



Transfer of care project

Ballarat Health Services

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HRT 1601 Readmissions Special Roundtable

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Key Problem

Review of representation and readmissions to BHS ED post discharge from acute provided stimulus to appoint project lead and improve processes with aim to reduce BHS presentations/readmissions

Increasing demand on beds and bottle necks in care ..frustration and them vs us rather than whole hospital approach.

Current model of care coordination existing only in ED...secondment to OPI

Communication poor between tertiary and primary care facilities...wide geographical area

Aim of this innovation

- The Transfer of Care (discharge care) project has been established to promote consistent transfer of care practices across BHS. This will be done by reviewing the existing discharge and transfer of care practices and the implementation of more effective transfer of care processes. This work will be done in conjunction with the 'Transfer of Care from acute inpatient services' guideline from Department of Health, State of Victoria 2014.
- Implementing project officer for 6 months for fact finding mission
- Ongoing opportunity to use redesign principles to start change in culture and processes

Baseline Data

- Who said there is success ?
- Sharing and understanding barriers enablers and data that supports this to bring around hospital culture and process change...project reports
- Exploring options and practices at other facilities
- Increasing awareness of need to change and improve patients journey
- Consideration to redesign the process of discharge responsibilities to include a risk assessment tool and directed care

Key Changes Implemented

- Not knowing what our readmission rates were...develop dashboard
- How do we improve the patients journey ...embracing consumers
- How do we save bed days and reduce LOS...right patient right bed
- Increase transparency of where beds are...dashboards
- Horizontal care and silo work practices...consider reviews and redesign
- Greying patients AND workforce
- New development in wards and ambulatory care...embed ideal practices from day 1

Outcomes so far

- Early days...change isn't easy..
- Gap analysis and recommendations
- Workforce reviews
- Dashboards and visibility of demands/ capacity of beds
- Scoring of Medical patients on admission with risk assessment tools
- Business case for care coordination pilot in medical unit
- Review of criteria lead discharge

Lessons Learnt

- Change takes time and energy
- Maintaining motivation is a team responsibility
- Ensure planning is considered
- Support at executive level driving change
- Cultural change in smaller workforce environment challenging
- Some changes are not democratic and should be autocratic
- Define key goals and data KPIs and definitions in beginning
- Learn from others...don't reinvent the wheel

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