

**Our project vision:** “...all be working as a team with our main priority being the patient, not our workload” – Nurse, Nepean Hospital

**Book It – Planned Admission Project vision is to implement a sustainable Referral for Admission (RFA) process that is:**

*Easy to Understand • Key milestone points within the process are transparent • Patients are able to access & be provided with the right information to make informed choices*

## Case for change

Increasing reported events surrounding the Referral for Admission (RFA) process of:

- Patient safety at risk
- Consumer confusion
- Staff confusion
- Incomplete documentation processes
- MoH KPI private health fund targets continually unmet

## Goal

To streamline the RFA process for NBMLHD planned patient admissions

## Objectives

- To introduce a streamlined RFA process to NBMLHD by 1<sup>st</sup> July 2017
- To increase completeness of RFA booklet from 35% to 100% by 1<sup>st</sup> July 2017
- Reaching a daily consecutive average of 17.6% private health fund usage within Nepean Hospital by 1<sup>st</sup> July 2017

## Method

Diagnostics Activities		
Data analysis – ‘DNA’ 2015	Process Mapping	Patient complaints & interviews (n=3)
Patient survey (n=37)	Data analysis – PHI usage	Online stakeholder survey (n=2)
Patient letters review	Staff focus group sessions (4 sessions, 28 staff)	ACI – Self assessment checklist for surgical services in NSW hospitals
Staff survey (n=23)	RFA audit (n=34)	Literature review & other organisations

## Diagnostics



*Patient X explained that she understands late deferrals but was upset that if she had not chased a date she may have slipped under the radar. She is a single mum of an 8yo and a little one who will need a bit of time to organise overnight babysitting if not day only surgery.*

Staff Survey – Is the planned admission process currently working well? (n=23)



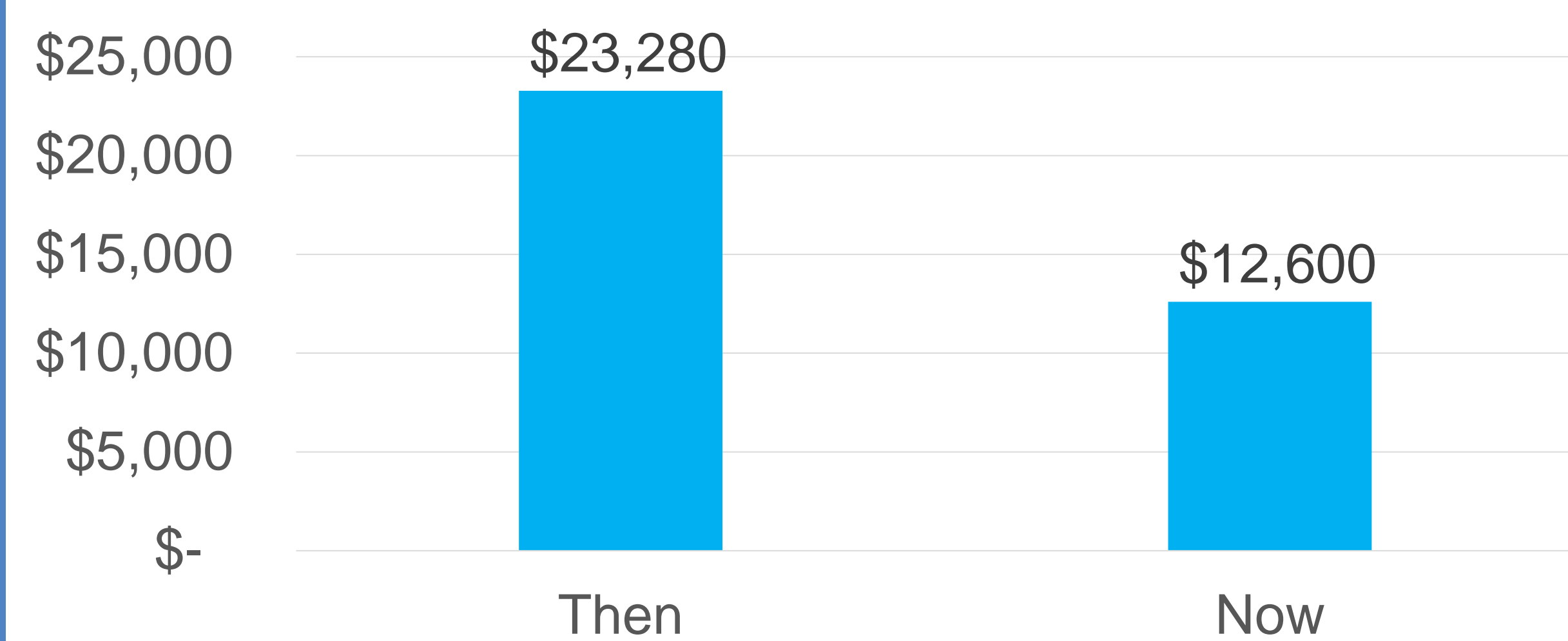
Issue / Focus Area	#	Root cause analysis
RFA	1	RFA booklet too complex
	2	Multiple avenues for RFAs to be submitted
	3	Previous RFA versions accepted
Patient Communication	4	No guidelines/procedures available regarding ongoing patient communication
	5	Lack of ‘360’ communication between Hospital & patients
Customer Service	6	Lack of accessible information materials available for staff and patients
	7	Lack of consistent messaging between disciplines/services
Education	8	No agreed process regarding RFA submissions for staff and referring clinicians to refer to
	9	Disparity between staff and patients understanding of planned admission process

## Results

Results are limited at this time. To date:

- Roll out of two new RFA booklets (Adult & Paediatric) have commenced
- Elective waitlist procedure guidelines have been published to help support administration staff
- Annual printing cost saving to NBMLHD of approximately \$11,000

### Average Annual Printing Cost of RFA Booklets



- Expected other cost savings to be seen in increased staff efficiencies within the waitlisting process
- Preliminary staff feedback to date regarding the new Adult & Paediatric RFA booklets:

*“It seems that all important information has been included and its got a better, smoother layout”*

*“Great, so much clearer to understand and complete. Hopefully this will make it easier for patients and doctors to complete correctly”*

*“I think having an adult and a paediatric RFA separate is a great idea”*

### THEN 32 PAGE BOOKLET



### NOW 12 PAGE BOOKLET



### 16 PAGE BOOKLET



## Sustaining change

- Implementing supporting governance reporting activities to be proactive not re-active to issues
- Staff accountable
- Clear and transparent process installed

## Conclusion

All other solutions identified are being actively managed towards implementation. Data will be collected and analysed and presented to relevant governance committees.

## Acknowledgements

The success of this project would not have been possible without support and assistance from the following people:

Sharon Castvan (Sponsor of the Project)

All staff of NBMLHD and patients who willingly participated and provided input to this project

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