Models of Care

When a bed is not just a bed

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When the music stops grab a bed…
HEALTH REFORM

What drives good patient outcomes?

How do we match financial issues?
Who is coming to Redcliffe Hospital?

Redcliffe-Caboolture HHSD
- 6th largest growth area in QLD
- Predict growth in all age groups
- Largest increase aged 65+ yrs

Redcliffe Hospital
- 240 bed facility
- 145 ED presentations daily
- 19 acute medical admissions daily
Phase 1: Right patient

We will make a difference by optimising how we care for the older person
Phase 2: Right place

Develop service delivery models ensuring best practice and optimal outcomes
Phase 3: Right time

By understanding our environment and using data, we will continue to find creative and efficient ways to deliver the core services we are funded to provide whilst continuing to seek additional resources
Quality improvement

Table 1

LOS - MAU 2012

Table 2

Discharge by time of day - MAU 2012

Table 3

Discharges by day of the week - MAU 2012 (Dec-Jun)
New models of care…

1. Medical Assessment Unit (MAU)
2. Delirium & Falls Unit (DAFU)
3. Geriatric Evaluation & Management (GEM)
Recommendation 1: Medical Assessment Unit

**Issue:** older patients with multiple co-morbidities

**Approach:** rapid diagnostic and assessment protocols & expedite discharge with early ‘hot reviews’

**Interventions:** model of care, ward activity report, telemetry audit, end of life care and patient flow
Compliments

• ‘It is very good the way staff are accepting patients (to the ward) and admitting them quickly’ Hospital Bed Manager

• ‘The nurses, doctors and staff here are wonderful and deserve triple the pay’ MAU patient

• ‘Thanks for the wonderful care and attention you gave my husband in hospital (MAU). You all do a fantastic job and we can’t thank you enough’ relative of patient
Measures of success

Table 4

<table>
<thead>
<tr>
<th>Medical Admissions - length of stay 2012</th>
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<tbody>
<tr>
<td>Apr</td>
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| ![Graph](image)

- Average LOS in MAU 2.13 days
- Reports identified 80% medical admissions <48 hours LOS
- Audit admissions & transfers revealed issues with bed allocation and discharge delays
Quality – plan, do, study, act

Table 5

Table 6
Recommendation 2: Delirium and Falls Unit

**Issue:** delirium in older people is an acute and reversible condition which is often overlooked or misdiagnosed.

**Approach:** patients who have been assessed as having delirium, confusion, wandering, dementia behaviours and/or high falls risk, who would have otherwise required Constant Patient Observation (CPO) are given priority for this unit.

**Interventions:** model of care, environmental audit, person centred care, staffing efficiencies and documentation/coding audit
Therapy
Person centred care

**Hospital heroes hailed**

REDCLIFFE Hospital is responsible for a miracle, Kippa-Ring resident Michael Murphy said.

Mr Murphy, 51, and his father Graeme Murphy, 83, were admitted on September 9 with "bad cramps" and tests revealed he was quite unwell.

"He had a Golf single, his liver was failing, his kidneys were failing and he has a large amount of fluid on his lungs and around his heart,"

he said. "My father could not walk, he could not talk, he could do nothing for himself.

"When I asked if he would make it, the doctor said 'no' and he said he had seen many other cases like this and no one had pulled through it."

"But the team of doctors he had (including Dr Tan) said they would not give up."

"They worked on different ways to save his life, they stuck to their word and never gave up."

Mr Murphy said his father was discharged on October 24 and was now at home in Brighton - walking, talking and driving again.

**MIRACLE SURVIVOR: Michael Murphy and his dad Graeme.**

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**Thank You**

WITH APPRECIATION FOR YOUR SINCERE KINDNESS

From

The whole Murphy family

2011
Measures of success

Table 7

ALOS - Dementia patients (Nov 2011 - Jan 2012)

Table 8

Level of knowledge and skills of DAFU Nursing Staff

Table 9
Recommendation 3: Geriatric Evaluation Management Unit

**Issue:** older persons experience 3-4 times as many hospital days per thousand than the general population.

**Approach:** sub-acute designated unit to assist with the discharge planning of complex patients and allow sufficient time and resources to ensure best discharge destination.

**Interventions:** model of care, multidisciplinary team, weekly case conference, Geriatric and Rehabilitation Liaison Service, SNAP procedures & audit, patient flow and benchmarking KPI
Patient outcomes

Table 10

Table 11
Measures of success

- Patients managed without bedrails
- Patients supported in returning home with services for a trial, not going straight to an aged care facility
- Refer for social support (e.g. Salvation Army)
- Document a patient's ability to make decisions (e.g. financial and social issues)
- Carers supported to access respite
Data management suggestions…

• DON’T present data from multiple sources
• DON’T cover more than 3 topics per meeting
• DON’T present more than 3 graphs at once
• DON’T create dependence, empower others
Thank you

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