
Finding Room at the Inn: A patient journey improvement initiative

Initiative Type

System Improvement

Status

Close

Added

08 February 2020

Last updated

27 February 2020

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/finding-room-inn-patient-journey-improvement-initiative>

Summary

Solutions were implemented to address Patient flow difficulties - with delayed discharges on the Mater Public Postnatal Unit causing bed block and impacting Birth Suite, Antenatal Unit and

Occupational Therapy.

Key dates

Feb 2018

Sep 2019

Implementation sites

Mater Mothers' Hospital Postnatal Public Unit and impacting Birth Suite, Antenatal Unit and OT

Partnerships

Consumers involved in stakeholders planning meeting and all managers and frontline staff individually consulted and attended planning meeting. Executive support from Director of Nursing & Midwifery, Director Obstetrics & Gynaecology, Nursing & Midwifery D

Key Contacts

Kerrie Allon

2222

william.vanheerden.ced

Improvement Coach

Mater Mothers' Hospital

07 3163 1918

Kerrie.Allon@mater.org.au

Aim

Reduce the average monthly bed block of 47 per cent monthly to less than 10 per cent within six months.

Benefits

Benefits Greater patient flow through areas, timely discharge process and co-ordinated approach. Reduced length of stay by standardising care with discharge calculator. Increased patient experience as mothers know discharge process.

Background

Increasing patient flow issues were causing bed block on a 41-bed public postnatal unit, affecting birth suite, antenatal unit and theatre. It was found there was no coordination of the team and no standard care of length of stay. Incl introduction of discharge calculator, journey boards, debriefs, extension of breastfeeding clinic hours and bedside patient communication boards.

Solutions Implemented

- Discharge Calculator matrix for all Multi-disciplinary team (MDT) to standardise length of stay and co-ordinate reviews of mother and baby
- Updated Journey board as source of truth for all MDT
- Updated bedside Patient communication boards
- Obstetric debriefs done in recovery/birth suite before transfer to M8
- Breastfeeding clinic hours extended from 1.5 to 4.5 hours so mothers are not in a room, all at once, at discharge time
- Healthy Hearing screens designated own room for screens - parent led to attend when they have sleeping baby
- Designated Obstetric RMO to review mothers/pharmacy scripts earlier
- Morning list Caesarean births prepped in PAC and wait in day procedure to increase bed availability.
- Physiotherapist co-ordinated services to see all mothers based on discharge calculator

Evaluation and Results

Monthly reporting will be done to measure the progress.

Lessons Learnt

- Collaboration was key with ALL Multi-disciplinary team as evidenced by the improvement planning day that led to ownership of individual improvements in teams.

PDF saved 23/05/2025