Post Implementation Review

Focus Week

4 August 2023

Government of South Australia

SA Health

1. Executive Summary

Focus Week was an opportunity to learn and identify barriers and opportunities along the patient journey. The intent was not to simply direct additional resources, but to enable staff to review the processes which move patients through the health system and consider how delays, duplication, and rework could be reduced.

Focus Week commenced on Monday 15 May 2023 and concluded on Sunday 21 May 2023, and actively involved the whole health system:

- Local Health Networks (LHNs).
- Statewide Clinical Support Services (SCSS) (e.g., SA Pathology, SA Pharmacy, SA Medical Imaging).
- SA Ambulance Service (SAAS).
- State Health Coordination Centre (SHCC).
- SA Virtual Care Service (SAVCS).
- Child and Adolescent Virtual Urgent Care Service (CAVUCS).
- Department for Health and Wellbeing (DHW).

Our shared goal was for each component of the health system to work together to ensure patients get the right care, in the right place, at the right time.

The intended outcomes of *Focus Week* were to:

- Reduce avoidable delays.
- Improve patient flow.
- Improve system experience.
- Test potential system improvements.
- Understand longer term improvement opportunities.

Focus Week presented benefits and learnings which will continue to be tested for impact and ongoing opportunity, ultimately functioning as an adaptive learning environment. It provided a shared sense of purpose, highlighting the importance of patient movement through hospital, and gave clinicians a platform to collaborate and conceptualise.

Despite the short seven-day timeframe, there were numerous positive impacts from *Focus Week*, including identification of obstacles impeding our clinicians and prolonging delays, which can be directly attributed to the remarkable effort and dedication of SA Health staff.

While there was an increase in ambulance and emergency department demand, improvements were seen in Priority 1 ambulance response times, hours lost in transfer of care, overall discharges from metropolitan public hospitals (including patients with a length of stay over 21 days), and increased utilisation of alternative care pathways.

2. Evaluation

2.1. Data Insights

During Focus Week, there was an increase in demand on our ambulance service and metropolitan public hospitals, with above average activity.

- 6.2% increase in triple zero call volumes (or 52 more each day).
- 1.0% increase in total ED presentations (or 10 more each day, driven by 2.4% increase in ambulance transports).

The number of patients waiting for an inpatient bed in ED at 07:00am each morning increased, as did time spent in ED for patients who required admission, but patients who did not require inpatient hospital admission spent less time in ED.

Despite this, ambulance response times improved, and transfer of care delays reduced.

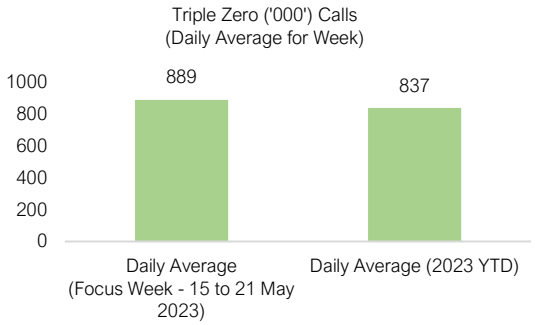
- 75% of Priority 1 incidents were responded to within 8 minutes, an increase of 11% points.
- 8.0% reduction in hours lost due to transfer of care (TOC) delays.

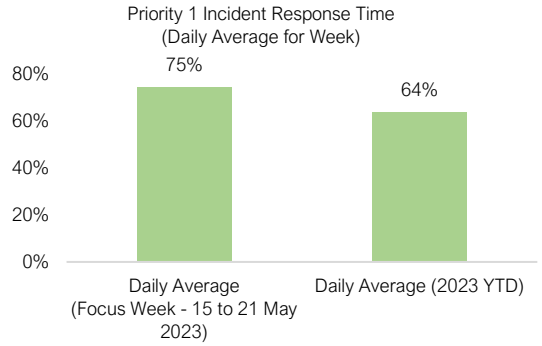
More patients were linked with alternative care pathways.

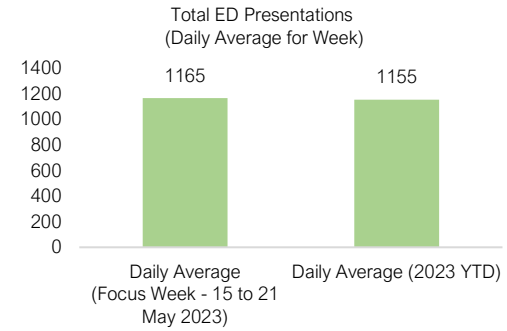
- 46% increase in My Home Hospital admissions, from an average of 63 patients to 92 patients in Focus Week.
- 20% increase in patients seen at a Priority Care Centre, equivalent to 17 more patients each day.
- 23% of ambulance incidents avoided transport to an ED.

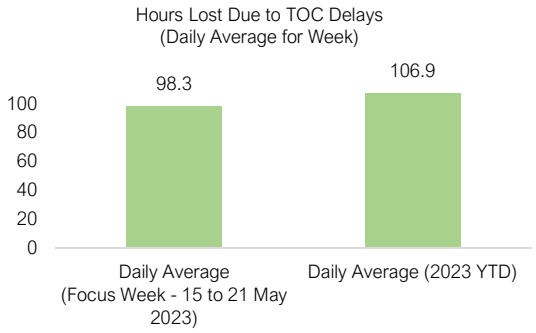
More patients were discharged from metropolitan public hospitals overall.

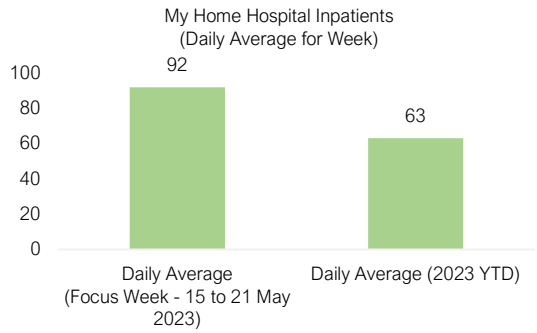
- 3.5% increase in overnight separations (or 15 more each day), with a 10% increase in discharges before 12:00pm.
- 5.0% decrease in patients with a length of stay greater than 21 days.

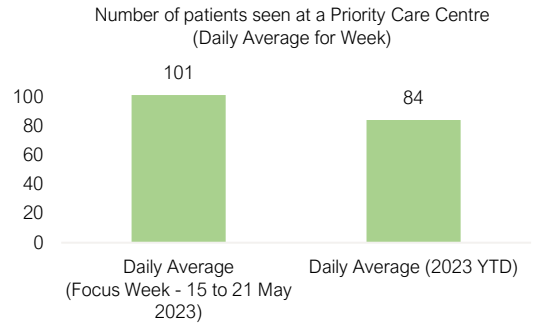


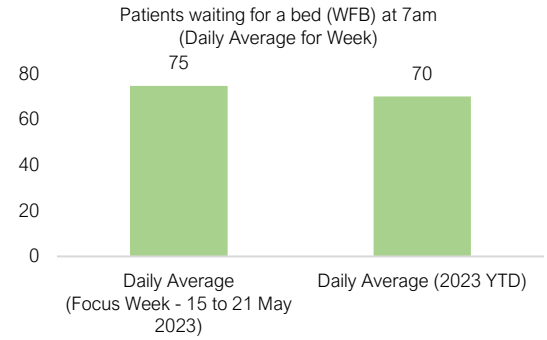


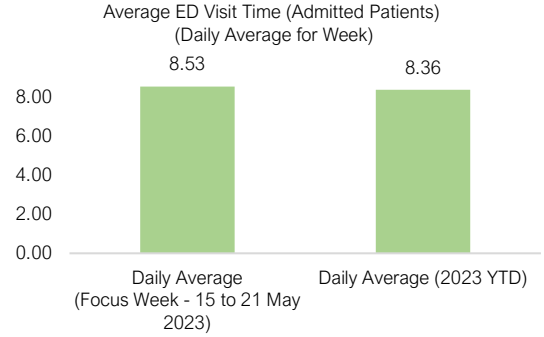


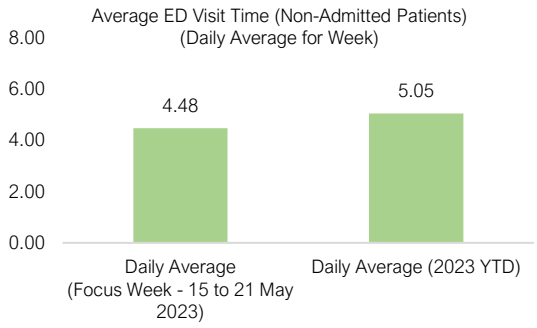


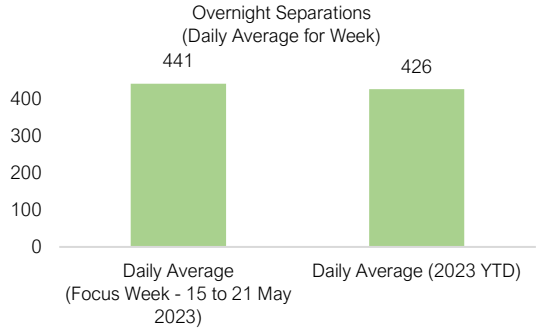


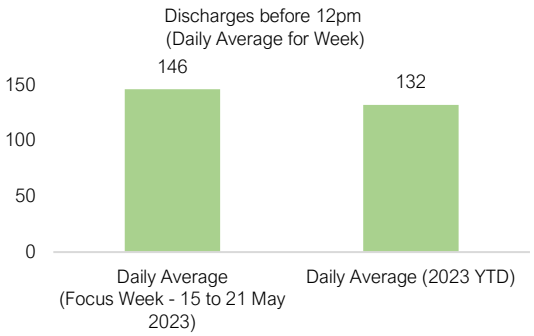


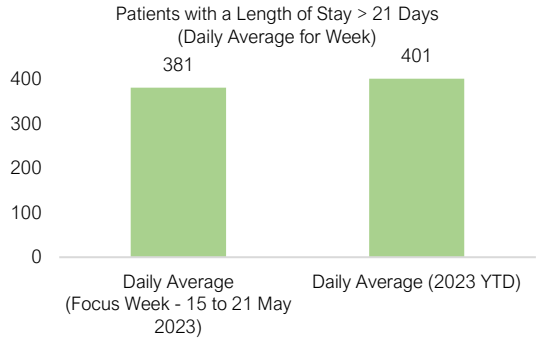












2.2. Findings

During *Focus Week* there was whole of health system collaboration, with consistent and transparent engagement. There was commitment in sharing learnings and successes.

Whilst the seven-day period is too short to undertake a quantitative evaluation of all initiatives to quantify impact and determine cost benefit, the whole health system was able to work together to identify the barriers and challenges which frustrate our clinicians and contribute to delays.

Throughout *Focus Week* and in the immediate time after, a range of quantitative data collection methods and forums were established to engage directly with clinicians and seek feedback on:

- Common themes of barriers and bottlenecks that emerged during Focus Week.
- Strategies and initiatives which were successful, could have been improved or should not be tried again.
- Improvement opportunities for the future.

Focus Week highlighted the challenges of working in the complexity of a multi-faceted health system and the various tensions at play. A range of competing demands, including operational pressures, and volume of data available, made it difficult to achieve traction across all planned areas. However, it is clear all participants in *Focus Week* were intent on achieving good outcomes and continuing to deliver good care for patients.

The overwhelming majority reflected on the learnings and opportunities to reduce the burdens on our workforce and improve timely access to care for patients.

Participants also highlighted *Focus Week* offered opportunities and time to reflect on current and best practice, with the workforce feeling united in purpose.

> *"We embraced Focus Week as an opportunity to try all those brilliant ideas we'd had but never found the bandwidth to implement. When Focus Week was over and we were discussing how we got on, most important for us was how the interventions felt, how hard they were to implement and what we could do next. Whether our length of stay or avoided admissions improved was of secondary importance. Having the time and permission to sandbox these improvements was very powerful; I look forward to our next Sandbox Week." – Senior General Medicine Physician*

"Nil significant changes to normal D2D for Operational Services. The Coordination Hub with DHW was great – created a sense of visibility, that was comforting, and good to see. 'Flipped' the relationship with 'up the road' so they could see what we were battling with, normally, instead of just escalating up what we 'couldn't manage'" – Member of LHN Executive

"…[timing of] huddles implemented across the program… was excellent… to connect… around activity and escalation/operational. From this, we've seen significant changes around communication and visibility across services… Business crosspollination and flow enables a better understanding. As PD, I now have better visibility, and ensuring these teams are functionally connecting. Quite powerful." – Program Director

"FW was also focussing on 'smarter' was of working (not harder). FW was a chance to reset and re think. It was a tough week – we were busy! Good, however, because this is a reflection of the BAU" – Medical Lead

2.3. Learnings

2.3.1. Whole of System Initiatives

Each LHN determined the most effective and appropriate ways to support their staff and remove barriers to good patient care within their individual hospitals and health sites, *Focus Week* aimed to deliver clear systemwide oversight and shared key actions, across the following areas:

Initiatives	Impact
MyHomeHospital representatives visited metropolitan public hospitals to: • Undertake ward rounding with LHN medical teams. • Clarify service capabilities. • Reinforce streamlined referral processes.	• Positive feedback from LHNs on strengthening clinician relationships. • 46% increase in admissions to MHH.
Increased access to Priority Care Centres by: • Extending opening hours (1 hour earlier at 9:00am), increasing capacity for overnight bookings • Adding SA Health nursing staff support, where possible. • Developing overnight booking system for SAAS and CAVUCS.	• 706 patients treated at a PCC. • 25% increase compared to previous two weeks. • 10% of patients seen before 10:00am. • Record PCC attendance on Monday 15 May with 131 attendances • 31 patients avoided waiting in an ED afterhours.

DHW and LHNs addressed barriers to discharge with several joint initiatives including:
• Focusing on Estimated Discharge Date (EDD)
  ○ Set within 24hrs of admission;
  ○ entered in EMR; and
  ○ reviewed daily by senior decision makers.
• Developing a register of patients who are medically ready for discharge are experiencing other barriers to discharge and escalation process.
• Regular long stay patient meetings at all metropolitan public hospitals.
• Accelerating country repatriations.
• Utilising contracted and available private hospital capacity.
	• Significant increase in completion of estimated discharge date in EMR, with some wards and specialties achieving 100% completion.
	• 33 additional patients identified with barriers to discharge.
	• Continued use of the 'Complex Discharge Delay' register.

Initiatives	Impact
State Health Coordination Centre activation with: • 24/7 system flow oversight supported by the new Clinical Supervisor-Dispatch and Network Operations (CSDNO) role (a collaboration between the SAAS and the SHCC). • Access to real-time data insights via dashboards, including linked visibility with SAAS and the LHN Electronic Medical Record. • Increasing overnight executive support.	• Strengthened afterhours eyes on model and improved engagement and communication with local operation centres, • Targeted communication of extended ramp delays and improved visibility of community demand and linkage with LHN operation centres.
Increased referrals to alternative care pathways: • Optimising pre-hospital diversion via SAVCS and CAVUCS and the systems to support increased referrals. • Utilising RACF virtual pathway • Transferring private patients from public EDs to private hospitals.	• Sustained ED avoidance focus across 7 days. • An average of 46 SAVCS referrals per day. • A 50% decrease in RACF presentations to metro EDs per day. • 46 paediatric presentations (a 30-45% increase) directed from CAVUCS or WCH PED to a PCC
SHCC initiatives and learnings: • Develop agreed understanding, definition, and indicators of ED & community risk that triggers actions. There are currently different practices across the system. • Work with clinicians and system partners to develop an agreed decision support approach to prioritising ambulance offload to support community safety. • Testing machine learning options for systemic risk triggers and high impact intervention areas for two, four, six, and 24 hours. • Understand ongoing opportunities to ensure the capacity of ED avoidance services is maximised consistently & sustainability across the system.	• Support coordination of patient movement to balance distribution across the system & improve patient & community safety. • Maximise alternate care options for patients not requiring physical access to emergency care. • ED ward interface to address access block of ED pts waiting for a ward bed. • Improved Priority 1 ambulance response times.

2.3.2. Local Initiatives

Focus Week offered staff the opportunity to trial different ways of working, with local projects managed by each LHN and support provided through the Local CFC.

The following initiatives that showed a positive impact:

Central Adelaide Local Health Network

Strategy	Impact
Engaging in a series of complex case conferences, CALHN LLOS meetings, Multi-Agency Discharge Events, and discharge pathway meeting.	• A record number of Long Length of Stay (LLOS) discharges. • 15 patients with a combined total of 801 days.
Ensure direct admissions bypass the ED if not requiring emergency care and are admitted direct to the ward by: • Collaboration with SAVCS. • Implementation of a dedicated nursing role to oversee incoming interfacility transfers (IFTs). • Daily medical oversight and input of senior decision making of all incoming IFTs,	• Daily transfer of care reduction of 170 minutes. • 16% increase in patients avoiding ED.
Increase utilisation of discharge lounge to free up beds sooner to help with patient flow.	• An average of 15 patients a day transferring through the lounge

Strategy	Impact
Hospital avoidance initiatives to enable greater utilisation of other available services for patients who didn't need hospitals.	• Increased referrals to Sefton Park, with a record 32 visits on 19 May 2023. • Geriatrics in the Home and Hospital in the Home functioned at 100% capacity for the week. • Improved uptake of My Home Hospital.
Increase usage and compliance of EDD for a greater understanding of patient flow.	• Compliance rate of 69.5% at the start of week rose to 77% by the end of the week.
Increase usage of Comprehensive Flow Plans (CFP) to improve visibility of evidence-based EDD and barriers to discharge.	• Completion baseline average of 12% rose to an average of 22%. Some programs averaged > 80% completion rate.
Increase early discharges before 10am and 12pm to improve patient flow.	• Whilst the 10am discharge target was not met, discharges before 12pm improved. • Feedback sought via survey from frontline staff to identify barriers in early discharge activity
Increase weekend (Saturday and Sunday) discharges to improve patient flow.	• This remains a challenging area and will continue to make a concerted effort to address it. • Will use staff feedback to remove barriers
Accelerate pharmacy discharge prescriptions.	• Increasing efficiency of discharge prescription processes resulted in the best turnaround time on record: an average 17 minutes.

Northern Adelaide Local Health Network

Strategy	Impact
Geriatric and palliative care teams in ED working collaboratively with staff to identify appropriate consumers for the service and provide specialist advice.	• 22 patients seen. • 3.9 hour reduction in ED length of stay for 80+ consumers (from 12.3 hours to 8.4 hours). • Further review to be undertaken
Trial of general medicine team in ED consisting of junior and senior medical staff.	• 50% consultant review at time of admission, equivalent to 24-hour improvement in time to consultant review.
Fit to Sit model implemented on wards in lieu of a transit lounge.	• 23 patients identified as Fit to Sit, with 40% success rate.

Southern Adelaide Local Health Network

Strategy	Impact
Improve PSA bed cleaning workflow processes to improve bed turnaround time.	• 17-minute improvement from an average job completion time baseline of 54 minutes to 37 minutes by end of week. • Achieved 100% green bed accuracy rate.
Increase and optimise all SAAS transport capacity and complete early transfers and discharges out of SALHN.	• 32% improvement in booking time to pick up time from SAAS. 2022 – 2.1 hours. 2023 - 1.7 hours. End of flow week – 69 minutes.
Implement concurrent processes and initiate handover on red bed (occupied bed) so that the allocated patient is transferred as soon as bed turns green.	• Baseline data – average 3 hours 17 minutes. End of flow week – 2 hours and 8 minutes for red bed allocation and transfer to ward.

Strategy	Impact
Trial concurrent ward processing with Senior Pharmacist on Cardiology Ward Rounds to reduce batching of actions and tasks post ward round and complete pharmacy discharge actions.	• Pharmacist was able to inform contraindications for new medications. • Discharge scripts, medications and patient education was actioned 1 day in advance. • Initiative ensured discharges were not waiting for pharmacy.
Discharges before 10 am and 12 pm to enable earlier transfers out of SALHN Emergency Departments.	• SALHN achieved improvements to discharges before 10 am and 12 pm across the Network from all Divisions. • This did not translate to earlier transfers out of ED due to many contributing factors.
Daily Long Stay Meetings to facilitate daily escalations for long stay patients that are medically cleared but unable to be transferred or discharged.	• These highlighted key areas for focus with many requiring escalations with other services and systems as SACAT, NDIS and RACF placement continuing to challenge.
Streamlined EMR processes to reduce variability, improve EMR functionality and optimise technology.	• EMR changes are not able to be implemented until improvement requests are actioned. This includes PSA mobile phone intervention and changes to EMR screening tools which pull into SALHN Patient Journey Dashboards.
Optimise use of SALHN Transit Lounge and Fit to Sit.	• SALHN achieved an improvement in Transit Lounge utilisation but a less than 100% utilisation rate earlier in the day. • Not all areas were able to utilise 'fit to sit' criteria as wards and areas are not set up with appropriate areas. The ability to 'overflow' on the EMR bed board needs to be addressed.

Women's and Children's Health Network

Strategy	Impact
New virtual women's assessment service started at WCH and linked with WCH@Home to provide diagnostics and care (e.g., bloods, wound care).	• 94% hospital avoidance. • 100% response rate from consumer satisfaction survey. • Low cost & high impact as it utilised existing digital infrastructure.
WCH PED trialled an Accelerated Clinical Evaluation (ACE) Team model which improved 'seen on time' performance and impacted NEAT performance, achieving 80%.	• 20% improvement in seen on time. • 5% reduction in total length of stay within paediatric ED. • Of those seen by ACE Team, 60% were discharged direct from waiting room.
Inpatient: Surgical Services discharge scripts.	• Early completion of discharge scripts for surgical patients enabling opportunities to improve discharge barriers. • Enhanced early discharge planning, engagement, and collaboration
Inpatient: CAMHS PED Avoidance as an outreach model for mental health assessment.	• Enabled collaboration with UMHCC for the redirection of care for 16–18 year old's.

Barossa Hills Fleurieu Local Health Network

Strategy	Impact
Supported Patient Flow Hub attendance at metropolitan hospital huddles and attendance of Mental Health team at CALHN capacity meetings to align demand and supply.	• Enabled early identification of patients for transfer and facilitation of discharge.
Implemented a General Medical 'pull' strategy from Flinders Medical Centre to Southern Fleurieu Health Service (SFHS).	
Reviewed Long Stay Patient with multi-disciplinary / expert / complex needs and challenging discharge options.	
Established an escalation process for SAAS transfers from metropolitan to BHFLHN which are over 4 hours.	• Enabled improved patient transfer and interaction across sites.
Trialled an improved transfer communication process with NALHN.	
Developed a new Inter Facility Transfer process.	
Improved radiology access at Mount Barker Priority Care Centre, with access on Saturdays.	• Enabled improved access to care for patients.

Statewide Clinical Support Services

Strategy	Impact
SAMI ED Nurse Navigators positioned at the RAH, TQEH, LMH and FMC) to be a point of contact between EDs and SAMI, to support flow and minimise delays, ensuring timely access for patients requiring SAMI services.	• Positive feedback from all sites. • Improved communication between SAMI & ED.
Dedicated SAMI orderlies at LMH and TQEH to support patient flow between ED and SAMI.	• Improved movement, flow and timeliness of patient transfer to imaging.

2.3.3. Improvement Opportunities and Recommendations

Improvement Opportunities	Recommendation
Pre-hospital	
SAAS access to Priority Care Centres (PCCs) and Sefton Park Hospital Avoidance and Discharge Support Services (HASDS) can be improved by: • Dashboard visibility of capacity at each location; • Increased overnight access to alternative physical locations to avoid ED presentation.	• Develop overnight booking system for SAAS and CAVUCS to access PCCs. • Develop a centralised dashboard to provide information for SAAS and EDs. • Implementation of updated *Inter-Facility Transfer Policy* as soon as the project below has progressed further. • Statewide Inter-Facility Transfer Project led by SCCH to improve processes.
Clear and consistent process for notifying bed managers of incoming interfacility transfers.	
Emergency Department	
Visibility of real-time private hospital capacity, delaying timeliness of transfers.	• Link with private sector for information on a dashboard for the system.

Improvement Opportunities	Recommendation
Overall time spent in ED; and Direct access to in-home services to eliminate short inpatient stays.	• Explore opportunities to increase access to multidisciplinary teams (i.e., registrar, senior allied health, nurse practitioners) in ED for early specialist assessment with specific focus on hospital avoidance from ED. • Clearly define roles currently tasked with patient flow (i.e., Operation Control Centres, OOH nurses). • Explore opportunities to improve navigation and accessibility of hospital avoidance pathways.
SA Medical Imaging (SAMI) forms contributing to imaging delays.	• Examine clinical requirement for SAMI forms to potentially simplify process and reduce administrative burden. • Explore opportunity to establish SAMI Nurse Navigator role at four ED sites (RAH, TQEH, FMC & LMH), consideration to be given to whether an alternative workforce would be appropriate to complete this task, or to a combined model of clinical and administrative roles. • Develop SAMI dashboard with real time commentary.
Inpatient	
Utilisation of transit/discharge lounges and other suitable spaces due to limitations in infrastructure and knowledge around their capabilities.	• Continue implementation of a Fit to Sit Pathway for inpatient units, supported by the *Fit to Sit Pathway* Policy. Work already underway in NALHN.

"Waiting for what?" We have become accustomed to 'waiting' when it comes to patient flow.
• Some delays are hard to influence (e.g., National Disability Insurance Scheme (NDIS), Aged Care, SA Civil and Administrative Tribunal (SACAT)).
• Some internal delays were attributed to discharge medications, referrals, sick certificates, medical imaging, allied health or sub-specialty review, transport, and ward round timings (decision to discharge).
	• Escalation and data collection can be an intensive process with consideration to be given to how this process becomes an integral part of BAU. This includes:
	  ○ Undertake an audit to quantify the number of patients who are clinically ready for discharge with delay reasons in metropolitan public hospitals.
	  ○ Complete and implement *Managing Transfer and Discharge of Patients Policy* and *Application Process for South Australian Civil and Administrative Tribunal (SACAT) Guideline* supported through workforce education and training.
	  ○ Structure a statewide program of work for stranded patients.

Discharge	
Navigation and referral to out-of-hospital services and discharge supports can be complex and inefficient.	• Explore opportunities with Metropolitan Referral Unit for referral and triage for all out-of-hospital services to streamline processes and increase efficiency, avoid duplication, and improve visibility of available support options and understanding of service capabilities.
Complex and time-consuming process to repatriate forensic patients to their home state.	• Review escalation process review, with work underway by the Office of the Chief Psychiatrist to address this.

Improvement Opportunities	Recommendation
Complexity of discharge for people in custody with high level care needs due to limitations in current prison settings and are inappropriate for placement in Residential Aged Care Facilities (RACFs).	• Understand current risks associated with managing prisoners who have increasing daily support needs.
Increase discharges before 10:00am to help decongest EDs.	• Continue to implement and increase use of CLD to ensure the discharge process does not solely rely on final review by the Senior Clinician, instead enabling CLD experienced clinicians to review and initiate patient discharge in line with pre-determined, patient specific, criteria which have multi-disciplinary agreement. This will be supported by an updated Policy and improved functionality in Sunrise EMR. • Review multidisciplinary team processes and continue to examine barriers to 10:00am discharge. • Consider the benefit of an additional SAAS transporter in SALHN to support discharges.
Visibility and management of the 'stranded'/long stay patient cohort.	• The centralised long stay patient register has improved this, however as this is currently a manual task there is need to ensure reporting is streamlined and explore automation. • The register and DHW involvement in LHN Long Stay meetings has been maintained post *Focus Week*. This will inform a broader piece of work across the system to: ○ develop standardised recording and reporting functionality, potentially via Sunrise EMR. ○ BAU escalation management system across LHNs and DHW for Stranded Patients.
Patients declining multiple suitable discharge or transition placements, and clinical reluctance to hold difficult conversations.	• Publish and implement the *Managing Transfer and Discharge of Patients Policy* with strengthened policy position for patients declining discharge or no longer requiring hospital level care. • Develop supporting materials to inform patients and/or substitute decision makers of requirement to be transferred or discharged to a clinically appropriate interim option when hospital care is no longer required. An interim discharge option cannot be declined when hospital care is no longer required.
Ability to accelerate patients moving to RACF.	• Engage with the aged care sector and Commonwealth officers via a regular forum to better understand challenges and explore opportunities to work collaboratively to increase flow of patients, particularly those with Behaviours and Psychological Symptoms of Dementia (BPSD) and those with memory support needs.

Improvement Opportunities	Recommendation
SACAT delays impacted by quality of application submissions.	• Publish and implement draft *Application Process for* South *Australian Civil and Administrative Tribunal (SACAT) Guideline* to provide a new standardised approach to SACAT applications, including templates and examples of documentation. • Continue to work collaboratively with SACAT to deliver training and education to support application process.

3. Conclusion

The intention of *Focus Week* was not to provide a holistic fix for the South Australian public health system, but rather, to identify barriers and trial solutions. While *Focus Week* demonstrated that the South Australian health care system remains challenged in many ways, there were clear benefits to the week, which was highlighted in:

- Improved ambulance response times, despite increases in triple zero call volumes and ambulance transports to emergency departments.
- Improved management of inter-facility transfers to limit unnecessary arrivals and medical reviews via ED, ultimately preventing treatment delays.
- A shared sense of purpose and timely reminder that we are a system working together for the benefit of our patients.
- A greater focus on the prompt movement of patients through the hospital, and the benefits of commencing discharge planning from point of admission.
- Clear communication and coordination with patients throughout their care journey.
- An opportunity for clinicians to bring forward improvement initiatives.

Whilst many opportunities for improvement were identified in the seven days of *Focus Week,* these will continue to be reviewed and refined to ensure high impact areas are targeted to deliver the greatest benefit for the South Australian public health system and ensure resources are utilised and allocated to areas of greatest impact.

A significant volume of work is underway, both locally and as a whole health system, to progress key learnings from *Focus Week*. This includes the above recommendations which will be discussed and progressed via established processes of the Health Chief Executive Council, with actions delegated accordingly.

The DHW, LHNs and SAAS will assess their findings locally, identify high impact opportunities to progress and further understand the value of the initiatives over a longer term. The accountability for delivering improvements in system demand and patient flow will continue via locally established governance structures.

Most importantly, the learnings and strengthened systemwide relationships garnered through Focus Week will continue and assist in delivering the systemic change we so clearly agree on.