Acute Medicine Services

Vickie Sullivan, ED Central Zone

Wanda Matthews, ED Western Zone

Brett MacDougall, ED Eastern Zone

Cheryl Northcott, ED Northern Zone

Madonna MacDonald, Sr. Director Acute Medicine

Madonna MacDonald

- RN, M Sc. Epidemiology
- Sr. Director Acute Medicine and Acting Executive Director Eastern Zone
- Varied work experience in senior positions within DHA/ NSHA system and with Health Canada. Early on worked in LTC care as a PCW, in Continuing Care Coordinator/ Home Care Nurse.
- In addition living in rural Nova Scotia has given me insights to the numerous challenges faced by patients with access to limited community resources.

Hopes

- Understanding of each other's roles, services and realities.
- Build productive, collaborative relationships across the health system.
- Dialogue on improving experience of and transitions in care for individuals and their loved ones.
- Explore opportunities where we can work better together.

Presentation

- Overview of Acute Medicine with ACTIV admission criteria
- Patient Flow Data (NSHA)
- Realities
- Physician Coverage

nova scotia health authority

Key Contacts- Acute Medicine Services

Policy, Quality and Planning:

Dr. Amy Hendricks, Sr. Medical Director
Nicole Lukeman, Director Policy and Planning

Integration and Operations:

Eastern Zone: Brett MacDougall, Dr. Warren Wilkes, Dr. Paul MacDonald
Mark LeCouter, Mickey Daye, Angela MacArthur and Martha Cooper

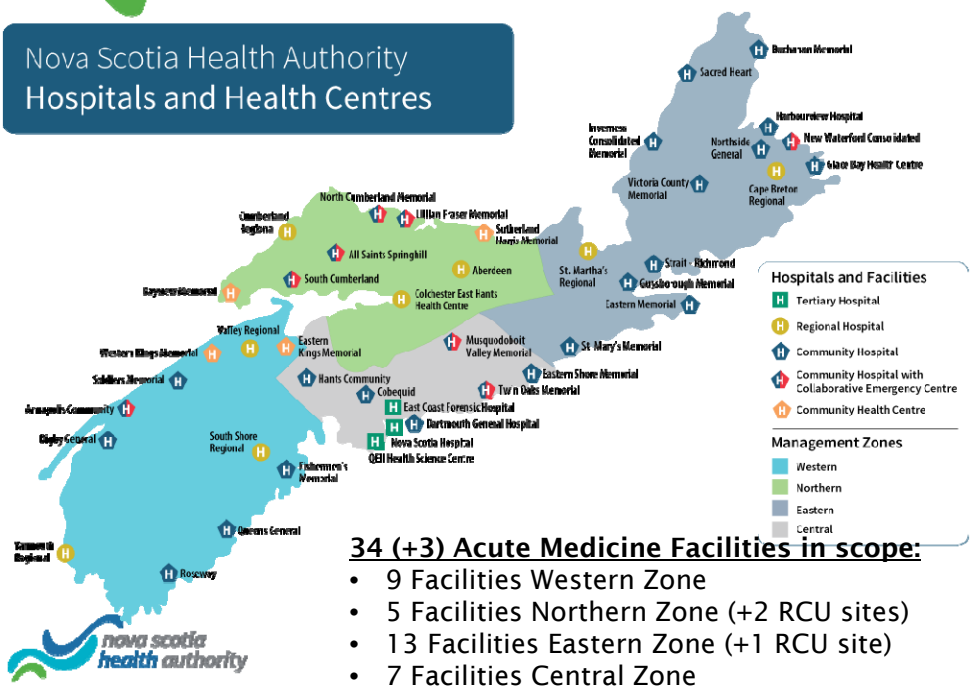
Northern Zone: Cheryl Northcott, Dr. Nicole Boutilier, Dr. Raid Shaarbaff, Debbie Burris

Central Zone: Vickie Sullivan, Dr. Mark Taylor, Dr. Christine Short, Brian Butt, Heather Francis, Heather White, Roberta Duchene, Sherri Parker

Western Zone: Wanda Matthews, Dr. Alenia Kinsella (leaving June), Dr. Brian Moses, Vanessa Quigley

nova scotia health authority

Nova Scotia Health Authority
Hospitals and Health Centres



34 (+3) Acute Medicine Facilities in scope:

- 9 Facilities Western Zone
- 5 Facilities Northern Zone (+2 RCU sites)
- 13 Facilities Eastern Zone (+1 RCU site)
- 7 Facilities Central Zone

Overview Acute Medicine Services

- Approximately 40,000 discharges from inpatient acute medicine services in fiscal 2016-17.
  - Through 4 management zones over 34 facilities NSHA wide
  - From 4 bed rural community units to regional hospital medicine and mixed medicine/surgical units, to tertiary/quaternary specialty/academic medicine units
  - Approximately 17 m over budget
- Existing models of care and our buildings are not always a match for patient/population needs.
  - High levels of complex chronic care, frailty, and geriatrics
  - No standard model of care delivery for nursing, allied health, and physician care. Issues with orphan patients, the impact of vacancies, cross coverage of sites, and novice staff
  - Mobility gaps leading to deconditioning; falls as a high trend in patient safety incidents
  - Variation in process, procedures, tools and approaches to patient care
- Access and Flow issues internal and external to the medicine portfolio reflected in data including occupancy rates, ED admits, and length of stay indicators

Admission Criteria Acute Medicine
Adult Medical/Surgical Criteria Set(ACTIV)

In the Medworxx UM "ACTIV" Criteria Set the patient is "Met" for acute care admission if they meet parameters specific to :

- Airway
- Close Observation/Protection
- Tubes/Traction
- Injection/IV
- Vital Signs

Met, Not Met, Ready for Discharge (Acuity)

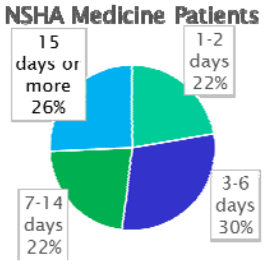
On average, 50% of assessed days in the medicine service are Ready for Discharge.

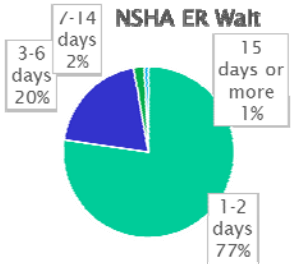
- As a zone, WZ has the highest average RFD days,
- The individual sites with the highest % are in EZ.

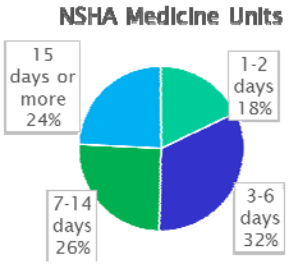
Overall, approximately 25% of assessed days meet *acute medicine criteria*.

- Within tertiary and regional hospitals MET rates range from 20-35%
- Rural and community hospitals are 0-20% MET days.
- Lowest average is in WZ.
- CZ has the highest percentage of met days.

Length of Stay







nova scotia health authority

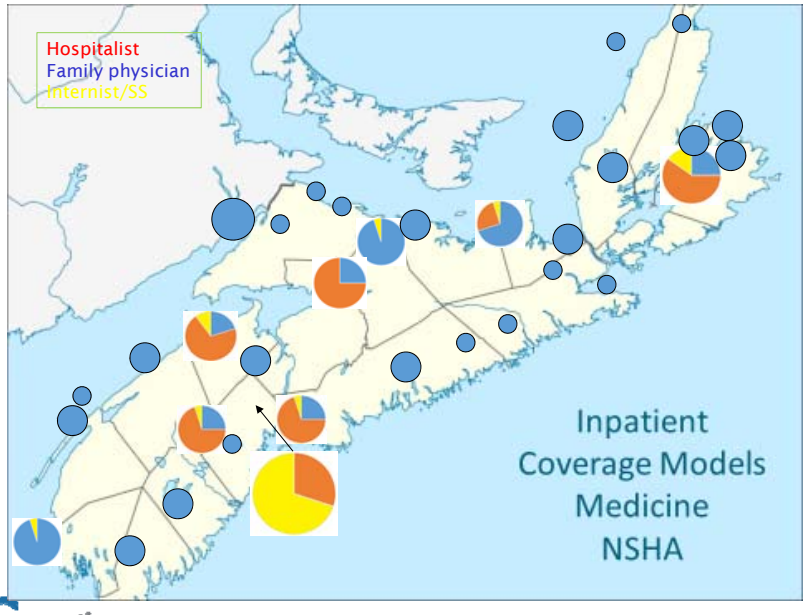
Does the Resource Meet the Patient Need?

nova scotia health authority

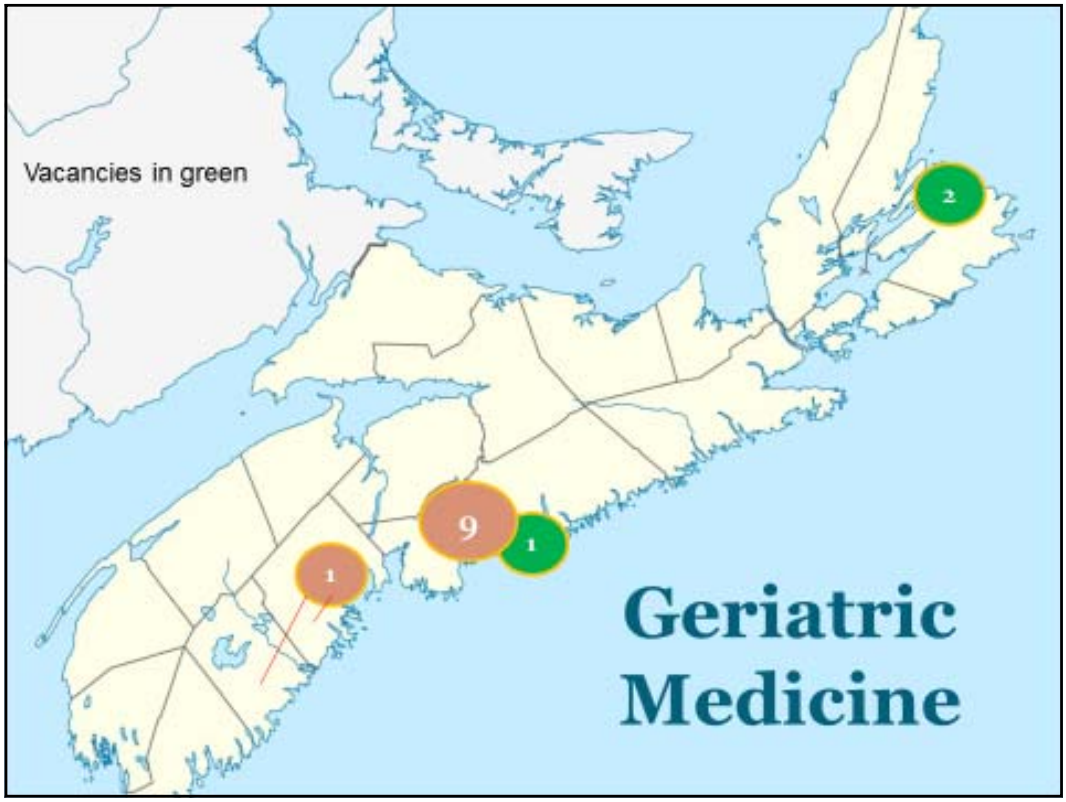
Realities

- Over capacity in medicine units at most regional hospitals results in longer emergency department waits; many patients are held in emergency rooms as admissions because no inpatients available.
- Patients have told us discharge planning and preparation needs to improve.
- Patient population changing; treatment and care advances so more can happen out of inpatient setting.
- No standard approaches or expectations to patient flow processes in medicine units; practices and processes are not always consistent, and not always completed "with intention"
- Fifty- Ninety percent of nursing staff may be within first two years of practice
- Retention of staff; aging infrastructure; increasing cost of supplies, medication, equipment; advancements in technology (OPOR, OMNICELL, Point of Care)
- Challenges with physician coverage models, physician engagement tends to be more consistent within the Central Zone

nova scotia health authority



nova scotia health authority



Patient Satisfaction Survey Results 2016/17

Table 1. Patient Experience Survey Results by Dimension, for Acute Inpatient Program Area

Dimensions	% Positive*
Overall Rating of the Hospital	87.0%
Hospital Environment	86.3%
Sharing Information, Communication and Education	80.7%
Services Received from Healthcare Professionals	91.9%
Respecting your Values, Needs and Preferences	93.7%

Highest rated survey questions:

- Doctors (97.1%) and nurses (96.6%) treated me with courtesy and respect.
- My/my family diversity was respected and valued (96.9%)

Lowest rated survey questions:

Did you get the information regarding symptoms/problems to look out for post-hospitalization? (66.0%)

- Before new medications, were side effects described in a way you could understand? (72.1%)
- Were supports you required post-hospitalization discussed with you by the team? (81.5%)

The Opportunities

- Re-design –model of care framework informed by population needs and promising practice
- NSHA Patient Flow and Length of Stay action plan
- Practice development with frailty informed care and responsive behavior; partnership with researchers, with NGOs
- Collaborative planning earlier in care experience, transitional care, Home First
- Investments in Primary Health Care, Continuing Care
- Evidence informed practice- technologies, treatment and care advances mean innovative ways to deliver care in places people call home

nova scotia health authority