	■	■	■								
05	20						88 MIKLI	Urinary tract infection ECU-SNAPPED	Home	■				■								
06	6						85 MIKLI	pneumonia 20/10/2010 GEM	Home	■	■	■	■			■				■		
07	6						65 MIKLI	?Left Upper Pelvic Ramus # Brighton Rehab 20/10/2010	Home	■	■								■			
08	6						47 MIKLI	Cellulitis Home	Home	■		■		■			■	■				
13	11					KU:	81 RICKARD	Syncope & Collapse 16/10/2010 GEM	Home	■	■	■							■			
14	2						86 RICKARD	SOBOE Home	Home	■	■	■	■	■		■						
15	21						82 MIKLI	Cellulitis ECU-SNAPPED	Home	■	■	■				■		■	■	■	■	



Ward 1G



1G Bed Number **03A**

Hours since Admission **278**



Exit

Back to Main Screen

UR Number **Mandatory Field**

Surname

Firstname

Date of Birth: **-Mar-33** Age: **77**

Medical Officer: **RICKARD**

Source: **ED**

Admission date time: **21/10/2010 8:15:00 PM** **dd/mm/yy hh.mm**

Readmitted within 28 day

Exp. date of D/C:

Discharge Code: **D/C 1-3 days**

Pre hospital pro: **Home with CS**

D/C Destination: **Home with CS**

Falls: **High**

Waterlow: **15-20 High Risk**

MST: **0**

Diet: **Full**

Fluids: **Thin fluids**

Mobility: **4WW INDEP**

Diag: **Falls**

Key Info: **ALLERGY**

Cog Screen: **18/30MOCA**

Print Number

1

2

3

4

Presenting History

Fall @ shower, Left Hip Sprain/Strain
Abdo Sinus.

Preadmission Status (Functional, Psychosocial, Comorbidities)

Bone CA, Paget's Disease, GORD, L Hip replacement
June 2010
Lives alone nil services. Contact the son. Moved
into retirement village (ILU) - not coping.
needs vital call

Investigations and Management plan

Analgesia
Pain Management

Criterion for Discharge

SW and Neuropsych to meet with pt 2/11 post-
family meeting 1/11- to determine D/C home or ECU

To Discharge:

1: Tick box

2: Fill in date and time of discharge
 dd/mm/yy hh.mm

3: Click discharge button

4: You will be asked confirm to archive the record then to delete it.

Discharge Patient

Physio **Complete**

OT **Complete**

Social **In progress**

Speech

Dietetics **In progress**

Psychiatry

CFC **In progress**

Diabetes

Podiatry

Pharmacy

Wound Care CVC

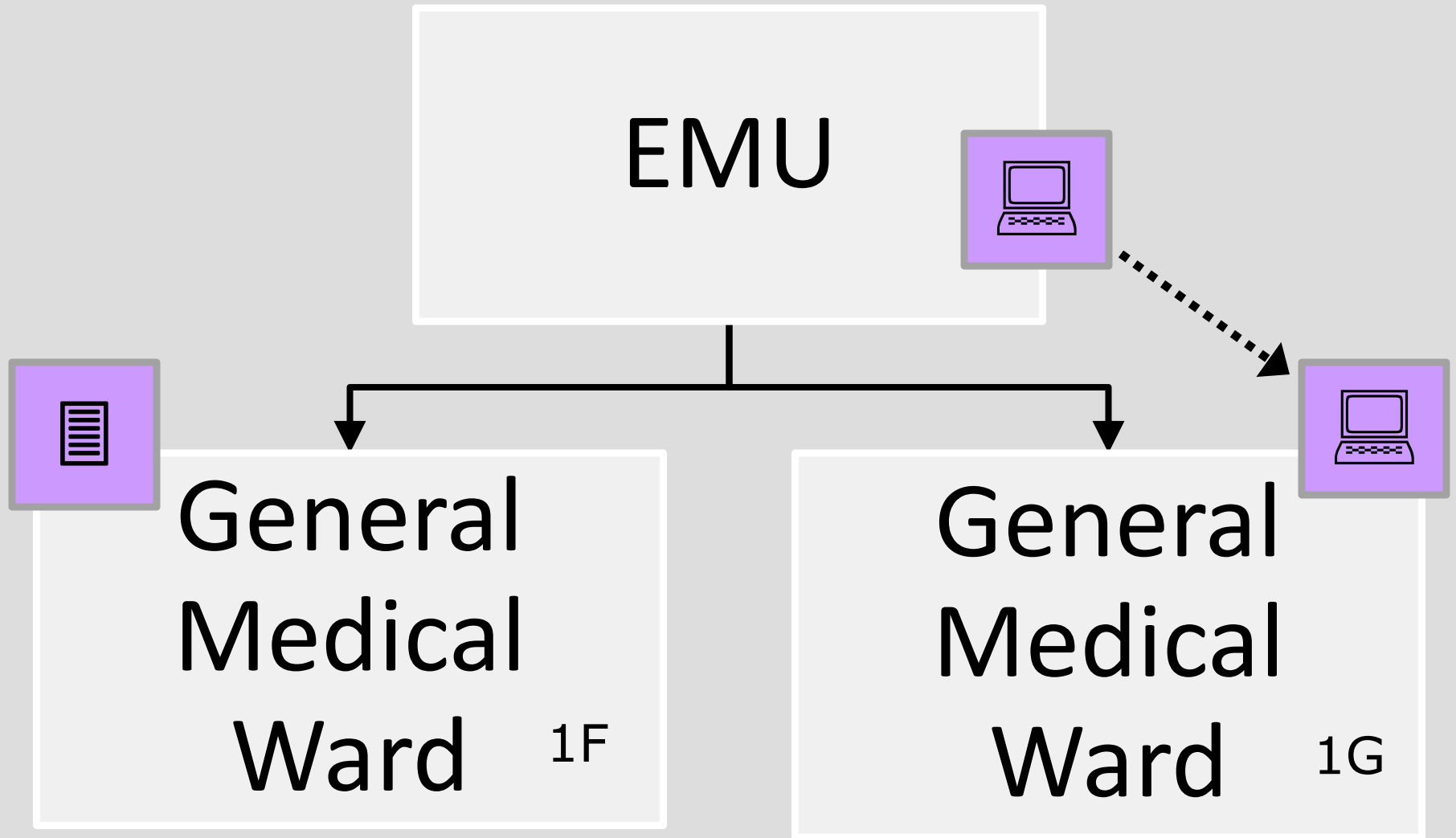
Neuropsychology **In progress**

Communication Tool



- Patient Handover Sheet
- Focus point in morning multidisciplinary meeting
and board round meetings

Patient Flows



Evaluation... progress to date



Patient Flow Indicators	Study PJB Ward 1G	Control Whiteboard 1F
Discharge Destination	94.2 %	42.2 %
Estimated Date of D/C	87.2 %	7.5 %
Criteria set for D/C	72.1 %	0.0 %

KPI's



- Average Length of Stay
- Delay to Discharge
- % Expected Date of Discharge

Qualitative



- Focus Groups:

- “Clear idea of what has been done and what has to be done, central point of reference for all disciplines”
- “Helpful for prioritising my workload, easy to see who needs to be seen based on estimated date of discharge”
- “Reduced data entry time and potential for transcription errors”
- “I was initially intimidated by the electronic journey board for fear of pushing the wrong button and losing all the data”
- “Only as accurate as information entered”
- “Staff rotation and training needs to be considered”

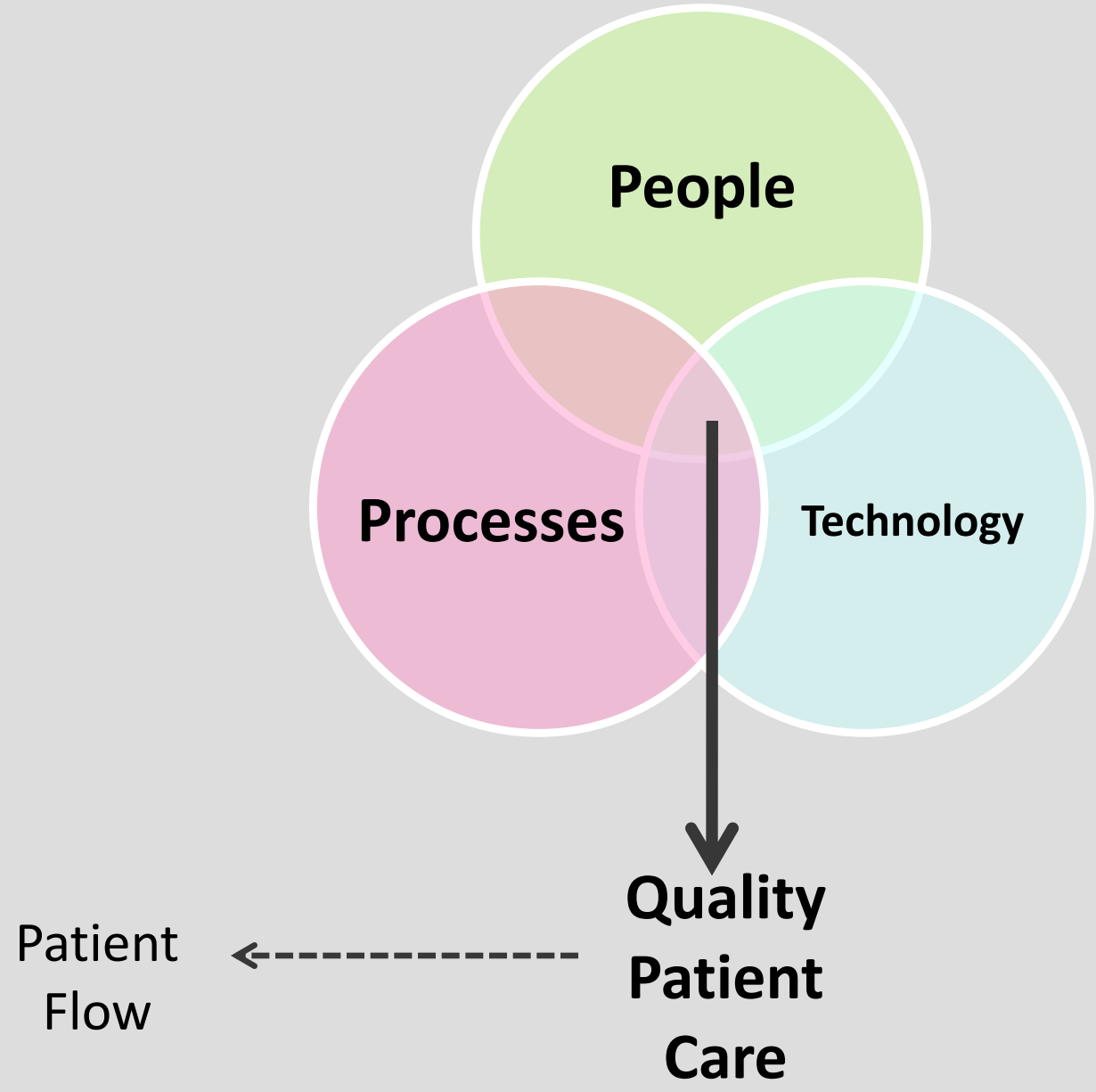
Opportunities and Challenges



- Clear visualisation of the patients journey
- Allows the whole team to own patient flow

But...

- Is only as good as the information entered
- Is a tool in patient flow not the solution



Thanks to



- EMU, W1G and W1F staff
- Access Improvement Service
- Patient Safety Quality Improvement Service
- Centre for Health Care Improvement
- University of Southern Queensland