Northern Health Improvements in Patient Treatment Coordination

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Background

 Northern Health sits is in one of the nations fastest growing regions and includes three of Victoria's six growth areas : which include Hume, Whittlesea and Mitchell



Review of Coordination Services at Northern Health

• Review of Coordination Services at Northern Health was conducted in 2012

• Review identified:

- Multiple Coordination services operating
- Each Service had different lines of reporting to senior management
- Lack of flexibility to cross over within services
- Duplication
- Need to be more patient centred
- EFT appeared high in comparison to other organisations

Redesigning Coordination Services

- The NH Redesign team assisted to redesign the service model.
- This included:
 - Set-up of a project team, steering committee and a number of working groups;
 - Reviewing all tasks done by each service;
 - Development of a new amalgamated service model, coordinator title and position (Discharge Support Coordinator);
 - Consultation with stakeholders and the relevant unions;
 - A redeployment process (including interviews) to redistribute all existing coordination staff into either the DPSS or other available roles;
 - Logistics to redistribute office space, equipment etc.
 - Communication and education of rest of organisation about change and the new service.

The vision for the new service...

- A central point of access;
- A user friendly service;
- Reduced duplication;
- Streamlined admission and discharge process;
- A comprehensive discharge planning resource for all staff;
- Improved access and flow;
- Improved patient experience.



Role of the Discharge Support Co-ordinators

- Hospital access and flow
- Discharge planning
- Coordination of complex patients
- Plan & implement: HIP Services
- Facilitate referrals to other services to assist in the discharge plan or to transition a patient to the next stage of care
 - Discharge planning advice to assist staff in discharge planning for non-complex patients



Outcomes of the service pre-change

- Disgruntled staff;
- Disgruntled stakeholders,
- Uncertainty about new service and coordinator role



Outcomes for the service in the first 100 days

- Stakeholder satisfaction at 86%
- Number of contacts by DSC over 1500
- Some resignations;
- Excessive sick leave
- Working group to work through teething issues and increase understanding of service;
- More work to do to upskill DSC's



Six months on...

- Continued stakeholder satisfaction of 81%
- Referral contacts over 1700 per month
- Team reforming
- Continued education

Outcomes for the patient



Outcomes for the organisation

- Duplication has been removed
- One clearly identified pathway to engage with the service.
- Patient involvement in their discharge plan
- Daily monitoring readmission for patients with chronic disease



Questions ?

Comments.....



