

## **AH RAPID: Allied Health Rapid Assist Promoting Immediate Discharge – Acute medical wards immediate provision of equipment and enhanced team communication to facilitate patient flow at a Regional Hospital.**

**Katie Arnott**<sup>1</sup>, Cate Carter<sup>1</sup>, Donna Ward<sup>1</sup>, Salih Bazdar<sup>1</sup>

<sup>1</sup> Caboolture Hospital, McKean Street, Caboolture, 4510, katie.arnott@health.qld.gov.au

**Background.** The Caboolture Hospital (CH) emergency department has in excess of 4,500 presentations each month, with initiatives commenced to assist in meeting the National Emergency Access Target (NEAT). The logistics of organising mobility and self-care equipment can be challenging at times and delays can significantly impact length of stay (LOS). To assist CH achieving the NEAT, AH-RAPID aims to examine whether immediate access to mobility and self-care equipment and enhanced team communication can improve patient flow by enabling earlier discharge.

**Methods.** Baseline data was collected on patients admitted to medical wards at CH from December 2014 to March 2015. Provision of equipment occurred in April to June 2015. Data was collected through auditing of clinical processes and medical charts. Changes to multidisciplinary team (MDT) meetings were based on state-wide benchmarking and semi-structured interviews of stakeholders to include daily medical team and full allied health attendance.

**Results.** It is acknowledged that both streams of the study affected the results. Data gained indicated that there was a noted improvement in communication across all hospital departments, reduced length of stay, earlier identification for the need of Allied Health review and increased intervention time during a patient's admission. Snap audits of the meeting identified 91.5% of patients discharge dates were reviewed.

**Discussion.** The provision of equipment through AH RAPID appears to facilitate patient flow by reducing the waiting time for family or community services to locate and install equipment required for discharge. The initial evidence indicates MDT meetings with a specific focus on discharge allow more accurate and efficient discharge of patients. Further cost analysis could provide a business case supporting AH RAPID as a sustainable component for more efficient and effective health service delivery.