Electronic patient journey boards a vital piece of the puzzle in improving complex patient journeys

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Hospital Code Name: TPCH
KEY PROBLEM

- It is well known that Australian Hospitals are experiencing increased demand for healthcare services associated with our growing and ageing population and the burden of disease associated with chronic conditions.

- Our ability to respond to this increased demand hinges on establishing sustainable systems to facilitate the flow of patients through our hospitals and safely and effectively back into the community, however it is difficult to achieve this when the patient’s journey is largely invisible to the staff involved in their care.
AIM OF THIS INNOVATION

- What makes streamlining a patients’ journey through the hospital so challenging is the sheer number of people involved in delivery of care and the need for awareness around what tasks have been completed and which ones still remain.
- Until recently, paper-based systems and scheduled meetings were the only way for staff to communicate this information to one another. In practice, this means that information vital to patient care is infrequently communicated between team members, is recorded in different places and in different ways, and is heavily reliant on care providers seeking out, in a demanding work environment, the information they need to perform effectively in their role.
The white boards did not have all the information needed to display a complete picture of the patients’ progress.

Patients’ progress notes needed to be searched to find appropriate patient information relevant to their journey in hospital which took time.

There was no standard way of referring to the multidisciplinary clinicians. Also, once referrals were made there was no way of tracking their progress e.g. in progress or complete.

Information contained on the patient whiteboard was being duplicated in handover sheets.

Discharge planning was not standardized.

There was no standard way of displaying information regarding criteria for discharge.

When the patient changed wards the information did not follow them and had to be duplicated.

Demographic and clinical data had to be entered manually.

When the manual whiteboard was taken into a multidisciplinary meeting, the remaining clinical staff were at a disadvantage for this period of time.
KEY CHANGES IMPLEMENTED

- Too often the introduction of a new technology in healthcare is done without first considering the redesign of existing workplaces and processes using known process improvement methodologies.

- Using knowledge of how multidisciplinary teams work together to achieve optimal service and patient outcomes the EPJB was developed that supported clinical and unit processes.
OUTCOMES SO FAR

- Improved efficiency via improvements in communication and information management associated with the introduction of EPJBs. Estimates on time savings varied considerably between wards and ranged from 20 minutes per staff member per shift to 2.5 hours per ward manager per shift.

- Improved Clinical Handover Processes enabled by handover sheet produced from the EPJB system that was an improvement on existing proformas in that it provided relevant and concise information in a logical format. As a result, handover processes are more streamlined, less time is wasted across shifts updating information and the information is always ‘up to date’.

The Health Roundtable
<table>
<thead>
<tr>
<th>Bed</th>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Diagnosis</th>
<th>LOS EDD/DC Dest</th>
<th>Diet/Fluids</th>
<th>Mobility</th>
<th>ADD CTC</th>
<th>Diet EDF OT</th>
<th>Phae Post PSY PT</th>
<th>SW</th>
<th>SP</th>
<th>DC Meds</th>
<th>Ref Plan</th>
<th>Discharge Planning</th>
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The Health Roundtable
Icon Legend

- Patient occupies bed but is currently out of the ward
- Patient has a name alert or TCI
- Patient is infectious
- Patient is in isolation
- Patient has cytotoxic precautions
- Patient is neutropaenic
- Patient is unstable

SMITH Patient has an ARP with a status of No CPR
- Bed needs to be washed
- Bed has an admission pending
OUTCOMES SO FAR

- Improved patient safety and quality of care mostly due to the fact that pertinent information is now prominently displayed in a single location.
- Improved discharge planning enabled by incorporating EDD as a mandatory, standard feature in software development. This uses a traffic light system to highlight progress or potential delays related to EDD letting all team members know ‘at a glance’ when a patient’s journey is progressing as planned.
- Improved accountability by displaying information about referrals that have been completed and those that are still outstanding, it has increased the personal accountability of multidisciplinary team members and allowed early intervention to minimise delays to discharge.

The Health Roundtable
LESSONS LEARNT – One Slide

- Electronic Patient Journey Boards can be structured to present data at multiple levels, from the unit, department, service, organisation or system levels.
- The Electronic Patient Journey Board presents data from the unit and service level only and has facilitated an open dialogue with senior leadership, as they can also view the EPJB at any time.
- As Health systems focus on improving the quality and access to healthcare services, there is a need for local clinical teams to own and use their local information more effectively.
- The Electronic Patient Journey Boards go a long way towards improving the patient experience by ensuring each patient is receiving the appropriate treatment at the appropriate time in the appropriate clinical area.