



# Development and Implementation of a Discharge Planning System

**Princess Alexandra Hospital**

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**HRT 1721 'Allied Health Improvement Group'**

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**Adelaide**



# Key Problem

There is high demand on physiotherapy outpatient services at PAH. Waiting times over the last year have reached up to 14 months for Category 3 patients and 9 months for Category 2 patients, which are both beyond Metro South target timeframes.

There are many external factors impacting upon our waiting lists which we cannot directly influence (eg number of referrals received, number of FTE staff). It is therefore vital that we examine our internal processes for ways to improve efficiency.

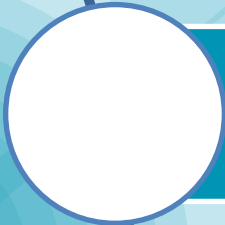
There is currently no formal discharge (D/C) planning system to guide therapists. This project aims to maximize our internal efficiency by developing and implementing a D/C planning system to reduce OOS whilst maintaining a high level of patient care. This will increase our throughput and ensure patients are receiving care within clinically indicated timeframes.



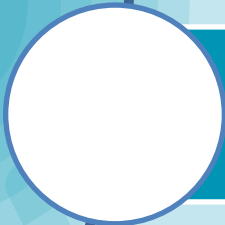
# AIMS



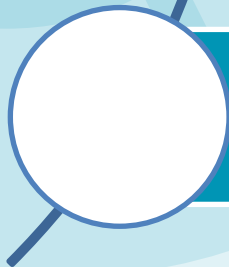
Improve efficiency, specifically, reduce the number of physiotherapy sessions per patient journey



Decrease the waiting time for an initial appointment



Improve the communication of a D/C plan with patients



Improve the communication of a D/C plan with other staff

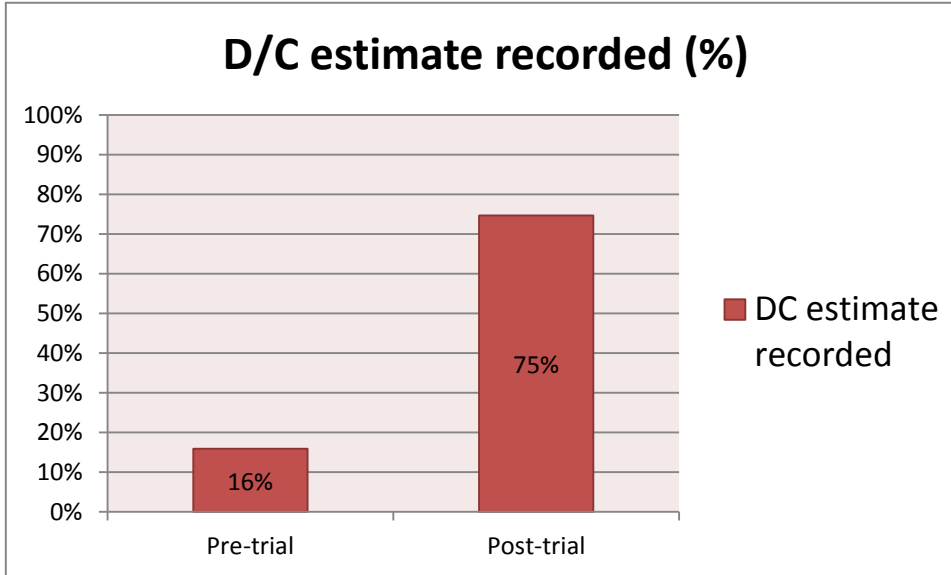
# Key Changes Implemented

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- Using the opportunity provided by the ieMR, we created a standard template for all physiotherapy outpatient chart entries
- The template requires staff at each treatment session to enter:
  1. Number of therapists to date
  2. Number of sessions to date
  3. A Discharge Estimate (total number of sessions required)
  4. Patient Specific Functional Score (if applicable)
- Staff were also given 30 mins per week dedicated to discharge planning. During this time, staff would review all patients that had attended 5 or 10 sessions, and consider specific questions regarding future management and discharge planning. They would then alter their discharge estimate if required.

# OUTCOMES – Process and Balancing Measures

Chart Audit:



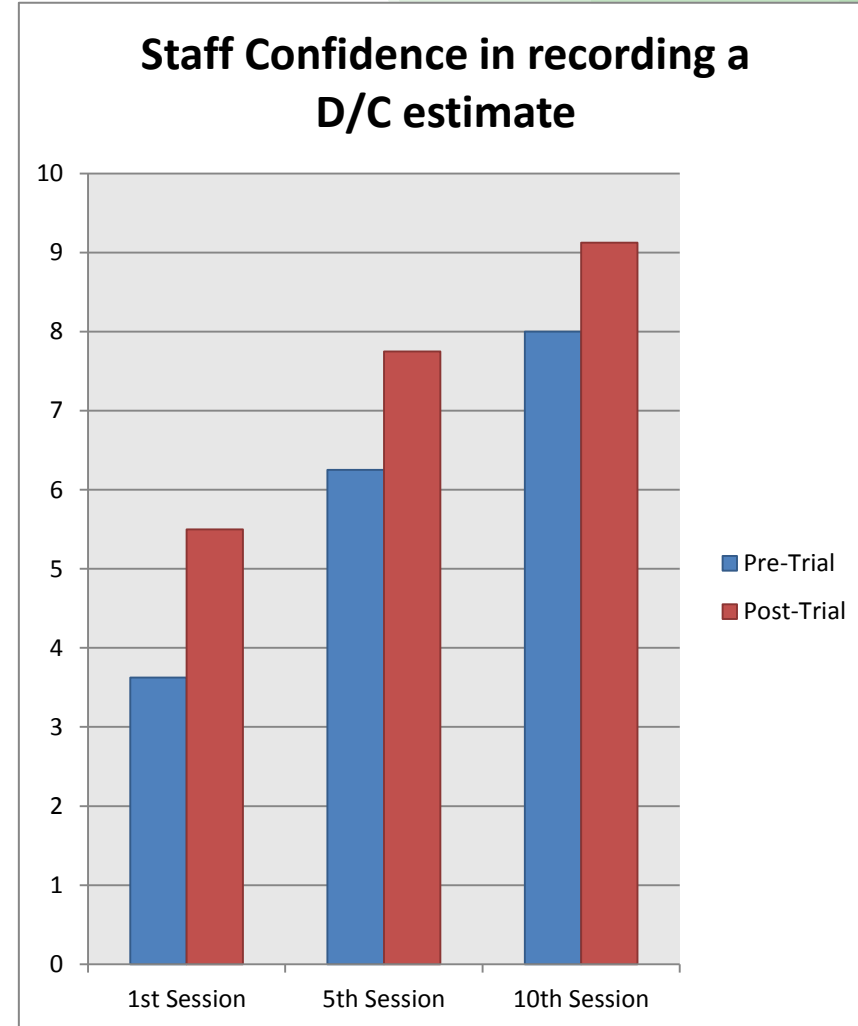
Patient Satisfaction Survey:

- Overall Patient Satisfaction did not decline
- Patient understanding of how many sessions they would receive improved slightly (from 82.35% to 92% - agreed or strongly agreed they had a good understanding)

Staff Survey:

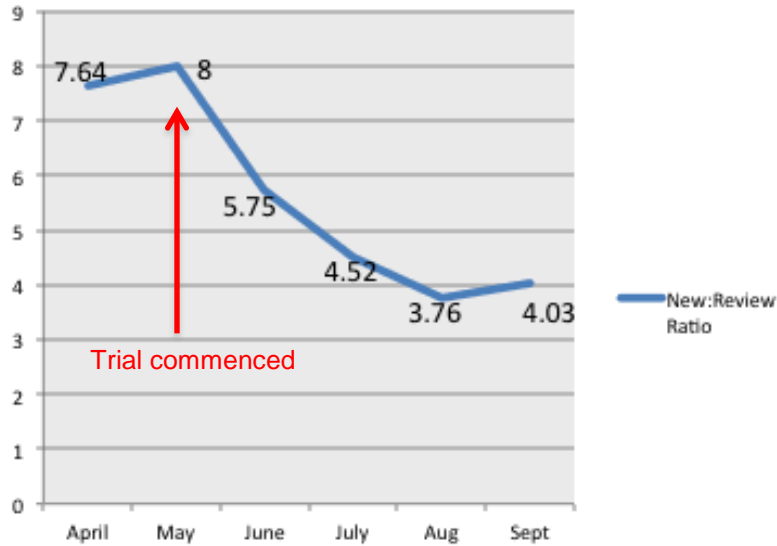
- “I discuss discharge more openly with my patients”
- “It has meant that I am thinking about the D/C plan right from the start”
- “facilitates more efficient/timely D/C”
- “much greater consideration for D/C planning”

Staff Survey:

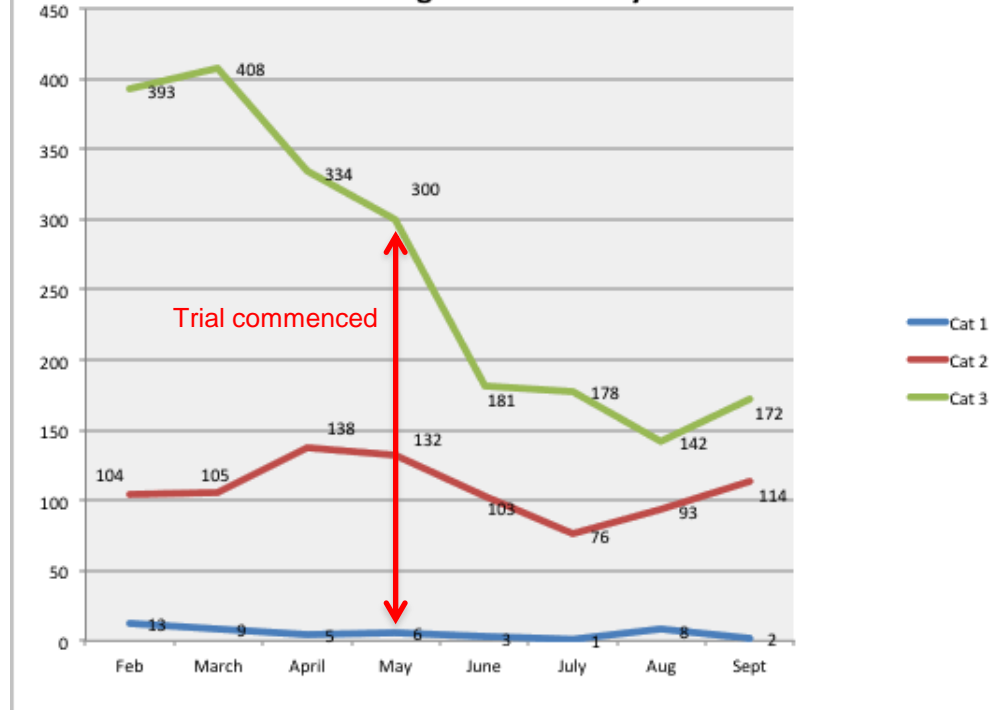


# OUTCOMES

### New:Review Ratio



### Longest Wait in Days



Cost Savings = 1.15hrs per patient x 8 patients/mth/FTE staff  
 Implementation Cost = 2hrs/mth/FTE staff

$$\text{ROI} = \frac{9.18\text{hrs} - 2\text{hrs}}{2\text{hrs}} \times 100 = 459\%$$

# IMPACTS

Patients have clearer expectations re D/C

Staff feel more empowered to D/C patients

Innovative use of iEMR

System has improved internal efficiency (N:R)

Improved throughput leads to a reduction in long waits (and fines)

Staff find it easier to take on another therapists' patient

Improved throughput means less waiting time to initial appointment for patients

## LESSONS LEARNT

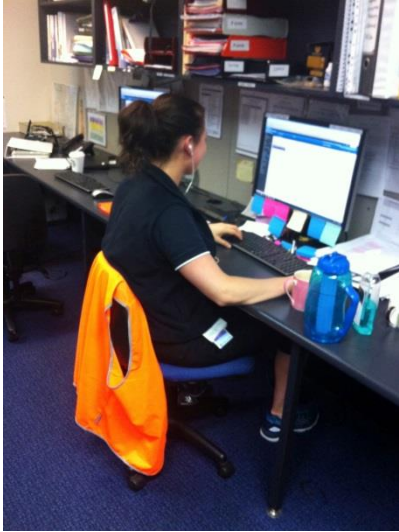
- Engaging staff from the beginning worked exceptionally well.
- I had to keep momentum going by providing regular updates, and reporting outcome measures.

- Spending most of the time understanding the problem at a brainstorming session was valuable.
- Many opportunities arose to deliver my elevator pitch.

- Measuring the change motivates staff.
- Using both qualitative and quantitative data appealed to different personalities.



# NEXT STEPS



Need to examine long-term data (12mth period) to be sure of effect:

- New : Review Ratio
- Occasions of service
- Patient satisfaction & staff survey

Need to establish business as usual model. Embed in orientation of new staff

URN:PAH 019004 DOB: M: years Allergies: Allergies Not Recorded

Documentation

Summary

Results

Allergies + Add

Alerts and Problems

Documentation + Add

Forms

Clinical Notes View

Interactive View

Patient Information

Advanced Growth Chart

LearningLIVE

The Viewer

Appointment Summary

Display: All

Result type: Outpatient Physiotherapy  
Result date: 10 July 2017 14:46 AEST  
Result status: Auth (Verified)  
Result title: Physiotherapy Outpatient Review  
Performed by: SIMMONS, NADINE CLAIRE PHYSIO on 10 July 2017 14:50 AEST  
Verified by: SIMMONS, NADINE CLAIRE PHYSIO on 10 July 2017 16:18 AEST  
Encounter info: PAH, Outpatient, 10-Jul-2017 - 10-Jul-2017

**\* Final Report \***

**Physiotherapy Outpatient Review**

Number of Physiotherapy Sessions (Inclusive): 9  
Number of Therapists: 3  
Discharge Estimate: 9

**CLD:**  
Back playing up since went out on boat - 2hr drive out. Also, working on the cars has increased his lbp. Has not been doing any exercises.  
Wife went to chemist and found a heel raise. Has not tried yet.

