

Creating Health Service Capacity *- a Sub Acute Response*

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What is Alfred Health ?

- **The Alfred Hospital**

- Major statewide service provider
- Designated **State Trauma Centre**
- 400+ multiday beds

- **Caulfield Hospital**

- Major provider of **rehabilitation, aged & community care**
- Some statewide rehabilitation services
- 350+ multiday beds

- **Sandringham Hospital**

- **Community Hospital**
- Emergency Department
- Paediatrics & Obstetrics
- 80+ beds

- **Operating Budget just under \$600m**

- **Employs just over 6000 staff**

Why change ? Our Health Service Challenge ...

- Increasing presentations in the Emergency Department
- Growing waiting lists for Elective Surgery
- Growing demand for Sub Acute, Residential Care and Transition Care
- A feeling that the Emergency Department is a long way from Caulfield !
- Finding beds in a timely manner has been a long standing issue

Our Response

- To turn reflections on length of stay on their head !
- To become proactive with managing and maximising patient movement
- To lift the profile of Caulfield Hospital within the Health Service
- Demonstrate our importance within the Health Service
- A sub strategy of our Caulfield *FUTURES* action plan

What we did at the practical level

- Phase I (Aug 2006) - *implemented **separation targets** for each of our sub acute, aged persons mental health and transition care wards*
- Phase II (Feb 2007) – *implemented **a pilot project initiative** of Care Coordinators, week-end allied health and evening Social Work service*
- Phase III (Feb 2008) – *implemented **Graduated Discharge Program***

About Phase I

- Implemented Separation Targets for all Inpatient Units and Transition Care
 - August 2006
 - Concept of targets already used throughout the health care system
 - Targets correlate with improved performance around the world
 - Based on Length of Stay in 2005/06
 - Reverse mathematics (LOS on its head) and improved by 10%
 - Transition Care Targets based on Commonwealth/State Agreement
- Targets designed to be a *catalyst* for change
 - Not the “be all and end all”
 - Realistic and achievable
 - To raise the question “how can we achieve this – what do we need to do ?”
 - Targets are well understood throughout the Health Service and reported daily, weekly and monthly at Health Service level
 - Greater flexibility between acute aged care and rehabilitation beds

About Phase II

- Implemented Pilot Care Co-ordinators, week-end allied health and evening Social Work service in Feb 2007 (*became ongoing*)
 - Care Co-ordinator model based on acute sector
 - Allied Health interventions are core business in rehabilitation
 - Interventions to urgent patient referrals and new patient assessments
 - Improved access to families outside business hours

About Phase III

- Implemented *Graduated Discharge Program*
 - Closed 10 beds in Feb 2008
 - Reallocated \$870k
 - Utilised reallocated revenue to fund:
 - > increase in community rehabilitation program by 20% including allied health, case manager, medical and nursing staff
 - > implement Care Co-ordinators in all Sub Acute units
 - > no \$ savings
 - Provides value for money – providing service in the community is approximately 50% of the cost of an equivalent bed based service
 - Separation targets increased relative to number of inpatient beds

So what did we achieve ?

- Review data:
 - Separation Targets
 - Number of patients transferred from The Alfred to Caulfield Hospital
 - Number of patients waiting more than 14 days at The Alfred
 - Number of patients being treated at Caulfield Hospital
 - Changes in Length of Stay
 - Comparisons in Length of Stay within Victoria

WARNING: Interpret data with caution !!

NEWS

Assaults on the rise

PETER ROLFE

MURDERS, abductions and assaults have risen in Boroondara in the past year.

But overall the area is a safer place to live, with significant decreases in the number of rapes, sexual offences and burglaries, police said.

Statistics released by Victoria Police show a 3.9 per cent drop in total crime in Boroondara in 2005-06, compared with 2004-05.

There was a 62.5 per cent drop in rapes, a 23.3 per cent fall in motor vehicle thefts and a 16.5 per cent reduction in the number of residential burglaries.

But the figures also reveal assaults climbed 16.5 per cent, from 345 to 402.

Abductions rose 33.3 per cent, from six to eight.

And weapons and explosives offences soared by 39.5 per cent - well above the state and regional average - from 43 to 60.

Boroondara Police Insp Bob Tucker said the figures reflected good policing rather than dramatic increases in crime.

“We're out there looking for it and we're finding it

— Insp Bob Tucker

“We're out there looking for it and we're finding it,” he said.

“There is nothing to suggest there is any increase in kids carrying knives at school or anything like that.

“It's simply that police are finding problems with weapons, whether it is on the street or in premises they search.”

The death of two children in their Balwyn North home and the mysterious death of pensioner Elia Abdelmessih in Kew East last September pushed the homicide rate from two to four.

Insp Tucker said several low volume crimes such as arson, which more than doubled from 12 to 25, rose slightly, but most offences were below state levels. He said Boroondara was “a pretty safe place to live”.



Bob Tucker, of Boroondara Police.

Picture: CHRIS SCOTT N08PP302

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Hot spot for burglaries

IT may be among Melbourne's most desirable places to live, but it seems Boroondara is also one of the most appealing areas for thieves.

Four Boroondara suburbs have made a list of the top 40 places most at risk of a burglary.

Camberwell and Hartwell residents are Boroondara's most likely victims, according to the list compiled by RACV Home Insurance, which ranks the 3124 postcode at number 24. Houses in Hawthorn and Glenferrie rank 25th and Kew and Studley Park residences come in at number 39.

Boroondara Insp Bob Tucker said it was no secret Boroondara's wealthy suburbs were a happy hunting ground for thieves.

“About 80 per cent of crimes committed in Boroondara are committed by offenders from outside our area,” he said.

The RACV study found, on average, one in 48 houses is burgled in Victoria each year.

It said contributing factors to burglaries included easy access and escape routes, obvious displays of wealth and lack of security.

Collingwood, Deer Park and Caroline Springs topped the list.

Analysis of Separation Targets

- Aug 2006 to Feb 2007 = 90.25%
- Mar 2007 to Jan 2008 = 97.51%
- Feb 2008 to June 2008 = 100.80%

- **Summary**
 - Improved **11.7%** from Aug 2006 to June 2008.

Analysis of Alfred to Caulfield patient transfers

- Jan 2006 to Jul 2006 = 38.03 per week
- Aug 2006 to Jan 2007 = 46.63 per week
- Feb 2007 to June 2008 = 48.79 per week

- **Summary**
 - Improved **28.29%** from pre Aug 2006 to June 2008. This equates with ***more than 550 patient transfers per year*** from The Alfred to Caulfield Hospital.

Analysis of No of Patients Treated

- 2004/05 = 2349 patients
 - 2005/06 = 2505 patients
 - 2006/07 = 2978 patients
 - 2007/08 = 2991 patients
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- **Summary**
 - Increased **27.33%** from 2004/05 to 2007/08. Bed numbers have fluctuated but we're still treating more patients than ever during the past five years.

No of patients waiting at The Alfred >14 days

- Jan 2006 to Jul 2006 = 88.07 per week
- Aug 2006 to Feb 2007 = 77.77 per week
- Mar 2007 to June 2008 = 66.33 per week

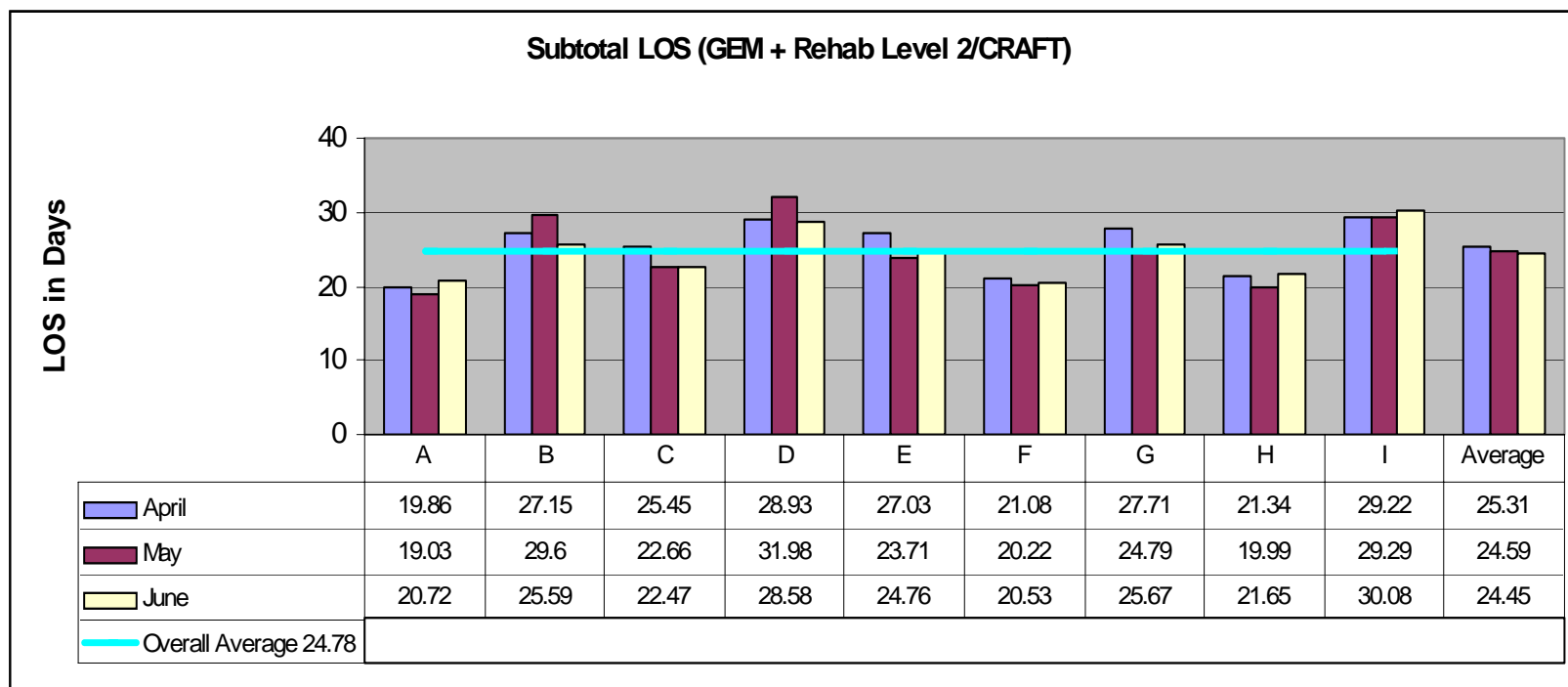
- **Summary**

- Reduction **24.68%** from pre Aug 2006 to June 2008. In addition, The Alfred regularly meets its ambulance Bypass target (<3%) AND was the only metropolitan hospital to meet its ambulance bypass target in the last quarter.

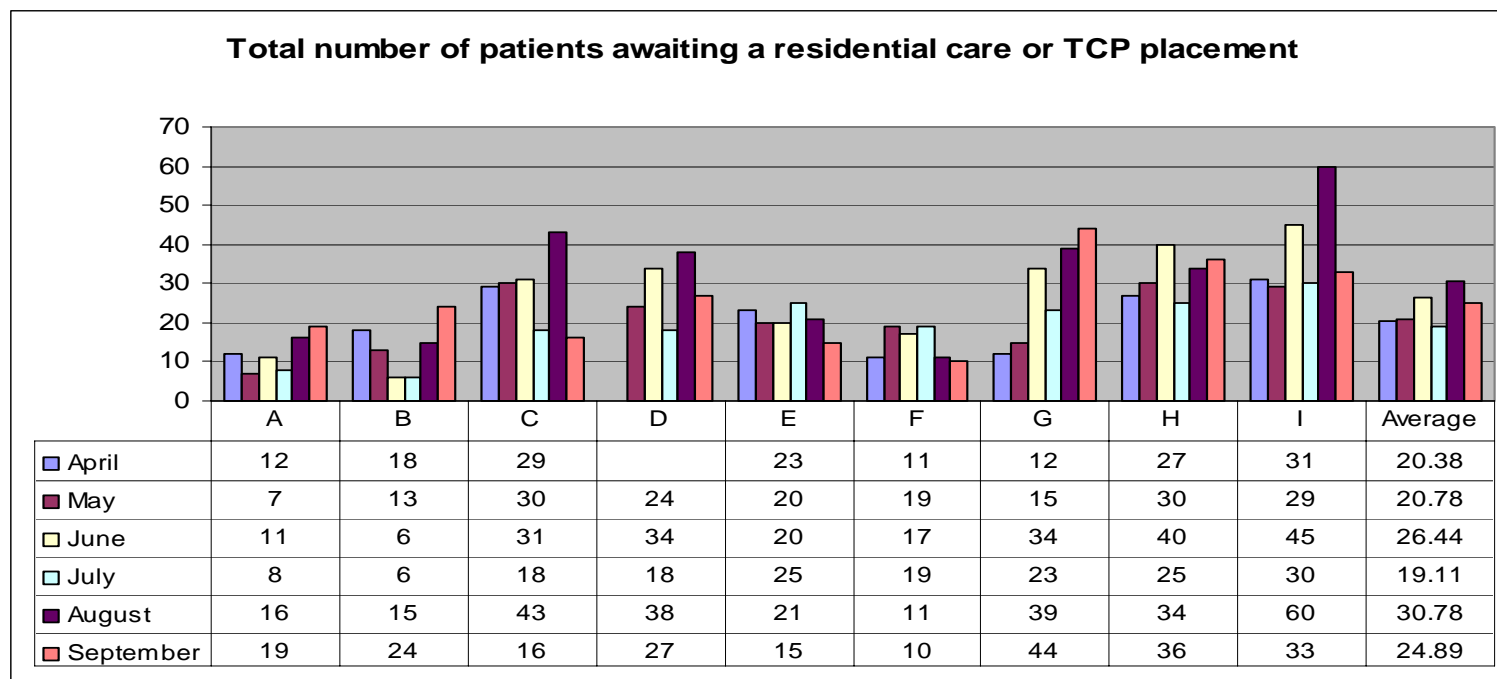
Analysis of Length of Stay

- **2004/05 = 25.90 days**
- **2005/06 = 25.10 days**
- **2006/07 = 23.30 days**
- **2007/08 = 23.20 days**
- **Mar 08-June 08 = 22.29 days**
- **Summary**
 - Improved **13.94%** from 2004/05 to last four months (Mar to June 08). **10.42%** improvement in 2007/08 when compared with 2004/05. Rehabilitation LOS has reduced from 33.7 days in 2004/05 to 23.80 days in last four months (Mar to June 08) – an improvement of **29.38%** and achieved in the context of greater acuity and complexity.

How do we compare on Length of Stay ?



Number of patients awaiting TCP or residential care



Our conclusions ...

- Many staff have embraced the change
- We all talk the same language
- Scepticism about targets has dissipated
- Improved performance was achieved as a result of the implementation of targets
- We know and understand what we're doing – we also measure it
- We don't need to be told what our problems are !
- We're best placed to resolve our own problems
- Greater throughput leads to increased acuity
- Attention to the *Front Door* isn't always the best solution
- Patients going home as early as possible is actually good for patients
- Innovation is not expensive and indeed, can be self funded
- And remember....

... don't take your eyes off the targets



Thank you !