



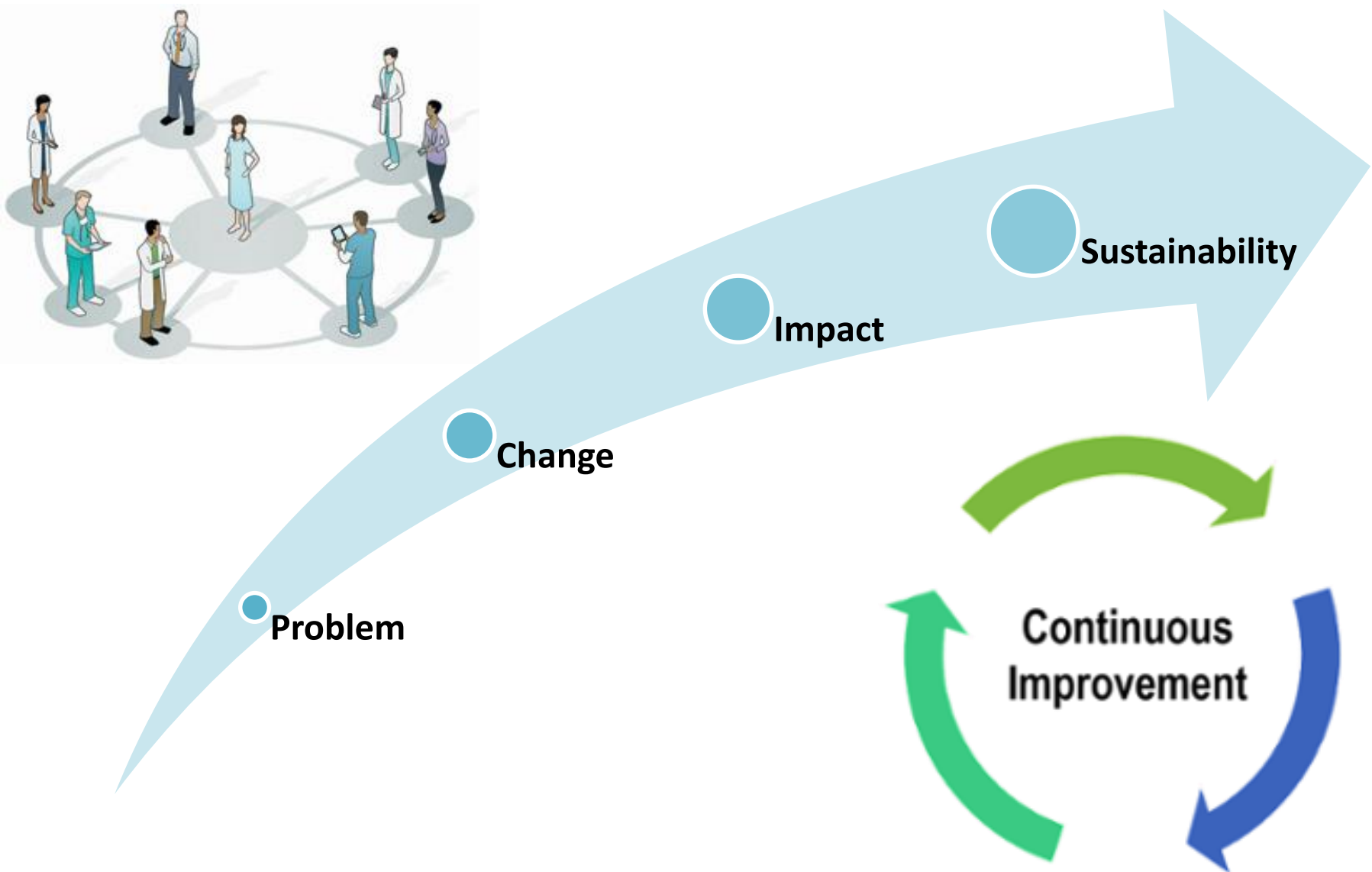
Model Wards West North West Region

November 13th 2024

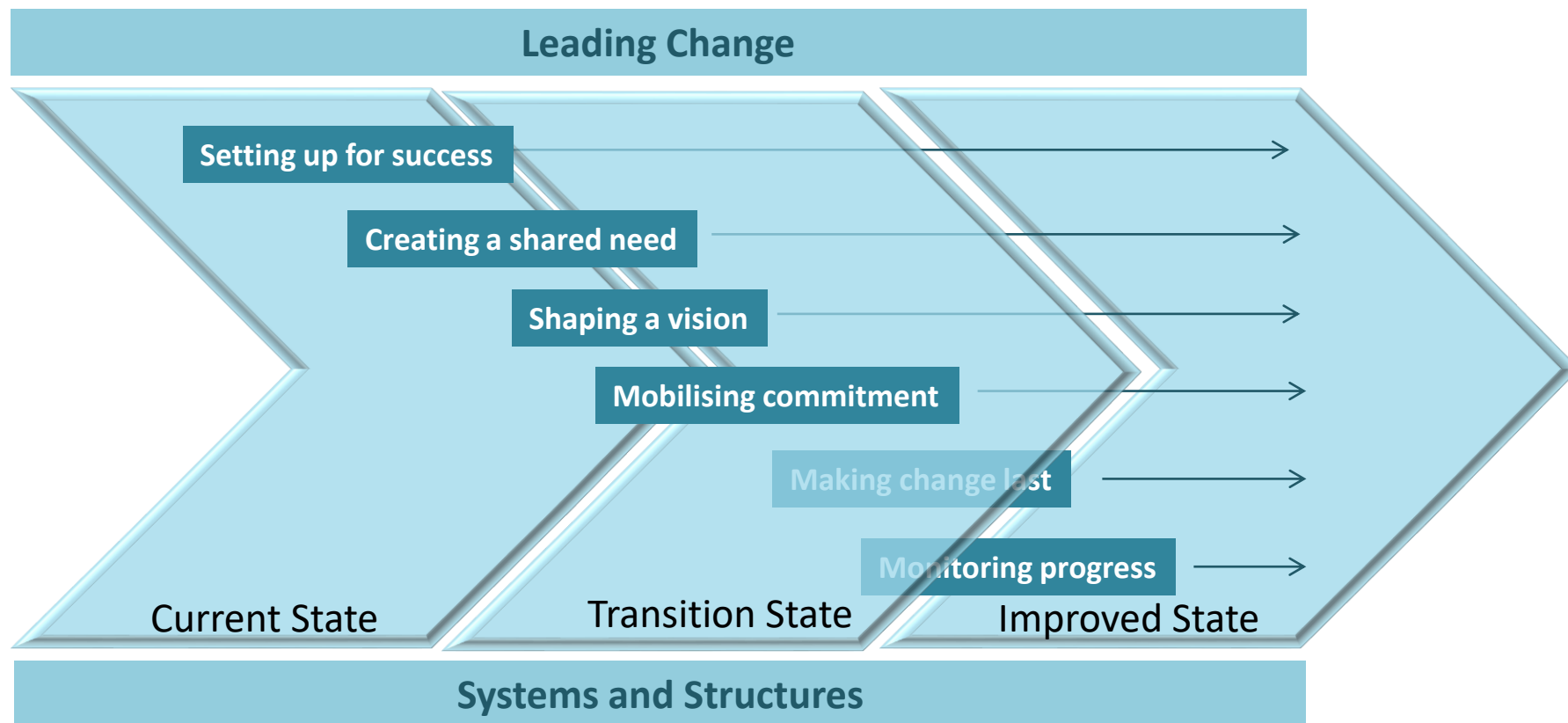
Helene Horsnell: UEC Lead, General Manager, West North West Region

Model Wards Concept:

Multidisciplinary teams working together towards improvement in patient-centred approach



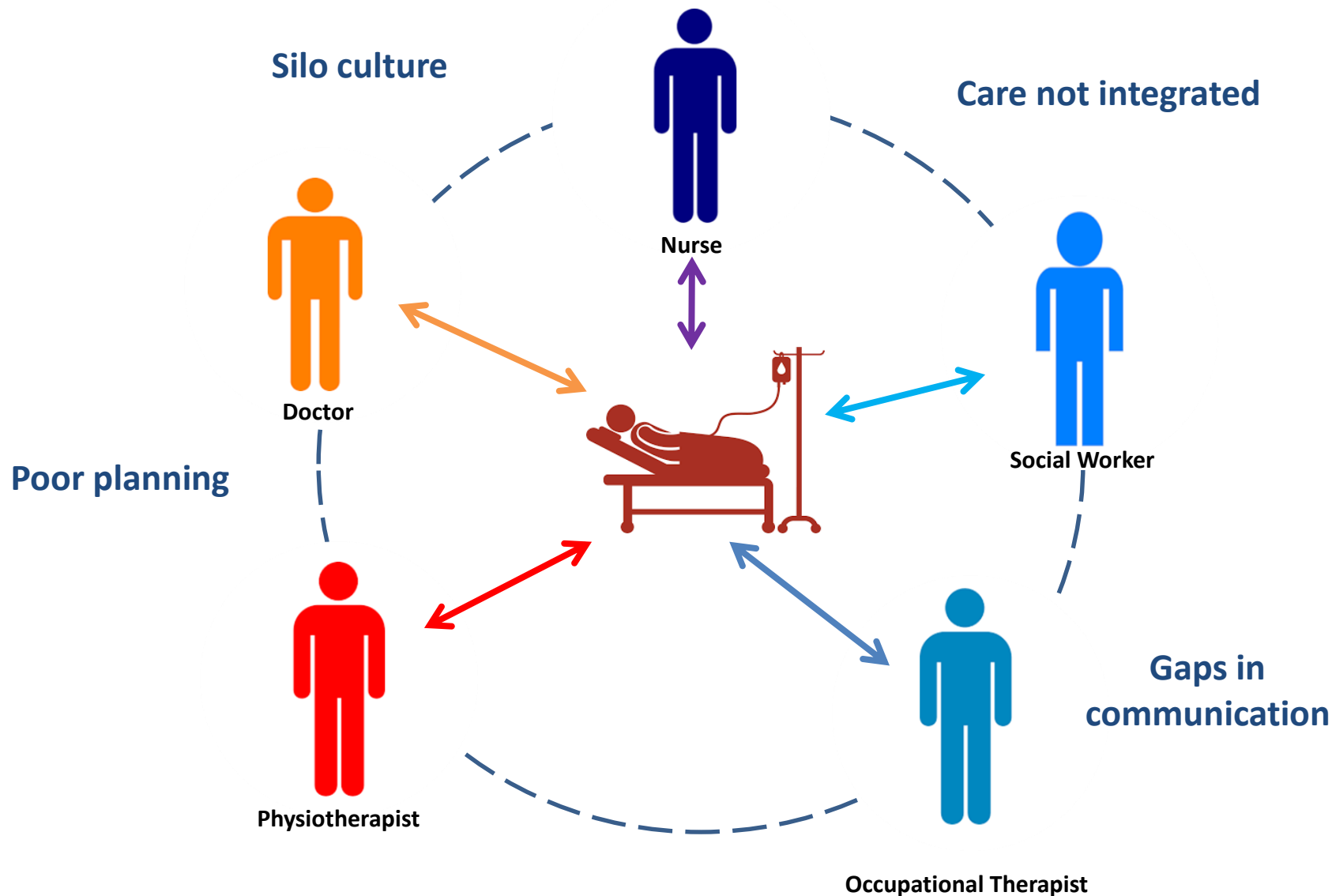
CAP: Change Acceleration Process



1. Open collaboration team-working 2. Stakeholders analysis 3. Team leads 4. Ownership 5. Sustainability

The Problem:

Patient care and discharge planning not integrated leading to poor planning and gaps in communication among the interdisciplinary team



Standardised Whiteboards

Alerts	Room/ Bed	Name	Consultant	Bleep	LOS	PDD	Patient Status	Diagnostics	Infection Status	Green/ Red day	MSW	S&L	N&D	Physio	OT	Destination
	8 BED 17-01												258			
	17-02				4	25/10		IV 5410005								
	17-03				130	8	25/10	1000 24/10 IV ABX								
	17-04				181	2	23/10	1000 24/10 IV ABX								
	17-05				181	10	24/10	IV 18518 W18007								
	17-06				181	1										
	17-07				514	58	22/10									
	17-08				181	4	25/10	IV 18518								
	18-01				181	5	1/10	PPM IV 18518								
	18-02				181	4	22/10									
	18-03				181	3	5/11	1000 22/10								
	18-04				181	4	5/11	1000 22/10								
	18-05				139	21	28/10	IV 18518								
	18-06				139	3	22/10									
	18-07				405	31	15/11	H 18130								
	18-08				405	6	1/12	H 18130								
	18-09				181	5	22/10									
	18-10				181	14	25/10	IV 18518 - PPM								
	18-11				405	1	1/11	IV 18518 IV 18518 18518								
	18-12				405	1	2/11	H 18130 IV ABX								
	18-13				405	13	25/10	IV 18518								
	19				269	12	25/10	GASTRO 18518								
	20				405	6	25/10	Blooms								
	21				405	5	15/11	1000 22/10								
	22				646	59	1/11	1000 22/10								
	23				181	3	22/10									
	23A-0				181	4	23/10									
	23A-0				405	5	24/10	1000 22/10								
	23A-0				405	5	1/11	1000 22/10								

- **Standardised** Whiteboards across the **six hospitals** in the region
- **Start and End Plan** for every patient
- Standardised **Patient Status Magnets** updates
- **Red and Green** columns on all whiteboards (incorporating R2G as part of SAFER)
- Whiteboard **education sessions** for all staff disciples
- Hospital wide communications/awareness of the **SAFER bundle**
- All **disciples information updates** at the whiteboard, IPC, Site Operational ADONs
- Development of **operational whiteboard SOPs** in all hospitals

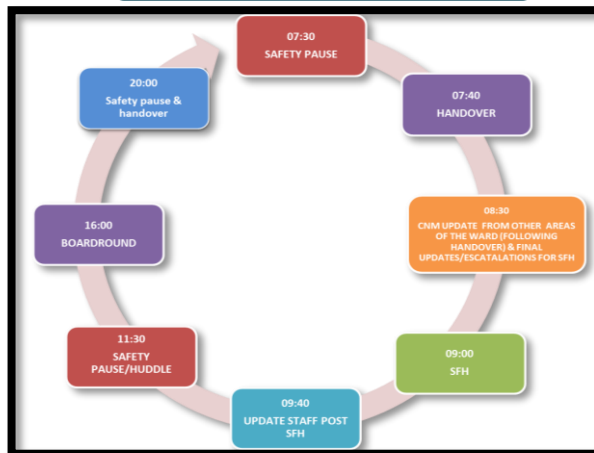
WHITEBOARD MAGNETS KEY

Green	Going Home Today
Yellow	Potential Discharge Today and/or next 24hrs
Red	On-going care
Blue	Early Morning discharge
Black	Delayed Discharge

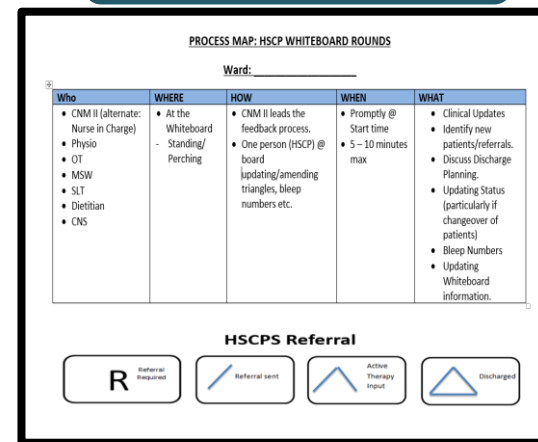
Ward Huddles



Ward Drumbeat



HSCP Whiteboard Rounds



Whiteboard Audit Tool

Date	Area	Whiteboard legible/well presented	All columns filled in	SAFER Red2Green in place and number of Red Days recorded	PDDs in date on whiteboard	D/C destination on whiteboard	Magnet Keys up to date	HSCP Referral process on whiteboard	Daily Ward Huddle completed	Model Ward Communication Board with all processes, to include Ward Huddle, Magnet status, HSCP process,	Comments
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- Development of daily ward **drumbeat** on all wards in all hospitals
- Standardised **processes** for whiteboards
- **HSCP whiteboard rounds** weekly or twice weekly in place
- Introduction & support of **ward safety huddle**
- Introduction and supporting **boardrounds**
- PDD **whiteboard** audits
- Robust staff **education sessions** in place for staff and new staff to support the operational whiteboard and function
- **Model ward working group** (ADoNs, CNMs, HSCP reps, NCHD reps etc), meets monthly with focus on sustainability, **shared learning** and **metric updates**
- Development of **Whiteboard Audit Tool** – as part of sustainability

Weekly Integrated >14 LOS Rounds



>14 LOS Standardised Tool

Wards & Total Patients Length of Stay			
Wards	Total Patients	LOS	PDD
Coronary Care	4	86	1
Haematology/Oncology	5	121	1
Left Ving Orthopaedic	10	211	2
Medical 6	6	694	
Medical 7	12	636	3
Medical North	15	1312	7
Medical Short Stay	7	350	
Medical South	6	162	
Surgical North	3	388	1
Surgical South Gynaecology	3	174	1
Grand Total	71	4144	16

Patients with Red and Green Days			
Questions: 1. Has the Patient had a red or green day today? 2. Is the patient medically fit?			
Red of Green	Is the Patient Medically Fit	Yes	Going today
Green	No	40	40
Red	Yes	26	26
Going today			3
Total	42	26	3

Is the patient Medically fit?	
Yes	40%
No	60%

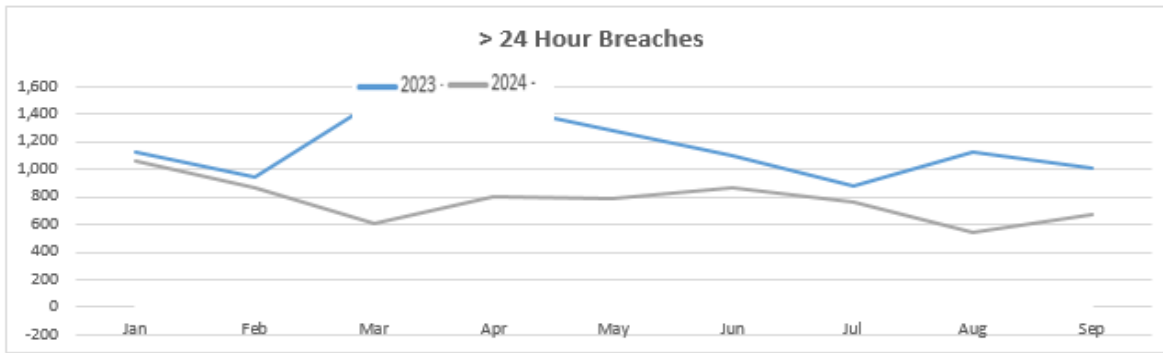
Red of Green	Is Patient Medically Fit
No	42
Yes	26
Going today	3
Total	71

Patients who are medically fit and who have had a red day - Reason for Continued Stay	
Reason for continued Stay	Total
OTOC	16
Discharge planning	3
New DTOC	7
Total	26

Total Patients > 14 Days	
	71

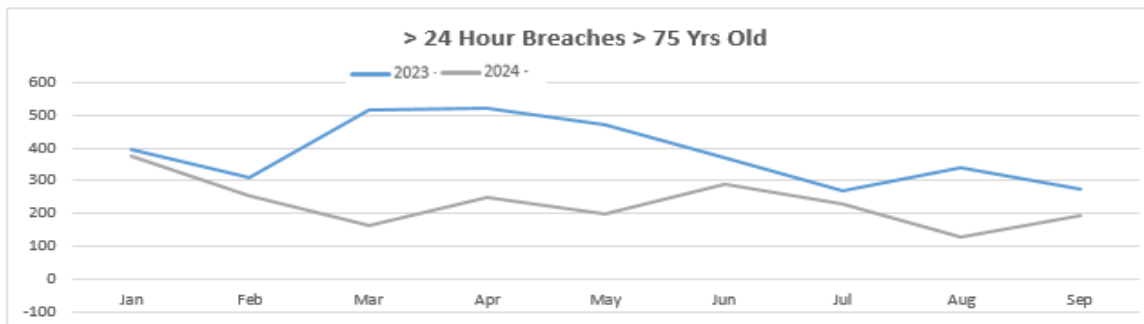
End of 2023 and in 2024 the additions were added to Model Wards in all hospitals

- **Integrated Weekly >14 LOS review** rounds in all hospitals
- Introduction and development of **>14 LOS unique tool**, issued to key stakeholders and trended data on a weekly basis
- Development of **>14 LOS targets** across the region
- Weekly **Deep Patient Flow Dives** are now in place to ensure all patients have clear plans and require acute hospital care – based on the fundamentals of national AEP bed utilisation tool. A report is issued following the deep dive with clear actions/follow ups to progress patient flow and egress
- Standardised **escalation process** of patients having 3 red days



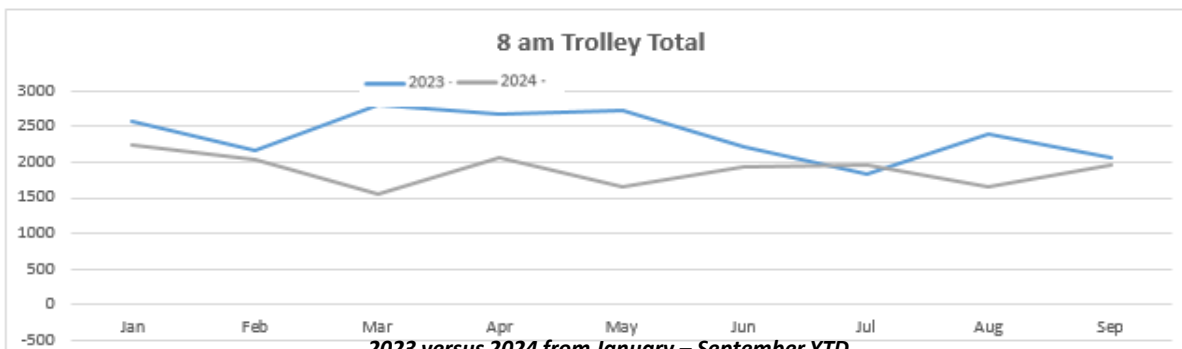
2023 versus 2024 from January – September YTD

33% reduction in the
>24HR PET for all
patients



2023 versus 2024 from January – September YTD

40% reduction in
PET times for the
>75 Yrs. >24Hrs



2023 versus 2024 from January – September YTD

20% reduction in
the 8am Trolleygar

This project demonstrates that implementing processes that facilitate structured communication improves integrated patient care and discharge planning. Elements of Model Wards are entirely unique e.g. ward drumbeat which reflects the daily operational processes on the ward

- Ward processes **structured**
- Improved **communication** within interdisciplinary teams
- Improved **team** collaboration
- Improved **patient care planning**
- Improved **PDD compliance** – using the operational whiteboard
- Reduction in LOS, RUH Medical AvLOS went **from 15** in Jan 2024 to **9.6** in June 2024
- Increased bed **occupancy**
- A **7% reduction in surge capacity** used across the region from January – September 2023 verses same time period in 2024
- **Reduction** in >14 LOS hospital targets
- **Red2Green** playing a significant role in the **day-to-day operations** of patient flow
- Model Wards on **Nursing induction** Programmes
- Model wards on **NUIG Nursing curriculum**, progressing in ATU in Castlebar, RUH and St. Angela's in SUH
- **Practice development** heavily involved and supports project
- **Integrative approach** - staff felt more supported
- **CNME – 4th year students** placement with patient flow team members

Welcome to Roscommon University Hospital

A guide to Staff Uniforms

If you are unsure who somebody is, please ask 'Who are you?'



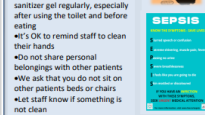
- How to give feedback:**
- If you have any concerns or worries during your inpatient stay please speak to the Nurse in Charge
 - If you would like to provide feedback, compliments, comments or verbal complaints you can contact the Patient Advice and Liaison Service (PALS) Coordinator. Contact: 090 663 2112 or pals.ruh@rsh.ie
 - Or if you would like to make a formal complaint: Contact 090 663 2112 or complaints.ruh@rsh.ie



Wi-Fi: There is patient Wi-Fi on each ward, please ask a member of staff for details.

Tips on how to protect yourself from picking up an infection in hospital:

- Clean your hands and use hand sanitizer gel regularly, especially after using the toilet and before eating.
- It's OK to remind staff to clean their hands.
- Do not share personal belongings with other patients.
- We ask that you do not sit on other patients beds or chairs.
- Let staff know if something is not clean.



Smoking-Free Campus: Roscommon University Hospital is a tobacco free campus. You will not be allowed to smoke anywhere on the hospital grounds, inside or outside.



Your Personal Belongings:

- Patients must keep and be responsible for dentures, glasses, hearing aids and contact lenses and their storage containers during their hospital stay.
- Roscommon University Hospital cannot accept responsibility for the loss, theft or damage to any valuables, money or other articles that you have with you during your admission.
- Please do not keep valuables on the ward, if you have valuables with you please let the Nurse in Charge know about it for safe keeping.

Visiting times:

- Afternoon: 2.00 pm – 4.00 pm
- Evening: 6.30 pm – 8.30 pm

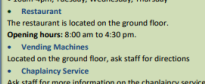
Meal times:

- Breakfast: 8.00 am – 8.45 am
- Dinner: 12.30 pm – 1.00 pm
- Tea-time: 4.30 pm – 5.00 pm

If your relative or friend normally visits to assist you to eat at meal time, we are happy for this to continue through agreement with the nurse in charge.

Hospital Facilities:

- The shop is located on the ground floor of the hospital. There is also a trolley services on the wards, mid-morning from Monday to Friday. **Opening Hours:** 10am-3pm, Monday and Friday 10am-4pm, Tuesday, Wednesday, Thursday
- Restaurant: The restaurant is located on the ground floor. **Opening hours:** 8.00 am to 4.30 pm.
- Vending Machines: Located on the ground floor, ask staff for directions
- Chaplaincy Service: Ask staff for more information on the chaplaincy services



Discharge Information Roscommon University Hospital

Planning your Discharge

You may be surprised but your discharge planning begins when you are admitted to hospital. Your nurse will ask you questions about your home and any supports you may have, an estimated date your discharge may be discussed with you and once you are medically fit to be discharged this will be confirmed.

Information about Medication

While you are in the hospital it is important that you are fully aware of the medicines you are being given and understand what they are for. If you have any questions, you can ask your nurse or doctor. When starting a new medicine you may be worried about possible side effects or after starting a new medicine in hospital you may feel you are experiencing side effects. If you do, please ask to speak to the doctor so we can address any of these concerns before you leave hospital.

- Make sure you know your medicines and keep a list of them.
- Check that you are using the right medicine the right way.
- Ask healthcare staff about changes made to your medicines in hospital.
- Ask healthcare staff about commonly experienced or expected side effects of your medications.

4 Key questions to consider asking:

We want you and your family/friends to be informed. We encourage you to ask questions if you are not sure about anything or have a concern about your care and treatment.

- What is the matter with me?
- Am I having any tests or procedures today or what are the results from the tests I had done?
- What needs to happen before I can go home?
- When am I going home?

When and how will I get home?

When it's time for you to leave hospital, we aim to have you ready for home by 12pm.

- Please arrange to have a family member or friend to collect you.
- Parking is limited on the hospital campus but there is a set down space outside the Urgent Care Centre where your family or friend can wait when collecting you.
- If you were brought to hospital by ambulance, you will need to make your own transport arrangements to go home, unless there is an appropriate medical need.

Who will inform my GP of any updates?

Your medical team will either give you a letter to bring to your GP or send your GP a letter with all details of your hospital admission.

Follow up Appointments:

- If you require any follow up appointments we will try to arrange this before you are discharged or we will.
- If we do not have the appointment, we will send out the information to you in the post.

Freedom of Information:

Phone: 090 663 2189
Email: foi.ruh@rsh.ie

The following checklist may be helpful to help plan your discharge

- Have you transported to your home?
- If you have a walking aid, do you have it with you?
- Have you got your medical card/drug payment scheme (DPS) card?
- Have you someone who can get the medication for you?
- Do you know what medications is for and how often and for how long you should take it?
- Do you have house keys and clothes?
- Do you have someone who can get groceries for you and turn on the heat?
- If you are already receiving care at home, does your carer know you are being discharged?
- Do you know who to contact, if there are any problems when you are discharged?
- Have you been given a letter for your GP or Public Health Nurse?
- Have you asked when you can return to work and normal activities?
- Have you got your prescription? Medication is supplied by the hospital.
- Do you understand what your medication is for and how to take it? If not please speak to your doctor or nurse.

Hospital Contact Details

Main Hospital Number:

- 090 662 6200

St. Conner's Ward:

- 090 663 2223

St. Teresa's Ward:

- 090 663 2230

St. Bridget's Ward:

- 090 663 2214/2215

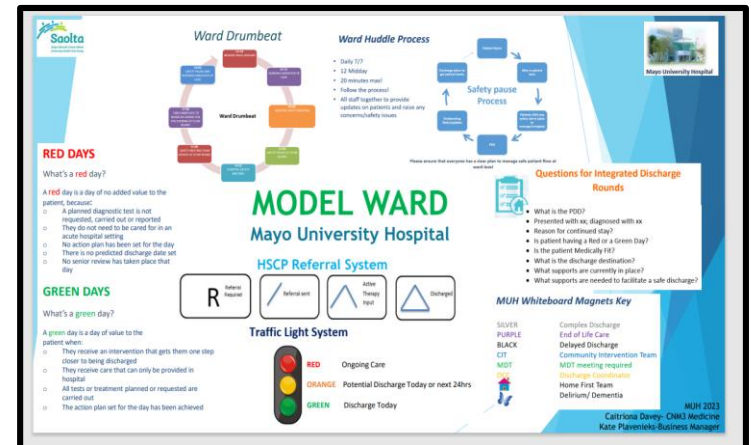
Palliative Care Support Unit:

- 090 663 2200

Discharge Coordinator:

- 090 663 2139

- Standardised welcome to ward noticeboard for all wards
- Discharge noticeboard for all wards
- Model Ward Information boards
- Patient Information booklets



Sustainability Model Ward Teams hugely invested across the West North West Region



LUH "Model wards provide a consistent approach to the patient's journey. SAFER – Red2Green provides an approach that helps to identify waste (periods of activity), thus promotes more timely care"



PUH "Effective teamwork as demonstrated by the PUH MDT team is crucial for reducing wait times, minimising congestion, and ultimately improving patient outcomes and satisfaction"



SUH "Model wards is all about the person. The person in the bed who is receiving the care and the person who is delivering the care (any of the MDT members). It is a holistic approach to looking at flow, and the success of it depends on sustainability, audit, metrics and monthly meetings"



MUH "As a result of Model wards - the introduction of the operational whiteboard and use of Safer R2G has resulted in significant benefits to our hospital, allowing a marked reduction in trolley numbers across the year and has enabled us to streamline processes to circumvent blocks that were identified. We have also implemented target thresholds for our hospital from this data to improve efficiency on day to day operations"



GUH "Operational white boards are vital to effective communication fostering a organised workflow of what we do"



RUH "By using the operational whiteboards it has shown to improve teamwork, by bringing the MDT closer together through communication and collaboration. Overall providing safe and timely care for our patients"