

Holding back the flood – an alternative approach to managing demand at a rural base hospital

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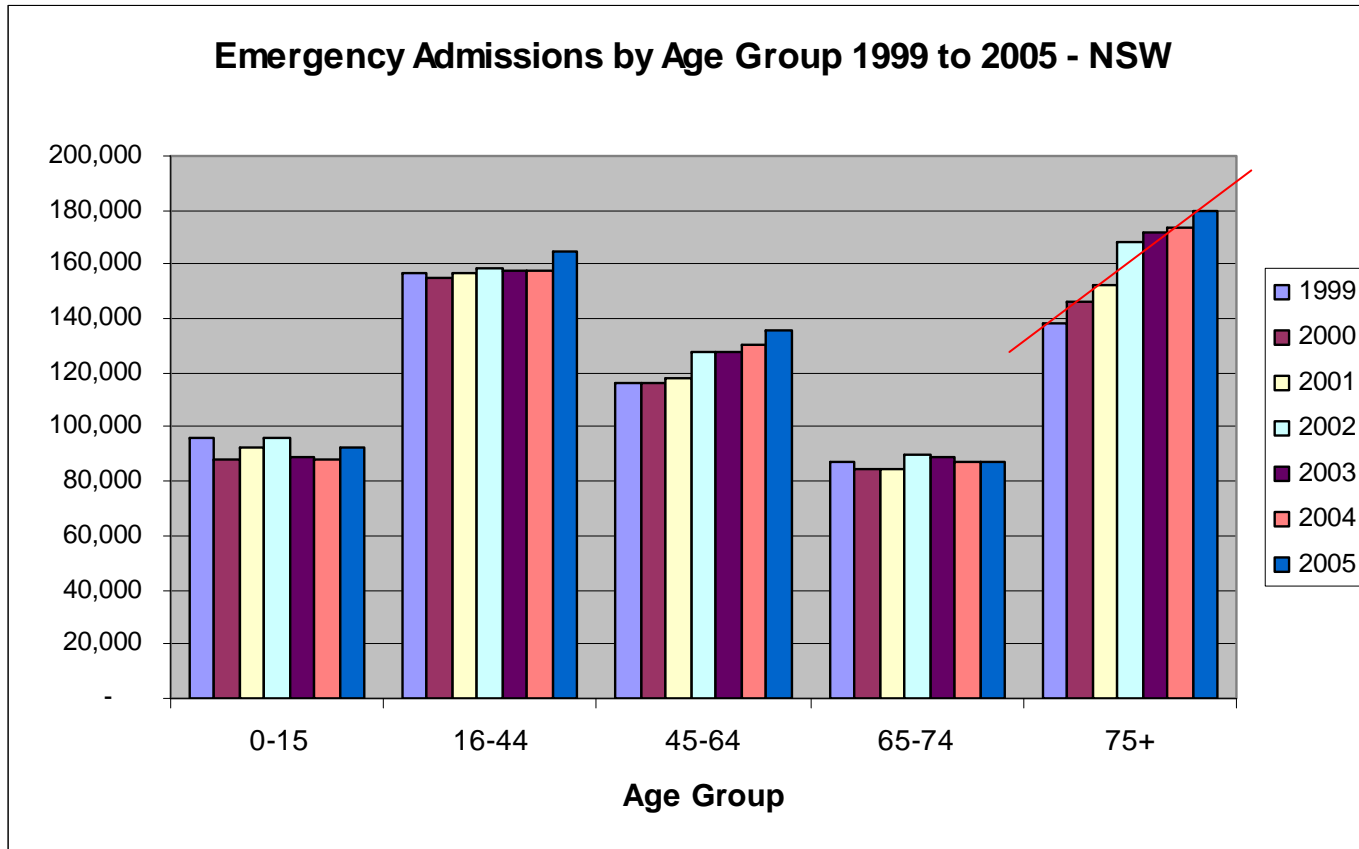
Express Community Care Centre (ECCC) Port Macquarie Base Hospital (PMBH)



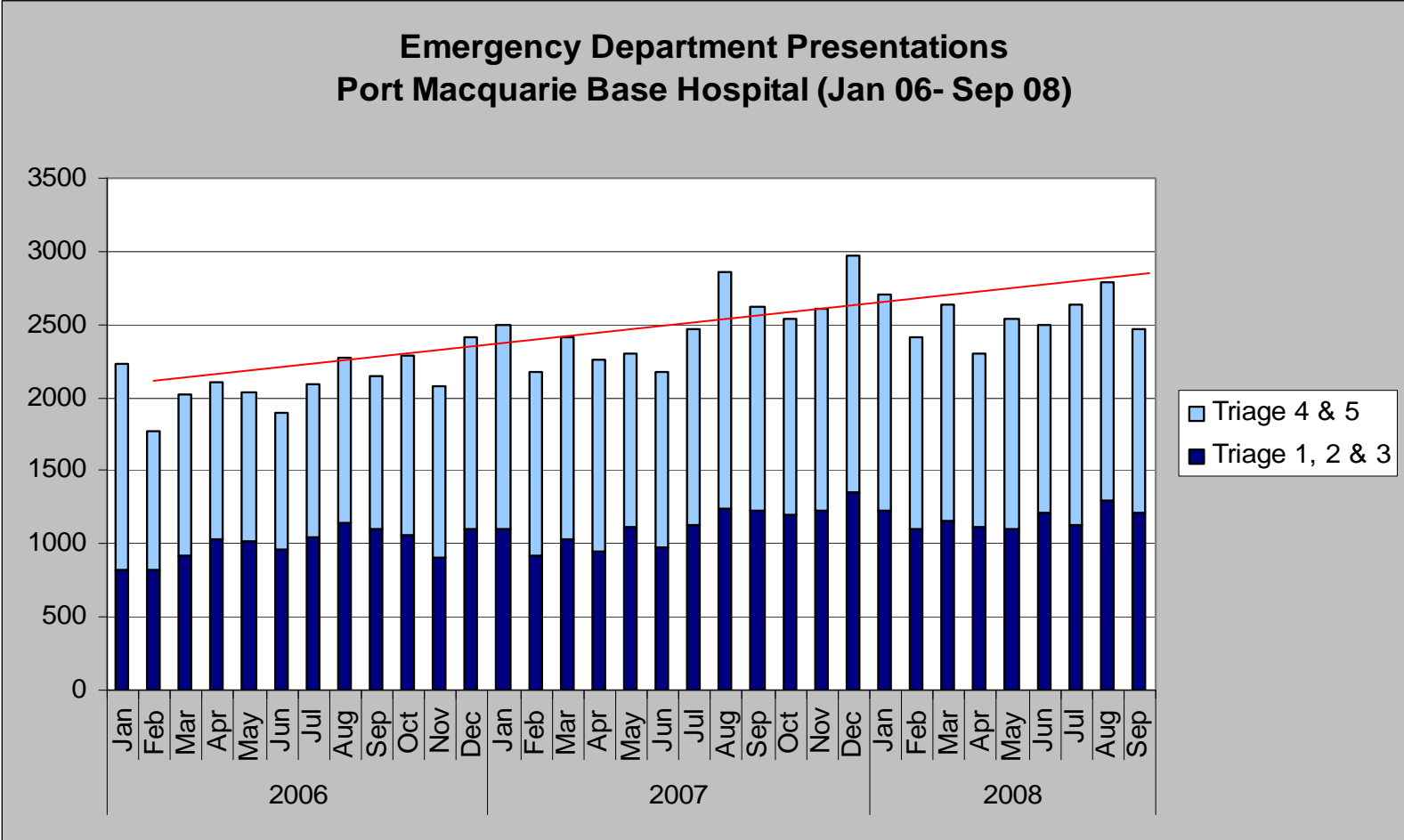
The Problem...



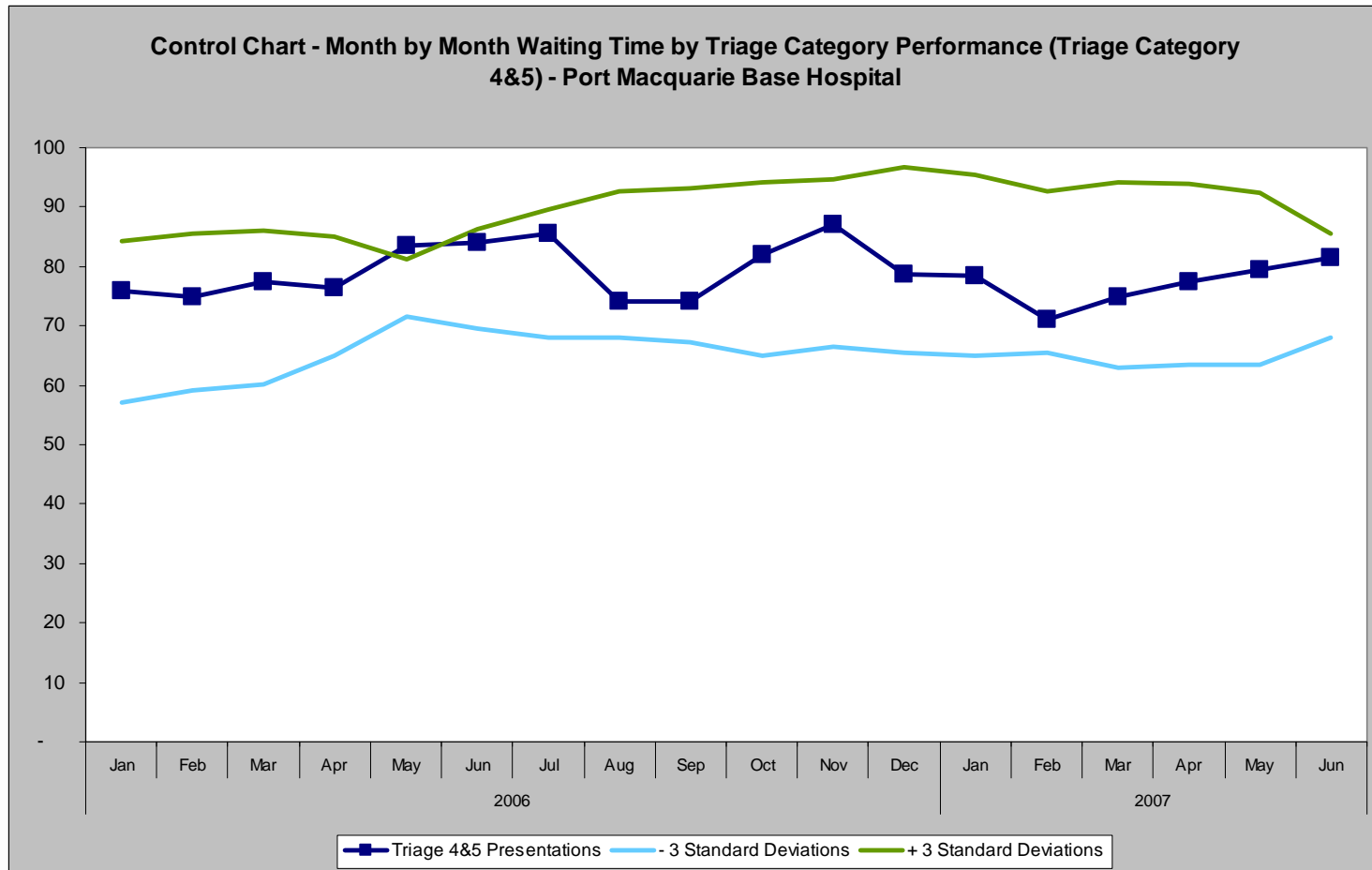
Patients in the 65+ age cohort account for approx 25% of presentations to PMBH - the highest on the North Coast



Presentations to PMBH increased by 13% from 2005/06 to 2006/07



Increasing demand is associated with high variability in patient waiting times and more waiting time 'blowouts'



Avoidable admissions

- Day-only patients (eg iron infusions, pleural taps etc) were unnecessarily being treated in inpatient beds
- Patients who could otherwise have been safely treated at home spent 1391 days in PMBH during 2005/06. Of these, 58% were attributed to cellulitis (J64B), venous thrombosis (F63B) and respiratory infection (E62C).
- Research shows patients treated at home experience
 - **higher levels of satisfaction** (Lemlin J. et al 2007)
 - and - **fewer medical complications** (Leff B. et al 2005)than patients treated in hospital.

What did we already have?

- ED Fast-track
 - Dedicated service within the ED to provide more timely treatment for non-urgent (Triage Category 4 & 5) patients
- Community Acute Post Acute Care Service
 - ‘Hospital in the Home’- type service focusing primarily on patients needing IV antibiotics and clexane treatment for DVT.

What did we find?

- ED Fast track
 - Ad hoc
 - No single medical officer responsible
- Community Acute Post Acute Care Service
 - No dedicated medical governance (GP and ED)
 - Service scope severely hampered by lack of medical governance and inadequate processes for identifying suitable patients in the hospital.

What did we do?

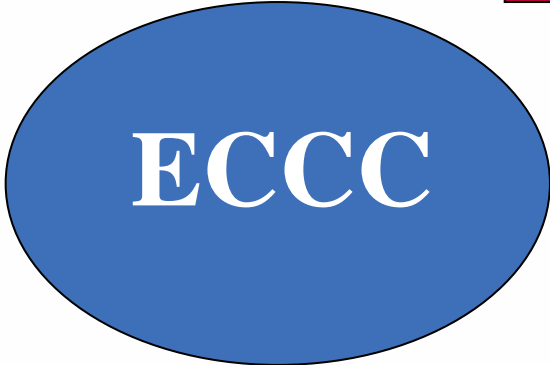
- Appointed a dedicated medical officer to the ED Fast-track position and integrated medical governance for CAPACS and day-only treatments within that role (ECCC CMO)
- Moved these functions into a separate clinical setting (ECCC) and obtained funding for a Nurse Practitioner (to treat Fast-track patients) and admin support
- Created a 'virtual facility' in Cerner to facilitate data capture for activity in the new centre, separate to PMBH inpatient activity.

Fast-track

Triage 4 and 5 patients are diverted from ED to the ECCC for treatment by a Nurse Practitioner or the ECCC CMO where suitable

CAPACS

The ECCC CMO identifies, assesses and refers patients suitable for treatment by CAPACs. This role includes provision of medical review



Day-only

Day-only treatments for identified conditions are conducted in the ECCC under the medical governance of the ECCC CMO

Aged Care NP

The ACNP provides review and treatment of elderly patients in the community who cannot access their GP and would otherwise present to the ED.

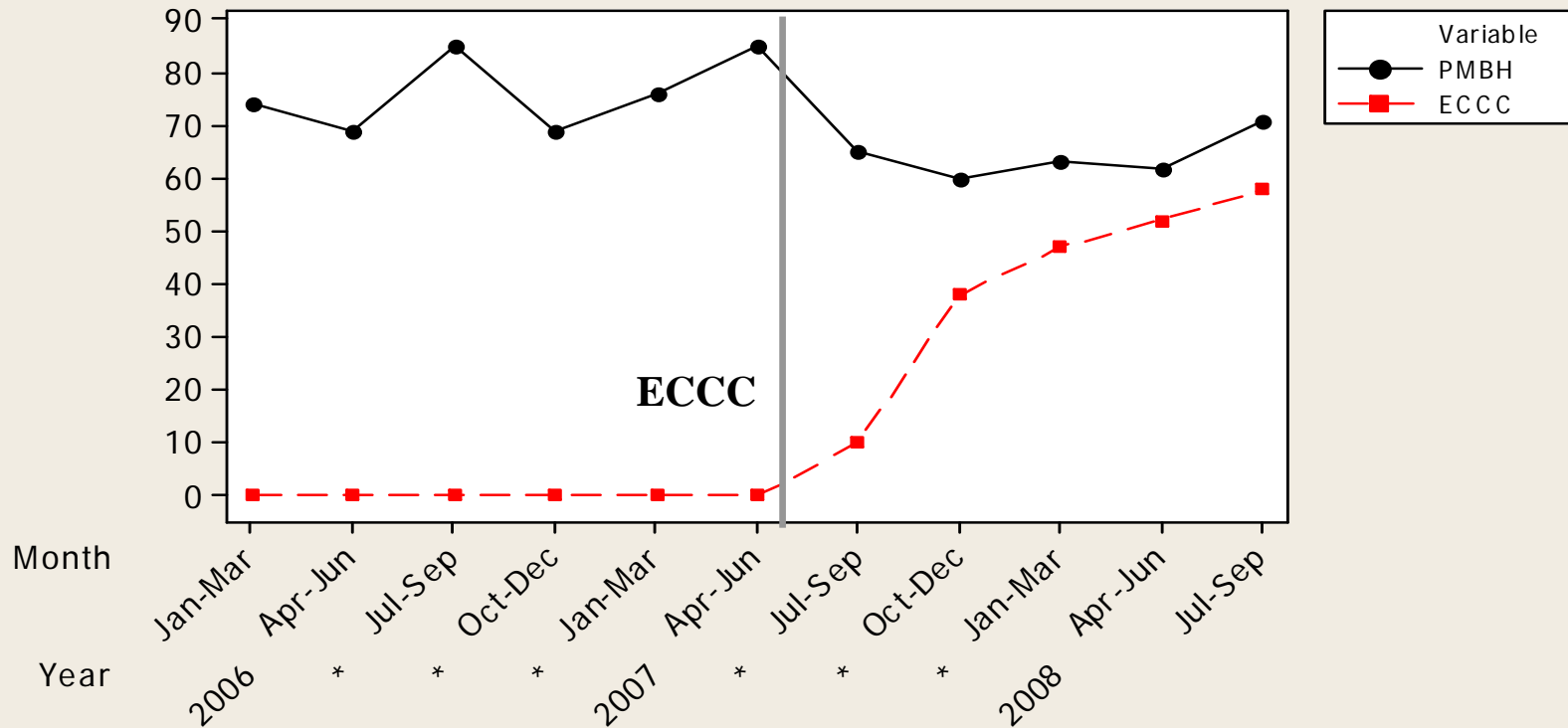
What happened?

- The raw numbers – Aug '07 to Sept '08:
 - Total bed days saved: **3190**
 - Ave bed days saved per month: **228**
 - Equivalent number of beds: **7.5**
 - Presentations prevented by ACNP
(Nov '07 to Sept '08) **422**

Impact on inpatient load for selected DRGs

Count of Separations for Selected DRGs (E62C, F63B, J64B)

Port Macquarie Base Hospital and Multi Function Centre (Jan 2006- Sep 2008)

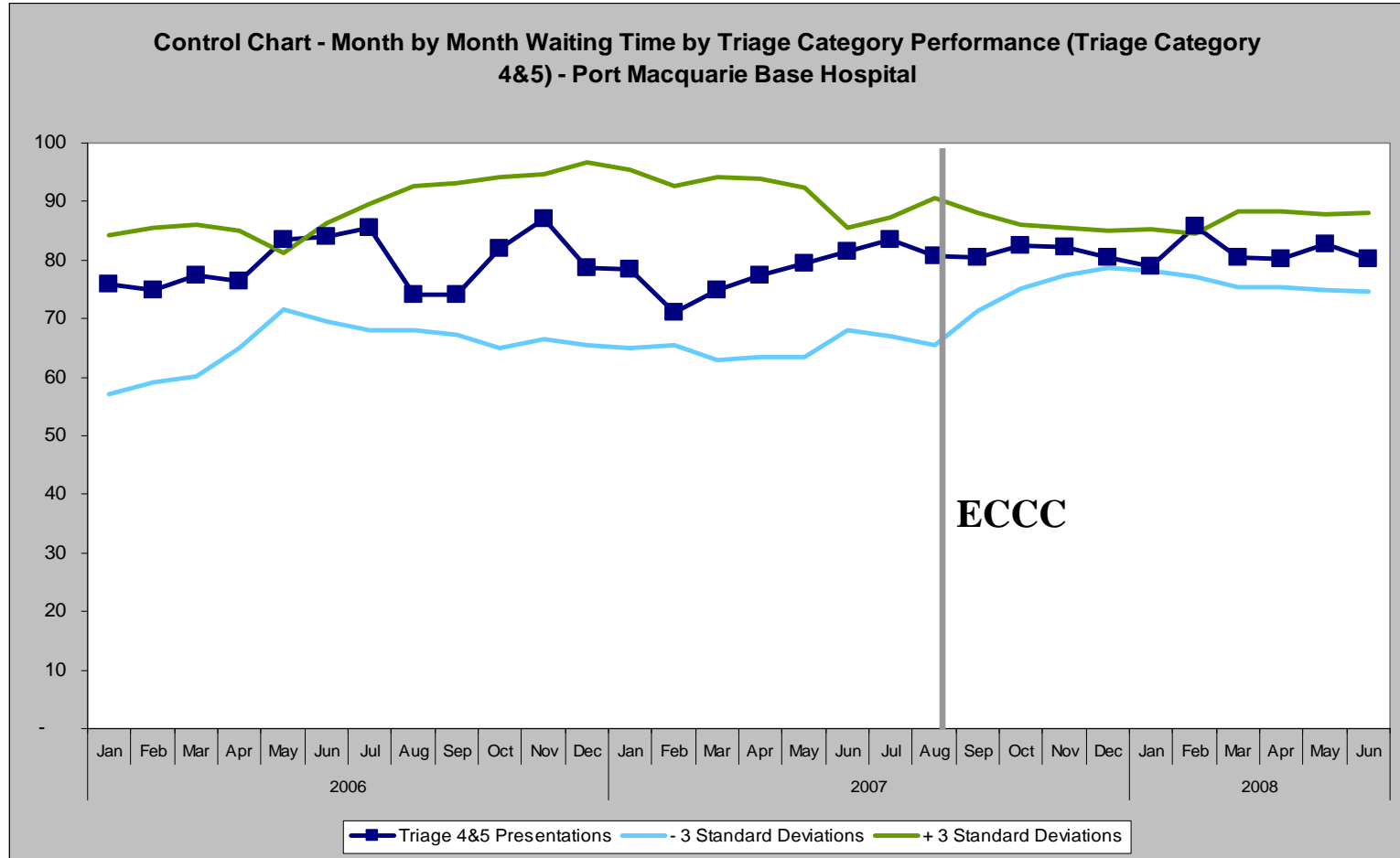


Data Source: HIE; Report run 24/10/2008

The patient experience

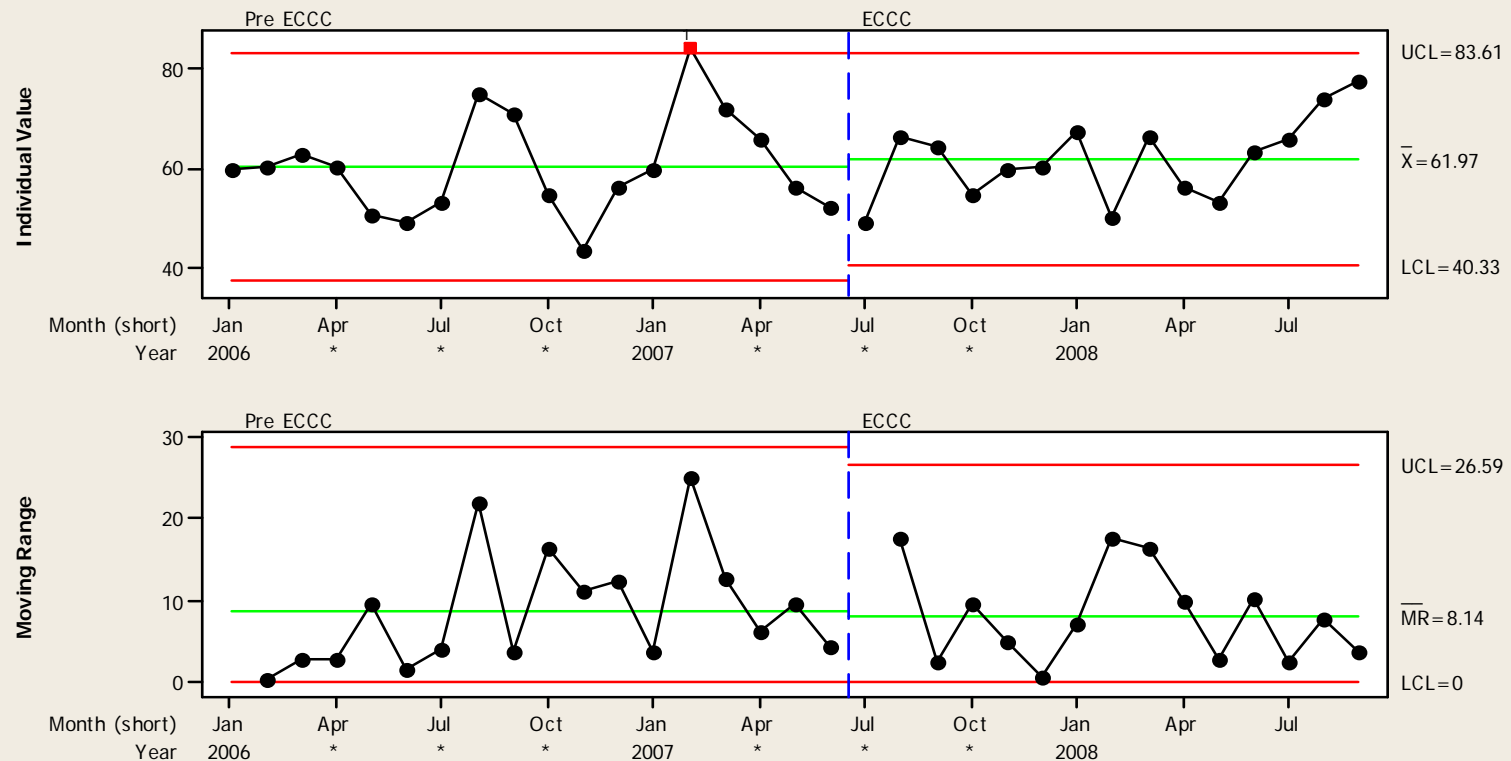
"They gave me a choice to go into hospital or stay at home and everything was explained to me. I was happier being at home with my books, my dog, my own bed and my own food. I think a lot of people would prefer it that way".
- Beth

Waiting time variability – Triage 4 & 5



ED waiting times – a closer look

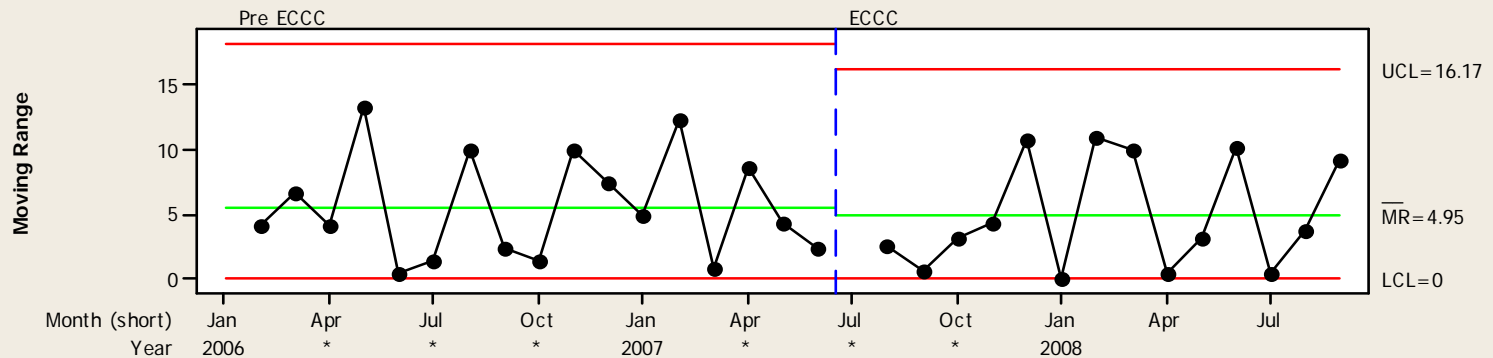
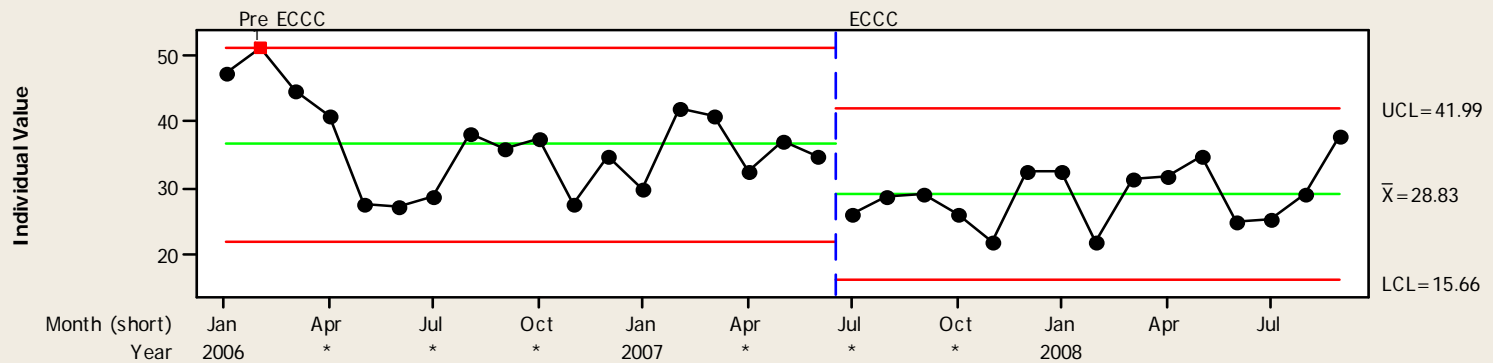
Average Waiting Time From Triage to Active Treatment -Triage Category 4
Port Macquarie Base Hospital



Data Source: HIE; Report run 24/10/2008

ED waiting times (cont'd)

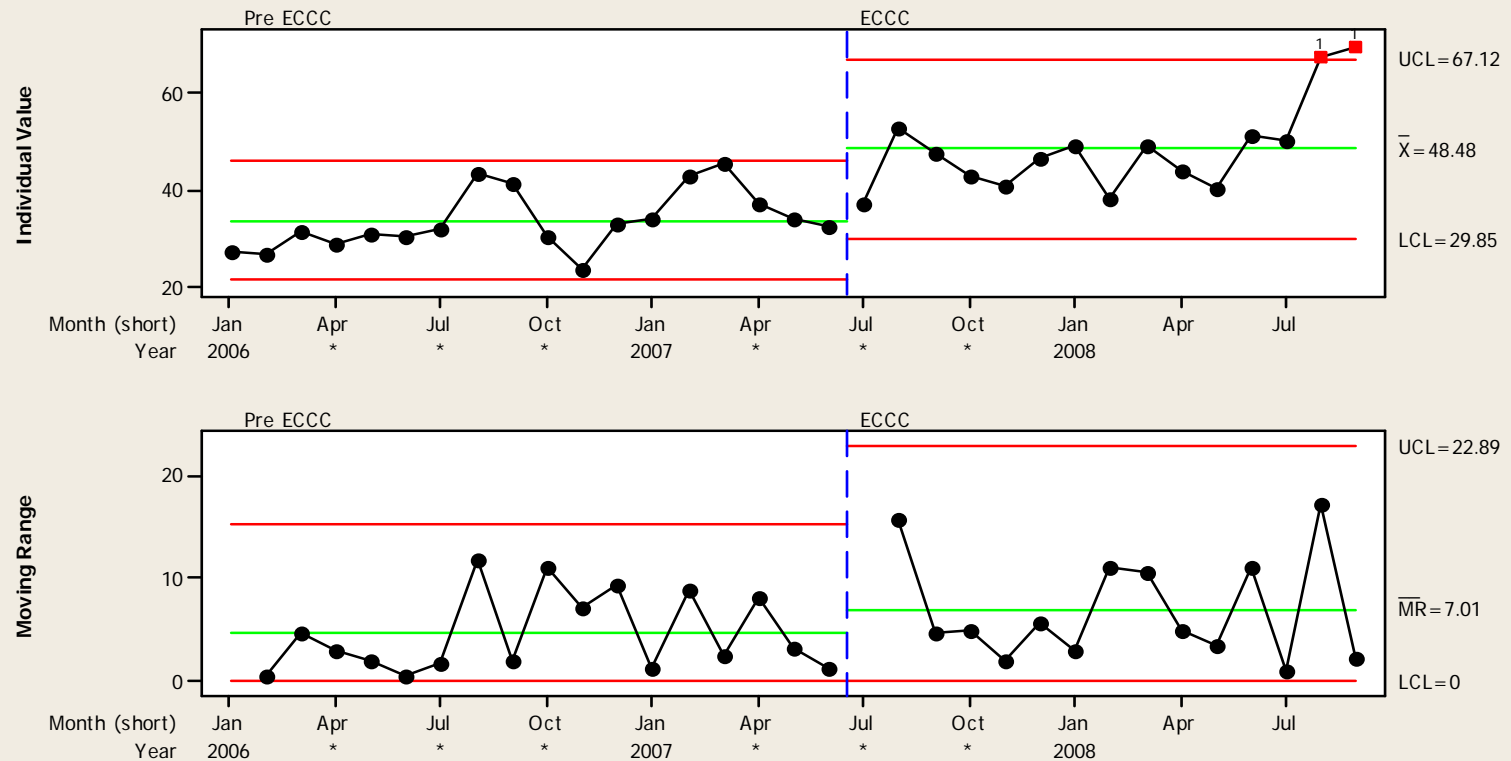
**Average Waiting Time From Triage to Active Treatment -Triage Category 5
Port Macquarie Base Hospital**



Data Source: HIE; Report run 24/10/2008

ED waiting times cont'd

**Average Waiting Time From Triage to Active Treatment -Triage Category 3
Port Macquarie Base Hospital**



Data Source: HIE; Report run 24/10/2008

The patient experience

I only had to wait about 15mins in the ECCCC. It would have been much longer if it had to be done in the emergency department. I have been through the ED dozens of times so I know the department pretty well.

- Les

Key success factors

- A 'burning platform'!
- Genuine consultation with stakeholders, including staff, patients and service partners
- Executive support
- Dedicated, trained project resource/s

Your comments and questions

