



GETTING IT RIGHT – DAY, EVENING & NIGHT

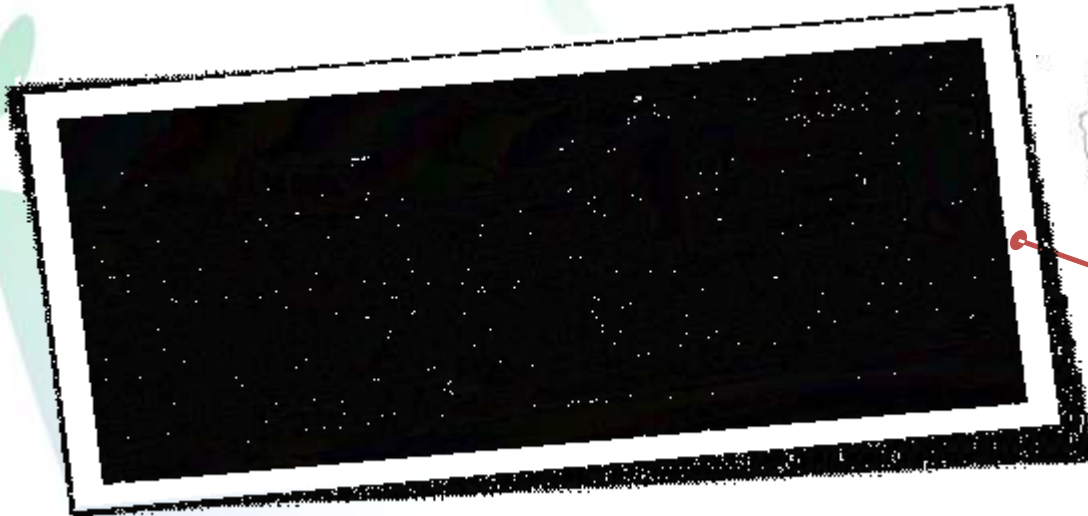
Support Systems for a New Model of
Practice

Royal Hobart Hospital

Southern Tasmania
Area Health Service



Access & Patient Flow Unit



465 Acute Beds

90 Day Beds

Australia's second oldest hospital
(1804)



- Tasmania's population is approximately 508,000
- Southern Region holds approximately $\frac{1}{2}$ population ~ 253,000 people



The Royal Hobart Hospital is;

- Australia's second oldest hospital (1804)
- State's largest hospital
- Largest employer in Tasmania
- Collaborative relationship with University of Tasmania



Tasmania's only tertiary referral centre

- Provides state-wide services for
 - Neurosurgery
 - Cardiac surgery
 - Hyperbaric therapy
 - Paediatric & Neonatal Intensive Care
 - High Risk Obstetrics



- Maximum capacity of 465 beds
 - 352 acute overnight
 - 60 sub/non acute overnight
 - 44 same day
 - 9 short stay beds



- Approx. 2,800 full time equivalent staff or paid headcount of more than 3,690



- **Previous Model**
- An incorporated management and clinical model
- Two Nurse Managers After Hours - responsible for their designated area, half of the hospital each
- Bed Manager business hours



Why change?

- Increasing complexity of workload
- Variable workload
- Increasing numbers of Emergency admissions
- Increased pressures on bed availability
- Safer patient initiatives
- Changing patient profiles



- Evidence suggests that a focus on one role improves outcomes



- From After Hours Nurse Managers and Bed Manager to
 - **Clinical Coordinator**
 - **Patient Flow Manager 24/7**





- Review of the roles, identified the areas of support required



- Roster Office
 - Day work to Shift work
- Enabled
 - Improved access for staff
 - Streamlined rostering processes
 - Support for Clinical Coordinator / Patient Flow Manager



- Patient Flow Assistants:
 - New role within the hospital
- Enables
 - Support for Clinical Coordinator / Patient Flow Manager
 - Assists with Flow



- Both Facilitate time for managers to do their jobs!



Issues

- Initial reluctance of existing roster office staff to change
- Lack of acceptance of the PFA position by existing staff
- Concerns by Clinical Coordinator / Patient Flow Managers that staff in support roles would require “managing”
- Union involvement



Conclusion

- New practice model operational for 11 months
- Staff surveys have demonstrated positive results
- Clinical Coordinator / Patient Flow Managers have expressed positive benefits



The Future

- Collection and analysis of both clinical and staffing data
- Staff satisfaction surveys
- Further development of the PFA and roster staff roles



Thank you!

