

Improving Flows at the Backdoor

One Dot Two Dot
Red Dot Blue Dot

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Discharge Traffic Light System



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)

Version 2.0 6/08 Flinders Medical Centre

- > FMC implemented D/C Traffic Light system June 2008
- > DTL displayed on Journey Boards within each ward
- > Reported daily at 1pm capacity meeting



“Blue Dot” Status for Discharge

- > Medically able to leave the treating unit but unable to be discharged from the hospital for another reason
 - Blue Dots progressing as expected on clinical pathway
 - Blue Dots with Barriers
- > Responsibility for D/C plan shifts from Medical to Allied Health
- > Not related to Length of Stay



Understanding the Blue Dot Status for Discharge

- > Daily reporting of Blue Dot Status numbers helped to quantify the problem
- > How many is too many?
- > Identifying barriers
 - 38% of staff said that problems or barriers were identified earlier since DTL were implemented



Developing a Database

- > Weekly data collection undertaken to develop database
- > Weekly Snapshot audit
- > Manual collection from walk around
- > Discussion with clinical staff

Data Collection Form

Date of entry	Ward	Unit	UR	Name	Age	Admission Date	LOS	Status of D/C Plan (If for Rehab include date of referral or acceptance and specify location)	Barrier	Pathway Codes: Home Rehab TCP CAP HLC LLC HOSP Country Conflict GSB Behaviour DSA
06/05/2010	5A	NEURDL	000001	Jones	45	06/04/2010	90	Previously lived with wife Functional and cognitive decline Wife and family now feel that 24 hour supportive accommodation is required through DSA.	At present no suitable vacancy available in DSA accommodation	DSA
03/06/2010	6C	GMC	000002	Smith	89	19/05/2010	21	From home alone Multiple medical co morbidities Community supports no longer able to manage care needs at home Patient accepts need for residential aged care Referred to ACAT 4/6/10 ACAT assessment 6/6/10		HLC

Blue Dot, Complex and Transitional Care Pathways Report

	Breakdown			Total
Blue dots AAU, level 5 and 6 (excluding 5F)	AAU		2	30
	Level 5		12	
	Level 6		16	
Waiting ACAT assessment	Placement		3	7
	TCP		4	
Waiting Placement (HLC, LLC)	HLC	M8	F5	15
	LLC	M0	F2	
	ACAT >21		3	3
	Wait ACAT >3 days		3	3
Rehabilitation (REHAB)	RGH -Inpatient		3	6
	RGH-RITHOM		1	
	Hampstead (BIRU, Spinal or medical)			
	GEM		1	
	Griffiths		1	
	St Marg/College Grove			
Transition Care (TCP)	City Views	2	Flexible	4
Care awaiting placement (CAP) referred	RAB (Glenelg)		1	2
	MVH (McLaren Vale)			
	NHS (Noarlunga)			
	TCP Plus		1	
Complex Dis SA (DSA)	(4 blue, 4 red dots)			8
Complex Aged Care				4
MHL (HOME)				
GSB (GSB)				3
Acute transfer (HOSP)	RGH			3
	NHS		1	
	SCDH			
	Mental health		1	
	Private (Blackwood, Glenelg etc)			
	Convalescence (RAB, MVH etc)	1 (RATB)		

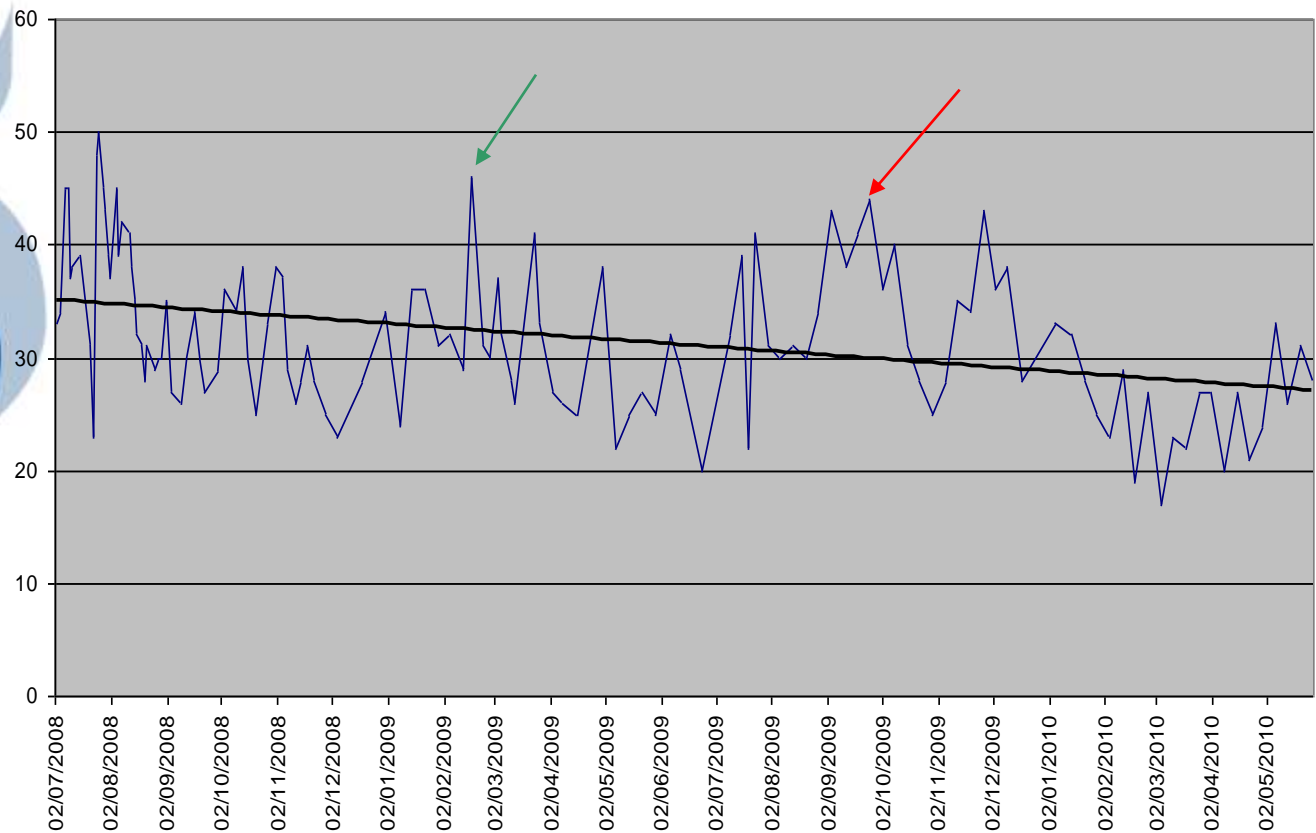
Notes and Barriers

Complex Aged Care

Disability SA

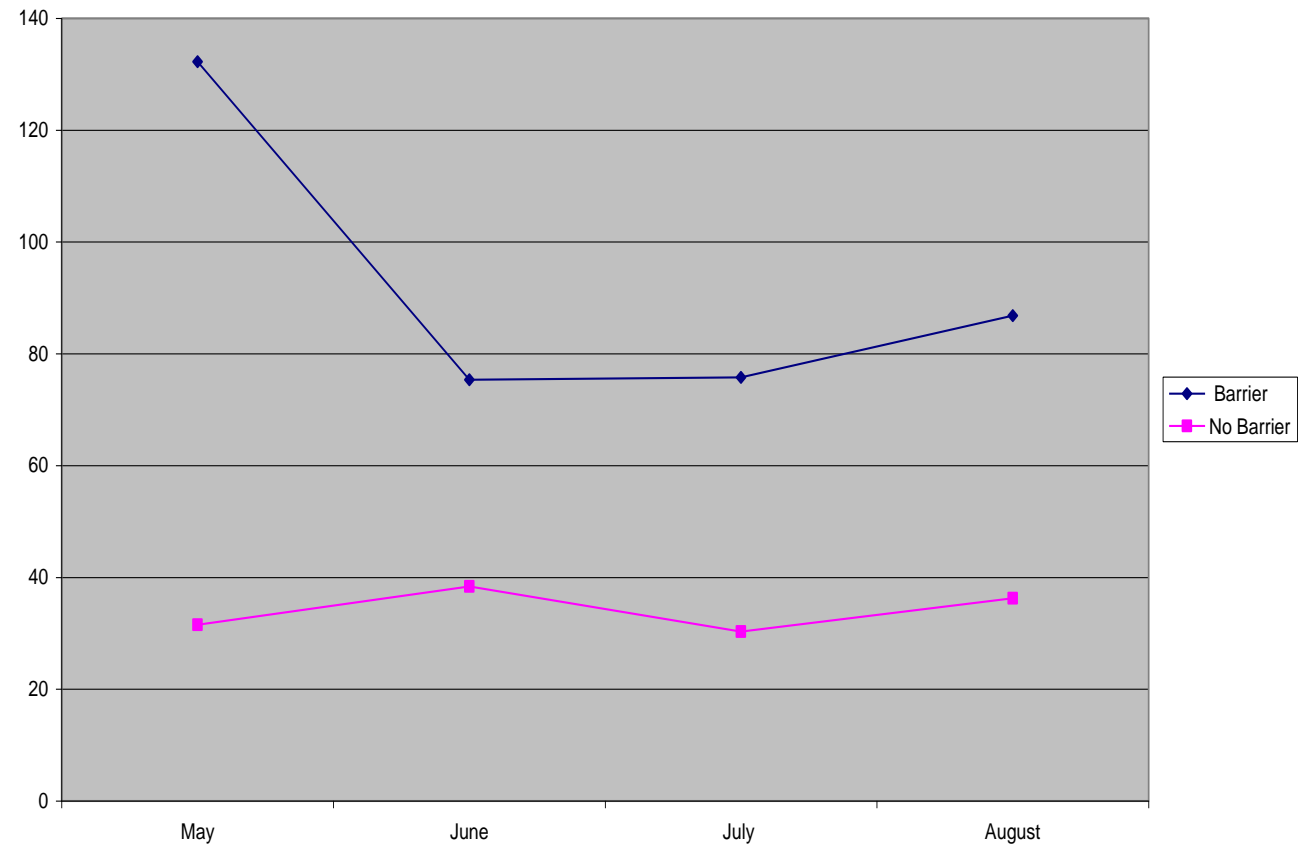
Results

Blue Dot Discharge Status Patients July 08-June 10

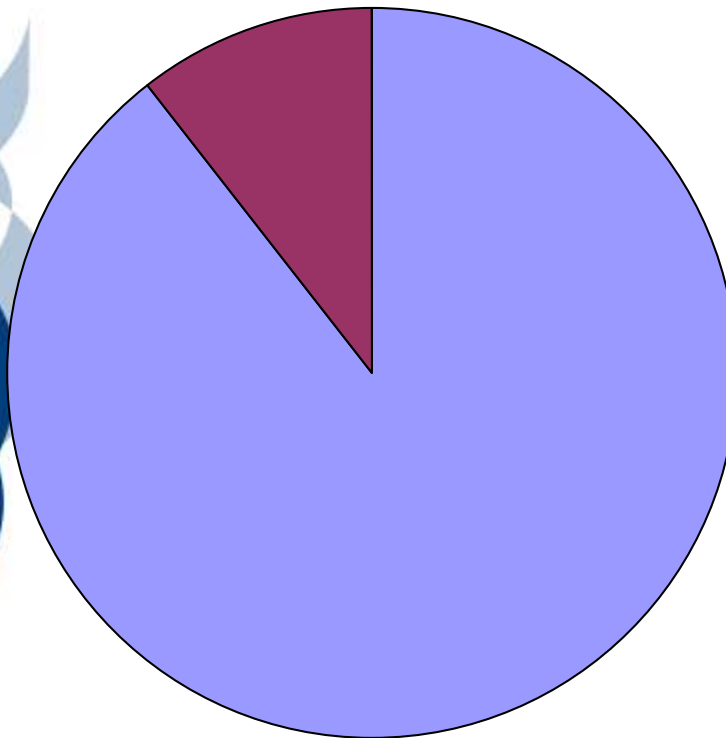




Average LOS Barrier Vs No Barrier



Blue Dot Status for D/C - Barrier Vs No Barrier



- Total number of patients with 'blue dot' no barrier
- Total number of patients with 'blue dot' and barrier



Developing Pathways to Improve Flow

> High Volume Pathways

- Home
- Rehabilitation
- High Level Residential Aged Care
- Low Level Residential Aged Care
- Care Awaiting Placement
- Transition Care Program
- Supported Residential Care
- Transfer to another hospital

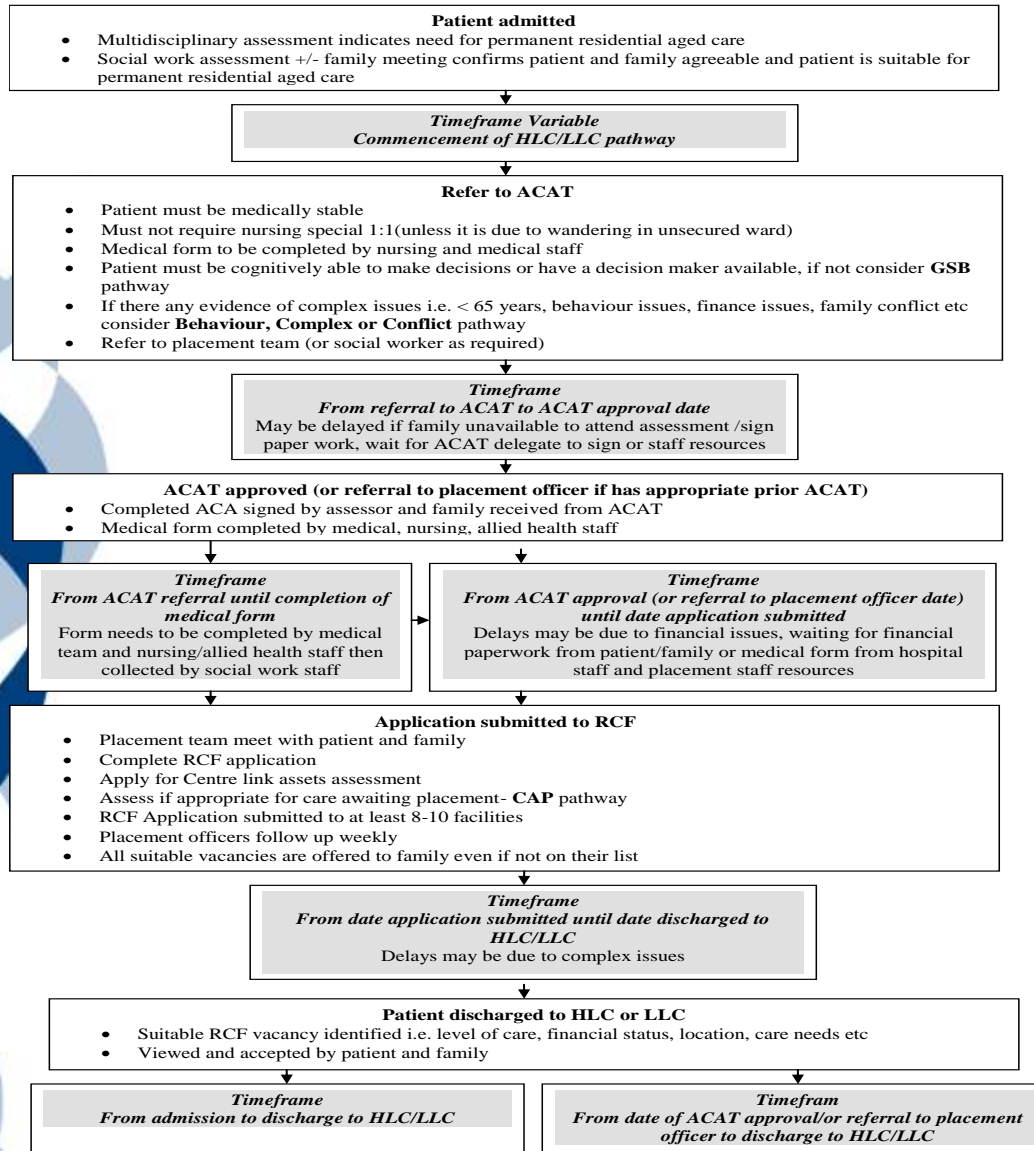


Developing Pathways to Improve Flow

> Low Volume Sub-pathways

- Patients with Family Conflict
- Guardianship Board Application
- Patients with Challenging Behaviours
- Disability SA Clients
- Patients with CALD background
- ATSI patients
- Return to Country community

Adelaide Health Services-Southern Area FMC/RGH/NHS Acute Social Work Residential Aged Care Placement Milestone Flow Chart 2010



Key: Timeframe: Days = business days; ACAT =Aged Care Assessment Team; HLC/LLC=High/Low level care Lisa Gilbert Version 11 august 2010



Outcomes from Blue Dot Database

- > Meaningful numbers and % for blue dots to ensure flow
 - “Normal level”
 - 30 – 40 blue dot discharge status
 - 10-12% of acute bed capacity
 - Our stretch goal
 - <20 blue dots
 - 7% of acute bed capacity target
- > Understanding of key barriers
- > Development of pathways
 - Residential Care
 - Disability
 - Guardianship Board



Key learnings through this work

- > Now using our knowledge and pathways to identify patients likely to have barriers ASAP in their acute journey
- > Making this group of patients visible has enabled engagement of all levels of staff in planning for patient discharge
- > Using the database and reporting tools enables us to identify LOS issues/trends in this group of patients quickly



Advantages of Documenting Pathways

- > Documenting pathways has enabled:
 - Clinicians to better understand their role and next steps
 - Maximise learnings across the systems
 - Everyone is clear on the expected patient journey with milestones and points for escalation
 - Clinical knowledge to be retained and built upon



Next Steps

- > Spread this work across all 3 hospitals within Southern Area of Adelaide Health Service
- > Continue the work to provide standardised pathways for all patients
- > Continue with multidisciplinary and external stakeholder engagement



A Final Thought

- > This group of patients is often invisible within a hospital BUT can consume large amounts of resources and capacity
- > Increasing visibility CAN make a difference to service delivery and capacity



Questions



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