

On-time care





Premier's award recognises excellence in public health service delivery



A strategy to improve the accessibility and quality of medical imaging services at Royal Brisbane and Women's Hospital (RBWH) saw the hospital's Medical Imaging Department win the Premier's Award for Customer Service Excellence in September 2013.

The award-winning team targeted appointment availability and turnaround times to improve access to medical imaging services for patients and clinicians. These improvements contributed to a reduction in the length of stay for both surgery patients and Emergency Department patients, which helped the hospital improve National Elective Surgery Target (NEST) and National Emergency Access Target (NEAT) requirements.

Improvements were made in five areas:

24-hour CT services

The introduction of a 24-hour CT service led to a huge decrease in imaging delays for emergency and high acuity patients. This reduced the backlog of patients waiting in emergency for discharge and facilitated timely diagnosis and admission.

Same day inpatient imaging

Coordination of services was improved, from booking appointments to facilitating transport, to ensure all inpatient imaging could be performed within 24 hours (excluding Angiography and complex MRI).

Radiology help desk

The radiology help desk has provided extra support for clinicians whose patients require urgent imaging. The help desk supports staff to ensure patients receive the right imaging in a timely manner.

Radiologist dashboard

The introduction of a radiologist dashboard ensures the workload is appropriately distributed and reports are delivered quickly.

Patient transport hub

The centralised coordination of patient transport drastically improved transport to and from the imaging department.

The collaboration between DMI Imaging Assistants and Patient Support Services delivered a significant improvement in the allocation of time and number of jobs completed. This was a massive task involving the coordination of, on average, 2000 jobs per week.

The Medical Imaging Department's multidisciplinary team approach to customer service improvement was achieved through dedication and commitment and has ultimately greatly improved patient access to medical imaging services at RBWH.

Above: The 2013 Medical Imaging Team receiving Customer Service Excellence Award from Queensland Premier Campbell Newman.

All smiles as Metro North dental wait list eliminated

With the help of the dental voucher system, Metro North has eliminated its long-wait general care waitlist with all patients seen by June 2014.

This success of the dental voucher system was supported by additional state government funding, which allowed for more efficient use of resources and the outsourcing of some services to the private sector via the dental voucher scheme.

The vouchers were mainly sent to people who had been on the public dental waiting lists for long periods, but also went to those requiring urgent dental care.

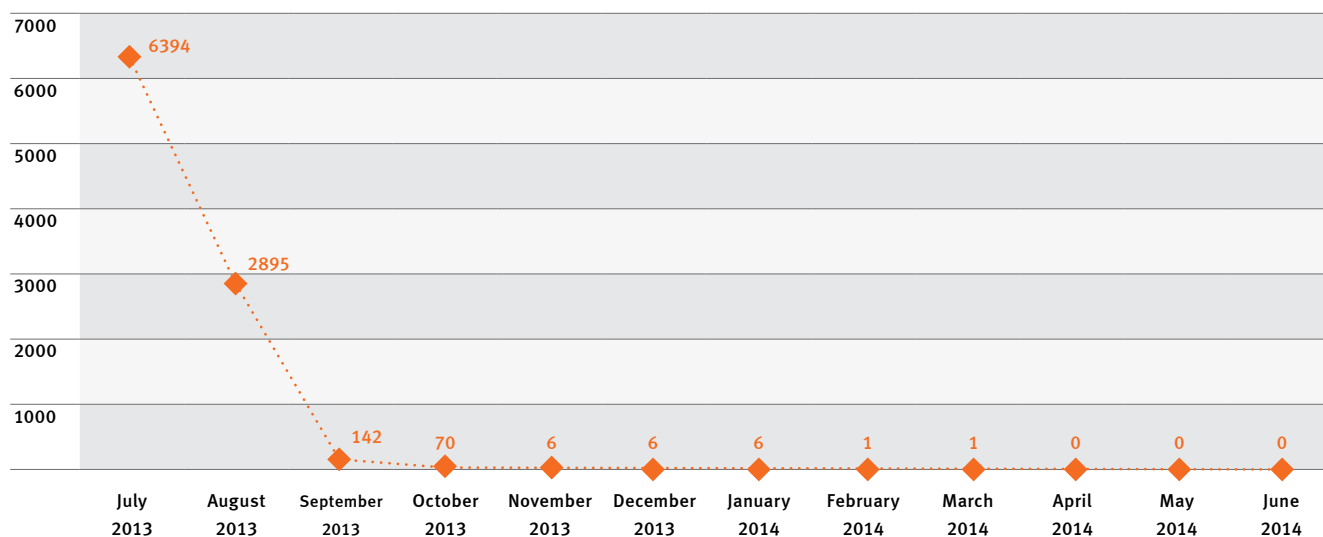
Metro North Oral Health Service has seen an improvement in public dental waiting times right across the board. There has been a concerted effort to address waiting times and real progress has been made through the commitment and dedication of oral health staff.

The Oral Health Service continues make improvements to assist people across the north Brisbane and Moreton Bay catchments to access oral health services when and where they need it most.



Change in Oral Health waiting lists

Total waiting more than two years on dental waiting list:





Above: RBWH Neurologist Dr Rob Henderson with patient John Rataj and Physiotherapist Ian Parker.

FAST action aids recovery

Brisbane local John Rataj didn't experience the classic signs of a stroke; he first realised he had suffered a stroke when he woke up in the Royal Brisbane and Women's Hospital the next day.

The 66-year-old retired maths and science teacher said when he woke up he realised he was in hospital and his right leg felt weak.

"I couldn't feel much and I had totally lost the use of my right arm," he said.

RBWH Neurologist Dr Rob Henderson said it was important for people to have access to the acute care provided in a dedicated stroke unit.

"Dedicated stroke units provide access to acute therapies such as thrombolysis (breaking down of blood clots)," Dr Henderson said.

"The acute care provided by stroke nurses and allied health staff in a facility with dedicated resources to stroke are important aspects of a stroke unit.

"With 85 per cent of strokes caused by a clot blocking blood supply to a part of the brain, if the clot can be dissolved quickly, outcomes can be dramatically improved but treatment must occur as early as possible.

"This requires people to recognise the signs of stroke and access medical care immediately."

Mr Rataj spent two weeks in hospital and was transferred to the Brighton Health Campus where he spent a further four weeks in rehabilitation and another eight weeks as an outpatient.

"The occupational therapists and physiotherapists at all facilities were terrific," he said.

"They were really supportive and although the work was intense I quite enjoyed it.

"I no longer require treatment and I do little exercises around the home as my fine motor skills are still coming back."

Dr Henderson said the National Stroke Foundation's FAST campaign raises awareness of stroke warning signs. FAST stands for Face, Arms, Speech and Time and involves asking three easy questions.

"It is important to remember that stroke is always a medical emergency, and medical assistance should be sought by calling 000 – even when the symptoms last for only a short time," he said.

Stroke is Australia's second single greatest killer after coronary heart disease with approximately 60,000 people suffering new and recurrent strokes. This equates to 1,000 strokes every week or one stroke every 10 minutes. It is also a leading cause of disability with the burden of stroke estimated to be \$5 billion per year.

The FAST test is:

F for face:

Can the person smile, has their mouth dropped?

A for arms:

Can the person raise both their arms?

S for speech:

Can the person speak clearly and understand what you say?

T for time:

Act FAST and call 000 immediately.

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Above: Kid Check Project Leader Dr Hsien-Jin Teoh.

Kid Check speeds up access

An innovative psychology-led program called Kid Check is reducing the wait times for parents with children on the category three (non-medical) paediatric waiting list at Redcliffe Hospital.

Children on the category three paediatric waiting list, including those with behavioural problems, ADHD, ADD, autism, learning disabilities (i.e. reading, writing and maths), low self-esteem and bed-wetting, are now being seen sooner thanks to this service.

Project Leader, Advanced Clinical Psychologist Dr Hsien-Jin Teoh, said a team of six post-graduate psychologists under his supervision make initial assessments and recommendations on children on the category three lists before they are reviewed by a paediatrician.

“The psychology interns do a detailed intake assessment on each child, which includes telephone interviews as well as one to three face-to-face meetings,” Dr Teoh said.

“Additional information obtained from multiple sources enables them to make a thorough diagnosis.”

“The team runs thorough tests of the child’s behaviours and mental abilities and obtains information from the parents and school guidance counsellors before discussing the results with a paediatrician.

“Utilising intern psychologists to assist with screening children on the long wait list, and offering brief interventions, enables faster access to appropriate treatment much sooner than if every child had to wait for an appointment with a paediatrician.

“Many of the children being seen by my team will be directed to appropriate treatments in the community via their GPs, with the guidance of the paediatrician.

“This initiative has been an opportunity to collaborate with universities to give post graduate interns experience in the field they would not receive under normal circumstances.”

Kid Check, funded initially through the SEED initiative via The Prince Charles Hospital’s Department of Clinical Psychology and Neuropsychology, is clearing between 10 and 20 cases every three or four weeks.



24 hour short stay medical unit streamlines admissions

To improve patient flow through the Emergency Department at Redcliffe Hospital, the Medical Admissions Unit (MAU) redesigned its service to better facilitate unplanned medical admissions.

Patients who present at the emergency department and who fit the criteria are transferred directly to MAU.

If the patient is likely to be in hospital for longer than 24 hours they would be immediately transferred to a medical ward. A decision to plan discharge within 24 hours would see their treatment completed in MAU.

Between 600 and 700 unplanned medical patients present to the 18-bed MAU every month. There is no seasonal variation, and patients typically present with chest pain, cardiac or respiratory problems.

Originally, medical patients with an estimated admission less than 48 hours were admitted to MAU. The service redesign to a shorter stay unit for patients with an estimated admission of less than 24 hours has significantly improved patient flow issues.

MAU's Nurse Unit Manager Keith Von Dohren said the model of care has been of particular benefit to the patients who are safely assessed, treated and discharged to a ward or back home much more smoothly and quickly than previously.

"Most of our patients are elderly, and it is important to their wellbeing, physical and mental health that we can assess, diagnose and deliver them to the next stage of their care with as many answers about their condition as possible," Mr Von Dohren said.

"The new model for MAU includes pharmacy support, a discharge planner/flow nurse, improved bed management after hours and administrative support.

"When patients are discharged from MAU they will have their prescription, test results and any further referrals in their possession," he said.

The unit averages 22 patients a day through its 18 beds and has, on occasion, a throughput of 36 patients in a 24 hour period. This helps improve overall patient flow through the hospital while ensuring short-stay patients still receive high-quality, efficient care.

Above: Keith Von Dohren (left) with Ward Clerk Linda Shorney and Acting NUM Richard Cross start planning for admissions and discharges.

RBWH elective surgery waiting list slashed



More Metro North Hospital and Health Service (MNHHS) patients are receiving their elective surgery on time thanks to hospital-led initiatives such as the Long Wait Reduction Strategy (LWRS) at RBWH.

Efficient team work and innovation are at the heart of the LWRS, which saw 99 per cent of RBWH's elective surgery patients receive surgery within the clinically recommended time frames by the end of June 2014.

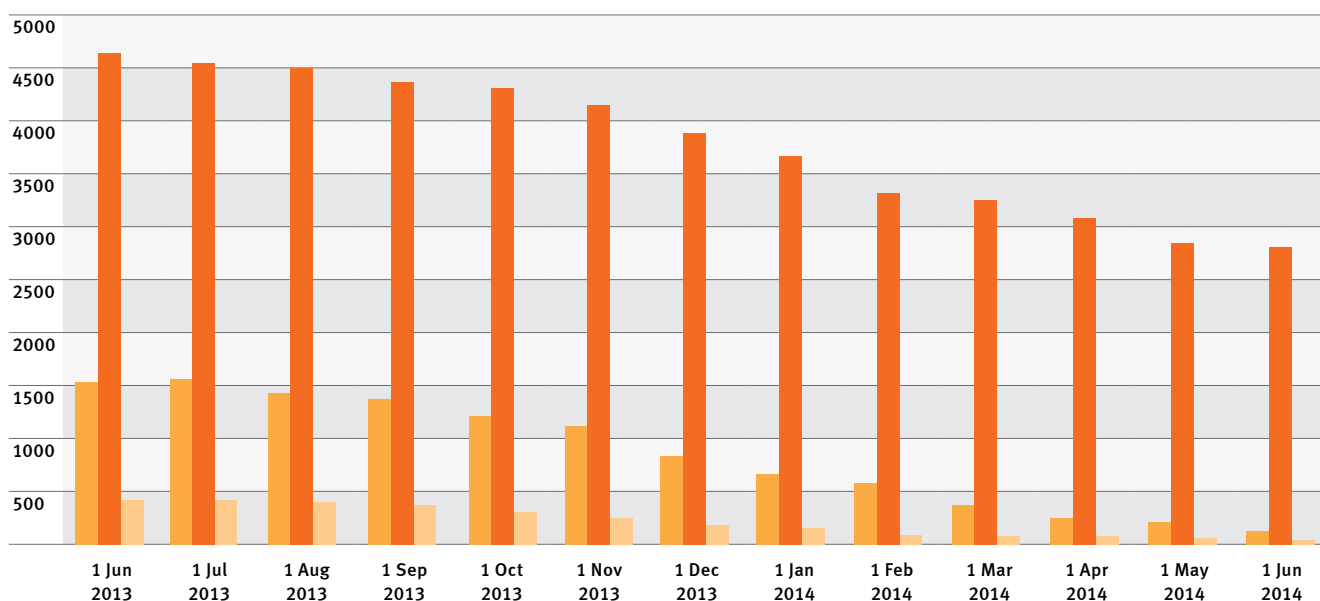
As the largest hospital in MNHHS with highly specialised surgical services, these results are impressive. Key elements of the RBWH strategy include:

- Improved efficiency of outpatient and admission procedures
- better scheduling of surgery sessions to maximise the use of operating theatres
- Use of “treat in turn” methodology, which ensures more patients with less urgent categorisations can be treated in the order in which they were placed on the waitlist.
- Improved pre-operative planning with patients to make sure they are fit for surgery, which minimises cancellations and patient inconvenience.

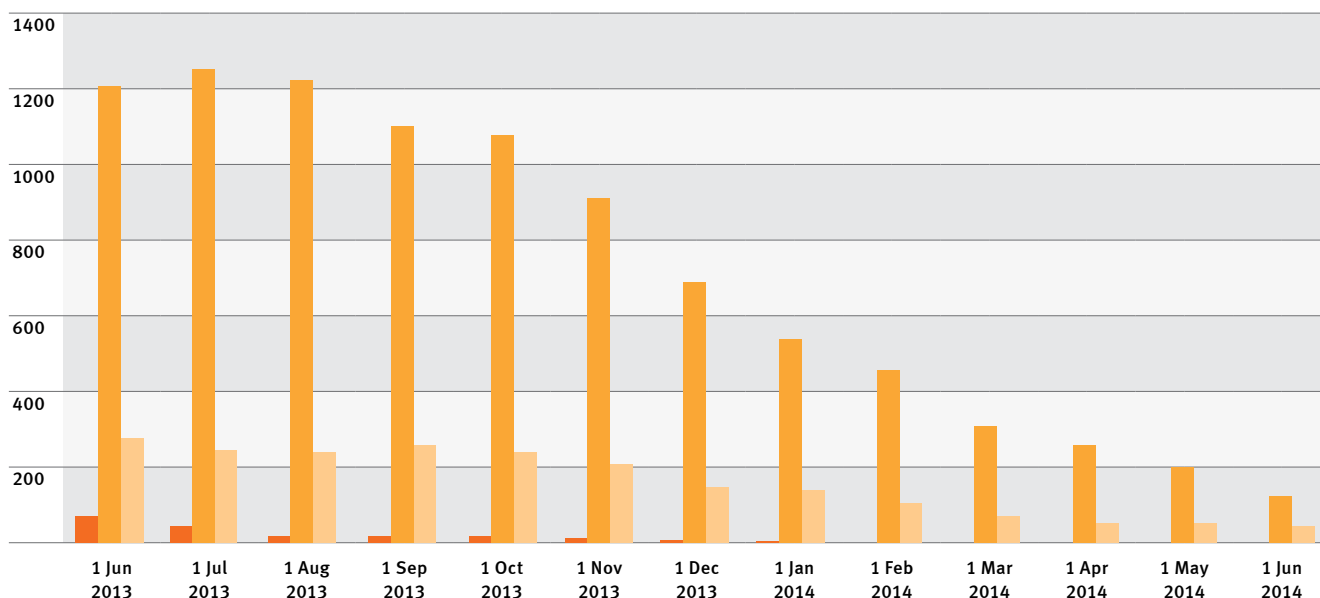
With the implementation of the LWRS the number of patients waiting for elective surgery longer than clinically recommended at RBWH dropped from 1299 in November 2013 to just 24 by June 2014.

From July 2013, the total wait list has dropped 40 per cent from 4,589 patients to 2,736 in July 2014.

The LWRS has delivered more equitable access to surgery, allowed more patients to be seen and has improved patient outcomes.



	1 Jun 2013	1 Jul 2013	1 Aug 2013	1 Sep 2013	1 Oct 2013	1 Nov 2013	1 Dec 2013	1 Jan 2014	1 Feb 2014	1 Mar 2014	1 Apr 2014	1 May 2014	1 Jun 2014
Total patients waiting	4665	4589	4500	4411	4348	4195	3929	3707	3361	3299	3133	2907	2866
Total long-wait patients	1548	1558	1481	1426	1299	1130	865	730	545	391	343	271	196
Total patients waiting >365+ days	429	427	405	404	375	334	259	235	168	102	91	90	64



	1 Jun 2013	1 Jul 2013	1 Aug 2013	1 Sep 2013	1 Oct 2013	1 Nov 2013	1 Dec 2013	1 Jan 2014	1 Feb 2014	1 Mar 2014	1 Apr 2014	1 May 2014	1 Jun 2014
Long-wait cat 1 >30 days	60	42	24	18	17	12	12	4	1	2	3	6	4
Long-wait cat 2 >90 days	1215	1257	1217	1159	1055	916	690	573	436	318	274	200	142
Long-wait cat 3 >365 days	273	259	240	249	227	202	163	153	108	71	66	65	50



PACS team fast facts in the past 12 months

Admitted and discharged 8,424 clients, with an average of 32 referrals per day.*

Provided 18,085 episodes of care.

Conducted 26,505 home visits, with an average of 102 home visits a day.*

Travelled 10,978 hours, with an average of 42 hours per day.*

Completed 132,722 client interventions with an average of 509 client interventions per day.*

**based on 261 working days Monday to Friday.*

Helping patients recover after hospital

Patients have been singing the praises of the Post-acute Care Service (PACS) and the difference it is making to their recovery after a hospital stay.

The service has forged strong partnerships with Metro North Hospital and Health Service (MNHHS) hospitals over the past 18 months to ensure patients receive the best possible care after discharge.

According to PACS patient Valda Ferguson the service gives all the clinical and home support needed for recovery.

“I received treatment as soon as I was discharged from hospital and care was tailored to my health needs,” Valda said.

“This included care from nurses, an occupational therapist, a dietician and a physiotherapist.

“A safety assessment was completed on my villa and I received a shower stool and my lounge was raised to ensure I didn’t need to bend and risk injury.

“The staff were very kind and attentive and it was very comforting to know help was available when I needed it. I cannot praise the service enough.”

PACS takes referrals from hospitals and emergency departments in MNHHS and offers short term nursing and allied health care for patients who have special recovery needs.

PACS provides a seven-day-a-week service including public holidays from 8am until 5pm. The service identifies individual patient needs on admission and implements services based on those needs.

Above: Valda’s Post-acute Care Team are, from left, Therapy Assistant Aaron Arthur, Registered Nurse Sarah Cotterell and Physiotherapist Liz King.

New initiatives help streamline Redcliffe ED service

One of Queensland's busiest emergency departments is streamlining services to ensure patients receive on-time care as demand for services increases.



Redcliffe Hospital Emergency Medicine Director, Dr Douglas Morel, said the department is seeing more than 5,000 patients a month. This trend is expected to continue with emergency presentations topping 60,000 for the 2014 calendar year.

“We have done a lot of work to make sure our patients’ journey through the department is safe and streamlined and it is a credit to our staff and management who have devised systems and processes to reduce the time patients need to spend in the Emergency Department,” Dr Morel said.

Working to meet the National Emergency Access Target (NEAT) has been one of the success stories at Redcliffe and it continues to improve. NEAT performance, which aims to discharge or admit patients within four hours, steadily improved as the year progressed.

In 2014, the four Metro North emergency departments will treat approximately 250,000 patients.

Dr Morel is most pleased that fewer patients are staying for prolonged periods in the emergency department.

“The improvement is due to a variety of initiatives, both in the Emergency Department and throughout the hospital,” he said.

“Hospital patient flow coordinators, staff from emergency and the wards meet every morning to discuss our patients and the journey they will need to take through the hospital to receive treatment.

“This daily planning ensures our patients start their treatment early after being fully assessed. The planning of their discharge is also started soon after they present to the ED to ensure their care is efficiently delivered and patients can return sooner to their homes.”

“It is a credit to our staff and management who have devised systems and processes to reduce the time patients need to spend in the Emergency Department.”