

WHEN CAPACITY DOES NOT MEET DEMAND

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Sydney West Area Health Service

Nepean Campus

- Nepean Hospital is a 420-bed major Referral Hospital.
- Nepean Hospital is located at the base of the Blue Mountains in Penrith NSW.
- Penrith lies on the Nepean River and is one of the fastest growing areas in Sydney.

Services within Cardiology

- 6 bed CCU Hard wire monitoring in patient unit
- 19 cardiac step-down beds in patient unit all with telemetry capacity
- 7 bed recovery unit out for out patient interventional services
- Out-patient and Out patient Cardiac Rehab programme
- Interventional Cardiology
- Diagnostic Cardiology
- 24/ 7 Primary Intervention
- EPS and Radio frequency ablation
- Out patient ECG
- Electrophysiological Studies services
- University Clinics
- TASC project
- Research and Trials for drug companies
- Pre Angiography education clinic
- Inpatient and Outpatient Echocardiograph Service
- General Cardiology
- Exercise Stress Testing 7 days a week
- Holter Monitoring - out patient

General representation of Admissions

- 4 beds for Cardiac Catheterisation Suite.
- 2 beds for inter-ward transfers.
- 1 beds from rural centres.
- 5-10 beds through the Emergency Department on any given day.

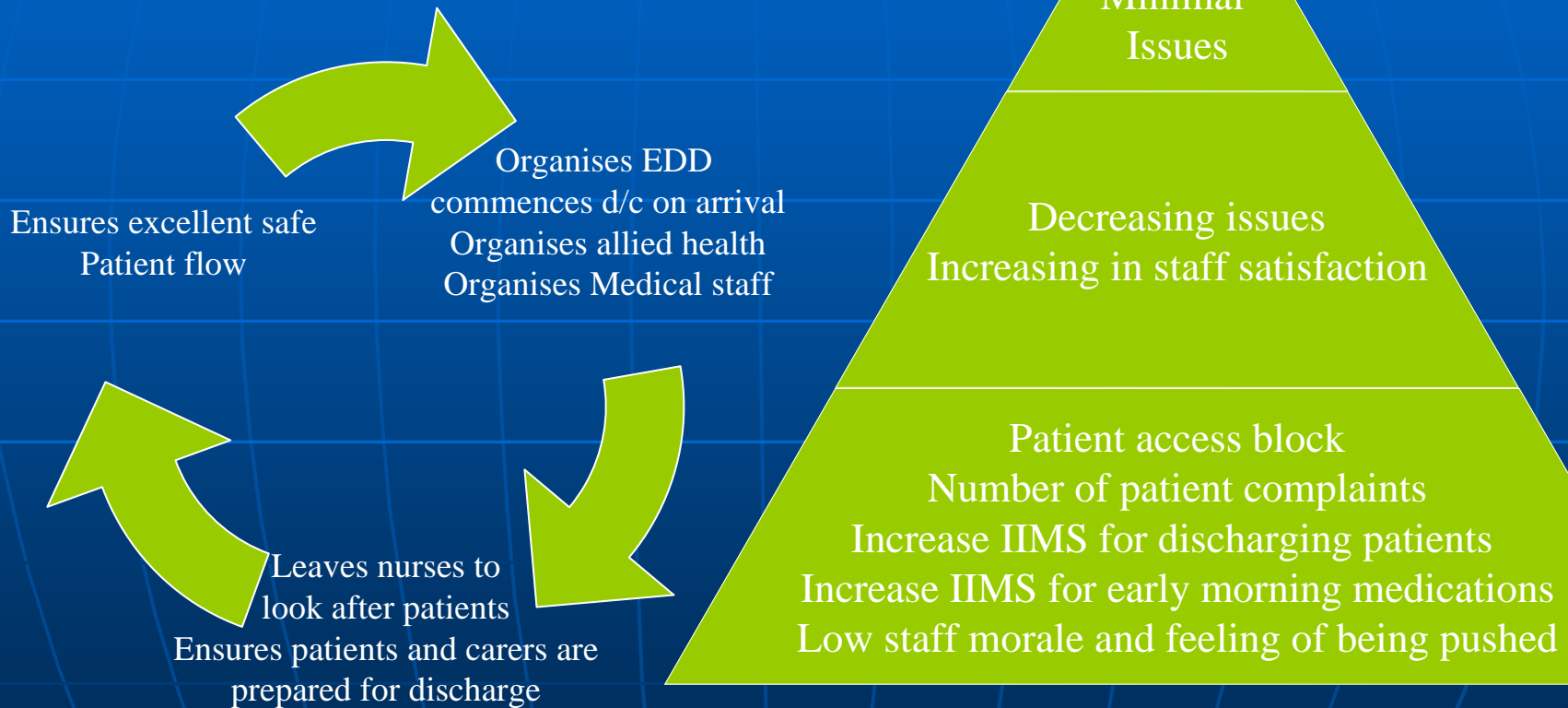
ACCESS AND THE ISSUES

- Substantial Access Block of 60-80% each day. (Target of 20%)
- Increase in patient complaints due miscommunication regarding discharge.
- Increase in length of stay due to lack of communication between medical and nursing staff.
- Increase in staff dissatisfaction with workload.

What did we do ???

- Staff member available on workcover. Limited duties due to restrictions from risk management.
- Commenced basic discharge organisation doing medical rounds, highlighting patients that were ready for discharge.

How does it work and how do we know???



Introduction

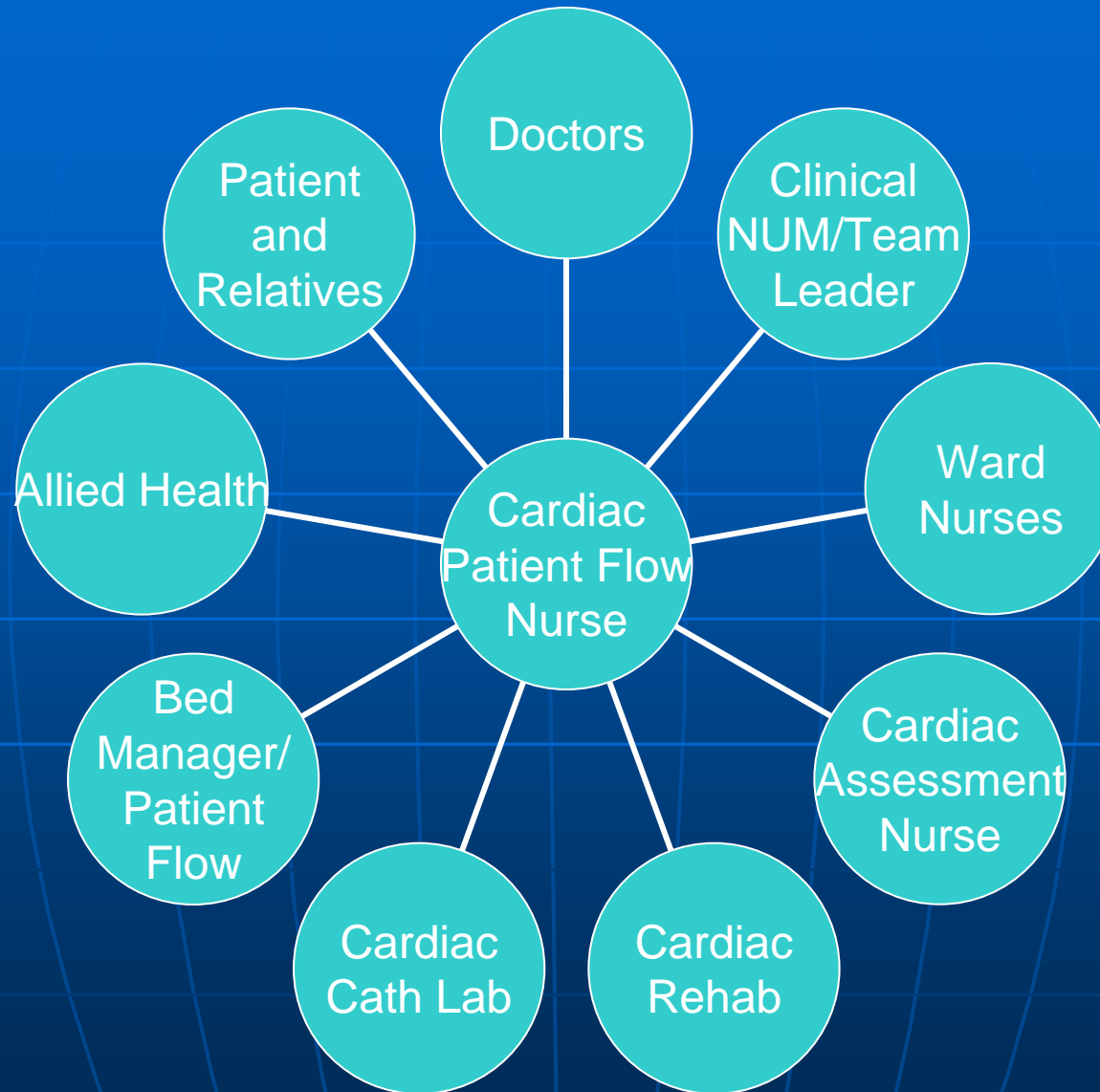
- This presentation will provide an overview of the role of the Cardiology Patient Flow Nurse at Nepean Public Hospital, Penrith, NSW.



Introduction (Cont'd)

- The presentation will:
 - Illustrate how the role interacts with other health professionals and the public.
 - Provide an overview of how the role operates on a daily basis.
 - Describe how the role supports the Discharge Management process.
 - Describe how the role manages the patient information.

Daily Communication Inter-Action



Roles & Responsibilities Summary

- The primary role of the Cardiac Patient Flow Nurse (CPFN) at Nepean Public Hospital is to facilitate effective discharge of patients in a timely manner and to reduce Access Block in the Emergency Department.
- Secondary roles include:
 - Patient care issues escalation.
 - Ward administration.

Discharge Management

- Discharge is initiated by the VMO of the patient. The CPFN needs to:
 - Ensure the patients Discharge Summary is correct.
 - Ensure that referrals to other Consultants/ Medical Specialists/ GP's are provided.
 - Ensure the patient leaves Hospital with the correct discharge medication.
 - Notify Continuing Care Consultant.

Discharge Management (Cont'd)

- Organise follow up appointments as required.
- Organise movement of patients to Transit Lounge with/without paperwork.
- Organise Transport as required.

Managing Patient Information

- My Role requires Tracking and Management of a diverse range of patient information.
 - Spreadsheet developed to capture patient data in an easy to read format.

Patient Flow Tracking Chart

BED	LOS	MRN	Name/Sex/Age	Date of Adm	SUBURB/NH/H/ RESIDES WITH	ADL'S	CCC	OT	PHYSIO	DIET DIAB	SW PHARMACY ECHO WOUND	EDD/BE	COMMENTS
1	9	113522	Tom Cat MR 85	25/10/2008	BLAXLAND - WIFE	ASS	SEEN AND OK	DONE	OK				# radius
2	17	12345	Jerry Mouse MR 78	17/10/2008	WINMALEE - ALONE	SC	Southern X -^ include shopping. Ref to Homecare on DC	19/10 = ok	18/10 ONGOING OK	20/10	SW '20/10- FOR acat ref in community on DC.	FRIDAY	
3	39	23456	Xmas MR 50	25/09/2008	ST CLAIR - FRIEND	FULL	REHAB CONSULT form done	15/10	ongoing				trf from icu 14/10/08....1 more week IVAB...
4	8	34567	Easter MR 58	26/10/2008		SC	N/A	N/A	N/A				
5	5	45678	Snowflake MRS 46	29/10/2008		SC	N/A	N/A	N/A		SW re not driving for 3 months.....		TRUCK DRIVER...EPS NEGATIVE
6	0												
7	6	56789	Cabbage MR 51	28/10/2008	PARKES/PENRITH - BROTHER	SC	WAITING PIALLA BED		29/10 = OK	29/10 D....			FOR PIALLA WHEN MEDICALLY OK EST =D&A done...Psych done
8	6	98765	Pumpkin MRS 94	28/10/2008	OLOC - HOSTEL	ASS			USUALLY 4WW		ECHO TUES...WARF EDU '29/10..		
9	0												
10	7	87654	Peter Rabbit MR 89	27/10/2008	WINMALEE - ALONE	SC	CHASE	FUNCT ASS THURS	29/10 check STICK USUALLY				
11	5	76543	Shark MR 53	29/10/2008	GLENMORE PARK - WIFE	FULL	30/10 funct + cognit decline	30/10	29/10 ongoing	30/10 '30/10	SW '29/10		GERI CONSULT....done = Neuro Consult...done =

Medical Staff

- Enthusiastic and Supportive. There is only one nurse they need to find to perform rounds.
- They are aware that all instructions will be followed through and that there has been an increase in communication.
- They are aware that their patients are safely being prepared for discharge and that all services have been put in place.

Issues with too many Indirect Staff and staff being deployed

- Relooked at the workload tool for nurses.
- Nursing staff would rather work a staff member down than lose the patient flow nurse.

Impact of Change

- Expected date of discharge is reported 100% each day (this is a KPI for DoH).
- Medical staff engaged to commence discharge summaries.
- Engagement of allied health staff on admission.
- Patient Centred Care.

