Emergency Treatment Performance

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On behalf of **Whole of Health Program**

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Emergency Department, Emergency Medical Unit,

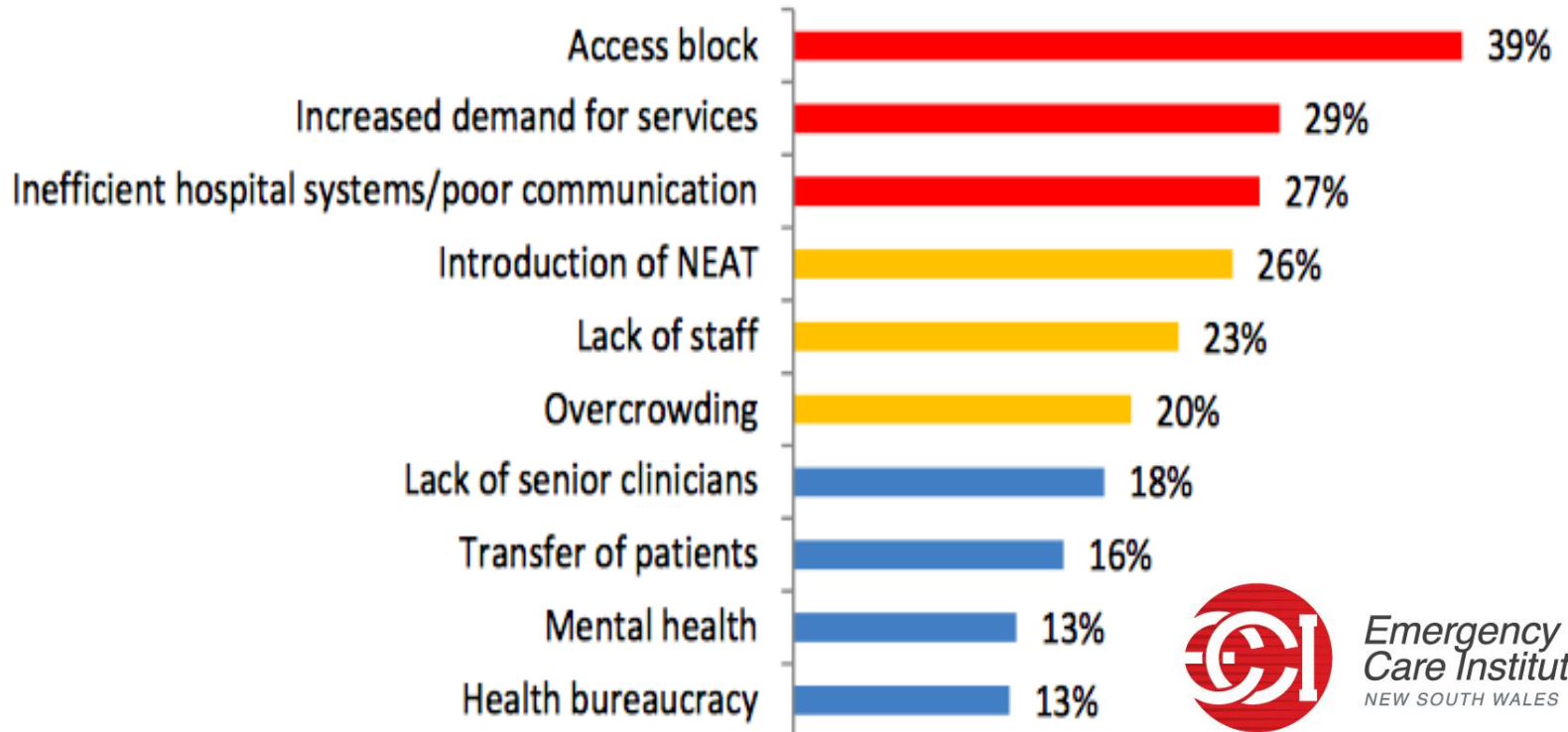Transit Unit & ASET

<u>Background</u>

- **Feb 2010 National Partnership Agreement was signed on Improving Public Hospital Services to improve public patient access to elective surgery, emergency departments and sub-acute services by improving efficiency and capacity in public hospitals**

- **National Emergency Access Target (NEAT), now know as ETP is one of a suite of initiatives aimed at improving access to Emergency Departments and emergency care**

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<u>Why Change?</u>

- **"Access block and Emergency Department overcrowding are the single biggest threat to the provision of safe emergency care"**

    - Unnecessary deaths and increased LOS in hospital
    - Delayed ambulance off loads
    - Delays in treatment
    - Risk of cross infection
    - Adverse effects on workforce

Challenges identified by EDs 2013

Figure Q10 The top challenges as they relate to your Emergency Department

Challenge	Percentage
Access block	39%
Increased demand for services	29%
Inefficient hospital systems/poor communication	27%
Introduction of NEAT	26%
Lack of staff	23%
Overcrowding	20%
Lack of senior clinicians	18%
Transfer of patients	16%
Mental health	13%
Health bureaucracy	13%

Emergency Care Institute
NEW SOUTH WALES

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ETP – gave us an opportunity and a mandate for change

"Whole of hospital"

- transformational system

wide reform !

- **Operational change**

- **Strategic change**

- **Cultural change**

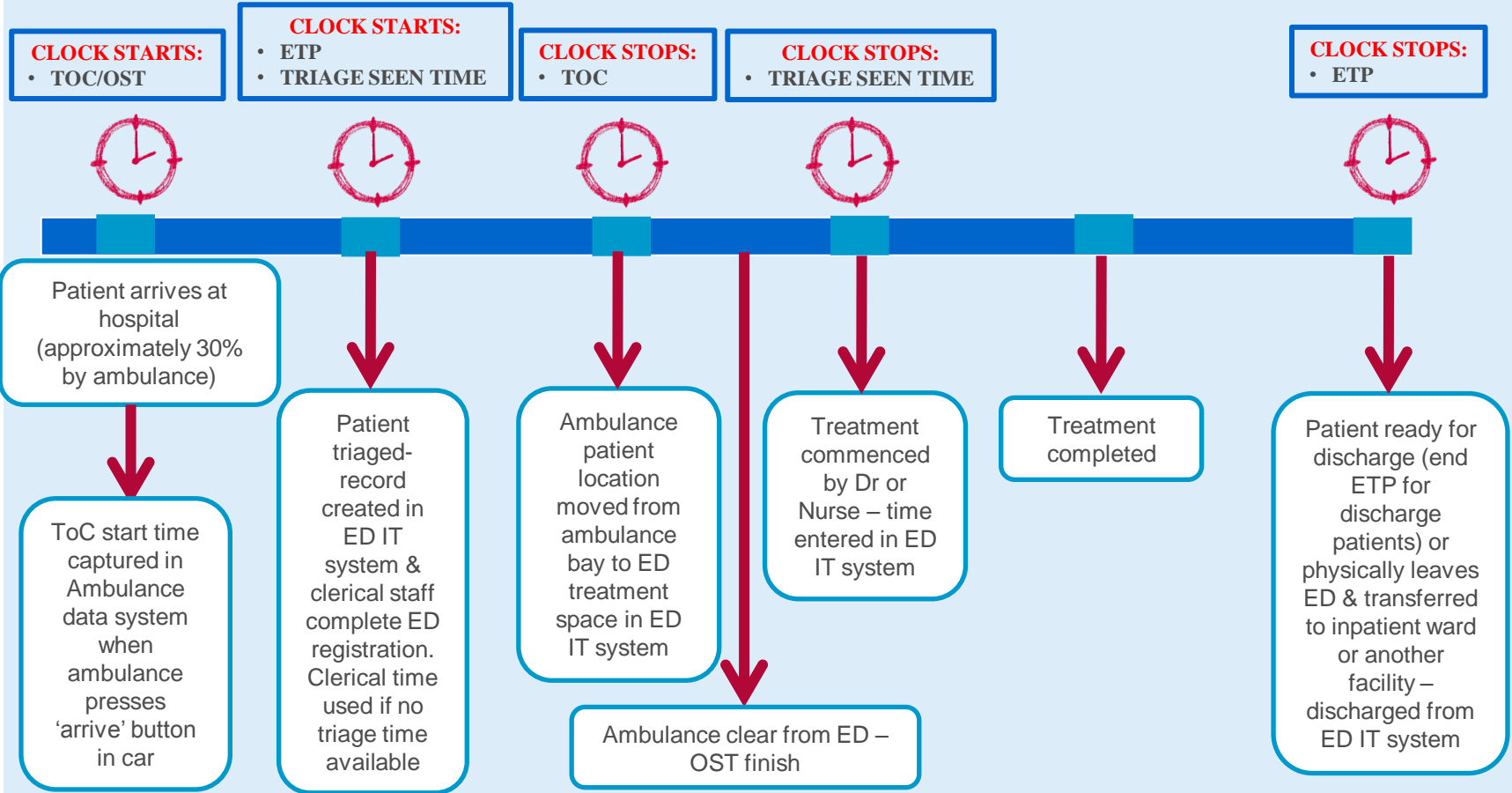"I've seen this before: Combustion due to extreme resistance to change."

Principles of ETP:

- Drive clinical redesign with a whole-of-hospital approach

- Measured in ED but is a whole of hospital KPI

- Must ensure patient safety and enhance quality of care to improve system capacity and delivery of care

- All ED patients and all triage categories are included in the target

- It requires Executive engagement and leadership at both hospital and LHD level

- The majority of process change needs to occur at the 'back end' rather than in the ED - EDs have benefited from reviewing existing processes and MOC for efficiency

<u>Currently…</u>

- **No longer a Commonwealth target**
- **The 4 hour target is a NSW Premier's priority until 2019.**
- **The expectation for the re-named 'Emergency Treatment Performance' target for 2016/17 is that 81% of all patients presenting to a public hospital ED will either D/C, admitted or transferred within 4 hours**
- **It is sometimes clinically appropriate for patients to remain in the ED for more than 4 hours and these decisions remain at the discretion of the clinicians.**
- **The Whole of Health Program will continues to work with its partners to facilitate**

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ED Data Points

CLOCK STARTS:
- TOC/OST

CLOCK STARTS:
- ETP
- TRIAGE SEEN TIME

CLOCK STOPS:
- TOC

CLOCK STOPS:
- TRIAGE SEEN TIME

CLOCK STOPS:
- ETP

Patient arrives at hospital (approximately 30% by ambulance)

ToC start time captured in Ambulance data system when ambulance presses 'arrive' button in car

Patient triaged- record created in ED IT system & clerical staff complete ED registration. Clerical time used if no triage time available

Ambulance patient location moved from ambulance bay to ED treatment space in ED IT system

Ambulance clear from ED – OST finish

Treatment commenced by Dr or Nurse – time entered in ED IT system

Treatment completed

Patient ready for discharge (end ETP for discharge patients) or physically leaves ED & transferred to inpatient ward or another facility – discharged from ED IT system

Definitions

ETP - where 81 % of all patients presenting to a public hospital Emergency Department (ED) will either physically leave the ED for admission to hospital, be referred to another hospital for treatment, or be discharged within four hours.

TOC – Transfer of Care is defined as the transfer of accountability & responsibility for patients from an ambulance paramedic to a hospital clinician

Triage Seen Time: Date & time on which the patient is first seen by a Medical Officer or a Nurse working within an approved protocol, guideline or clinical pathway

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IMPROVING ACCESS TO CARE

Improvements….

- **ED MoC:**
  - Senior Assessment and Streaming
  - Fast track
  - Clinical Initiatives Nurse
  - NP role
  - SSU / EMU
- **Whole of Hospital:**
  - Criteria Led Discharge (ACI)
  - In Safe Hands (CEC)
  - Patient Journey Boards
  - Patient Flow Portal

WoHP: 2016 and Beyond

- Streamlining Mental Health Access to Care
- NSW Ambulance Projects
- Intensive support for targeted facilities with high demand
- Continued development and implementation of the Patient Flow Portal and Electronic Patient Journey Boards
- Integrated Care Implementation
- Demand management projects
- Aboriginal patient flow project
- Utilisation of Medical Assessment Units

<u>AHNM Role in ETP:</u>

- **Understand the way the ED works operationally and the ED patient journey**
- **Support staff and look at resources available, including at a hospital wide level.**
- **Liaise with patient flow team via ED senior staff.**
- **Identify transfers in or direct admissions and redirect to the ward within a predetermined time if accepted by team.**
- **Facilitation and utilisation of allocated resources to ensure efficient flow.**

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<u>AHNM Role in ETP:</u>

- **Early identification and recognition of patients for admission**
- **Use the Medical Assessment Unit (MAU), Short Stay Units (SSU) and Emergency Medical Units (EMU).**
- **Identify areas in crisis (where there is overcrowding, surge activity or severe access block) and respond appropriately according to local escalation plans.**
- **Review patient journeys looking at strategies for improvement with particular emphasis on what went well**

Daily ED Operational Report

Sunday 29/05/2016

ED Presentations

ED Presentations by Triage Category
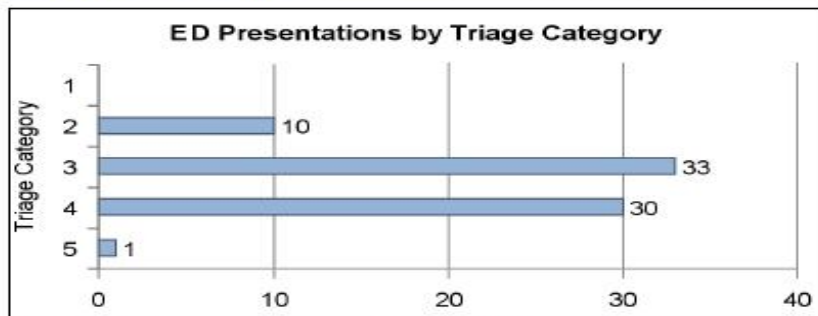
	ED Presentations
Total ED Presentations	74
ED Presentations: Admitted	22
ED Presentations: Not Admitted	52
Transferred to another hospital	0
Died in ED	0
Dead on Arrival	0
Left at own risk	0
Did not wait	1

Emergency Treatment Performance (ETP)

	ETP % (Target = 81%)			Number of Breaches			Admitted Denominator	Total Denominator
	Admitted	Non Admitted	Total	Admitted	Non Admitted	Total		
Total ETP	90.9%	94.2%	93.2%	2	3	5	22	74
Paediatric ETP *	-	100.0%	100.0%	-	0	0	-	6
Adult ETP	90.9%	93.5%	92.6%	2	3	5	22	68
ETP for MH Patients **	100.0%	60.0%	66.7%	0	2	2	1	6
Total ETP Month to Date	75.0%	95.6%	88.7%	154	53	207	616	1,824
ED SSU ETP	88.2%		88.2%	2		2		17

Triage Performance, Transfer of Care and Emergency Admission Performance

KPI Performance %   ■ Target %
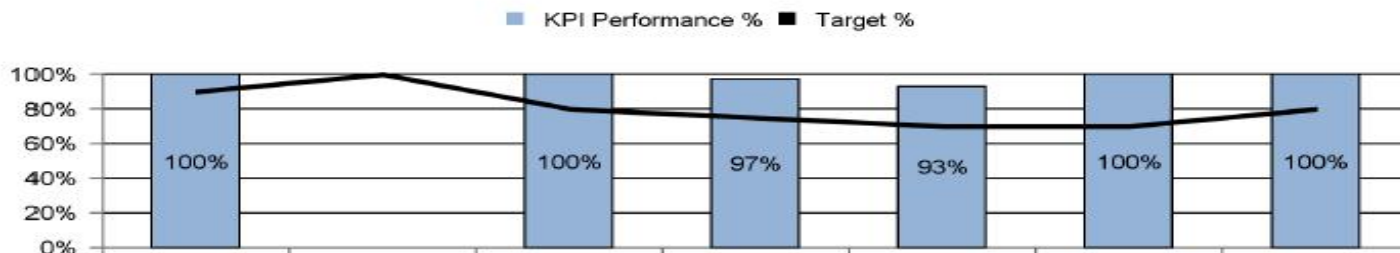
	TOC	Triage 1	Triage 2	Triage 3	Triage 4	Triage 5	EAP
Target %	90%	100%	80%	75%	70%	70%	80%
KPI Performance %	100%	-	100%	97%	93%	100%	100%
Number of Breaches	0	-	0	1	2	0	0
KPI Denominator	22	0	10	33	28	1	23
Number Unmatched ToC	N/A						

Conclusion….

- **ETP is a whole of hospital responsibility**

- **AHNM play a key role in ETP**

- **ETP is just a number…the real message is getting the patient the right treatment in the right time in the right place in the safest way we can.**

from chaos…………………to capacity