

Making the Impossible... Possible



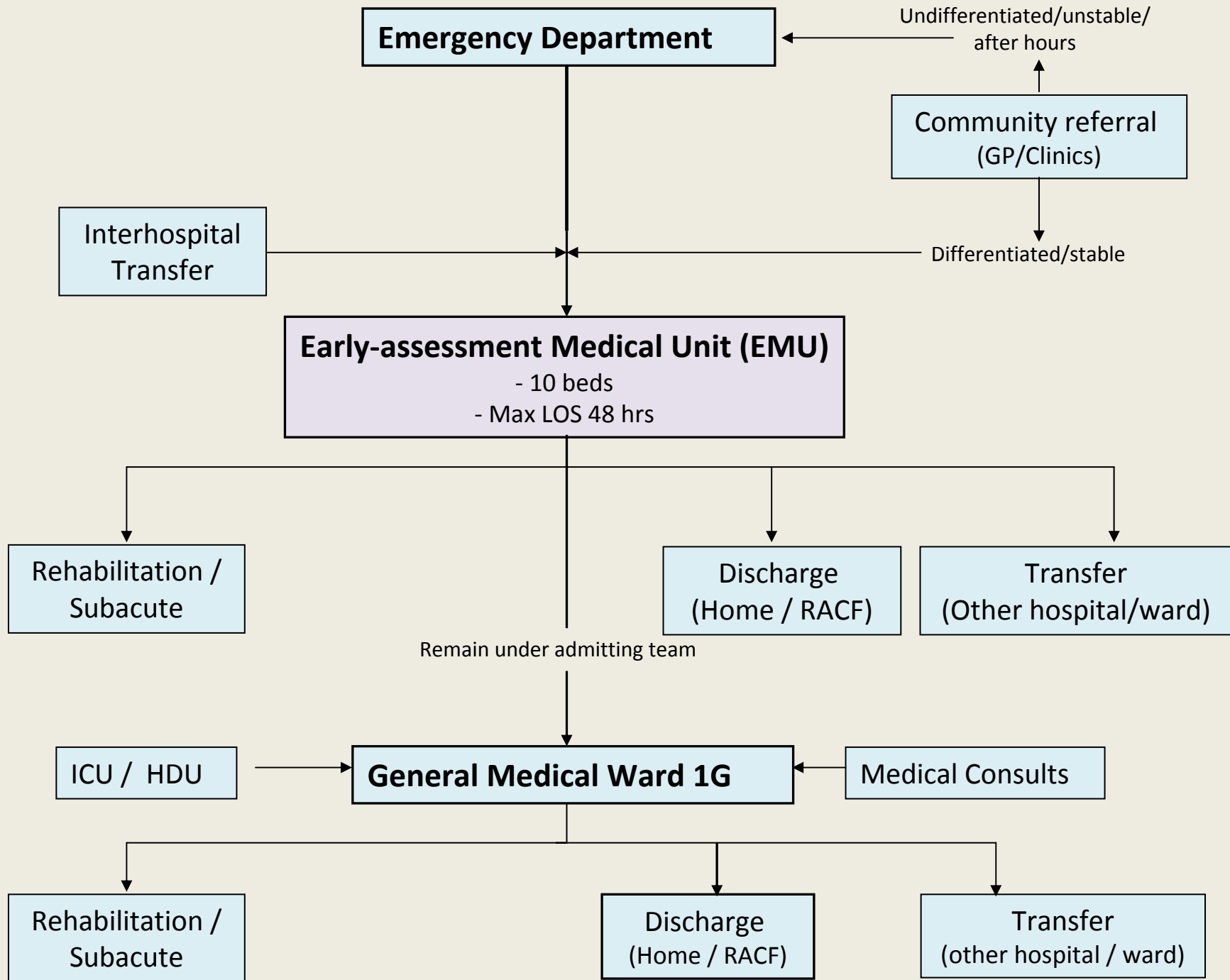
Allied Health
getting the EMU
off the Ground



Early-assessment Medical Unit (EMU)

“Grunt up front”

- 10 Bed Unit
- Intensive period of **assessment** and **planning** by the MDT
- Target max 48 hour LOS
- Emphasis on care planning
 - move patients to most appropriate place for ongoing care
 - home, acute, subacute
- Appropriate skill mix





EMU- Our Customers

- 180 admissions/month and increasing
- Average LOS 24.7 hours and falling
- Readmission rate 2.7% within 28 days
- Age range 14 – 101 yrs, ~ 60% female
- Care of older person core business

The Team

Allied Health



Support Services



Medical

Nursing

“The Team” Together Everyone Achieves More

Work Practices- Handover Sheet

EMU.v0.9.5 - [BedQ] copy screen

File Edit Insert Records Window Help

EMU Bed Number UR Number Surname **TARANTINO** Firstname **Quentin** Relevant Ward Information: **HAVE A GOOD DAY.** Click to edit

EMU Bed Number **V** Days since Admission Patient count **10** Refresh MMP report

Potential Discharges: **1** Click to edit

Expected Admissions: **0** Click to edit

UR Number **Mandatory Field**

Surname **TARANTINO**

Firstname **Quentin**

Date of Birth: **01-Jan-52** Age: **56**

Medical Officer: **Dr Rowland**

Source: **ED**

Admission date time **dd/mm/yy hh.mm** Readmitted within 28 days?

Exp Date of D/C: **dd/mm/yy**

Patient Flow Status: **Stay in EMU**

Falls: **Low**

Waterlow: **0-10 Not at Risk**

MST: **0**

Diet: **High protein**

Fluids: **Moderately thick (1/2 thick)**

Mobility: **Independent**

Diag: **Falls**

Key Info:

Cog Screen:

To Discharge:

1: Tick box

2: Fill in date and time of discharge
 11/08/2008 8:00:00 AM

dd/mm/yy hh.mm

3: Click discharge button Archive then Discharge

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

Presenting History
Fall while filming

Preadmission Status (Functional, Psychosocial, Comorbidities)
Independent, lives alone in mansion, Smoker, HTN

Investigations and Management plan
CT head, bloods, alcohol withdrawal

Physiotherapy Occupational Therapy Social Speech CHIP

Gait assessment

Mobility aid prescription

Balance assessment

Recurrent Falls

Chest assessment and treatment

Musculoskeletal pain

Rehabilitation assessment (e.g. CVA)

Passive range of motion/bed exercises

Exercise program prescription

Other:

Family or Relationship Dysfunction

Carer Stress

Placement Issues

Legal matters

Homelessness

Financial Support

Child Protection

Alcohol and drug counselling

Trauma Counselling

Loss and grief Counselling

Death and dying Counselling

Sexual health Counselling

Emotional/ stress issues

General psycho-social education

Adjustment to new diagnosis

Psychologist

New onset dysphagia symptoms

New onset communication deficits

New diagnosis of stroke/TIA

Admitted on modified diet

Poor oral intake associated with dysphagia symptoms

Pre-existing dysphagia

Complex mouth care issues

Communication and swallowing disorders

Psychiatry

Diabetes

Record: 11 of 11

start Document4 - Microsof... Novell-delivered Appli... Web1000 Login - Mic... WEB1000 EMU.v0.9.5 - [BedQ] EN Address 12:58 PM



Work Practices- Team Meeting

- Daily and attended by all
- Patient care planning
 - Combination of assessment and discharge planning
- Proactively seek patients requiring intervention
- Prioritise patients and utilise combined assessments where appropriate

JUST A FEW QUESTIONS...
WHO LOOKS AFTER YOU?
YOUR NEXT OF KIN?
YOUR DATE OF BIRTH?

IF YOU COULD JUST TELL ME
WHO LOOKS AFTER YOU...
YOUR NEXT OF KIN? YOUR
DATE OF BIRTH?

I NEED TO KNOW A FEW
THINGS...WHO LOOKS AFTER
YOU? YOUR NEXT OF KIN?
YOUR DATE OF BIRTH?

ETHEL WILLIAMS
MY DAUGHTER
NONE OF YOUR
BUSINESS!

SOCIAL
WORKER



Work Practices- Assessments

- Combined assessments
 - OT and PT
 - SP and DN
 - CHIP nurse and SW
- Assessments follow patients where they go
- Early identification of patients
- Emphasis on utilisation of community resources



Work Practices- Clinician Driven

General

- Protected Mealtimes
- GDS screening
- Mouth Cares Assessment Tool
- Links with GP via electronic discharge summaries
- Pilot site for Health Record Exchange (HRX)

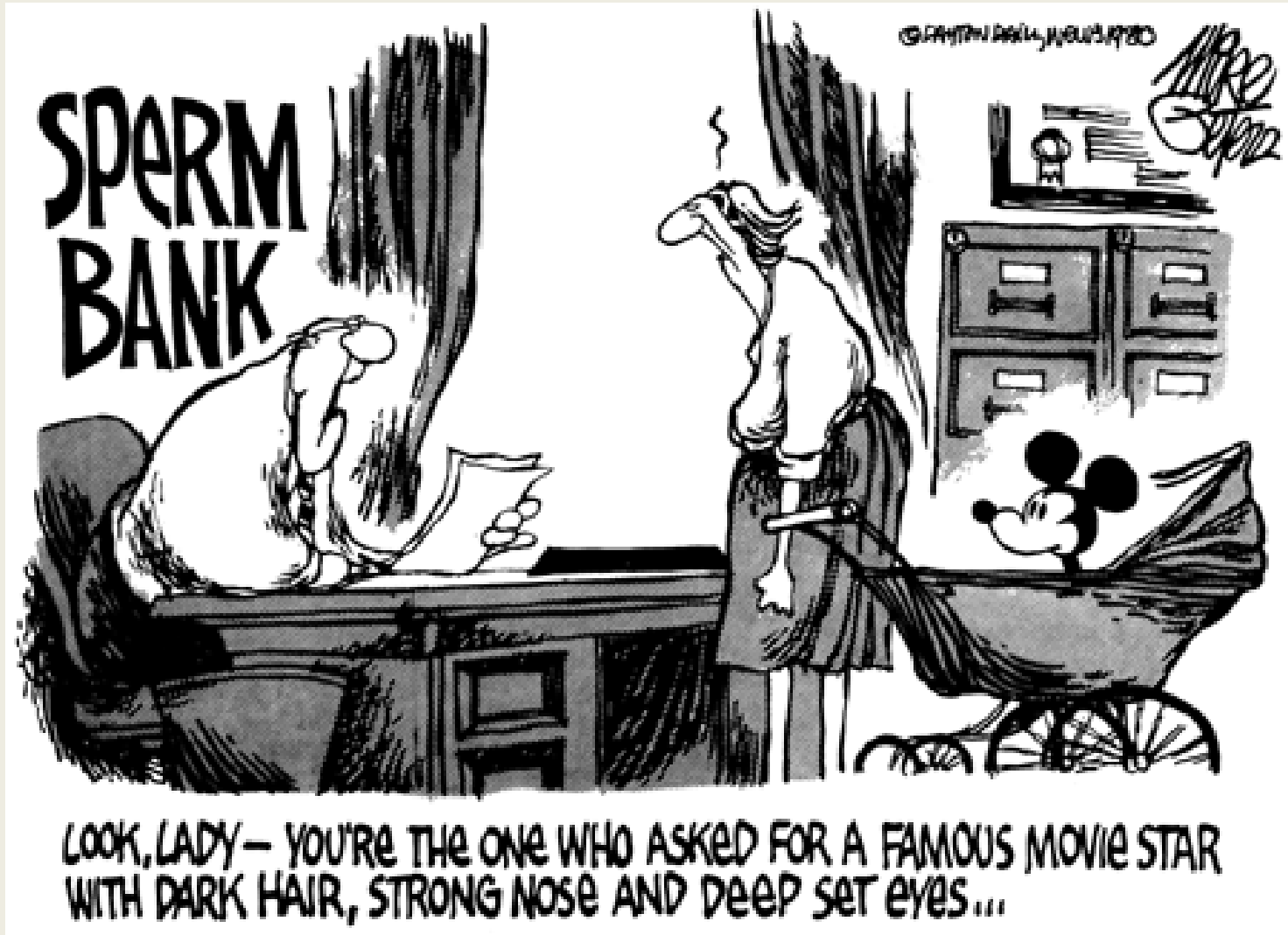


Work Practices- Clinician Driven

Routine

- Cognitive Screening > 65 (RUDAS, MMSE)
- Mobility and balance assessment > 65
- Malnutrition Screening
- Home environment assessment
- ADL performance
- Pharmacy medication history interview

Challenging the assumption





The Challenge

- Trust and Respect
- Seniority and clinical leadership
- Teamwork/Interdisciplinary focus
- Our identity is our team rather than our physical location
- No hierarchy
- Permission



Future

- Expansion of service
- Extended hours
- Exploring links in community
- Interdisciplinary research
 - Database
 - Communication
 - Multicentre
- National benchmarks

