

Unscheduled care

Kerry general hospital
Bed management team

Bed management team

- Integrated bed management including community colleagues
- Team of bed management nurses

Unscheduled care

- 2014
- ED presentations 37,000
- Emergency Admissions 10,153

January 2014

emergency attendances 2713

Trolleys 115

January 2015

- 2693 attendances in casualty
- Trolley numbers 75
- Reduction of 35%

Usual measures

- Ed round by on call physician 7.30 am
- Medical dept meeting 9am
- Physician on call covers AMAU
- Friday discharge meeting to plan weekend
- Elective surgical patients to ring fenced beds
- Bed manager streams Gp referrals

What was different this year?

- Increased access to physiotherapy
- Increased access to Cardiology diagnostics
- Emergency access to MRI

Cardiology

Saturday access to cardiology diagnostics

36 echoes 8 were inpatient

8 stress tests 4 were in casualty

pacemaker 2

January 4 weekend

- Pre emptive recognition for cardiology
- Technician came in on Sunday
- Facilitated early discharges Monday

Physician intervention

- ED ward round between 6 and 10 pm
- Assessed fully worked up patients for possible discharges
- Trial period for four weeks
- Physicians reimbursed

Outcome

- 66 patients seen over 15 nights
- 13 discharged and 4 referred to AMAU or CIT
- 26% discharge rate

Monday discharge planning

- Physicians, bed manager ,discharge coordinator and clinical director meet
- All patients 10 days and over in hospital reviewed
- Reasons for prolonged admission discussed and action plans devised

Physician behaviour

- Discharges need to be attributed
- Junior doctors more efficient in work up of patients
- Surgeons have ring fenced beds which they manage with supervision

Conclusion

- Appropriate admissions
- Discharges key to good bed flow
- Requires
 - Good physician behaviour
 - Timely access to diagnostics
 - Bed availability in community
 - Good relationships