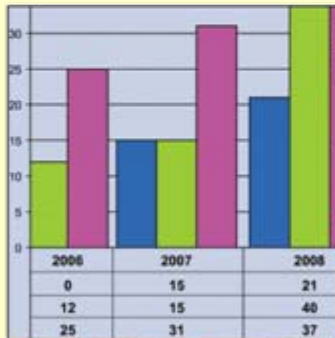


# HealthCare for Older Persons Earlier (HOPE) Strategy - Westmead Hospital

Creating better experiences for  
people using health services

October 2008




# 2008 NSW Health EXPO



Prepared by Peter Landau

Sydney West AHS

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# Aim

To provide a better quality of service provision to elderly patients and referring agencies within the Westmead Hospital catchment area through more simplified and rapid access to specialised assessment and treatment.

- Better care
- Quicker assessment, treatment and care plan formulation
- Better outcomes
- Patient health, function and satisfaction
- Reduction in ED treatment times & “Access Block”

# Nature and Extent of the Problem

- **Increasing demand on Emergency Departments**
  - **Demography**
    - Absolute numbers, chronicity & complexity
  - **Expectations**
    - John Dillinger analogy

# Unsustainable Models of Care

- **ED Packaging**
  - (new ED required every 5 yrs)
- **Competing Demands**
- **Most complex and difficult assessed by most inexperienced**
  - Long delays in processing and disposition
  - Elderly represent 17% of ED admissions
    - > 50% remain in ED > 8 hours
    - 31 % of access block
- **Unhappy**
  - Consumers: patients, relatives, GPs, RACFs
  - Public & politicians
  - Staff & Administration

# Strategic Importance

- Seven strategic directions of NSW Health
- SWAHS Service Development priorities
- Innovative models of care to
  - Address increasing demands
  - As evidenced by:
    - Increasing numbers of presentations
    - Increasing proportion of presentations being admitted
  - Assist primary care providers
  - Create better health care experience

# Planning & Implementing Solutions:

- Recognise and address the problem
  - Old people presenting to ED are ill
    - Multiple studies:
      - ED discharges, high representation and admission rates
  - Illness in elderly characterised by impaired functional reserve
  - Illness often results in incapacity necessitating assistance with personal care
  - Admission rate is double that of younger patients
  - **Hospital Avoidance strategies will not work**

# Planning & Implementing Solutions:

- No simple fix
- Integrated approach
- Build on strengths/successes
  - Existing integrated aged care service
- Develop new models of care
  - Patient centered
  - Address internal operational issues
  - Address relationships with other service providers
- Utilise proven interventions
  - Comprehensive Geriatric Assessment

# Solutions

- **Earlier intervention by skilled staff**
  - OPERA (Older Persons Evaluation Review and Assessment)
  - Fast track through ED to designated ward
  
- **HOPE ED (HealthCare for Older Persons Earlier)**
  - Bypass ED/Direct Admission
  - Preferential access to specified providers
    - RACFs
    - GPs

# OPERA

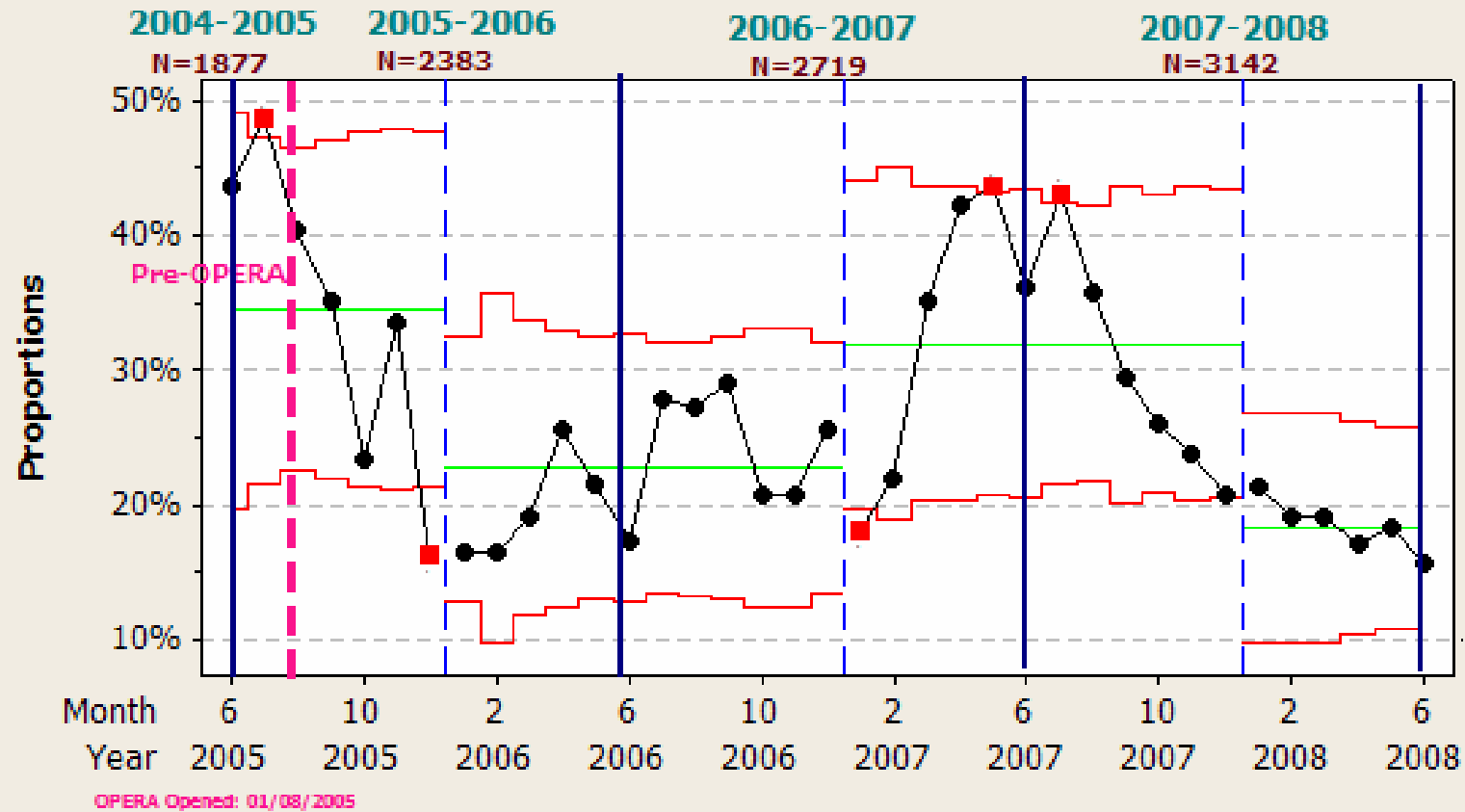
- **Improved access to Comprehensive Geriatric Assessment**
  - Designated ward area and ward-based multi-disc team
    - Including consultant geriatrician
  - Rapid ED assessment re suitability
  - Initial basic investigations in ED
  - Early transfer to ward area
  
- Access to services to facilitate discharge
  - Well established linkages with service providers
  - Commissioning of “community beds”

# OPERA: 2 Year Results

- Dramatic improvement in efficiency and quality of care
- Reduced access block
- Decrease length of stay
- Decreased readmission rates
- Improved patient satisfaction
  
- 46% increase in admissions ( redirected from other units)  
Only 10% increase in the daily number of patients.
  - Due to a reduction in average length of stay
    - *Acute care: 7.9 → 5.7 days (↓28%)*

# WESTMEAD HOSPITAL OPERA KPI'S JUNE 2005-JUNE 2008

## Access Block: June 2005-June 2008

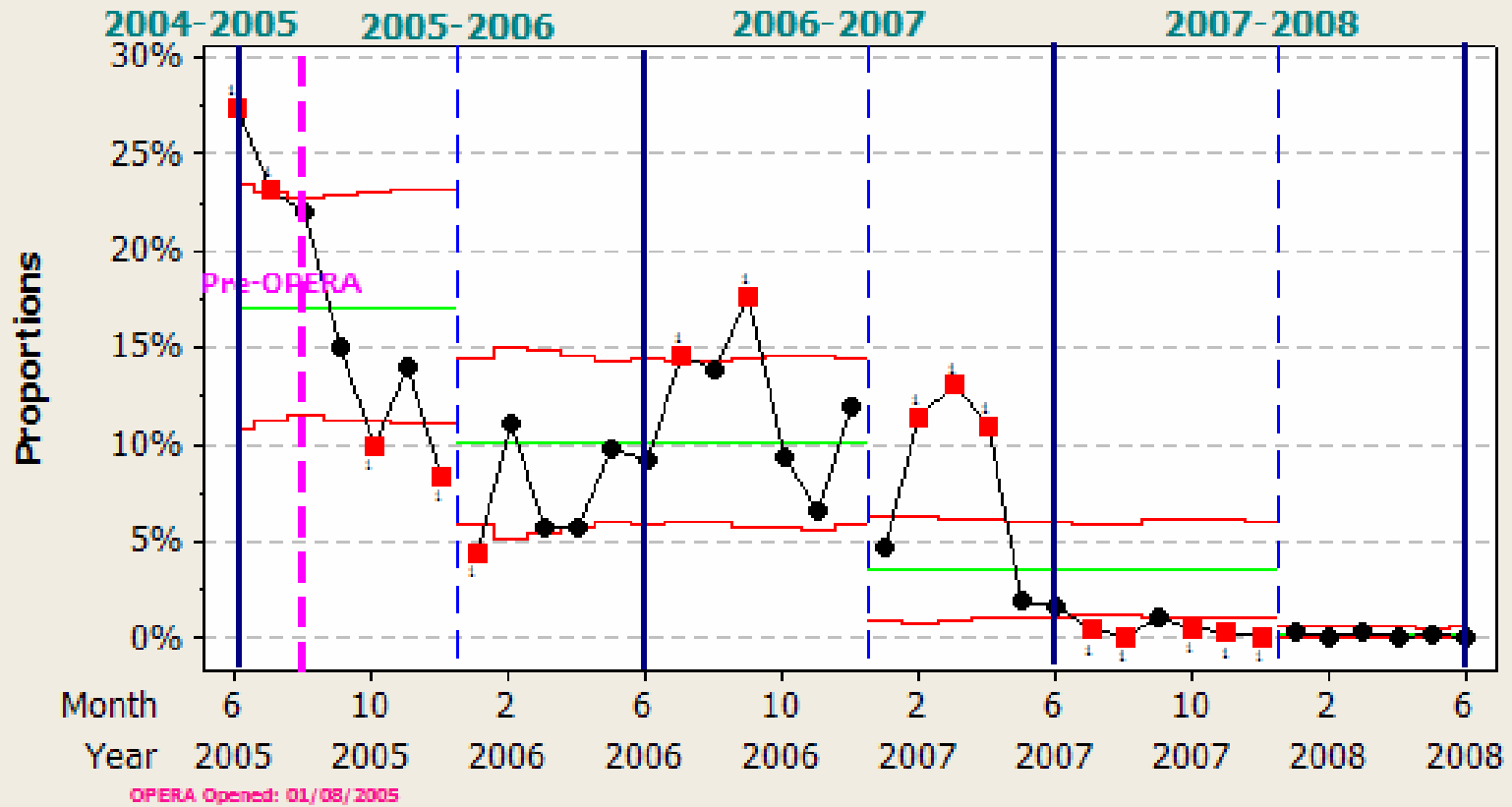


OPERA Opened: 01/08/2005  
 Numerator= Total # of OPERA patients admitted to ward under general or geriatric medicine, whose care exceeded 8hrs  
 Denominator= Total # of OPERA patients admitted to ward under general or geriatric medicine

Westmead Hospital

# WESTMEAD HOSPITAL OPERA KPI'S JUNE 2005-JUNE 2008

## OPERA Exit Block in ED: June 2005-June 2008

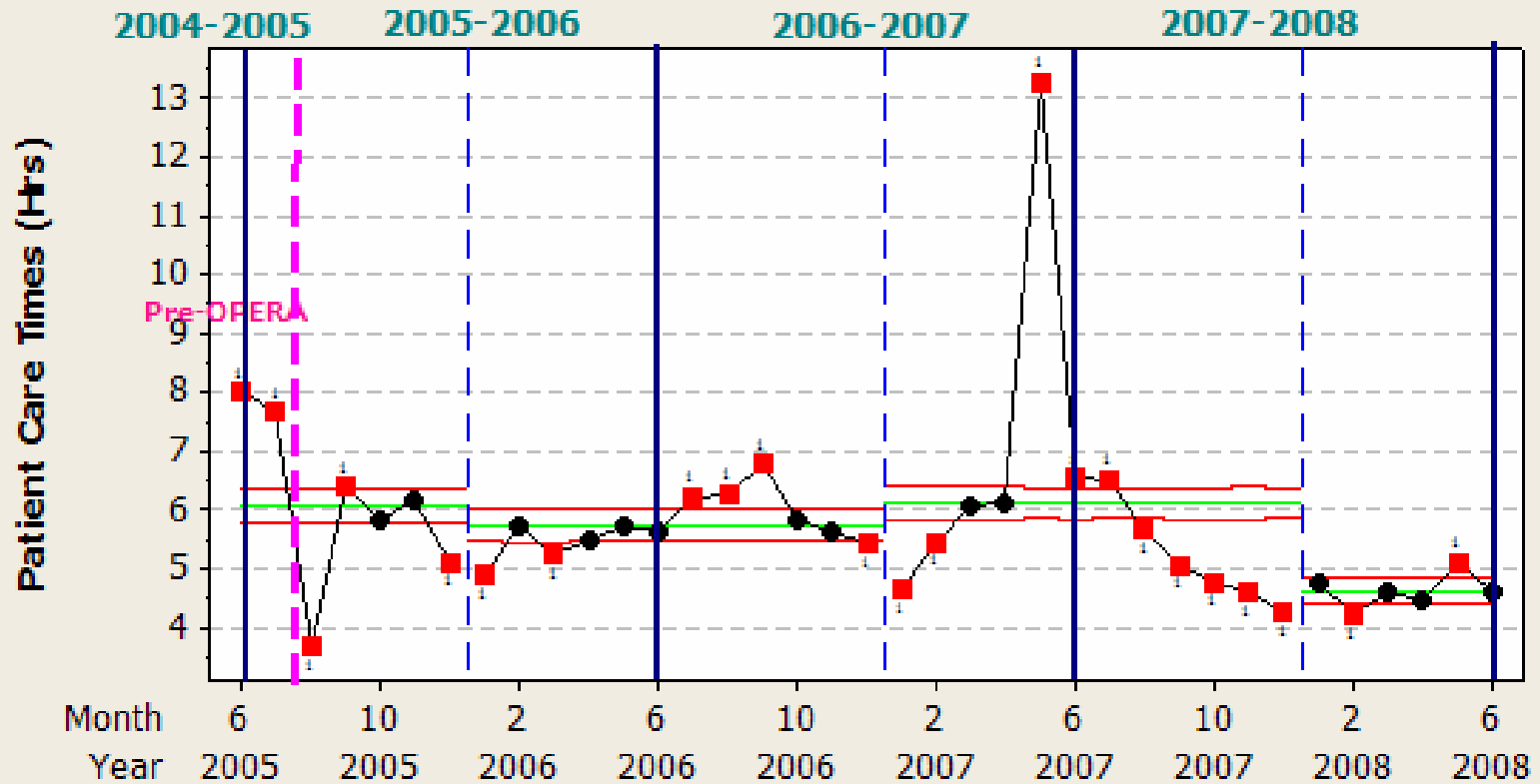


Numerator= Total # of OPERA patients admitted to ward ED; waiting time >4hrs after decision to admit was made  
Denominator= Total # of OPERA patients admitted to ward

Westmead Hospital

# WESTMEAD HOSPITAL OPERA KPI'S JUNE 2005-JUNE 2008

## OPERA Treatment Times in ED: June 2005- June 2008



OPERA Opened: 01/08/2005

Numerator= Total care time of OPERA pts treated in ED expressed in Hours ( time seen to departure)

Denominator= Total # of OPERA patients seen in ED

Westmead Hospital

# OPERA: benefits

- Due to a reduction in average length of stay

But

- still experienced considerable delays with ED processing
  - *Availability of ED doctors for quick reviews*
  - *Reluctance to release patients without full work-up*
  - *Waiting time to access ED radiology*
  - *Patient transport to OPERA ward*

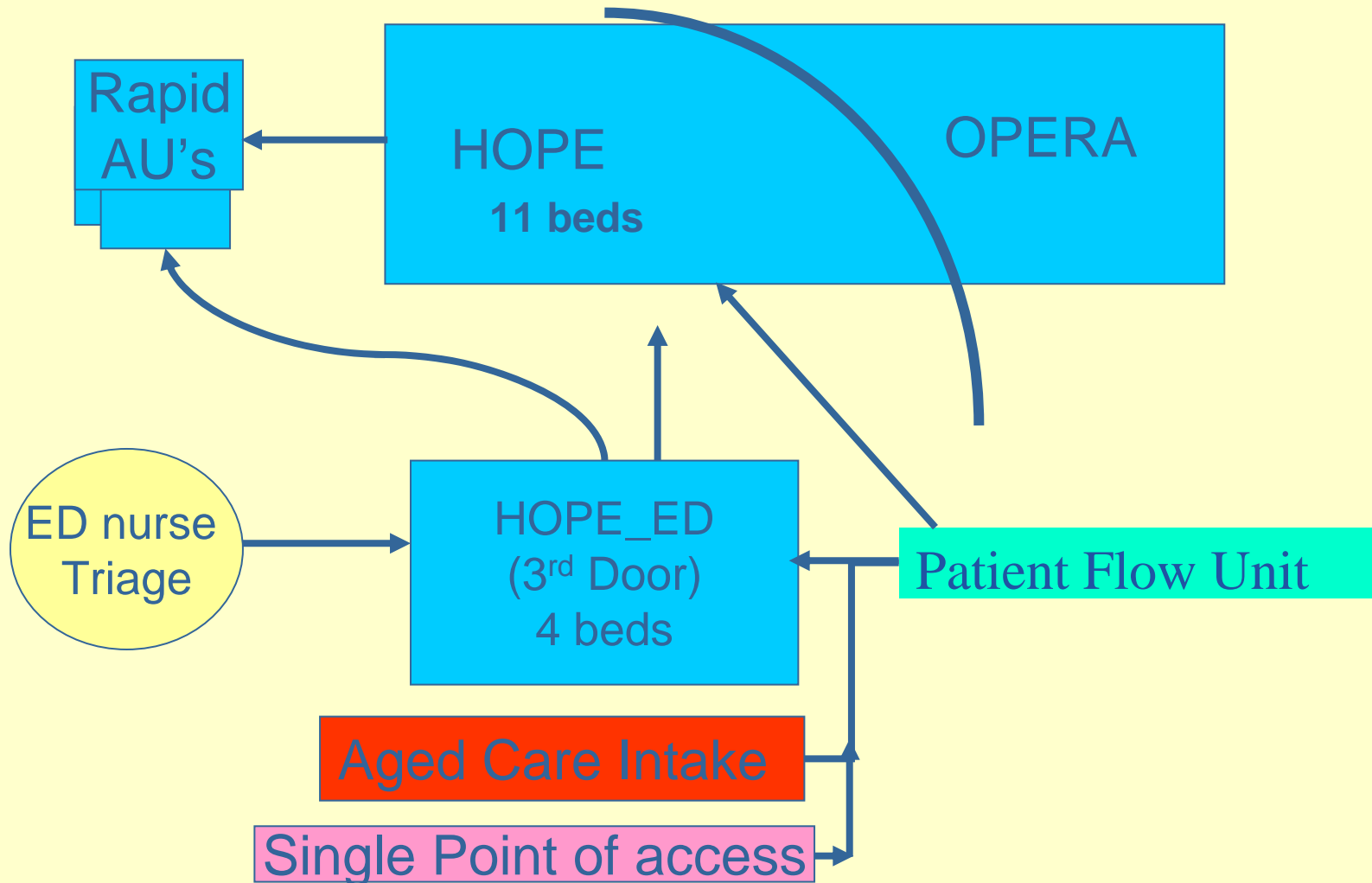
# Solution #2: ED bypass

- Quicker passage through the ED
  - ED to change practices?  
OR
  - Provide alternative process to ED assessment?
- HOPE ED
  - ED bypass strategy
    - Separate ward in, or adjacent to ED
      - **Staffed by geriatric medicine**
      - **Simple eligibility rules**

# HOPE

- ED Bypass strategy
- 4 bed area adjacent to ED + 11 additional beds in ward area
- Program dedicated multidisciplinary team, including geriatrician
- Prescribed and resourced (CNC) relationships with outside agencies (RACF) & referral sources
- Simple eligibility criteria
  - >70 years
  - Triage categories 3-5
- Hours of operation
  - HOPE ED 0730-2000
  - Ward 24/7

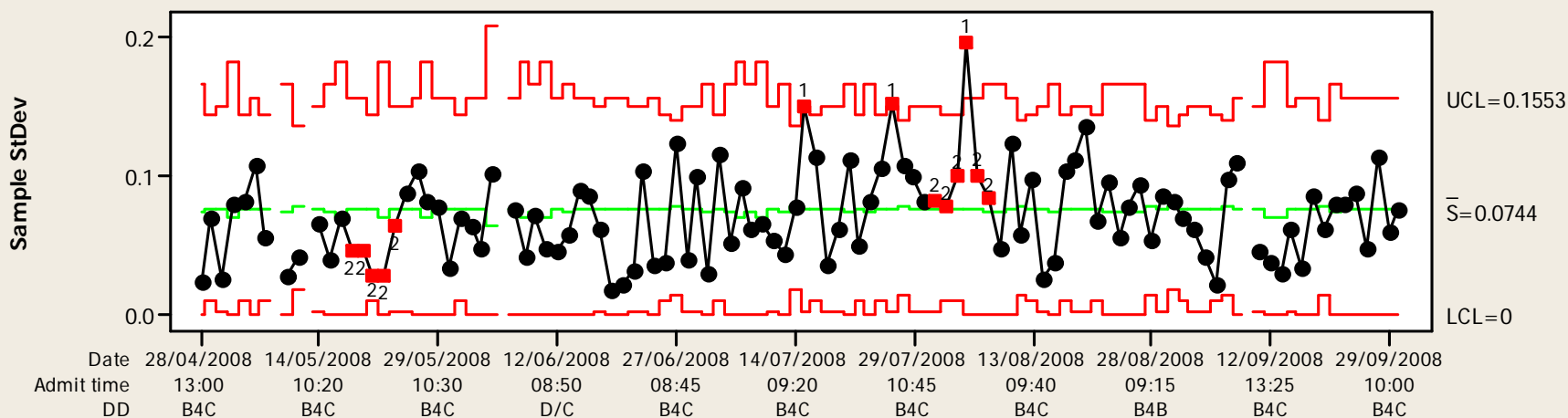
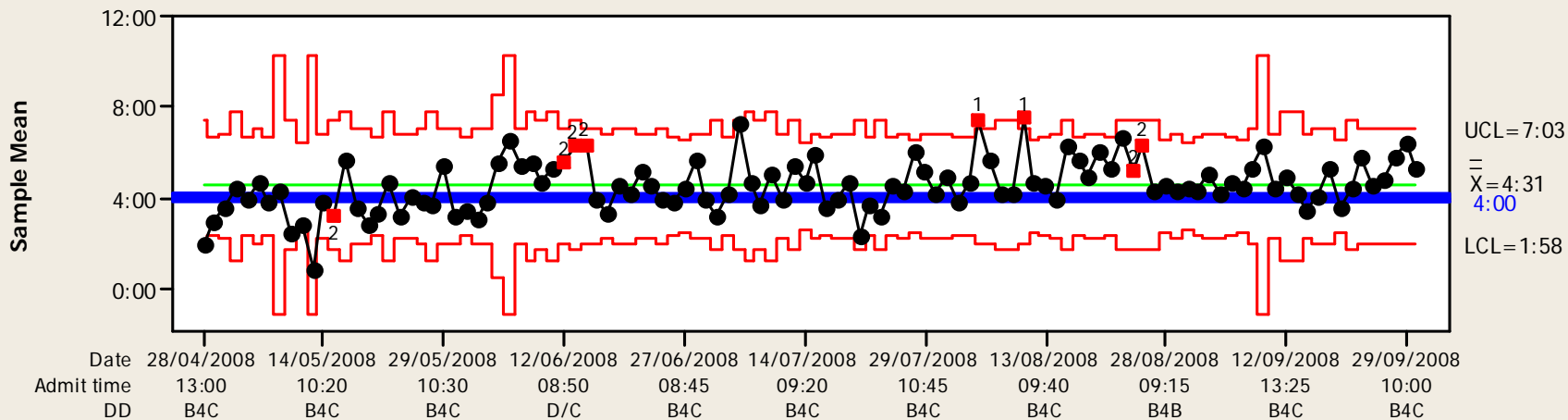
# HOPE Strategy



# Outcomes & Evaluation

- Earlier juxtaposition of pt and “technology”
  - Assessment
  - Diagnosis
  - Management plan formulation
- Improved patient journey
  - Reversal the previous discrimination of elderly
    - “Passenger upgrade”
  - Reduced ED stay (OST, Treatment times, Access & Exit Block)
  - Earlier Dx, Ax, Rx, Mx plan formulation (LOS)
- Happier patients & relatives/carers.

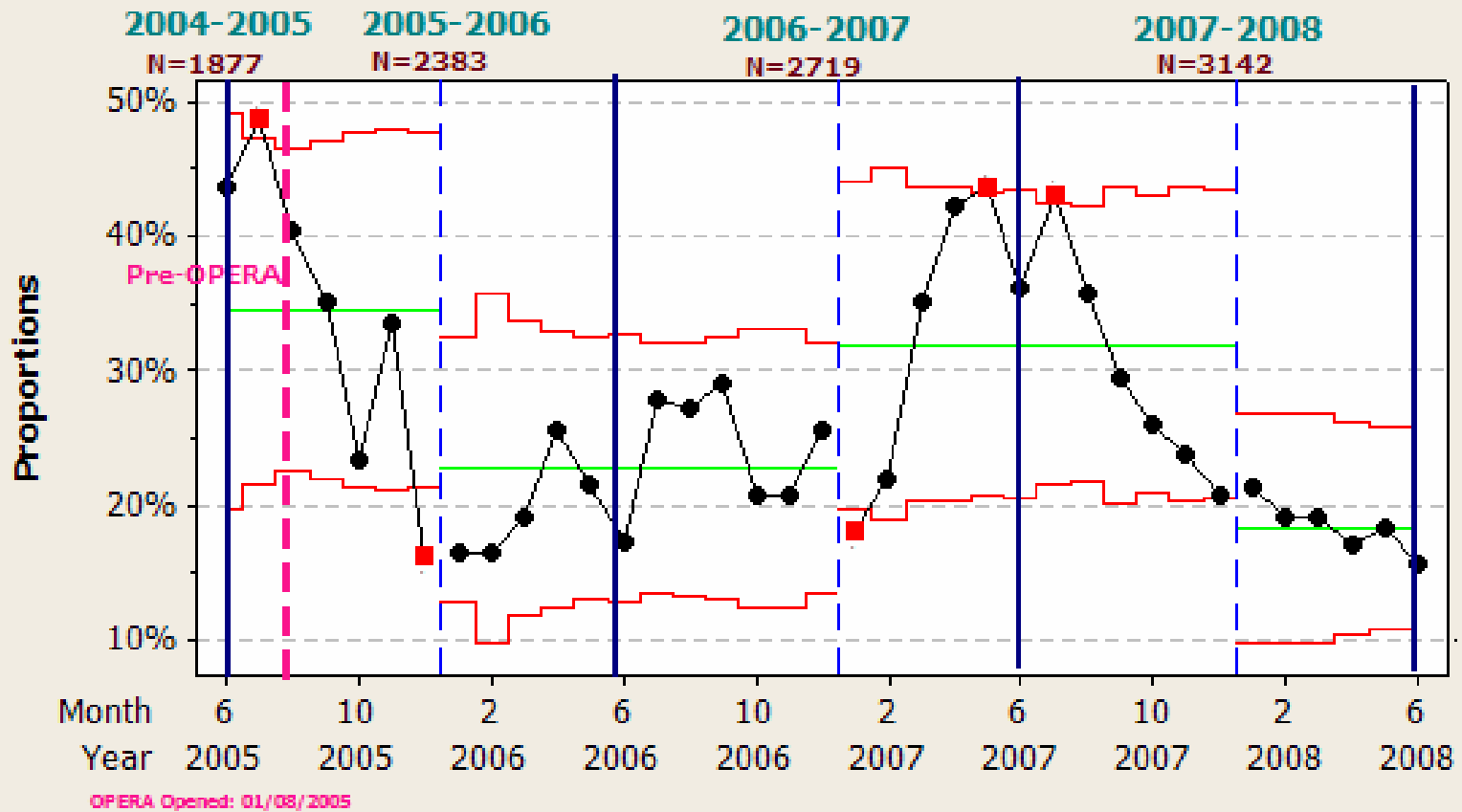
# Westmead HOPE (ED) LOS- 28 April - 30 September 2008



Tests performed with unequal sample sizes

# WESTMEAD HOSPITAL OPERA KPI'S JUNE 2005-JUNE 2008

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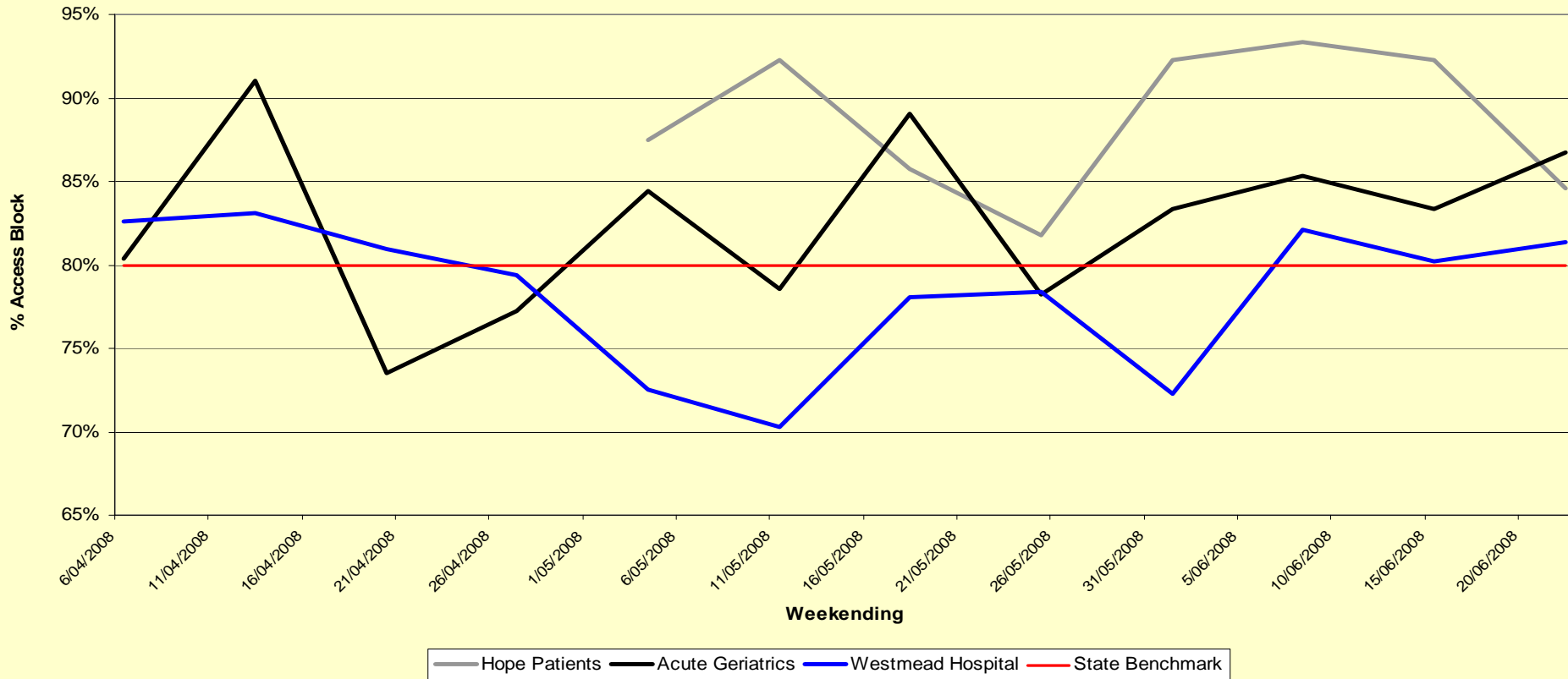


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Westmead Hospital

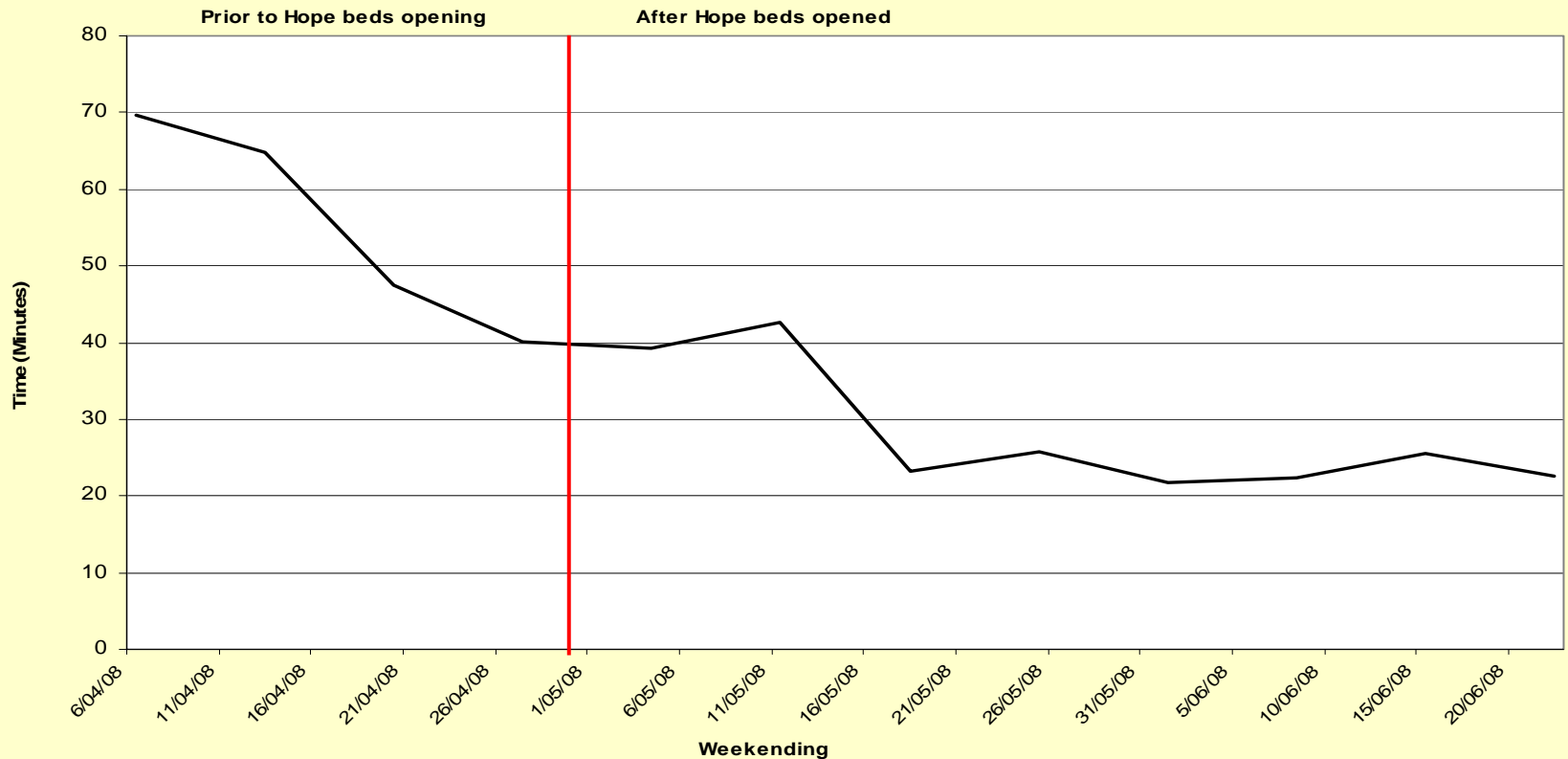
# HOPE Results & Performance

Comparison Access Block Westmead Hospital  
(31/3/08 - 22/6/08)



# Westmead ED Waiting Times from Triage to Treatment >75year patients Pre & Post HOPE

Westmead Hospital Emergency Department waiting time from triage to treatment for patients 75 years and older  
(7/4/2008 - 22/6/2008)



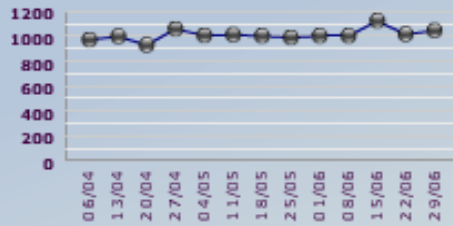
# Westmead Access Block

8

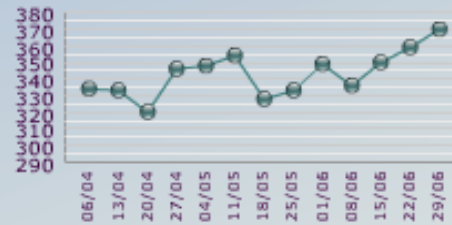
Access Block Last 13 Weeks

Current Dashboard Weekending 29/06/2008

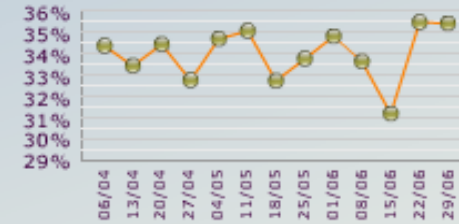
Presentations



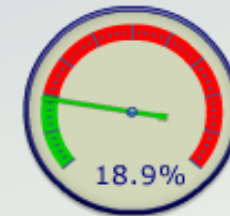
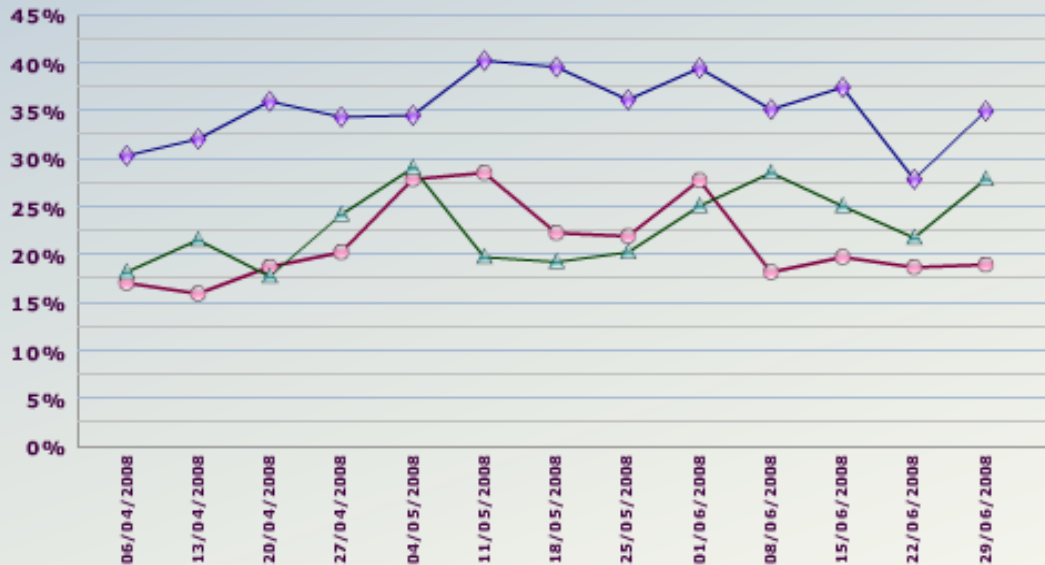
Admissions via ED



Admit to Presentation Ratio



● Last 13 weeks   
 ◆ Same Week One Year Ago   
 ▲ Same Week Two Years Ago



Current Week

- 5.8% ● ○ Auburn
- 16.3% ● ○ Blacktown
- 6.2% ● ○ Blue Mtns
- 8.6% ● ○ Mt Druitt
- 21.8% ● ○ Nepean
- 18.9% ● ● Westmead
- 17.2% ● ○ Hawkesbury
- 0.0% ● ○ Lithgow
- 16.7% ● ○ SWAHS

Just AB

Other Graphs

Previous Yrs

Averages

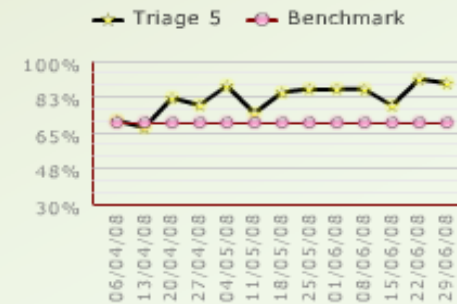
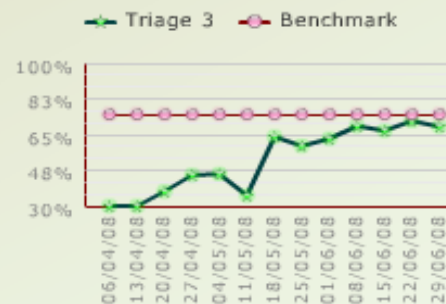
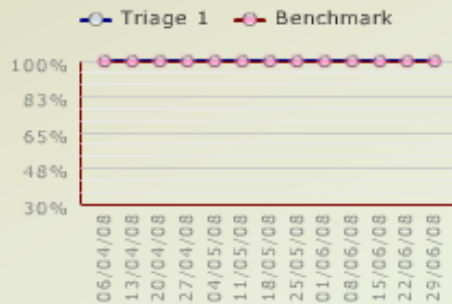
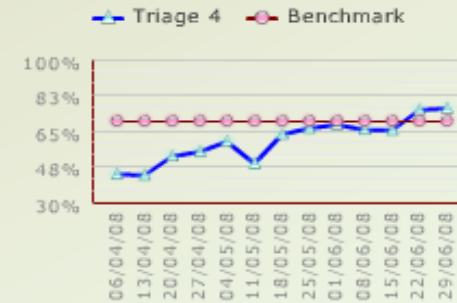
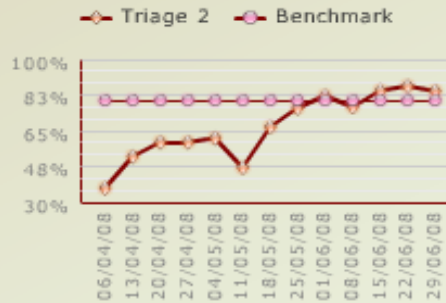
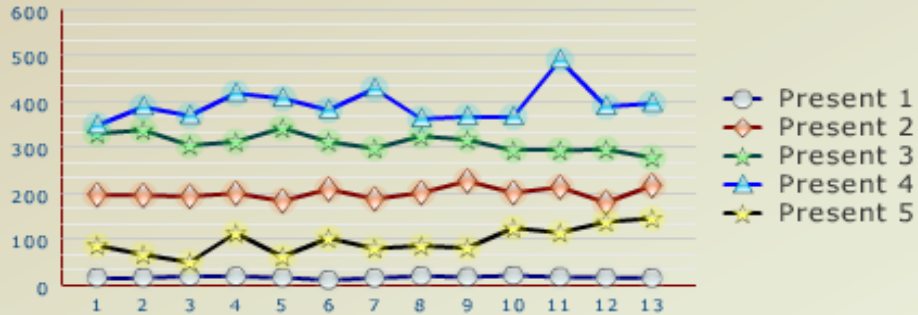
# Westmead Triage Times

## Triage Last 13 weeks

Weekending: 29/06/2008

Triage  Presentation

- Auburn Hospital
- Blacktown Hospital
- Blue Mountains
- Hawkesbury
- Lithgow Health Service
- Mount Drutt Hospital
- Nepean Hospital
- Westmead Hospital
- SWAHS



# Sustaining Change

- **Maintaining enthusiasm**
- **Staff recruitment and retention**
  - High volume workload
  - Skill shortage
    - Particularly senior nursing
- **Answers**
  - Career pathways
    - Nurse Practitioner
  - Role rotation

# Lessons Learned

- **Victim of own success**
  - Increasing workloads redirected to Geriatric Med Dept
- **Managing change**
- **Importance of Team work**
- **Technology critical (PACS)**
- **Executive support critical**
- **Importance of separating activities from ED**
  - **Imaging**
  - **staff**
- **Difficulty in identifying and solving “weakest link”**
  - **patient transport issues still unresolved**

Speciality	Number of Admissions via ED	Total Admissions	Discharges	Weekend Discharges
Acute Geriatrics	82	84	74	8
ASU	40	51	21	4
Brain Injury Rehabilitation	0	1	2	0
Breast	0	3	3	1
Cardiology	51	77	79	8
Cardio-Thoracic Surgery	0	14	18	4
Clinical Haematology	5	12	19	1
Emergency Departments	1	2	58	19
Endocrinology	6	6	6	1
ENT	3	5	6	2
Gastroenterology	16	21	25	1
General Surgery	1	18	27	7
Gynaecological Oncology	2	10	8	3
Gynaecology	2	9	10	2
Head & Neck	0	2	1	0
Immunology	0	2	1	1
Infectious Diseases	7	8	9	3
Lower GIT	0	1	5	1
Medical Oncology	5	12	19	6
Neonatology	0	20	25	8
Neurology	11	11	14	2
Neurosurgery	10	17	20	3
Obstetrics	2	176	188	53
Ophthalmology	1	6	4	3
Oral & Maxillo-Facial Surgery	0	2	4	0
Orthopaedics	10	15	27	5
Palliative Care	3	5	4	0
Plastics	2	7	4	0
Psychiatry	5	13	12	0
Psychogeriatric	1	2	1	0
Radiation Oncology	1	3	3	0
Renal Medicine	1	13	17	6
Respiratory	15	21	41	3
Rheumatology	1	2	4	0
Toxicology	2	2	2	2
Urology	4	17	23	3
Vascular	5	15	14	0

Week ending 06/10/08

# Future Scope

- **At Westmead**
  - Increased hours of operation
    - Particularly weekend/ public holidays
  
- **Across SWAHS**
  - Adaption of model for implementation into other hospitals
    - Nepean
    - Blacktown-Mt Druitt
  
- **Across NSW**

**With thanks to:**

*PRICEWATERHOUSECOOPERS* 