



'View from a Hill'  
A new look at providing a  
Rapid Assessment Medical Unit response  
at Box Hill Hospital

Ms Kylee Lockwood, Ms Sharon Deeker, Dr Ramy Ghaly, Assoc Prof Chris Gilfillan



- Eastern Health is located in the Eastern Suburbs of Melbourne
- Regional population in excess of 800,000
- Incorporates 7 campuses



- Box Hill Hospital has 365 inpatient beds
- General and Emergency Medical and Surgical, Women's and Children's Services, Specialist Adolescent and Adult Mental Health Services
- Approximately 40,000 presentations annually

# Why a Rapid Assessment Medical Unit?

- Intensive short term assessment
- Optimise early treatment and discharge
- Improved Access
  - Emergency Dept
  - Early access to specialist services
  - Reduce length of stay
- Improved Patient Flow
  - Right place
  - Right time
  - Right person

# Previous model

- Prior to November 2008
- Located on own ward
- Receiving ward for General Medical patients from ED
- 4 separate General Medical Teams
- Standard nursing ratios
- Standard General Medical Allied Health allocation

# Issues with previous model

- Not meeting RAMU aims:
  - Rapidly draw medical pts from ED
  - Rapid discharge of pts who would benefit from rapid assessment & treatment
- ED Key Performance Indicators not met:
  - 24hr stay ED target 0% actual 12%
  - Ambulance bypass target 3% actual 11.7%
- Culture that all paperwork complete before transfer

# Issues with previous model

- No Medical Registrar in ED till PM
- Discharges not prioritised
- No consistent process
- No dedicated EFT or appropriate ratios for Allied Health
- Multiple teams and staff attached to 4 General Medical Units

# Innovations

- 24 bed dedicated unit
- Staffing Profile

## *Medical:*

- Dedicated 'Head of Unit' & 4 other physicians
- Weekends covered by General Medical physicians
- Access to specialist consultants
- Dedicated medical team: 3 x Medical Registrars  
3 x Interns

# Innovations

## *Nursing:*

- Addition of Patient Flow Nurse 1.0 EFT
- Focus on Discharge planning
- Negotiating clinical barriers
- ED → RAMU fast tracking
- Accountable to Patient Access Program
- Performance Indicators:
  - ↓ LOS in RAMU
  - ↓ 8 hr stay in ED

# Innovations

## *Allied Health:*

- Interdisciplinary model
- Dedicated Allied Health Team
- Allied Health Patient Flow Coordinators including weekends
- Senior Clinician – Patient Flow Specialist (SW)

# Innovations

- Screen and refer for specialist AH assessment if required
- Clinical problem-solving and coordination of complex patient discharges
- Continuity with General Medical patients when transferred

# A Patient Journey



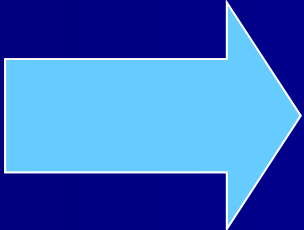
- Mr R. is 85yo.
- Mr R. arrived at BHH ED via ambulance
- Presented with:  
Acute onset confusion,  
past hx of lung Ca

# A Patient Journey

- Arrived 7.15am
- Triage
- Assessment commenced
- Seen by ED Care co-ordination
- Investigations commenced

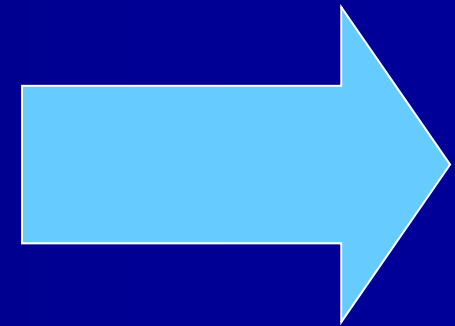


# A Patient Journey

- Patient Flow Nurse attends ED at 8am
  - 3 discharges expected on RAMU
  - Mr R. selected for 'fast tracking'
  - ED RAMU Registrar alerted
- 
- Cat 3 – 5
  - Likely medical admission
  - Pt and RCF notified of likely admission
  - ED RAMU Reg confirms admission on 'ED round'

# A Patient Journey

- Morning handover Mr R. flagged as AM admission
- Allied Health Patient Flow Co-ordinator decide OT
- Interdisciplinary Assessment
- Refer Physio & SW specialist Ax
- Allied Health Ax complete
- RAMU daily Review Meeting (2pm)



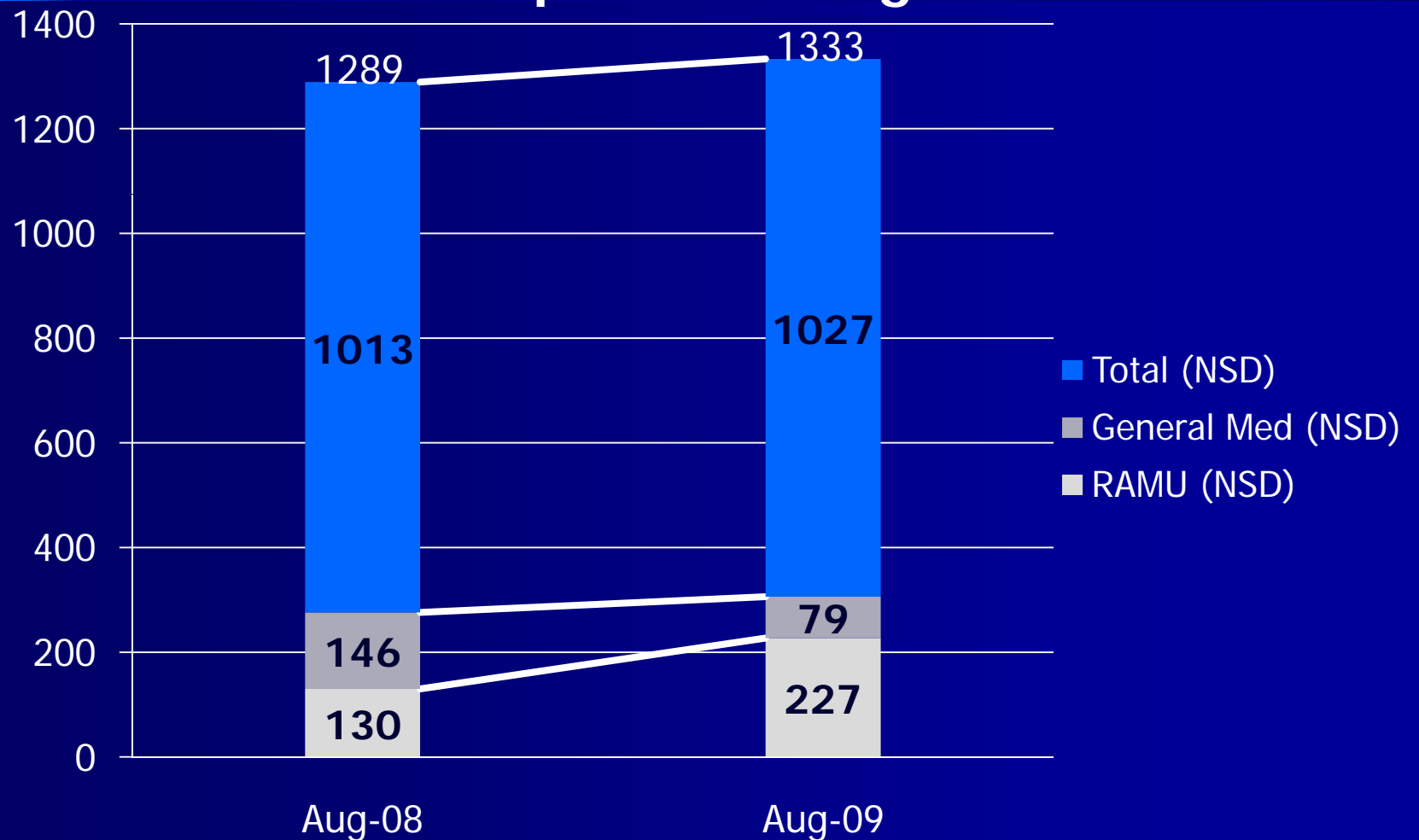
# A Patient Journey

- Referral by Patient Flow Nurse to HITH
- Referral by Allied Health to Community Palliative Care & Community ACAS
- Referral by ED RAMU Registrar to Residential Care Outreach
- Mr R. discharged back to Hostel next day



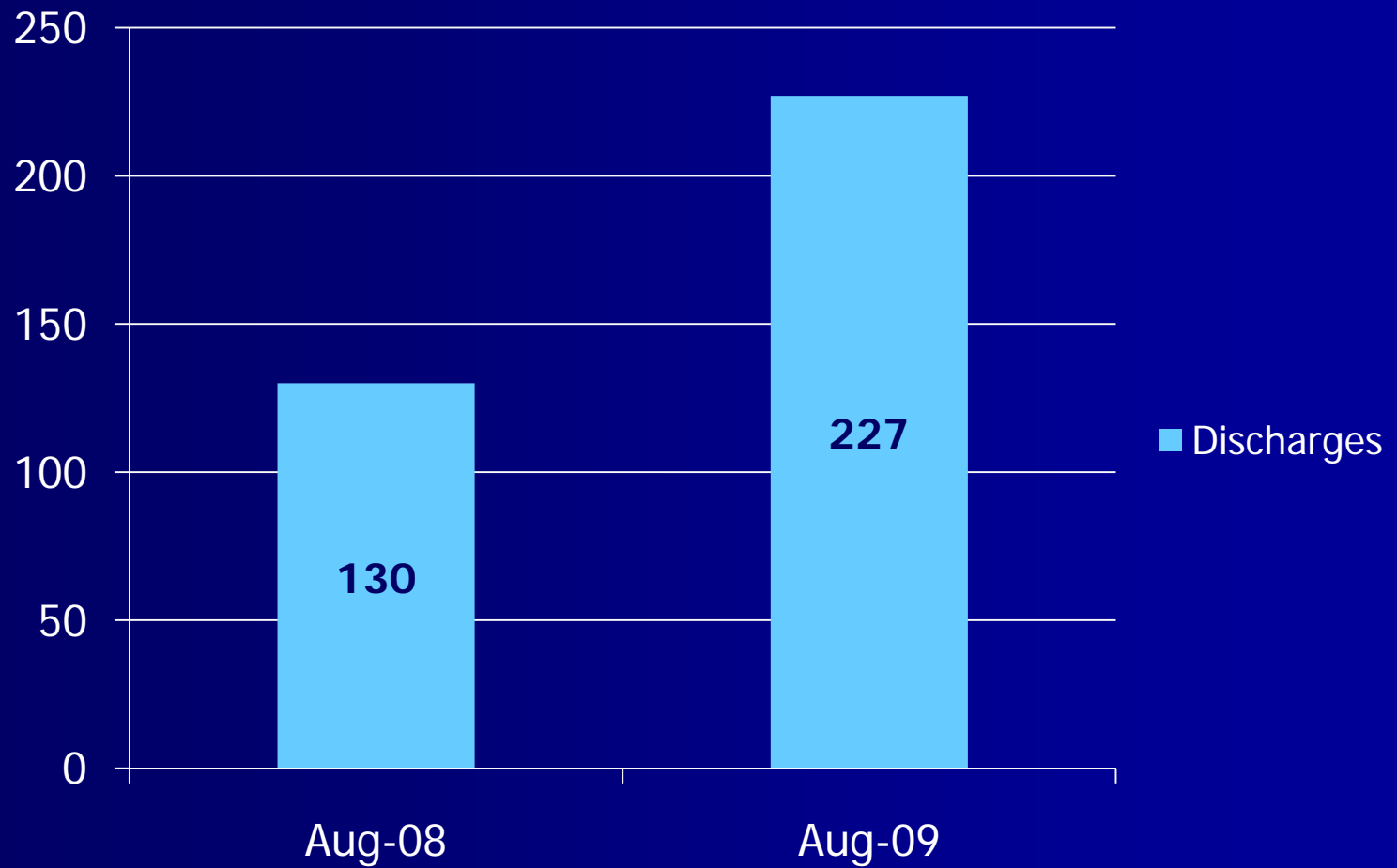
# Outcomes

## Box Hill Hospital Discharges



# Outcomes

## RAMU Discharges

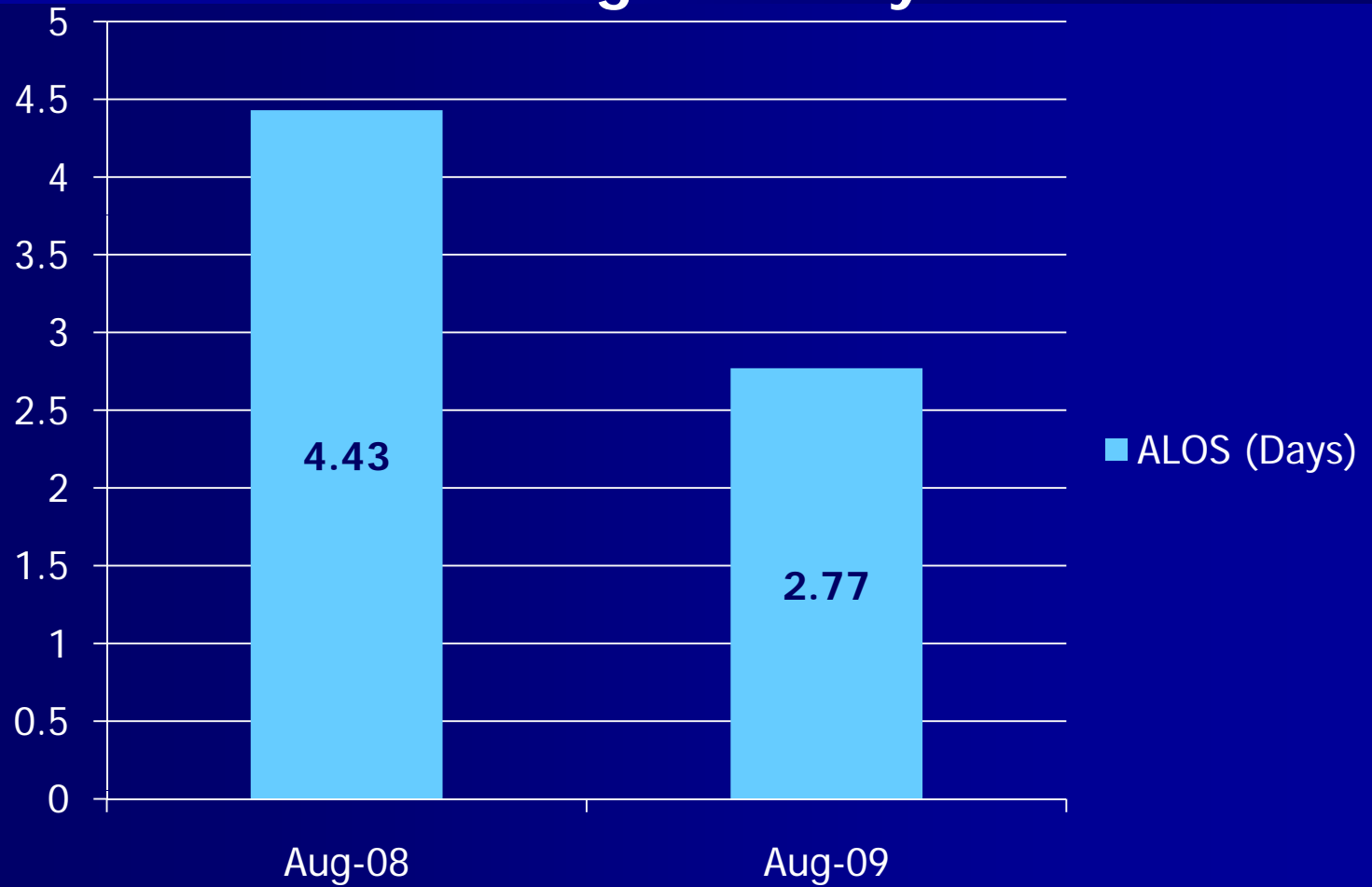


# Outcomes

- General medical throughput more efficient
- 74.2 % of all general medical patients admitted through RAMU
- 54 % increase in the number of contacts by allied health team

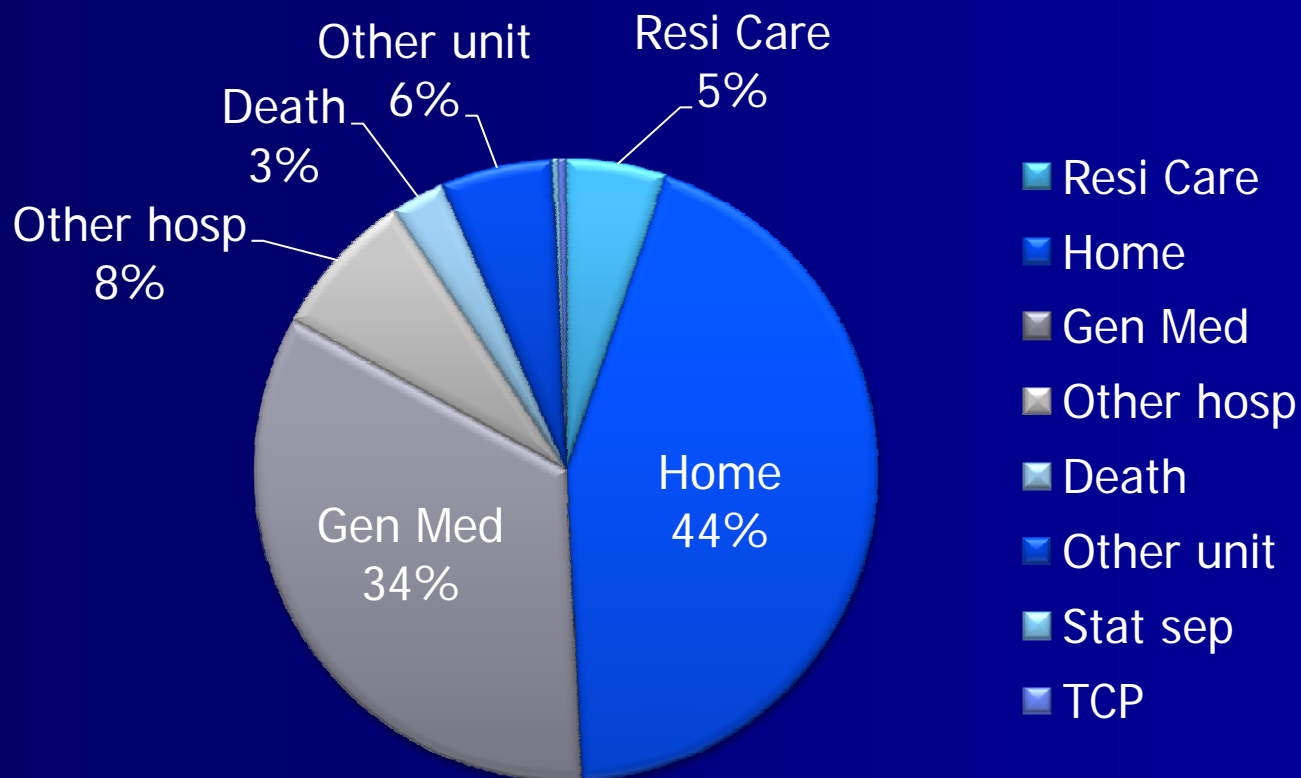
# Outcomes

## RAMU Length of Stay



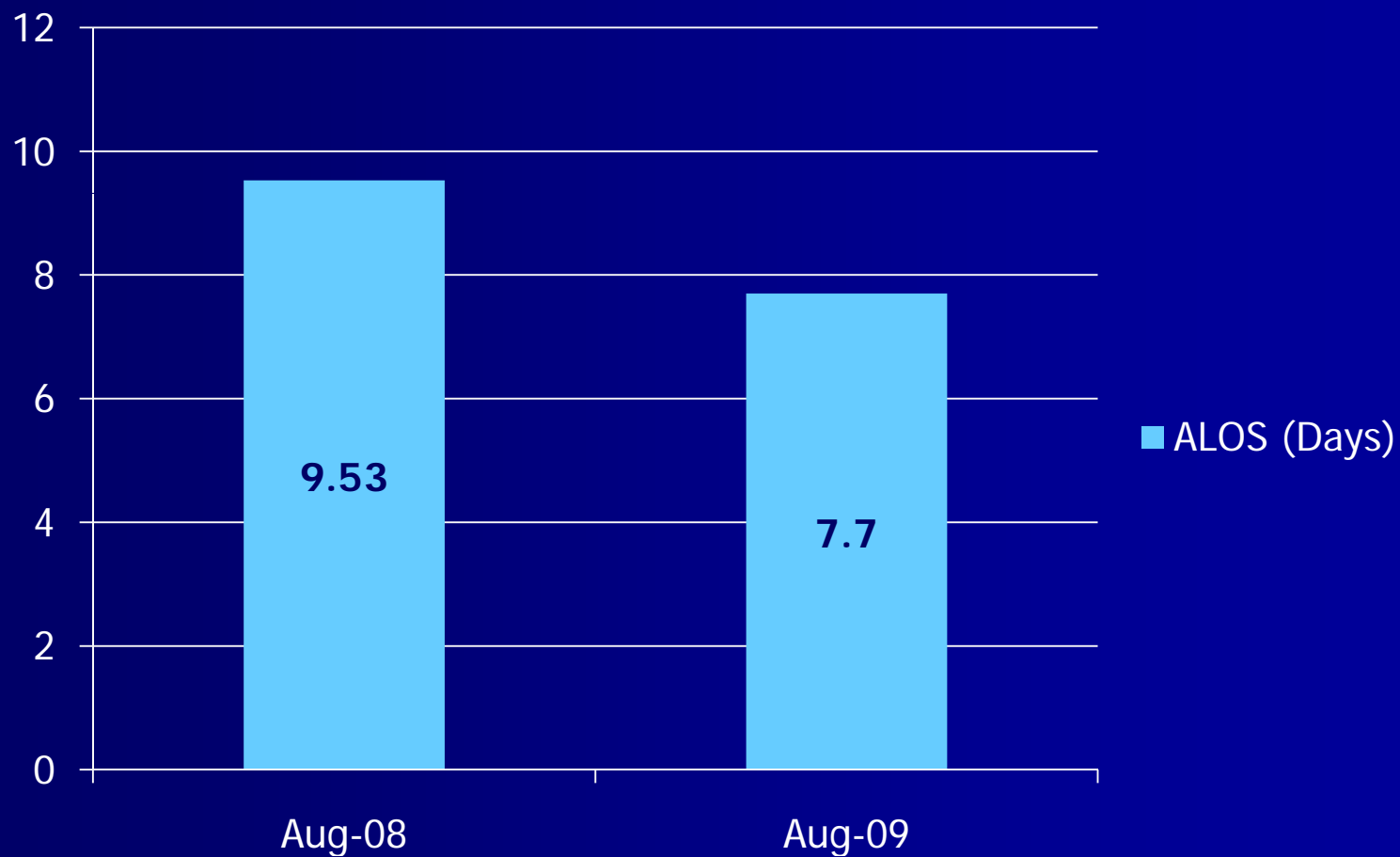
# Outcomes

## RAMU Discharge Destination



# Outcomes

## General Medicine Length of Stay



# Outcomes

## General Medicine

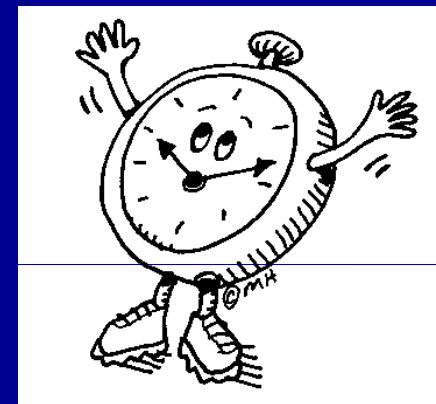
- Patients discharged in <48 hrs  
11 % vs. 20 %
- Patients discharged in <72 hrs  
18 % vs. 35 %

*Data Comparison: Aug 08 and Aug 09*

# Outcomes

## Impact on ED

- 8 hour wait in ED
  - Aug 08 50% stayed <8hrs
  - Aug 09 70% stayed <8hrs



# Summary

- Dedicated multi-disciplinary clinicians
- Interdisciplinary approach
- Relationships - internal & external
- 7 days per week
- Patient-centred
- Focus on discharge planning