

Why is it so hard to plan?

Implementing Estimated Dates of Discharge Prior to Admission

Andrew Jones

Methodology

If you're interested, I'll be tracking the DMAIC structure on each page



What is an Estimated Date of Discharge?

Estimated date that the patient will be ready to be safely discharged from hospital

Why do they matter?



Getting
you home
sooner

Four questions every patient in
hospital should know the answer to:

Why am I in hospital?

What is going to
happen today?

When am I going
home?

What needs to happen
to get me home?

No one wants to stay in hospital longer than
they need to. You are part of the team – if you
don't know the answer to these four questions,
please ask your doctor or nurse.

AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai



Why for electives prior to admission?

The hospital is full

Electives are often cancelled

85% accuracy for
acute occupancy

Only 50% accurate for
electives

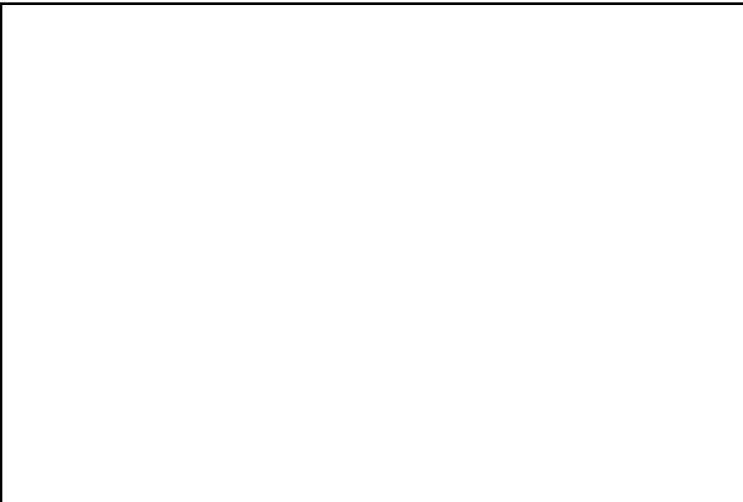
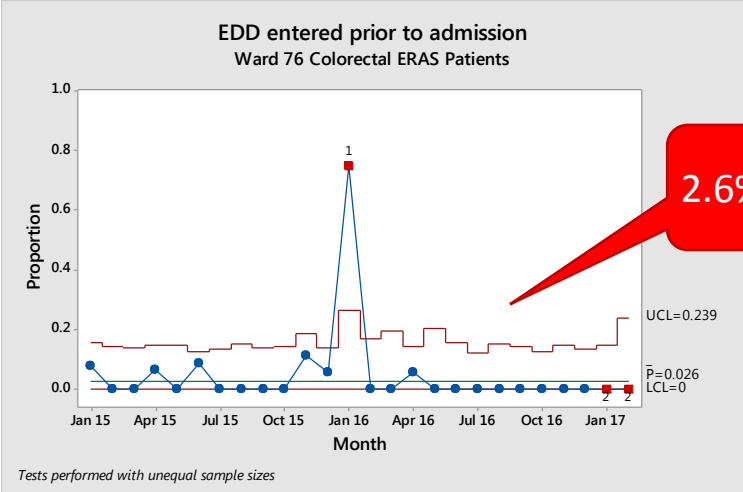
Pilot Groups

Enhanced Recovery After Surgery

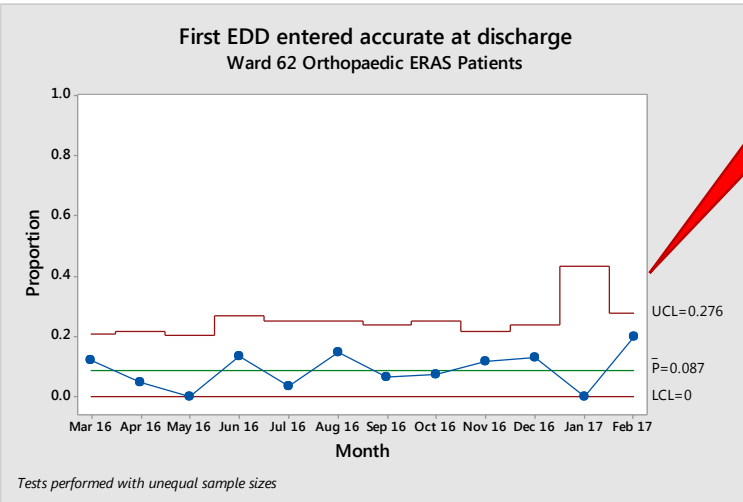
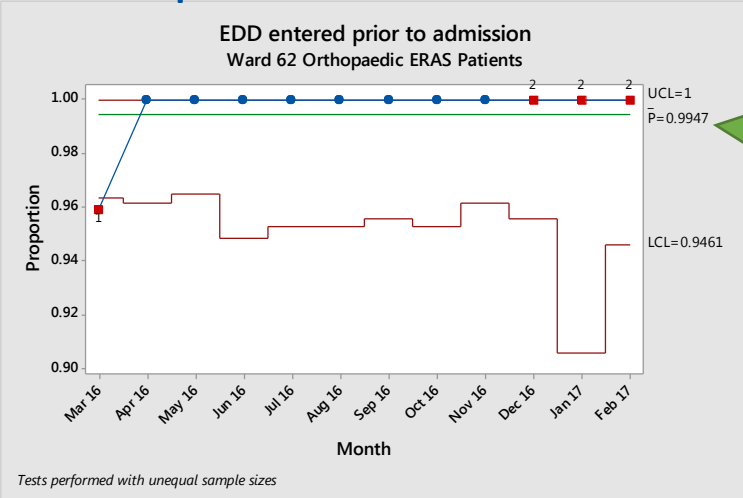


Baseline Data

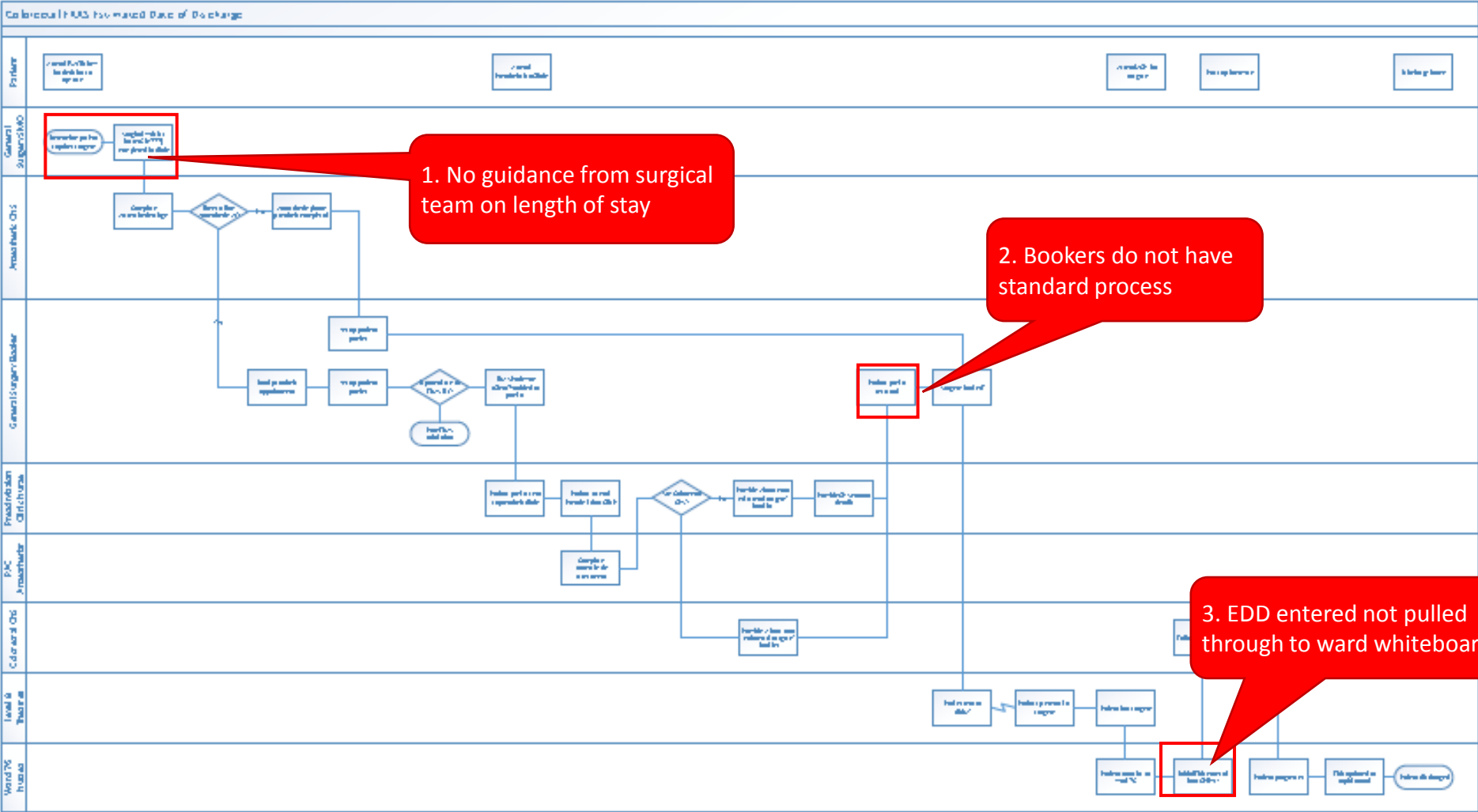
Colorectal



Orthopaedics

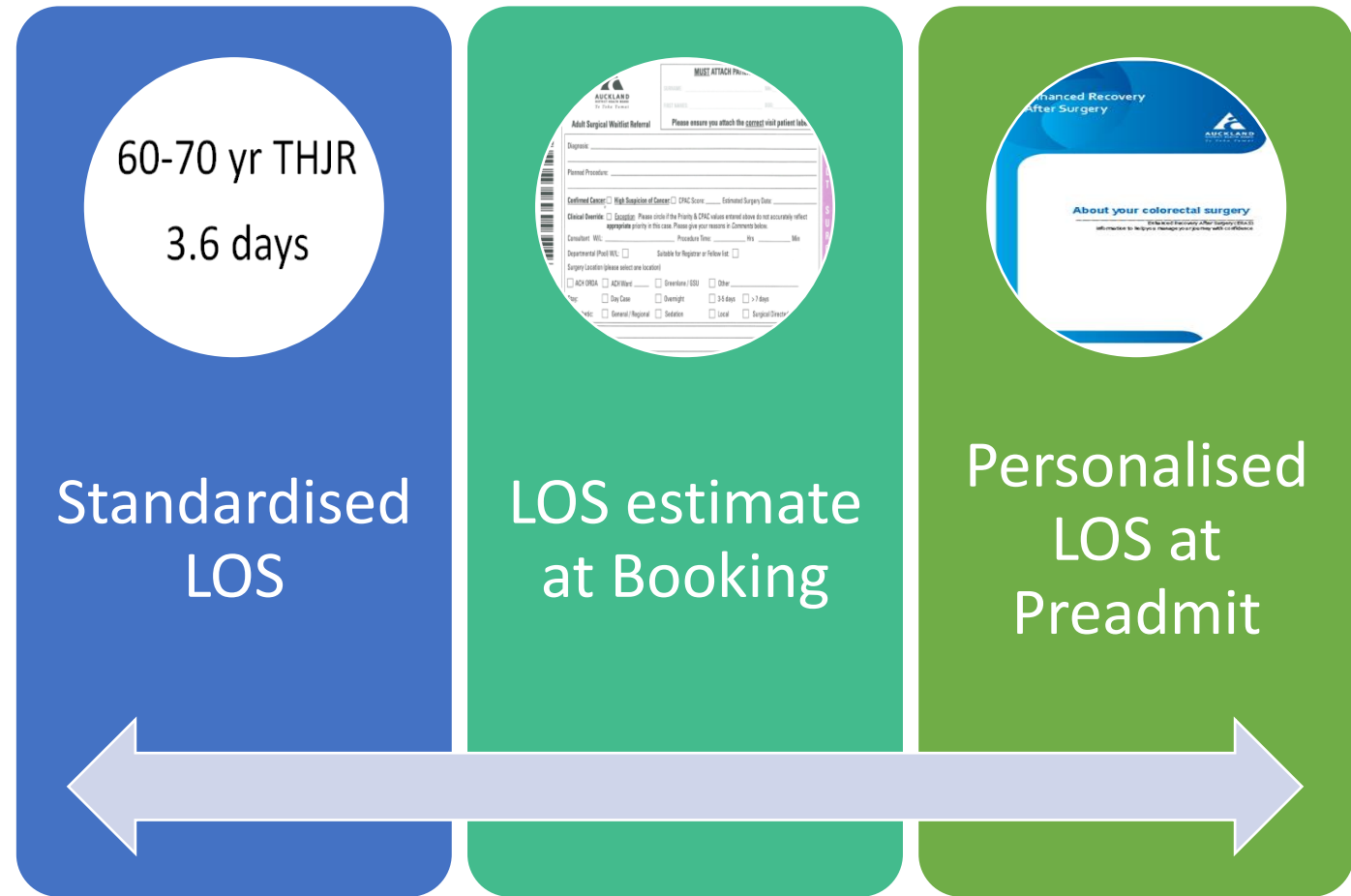


Process Mapped & Root Causes Identified



1. No guidance from surgical teams on length of stay

Solutions considered



1. No guidance from surgical teams on length of stay

Form modified to allow for detail

ADULT SURGICAL WAITLIST REFERRAL

MUST ATTACH PATIENT LABEL HERE

TOURNAMENT: _____ MRN: _____
FIRST NAME: _____ DOB: _____

Please ensure you attach the correct visit patient label

Diagnosis: _____

Planned Procedure: _____

Confirmed Cancer: High Suspicion of Cancer: CPAC Score: _____ Estimated Surgery Date: _____

Clinical Override: Exception Please circle if the Priority & CPAC values entered above do not accurately reflect appropriate priority in this case. Please give your reasons in Comments below.

Consultant: W/L: _____ Procedure Time: _____ Hrs _____ Min

Departmental (Pool) W/L: Suitable for Registrar or Fellow list:

Surgery Location (please select one location)

ACH ORDA ACH Ward Greenlane / GSU Other _____

Stay: Day Case Overnight 3-5 days > 7 days

Anaesthetic: General / Regional Sedation Local Medical Directed

Alerts:

Medications: Aspirin Anticoagulation / Antiplatelet Other: _____

Weight: >100kg <180kg >180kg

Considerations: Diabetic Special Needs Patient

Allergy: Latex Other Allergies: _____

CJD Screening: Required

Reason: Brain / Spine Surgery before 1992 Surgical Instrument Incident Pituitary Derived Hormones prior to 1985

Referral Source: ADHB Outside DHB _____ (specify) Private Overseas NZ Resident: Yes / No

ACC Case Date of Injury: ____/____/____ ARTP dictated Yes / No ACC No.: _____

Pre-operative Requirements: Schedule for Preaudit Requested Preaudit date: _____

X-rays Source (Middlemore, Waitemata, etc) _____ Hard Copy Web

MRI CT Scan Angiogram

Require: Blood Tests Radiology Others: _____

Clerical:

Interpreter Required: Yes No Language: _____

Book Patient Overnight Accommodation Short Notice Patient availability

Comments _____

Doctor's Name _____ Signature _____ Date _____


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CR2777



2. Bookers do not have standard process

Standardised orientation and process



MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NO: _____
 FIRST NAMES: _____ DOB: _____

Adult Surgical Waitlist Referral Please ensure you attach the correct visit patient label

Diagnosis: _____
 Planned Procedure: _____

Confirmed Cancer: High Suspicion of Cancer: CPAC Score: _____ Estimated Surgery Date: _____

Clinical Override: Exception. Please circle if the Priority & CPAC values entered above do not accurately reflect appropriate priority in this case. Please give your reasons in Comments below.

Consultant: WL: _____ Procedure Time: _____ Hrs _____ Min _____

Departmental (Pool) WL: Suitable for Registrar or Fellow list:

Surgery Location (please select one location)

ACH ORDA ACH Ward Greenlane / GSU Other _____

Stay: Day Case Overnight 2 3 4 5 6 7 > 7 days

Anaesthetic: General / Regional Sedation Local Surgical Directed

Alerts:

Medications: Aspirin Anticoagulation / Antiplatelet Other: _____

Weight: >100kg <180kg >180kg

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CJD Screening: Required

Reason: Brain / Spine Surgery before 1992 Surgical Instrument Incident Pituitary Derived Hormones prior to 1985

Referral Source: ADHB Outside DHB _____ Private Overseas NZ Resident: Yes / No _____

ACC Case Date of Injury: ____/____/____ ARTF dictated Yes / No ACC No: _____

Pre-operative Requirements: Schedule for Preadmit Requested Preadmit date: _____

X-rays Source (Middlemore, Waitemata, etc) _____ Hard Copy Web

MRI CT Scan Angiogram

Require: Blood Tests Radiology Others _____

Clinical:

Interpreter Required: Yes No Language: _____


Book Patient Overnight Accommodation Short Notice Patient availability

Comments _____

Doctor's Name _____ Signature _____ Date _____

ADULT SURGICAL WAITLIST REFERRAL

Stay: Day Case Overnight 2 3 4 5 6 7 > 7 days



Attendances during this visit (ASC)									
	Del	BR	Site	Location	Room	Nurse	Start Date	Care Complete / Ready	End Date
			Grafton	TRNSI			09-May-2017 00:00		
			Grafton	AORDA			09-May-2017 15:00		
			Grafton	ADR8			09-May-2017 16:00		
			Grafton	62			09-May-2017 18:00		13-May-2017 11:00



3. EDD entered not pulled through to ward whiteboard

Issue resolved

Attendances during this visit (ASC)

Del	BR	Site	Location	Room	Nurse	Start Date	Care Complete / Ready	End Date
		Grafton	TRNSI			09-May-2017 00:00		
		Grafton	AORDA			09-May-2017 15:00		
		Grafton	ADR8			09-May-2017 16:00		
		Grafton	62			09-May-2017 18:00		13-May-2017 11:00

Whiteboard - Grafton - Auckland City Hospital - Ward 62

File Patient Admin Clinical Enquiry Ward Management Reports Options Help

Capacity Status

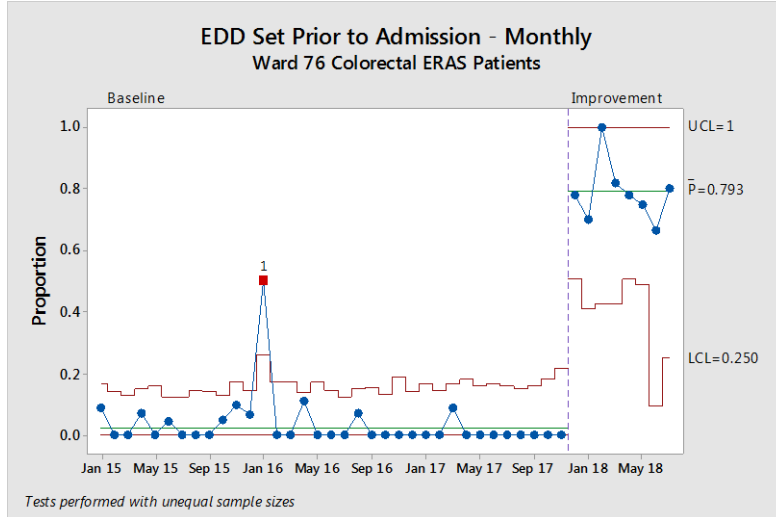
Current Patients 62 | Comments 62 | Expected Arrivals 62 | Ward Leave 62 | Current Patients 73 | Expected Arrivals 73 | Current Patients 75 | Expected Arrivals 75 | Current Patients 77 | Expected Arrivals 77 | Current Patients AED | Current Patients CDU | Current Patients SSIP | Current Patients OFFICP | Expected Arrivals

Room	Patient Name	NHI	M	Age	A	N	Presentation	Referrer Type	Visit Timer	Tr	Nurse	TC Assigned	Plan	CBU	Case Manager	Team	Travel	Team	Visit	Clinician	TC Diet	Interpreter	EDD	Next
▶ 1A																					Standard		21-Se	
1B																					Standard		21-Se	
1C																					Standard	Manda	12-Se	
1D																					Standard	Sam	10-Se	
2A																					Standard		19-Se	
2B																					Standard		21-Se	
2C																					Standard		24-Se	
2D																								
3A																								
3B																								
3C																								
3D																								
4																					Standard		19-Se	
5																					Standard		22-Se	
6																					Standard		19-Se	

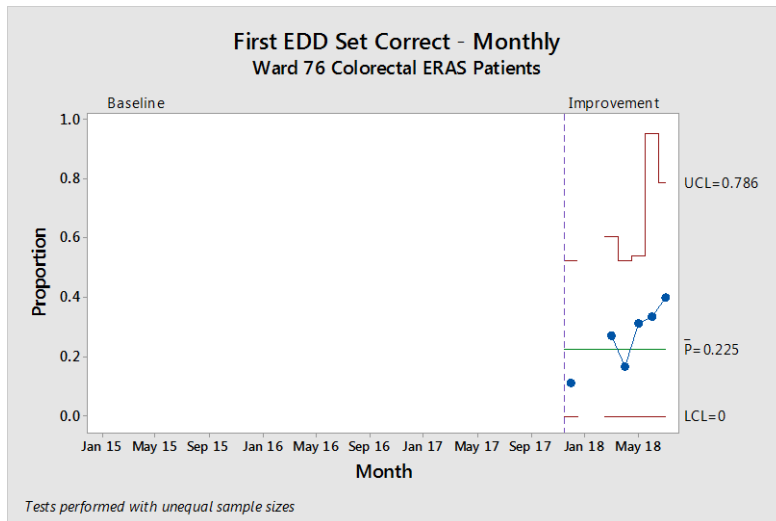


Results

Colorectal

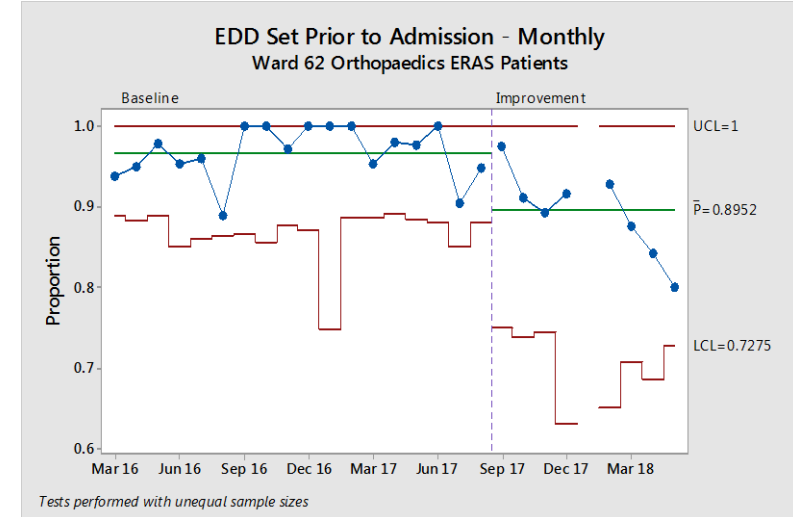


2.6%
to
79.3%

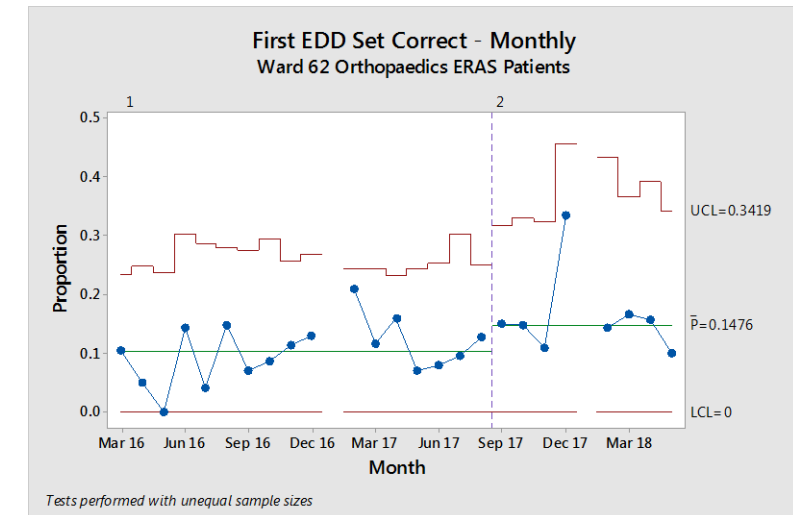


0% to
22.5%

Orthopaedics



99.5%
to
89.5%

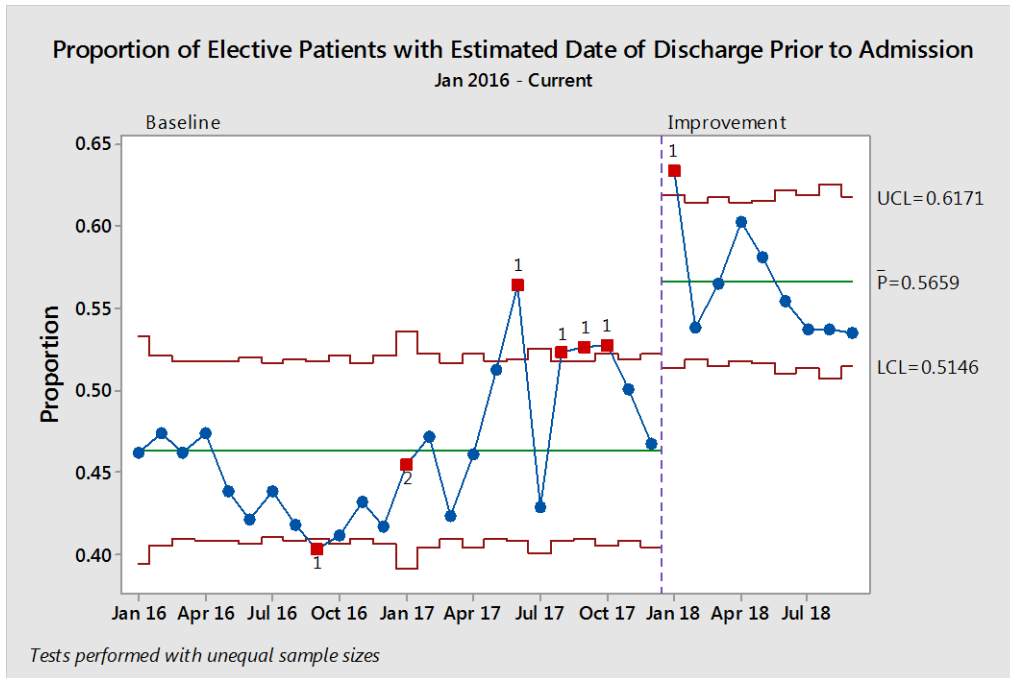


8.7%
to
14.8%

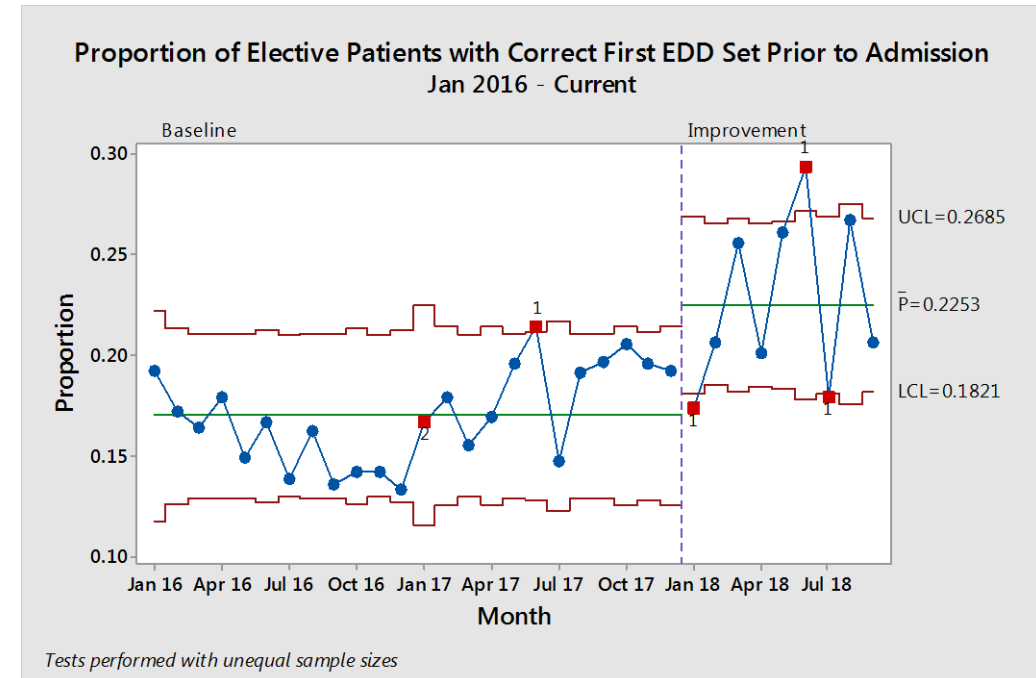


Simple change had big results

Hospital wide



↑
10%



↑
6%



EDD Principles Established

Best practice in planning

- Every patient gets an EDD, based on estimated LOS from the booking surgeon
- It is the same LOS as what the patient is told
- Booking forms allow for specific LOS to be documented
- Bookers follow a consistent process, entering an EDD when inpatient stay is created



Monitoring

Weekly Reports for ward

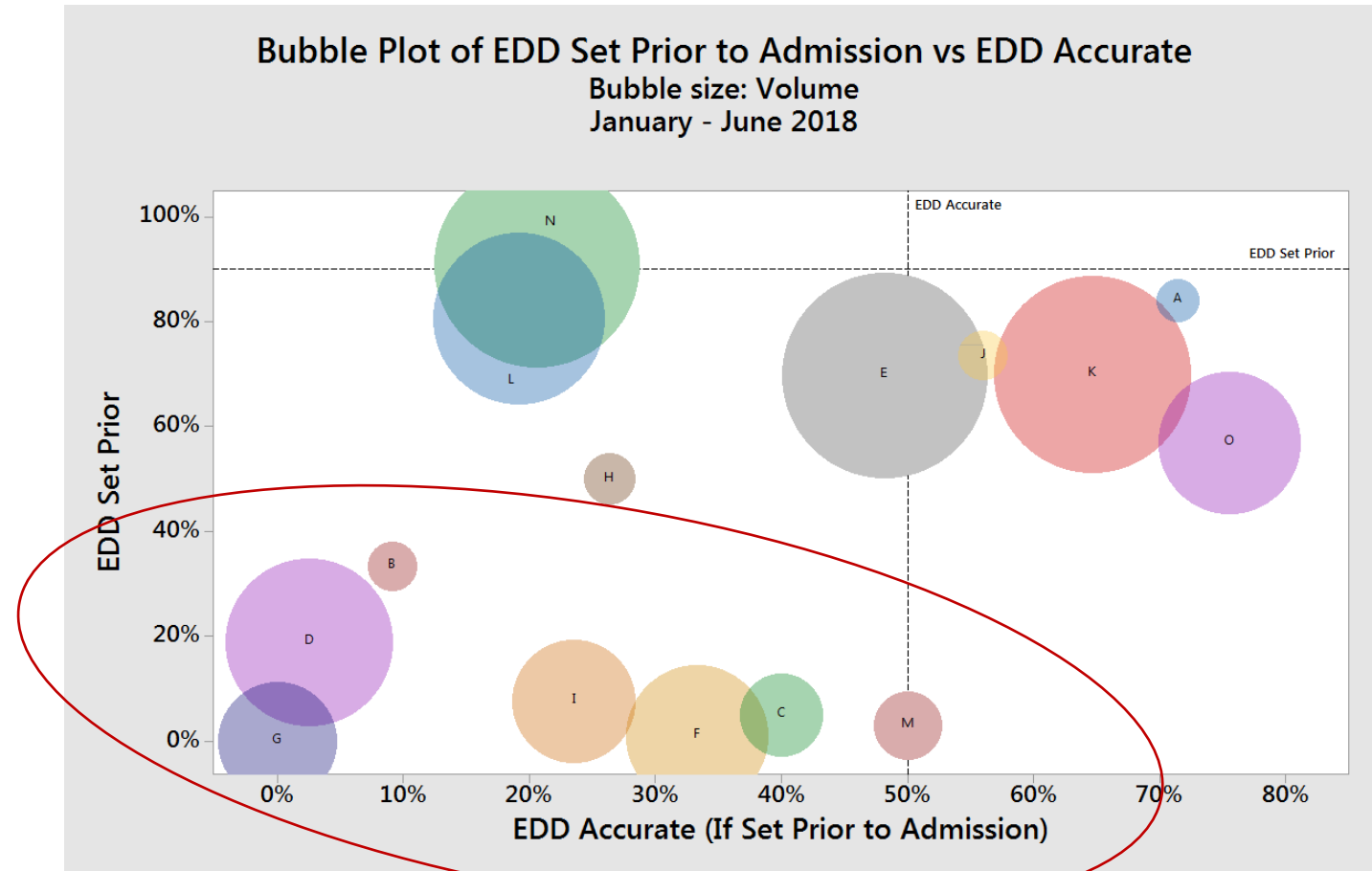
Monthly for service



Still many more services to go

Weekly Reports for ward

Monthly for service



Any questions?

Andrew Jones

Improvement Project Manager

andrew.jones@adhb.govt.nz