



Discharge Liaison Coordinator

Women's and Children's Health Network (WCHN)

Presenter: Monique Anninos

HRT 1706 Paediatric Improvement Group

29-30 March

Sydney



Key Problem

- In 2008 it was identified that there were no position in the ED to facilitate early supported discharge, avoidance of both hospital admissions and ED presentations despite community support services (Royal District Nursing Service RDNS) that could facilitate these initiatives . There were a core group of patients that had been identified as occupying a bed with ED and or being admitted to hospital that could have otherwise gone home with supports in place. In 2008 funding became available to scope out the role and function of an ED Discharge Liaison Coordinator, focusing on hospital avoidance early supported discharge and parental education initiatives.

Aim of this innovation

- The aim of the position was to ensure that patients were not occupying ED beds and inpatients beds if there were alternative options for the delivery of their acute care and ongoing follow up. The improvement we were seeking to achieve was ultimately a person and family centred care approach to our consumers, meeting our national KPI, NEAT and triage category times.
- The role was pivotal in early identification of patients that met criteria from the point of triage to have a Discharge Liaison consult and alternative pathway to their care.

Baseline Data

- It was imperative that the strategies that we introduced continued to work towards the agreed key outcomes in addressing the increasing demands in Emergency Departments and that we are able to focus on the overall ED achievements such as;
 - » 80% of patients seen within clinically appropriate times
 - » 95% of patients are seen, treated, admitted to a ward bed or discharged within 4 hours
- Changes made to support the success also included;
 - » Hospital avoidance strategies
 - » Early Supported discharge; decrease Length of stay
 - » Avoidance of ED re-presentations
 - » Community based referrals (RDNS)

Key Changes Implemented

- **Gastroenteritis length of stay**: With the introduction of the gastro pathway and take home packages we have seen a dramatic reduction in the length of stay within this patient group. Before the introduction of the Discharge Liaison Service a patient would have had a Trial of Fluids commenced within the PED and be observed for 4-6 hours. The DLC provide education packages' that are given to consumers that enable them to be discharged home within an 30 minutes to 1 hour after being examined by a doctor. Once a patient has been identified as meeting the criteria for the pathway the parents commence/continue the Trial of fluids at home. This eliminates occupying an ED acute bed or an EECU bed and minimising the number of nursing hours required to care for the patient.
- **Asthma education**: All first presentations of asthma had previously been admitted to hospital for the purpose of education. This is now done in ED avoiding a hospital admission. The DLC's ensure there is a copy of the asthma action plan in the case notes and they fax a copy off to the GP. Each education session for these patients takes approximately 30-45 minutes. The DLC's have undergone training through the Asthma SA .
- **Anaphylaxis education**: The DLC's have also gone through extensive training to be able to provide this education in ED prior to discharge. The packs given to the families includes a placebo EpiPen as a tool to educate family members in the event of an anaphylaxis.

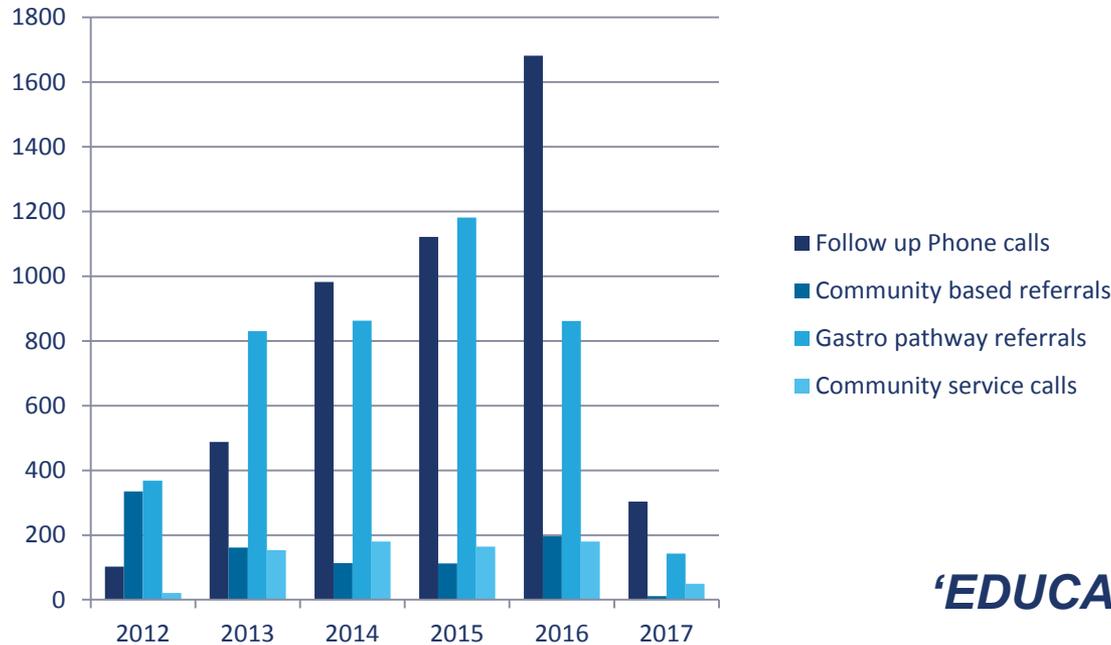
The DLC continually evaluate and evolve their service to ensure we achieve the best outcomes for our consumers. These include but not limited to; *follow up phone calls to patients that "did not wait" to be seen, notification of key test results, liaising with GP's, CaFHS and other community services*

In each of the above strategies written and verbal education is given to the consumer with the support of a follow up phone call or a community based follow up service. Education packs are tailored for the patients diagnosis.

*****sample packs available please see Monique *****

Outcomes so far

	2012	2013	2014	2015	2016	2017
Follow up Phone calls	102	488	982	1122	1682	304
Community based referrals	335	161	113	112	197	11
Gastro pathway referrals	368	830	863	1181	862	143
Community service calls	21	153	180	164	180	50
TOTAL contacts with DLC	826	1632	2138	2579	2921	508



The quantitative measures (e.g. returns to ED, admission avoidance) are often subjective and hard to measure. The qualitative data that has been reported has been uniformly positive in terms of families valuing the quality of care and contact in ED, the confidence in being discharged, and the availability of someone to contact post-discharge if they wanted advice. The education value for acute illness: good, practical discharge coaching (rarely done well by busy and inexperienced doctors/nurses) may well mean that next time one of their children has an acute illness, they will be more confident in managing the child at home or at least in partnership with the GP, rather than coming to a hospital.

‘EDUCATION IS THE KEY’



Education- Display Neches



Consumer Brochures



KIDS SAFE SA



Asthma Information



Education board in waiting room: information changed monthly



Anaphylaxis, Asthma and Gastro Education Packs



Lessons Learnt

- Lessons learnt from the project are;
 - Invaluable educational benefits to our consumers
 - Linkage to community services
 - 7 day service, Senior nursing staff, 12 hour service
 - Continuity and consistency of care
 - After hours facilities to enable continuity of the service
- Recommendations are to implement a model of care to enable a comprehensive Discharge process within the ED's. The DLC service has not only reduced length of stay for a variety of patient diagnostic groups but has assisted with NEAT, Triage KPI's and staff and consumer satisfaction

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