

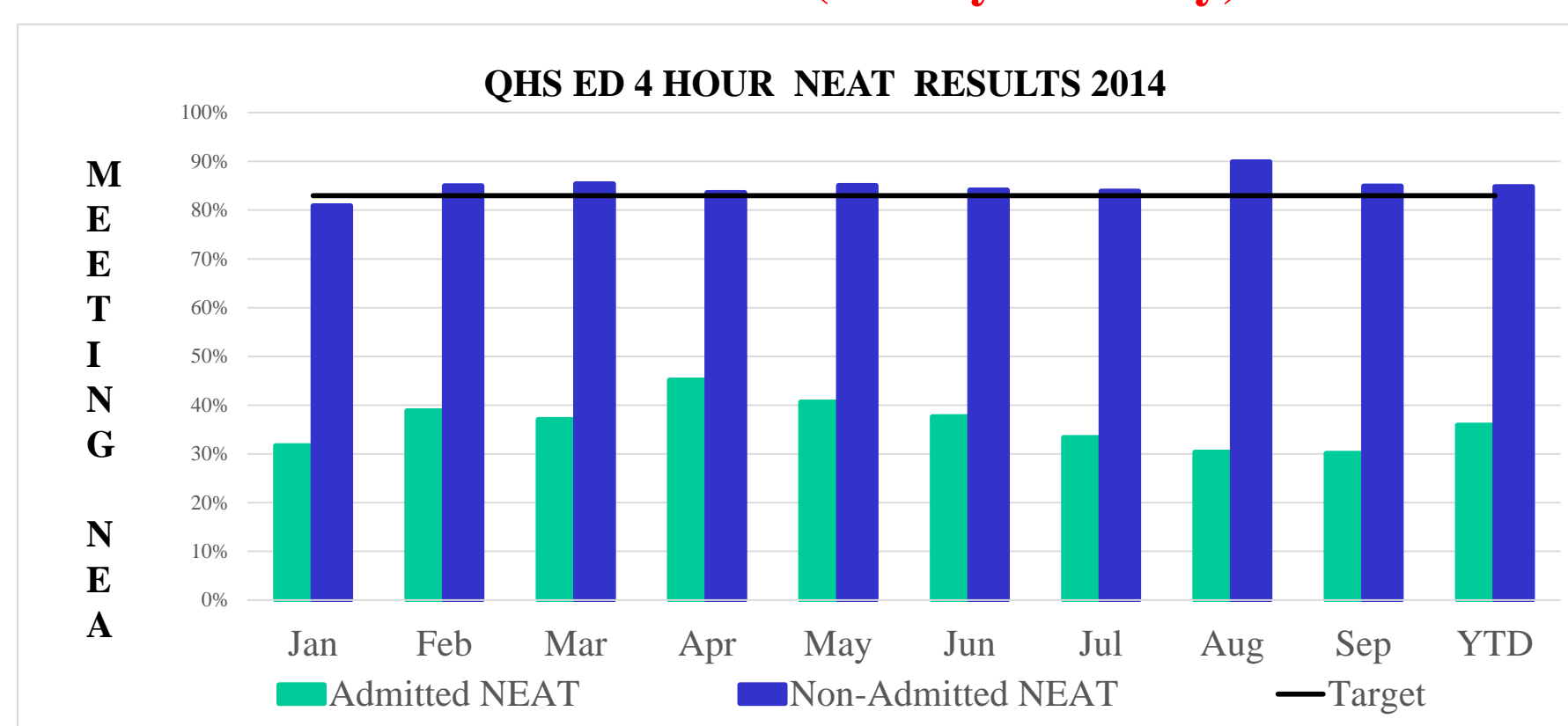
### CASE FOR CHANGE

Queanbeyan Health Service's case for change is to align with The Australian National Health Care Agreement to achieve the national benchmark set for timely access to emergency treatment by 2016.

QHS moved from a block funded to an activity based funding model in July 2013 requiring ED to look at strategies to manage within the new budgetary framework Whole of hospital statistical data indicate

At Queanbeyan Health Service 47% of patients who are admitted to an ED bed, stay in the department longer than 4 hours. i.e. QHS Admitted NEAT performance is 36% where patients are either admitted to hospital or discharged home with in 4 hours

**Note: NEAT 83 % (set my Ministry)**



On drill down of the Whole of Hospital Admitted neat performance it was identified that 1951 category 2&3 patients remain in the department >4 hours annually.

A recent RCA patient death identified a system failure in the early detection, timely assessment, and treatment of a critically ill patient with sepsis.

There are 10 Complaints relating to ED wait times from July 1 2013 – June 30 2014

### GOAL

The aim of this project is to improve patient flow through the QHS emergency department and limit the length of stay to 4 hours. There by improving the patients experience

- Improving patients experience** – Eg: The current extended stay for some patients not desirable.
- Improving health of population** – Strong clinical processes and department efficiency is best for patient outcomes. Eg: recent RCA patient death - failure to recognise sepsis in deteriorating patient.
- Reducing per capita costs of health care** – We need to meet LOS targets in ED as protracted decision making and inefficiency is expensive.

### OBJECTIVES

Improve QHS Emergency Department Admitted NEAT by 20%.

### METHOD

The centre for healthcare redesign- methodology was utilised for this project. Methods included, Examining NEAT and Whole of Hospital Data, ED flow mapping, patient and staff questionnaires, patient experience trackers, patient and staff tagalongs. A wide range of stake holders were engaged including NSW Ambulance, GPs, Sydney West Pathology and Mental Health



### DIAGNOSTICS

#### Patient Story

I came into ED with chest pain. I saw the clerk who asked me to fill out a form and then waited to see the triage nurse. Following this I was placed on a bed and assessed by a Dr and Nurse. I was given some tablets, had bloods and an X-ray taken. I waited 2 hours for the test results. My blood results were abnormal and I was prescribed a CTPA. I had to wait 2 hours for the test as it was off site. An hour later on my return I was told I had a Pulmonary Embolus. The Dr prescribed some treatment and indicated I would have to stay in hospital. I then waited 3 hours for admission. My ED experience took a long time.

#### Staff Story:

Mental Health client admitted to the department at 5pm. Waited 2 hours for MECHS assessment. Decision made to admit to gazetted facility. No Patient transport available. Did not meet criteria for ambulance transport. Waited 13 hours to transfer patient. Increased staff time caring for disturbed MH Client causes ED access delays

#### Patient experience trackers

Identified a patients waited longer during 3 peak periods

09.00hrs

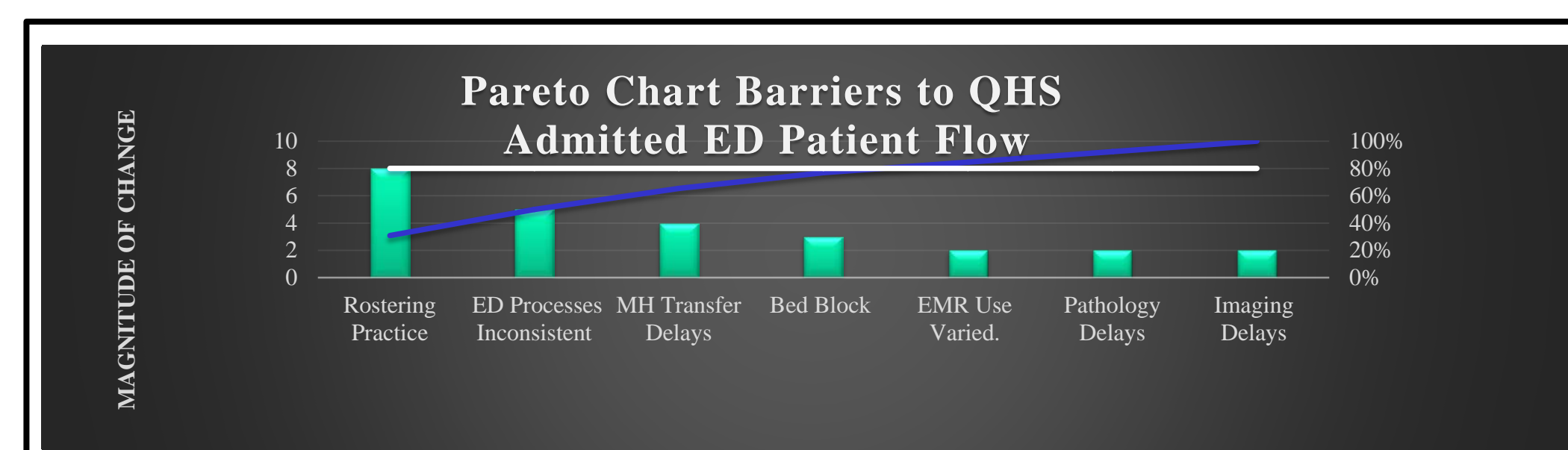
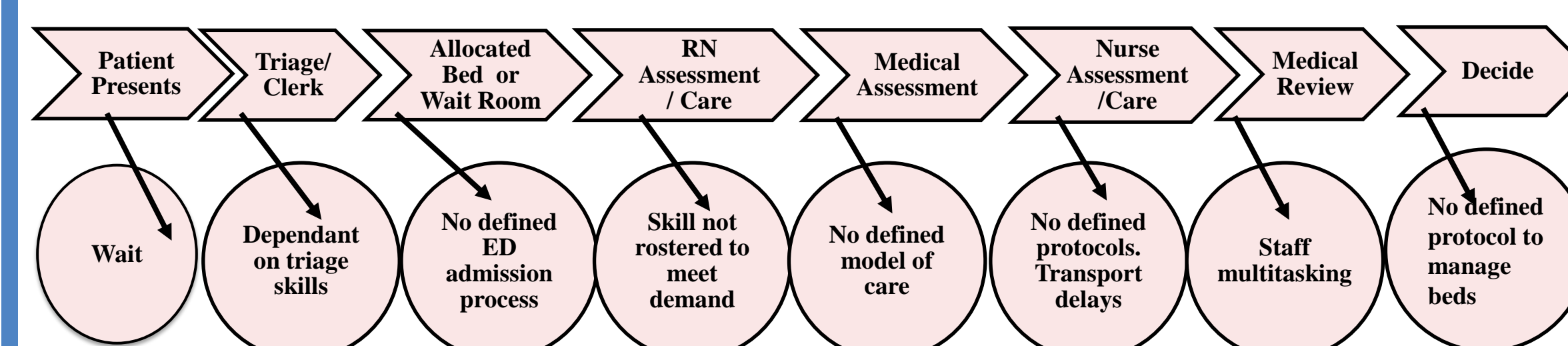
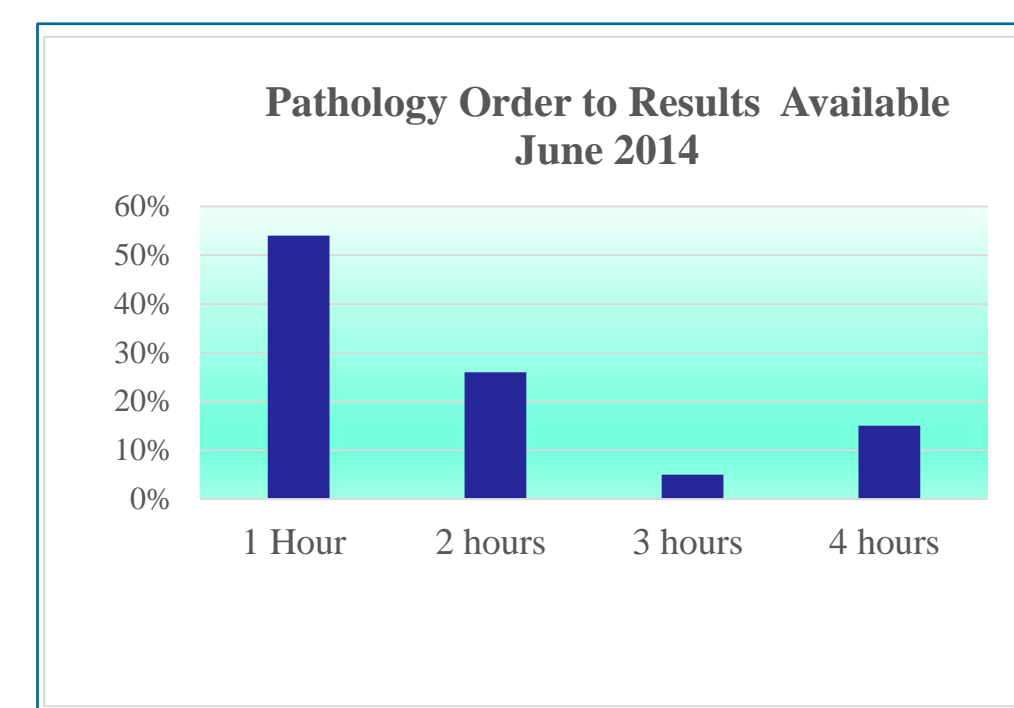
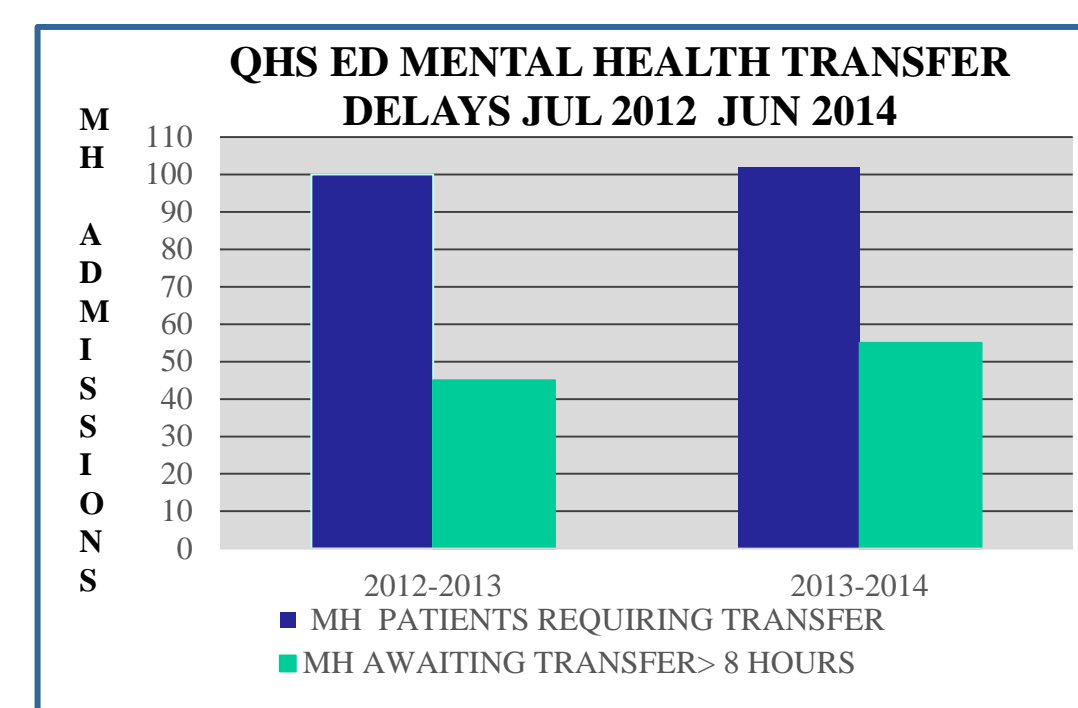
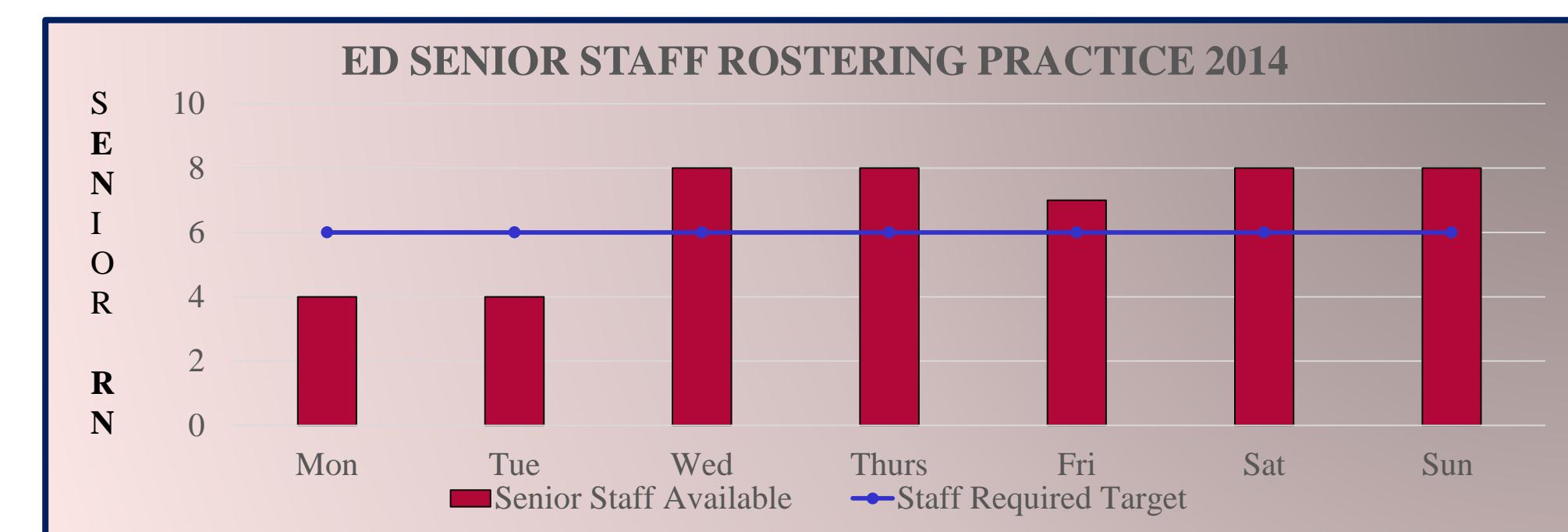
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18.00hrs

#### Staff experience trackers

Identified key issues as

- Workload
- Skills and knowledge
- Team work.
- Senior support.
- Access to tools and equipment

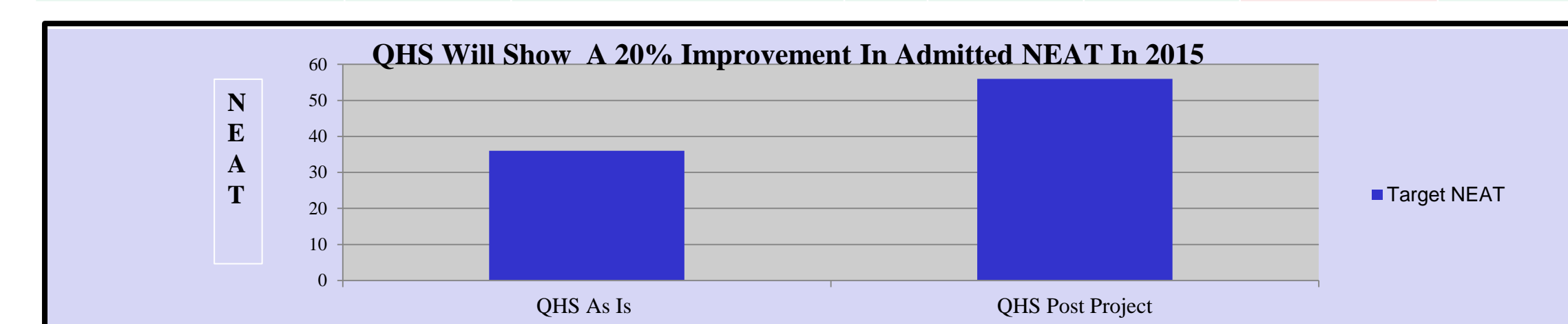


Work place culture was also identified as a issue and a separate project engaging an external provider to improve workplace culture to run simultaneously with this project.

### SOLUTIONS DESIGN & IMPLEMENTATION

Stakeholders were engaged through working parties, focus groups and face to face interviews and emails to develop a list of appropriate solutions for the ED improvements.

Solution	Process Owner Sponsor	Outcome Measure Base Line And Expected	Date Start	End Status	Resource	
Implement fast track model of care for category 4&5 between 14.00-18.00hrs opportunity exists for 4 hours between 14.00 & 18.00 hours when there are 3 doctors in the ED	1. ED MOs 2. ED Director	1.Overall NEAT 83% expected 90% 2. Admitted NEAT 36% Expected 56% 3. Category 3 NEAT 63%, Expected 80% 4. Patient satisfaction 70% during peak periods Expected 90%	6/12/2014	12/1/2015	Implemented 12/1/2015	ED Fast track Model of care
Establish protocols for ED bed management. i.e. Who gets a bed. Defining who gets an ED bed will ensure the right patient is in the right bed at the right time.	1. ED CNS 2. Senior Nurse Manager	1.Overall NEAT 83% expected 90% 2. Admitted NEAT 36% Expected 56% 3. Category 3 NEAT 63%, Expected 80% 4. Staff satisfaction 70% during peak periods Expected 90%	27/12/2014	27/1/2014	Implemented 28/4/2015	SNSWLHD ED Admission QUL. Gov. ED Clinical access
Develop an escalation pathway. i.e. Defining when there is need for extra staff to meet acuity/demand. Initiating a CERS to manage category 1 patients until stabilised. Utilise redeployment, casual staff & staff recall to duty where appropriate	1. Senior Nurse Manager 2. Health Service Manager	1.Overall NEAT 83% Expected 90% 2. Admitted NEAT 36% Expected 56% 3. Category 2 NEAT 62%, Expected 80% 4. Patient satisfaction 70% during peak periods Expected 90% 5. Staff satisfaction 70% during peak periods Expected 90%	6/11/2014	10/12/2014	Implemented 18/12/2014	NSW Health ED demand management & escalation plan. Vic. Gov. ED escalation plan ED escalation policy Emed.ie.
Bypass unnecessary steps (i.e. direct admission to ward by GP). Develop a protocol for GPVMO direct admissions to the ward with a clear assessment and management plan	1. IPU NUM 2. GPVMO	1. Admitted NEAT 36% Expected 56%	12/1/2015	21/3/2015	Implemented 13/3/2015	GP admission information Twoomba Hospital
Roster change 12.30 shift to 9.30 start to meet peak demand	1. Roster CSO 2. ED NUM	1.Overall NEAT 83% expected 90% 2. Admitted NEAT 36% Expected 56% 3. Category 3 NEAT 63%, Expected 80% 4. Patient satisfaction 70% during peak periods Expected 90% 5. Staff satisfaction 70% during peak periods. Expected 90%	6/11/2014	6/12/2013	Implemented 6/12/2014	NSW Health ED direct admission to inpatient units. WA admission readmission and discharge
Develop standardised protocols for ED patients i.e. Pathology/imaging/medication	1. QC & ED MO 2. ED Director	1.Overall NEAT 83% expected 90% 2. Admitted NEAT 36% Expected 56% 3. Category 3 NEAT 63%, Expected 80%	15/3/2015	10/6/2014	Medical imaging Nurse initiated X-rays agreed. 5 staff currently being trained due to complete course 20/8/2014 Medication Protocols agreed. CNE has attended NSW health training. Plan to roll out 8 hr training day for staff Sep 20th Pathology Protocols Agreed	SNSW FLEC Guidelines, SNSWLHD Rural ED Medication guidelines ACT Nurse lead Medication & pathology guide. Encouraging Quality pathology ordering in Australian public hospitals



- Roster Change 12.30 shift to 10.00 start to meet peak demand** **Outcome** Frees up NUM for clinical supervision and liaising with MOs regarding decision to admit, transfer or discharge. **Outcome** 20% improvement in category 2 & 3 ATS
- ED escalation plan** developed for when there is an increase in patient acuity or ED is in bed block. **Outcome** Increased Staff satisfaction
- Fast Track Model Of Care** for category 4&5 between 14.00-18.00hrs over 4 hours when there are 3 doctors in the ED. **Outcome** 231 patients seen over 6 days ATS 87.5%
- Bypass unnecessary steps** Protocol trailed for GPVMO direct admissions to the ward with a clear assessment and management plan. Outcome 7 patients admitted from GP rooms with requests for imaging, pathology, medication & IVT. GPVMO visited hospital post 1 hour to review patient.

- ED Bed Management** Protocol developed awaiting implementation . i.e. Who gets an ED bed. **Outcome** This will ensure the right patient is in the right bed at the right time and improve patient flow.
- Medication and Pathology standing order protocols** developed awaiting implementation. **Outcome** This will improve patient flow with in the department

### Sustaining change

In line with evaluating how effective the protocols will become, the success of sustaining the change will lie in embedding these in the organisational culture so that it becomes normal routine business for the ED.

Sustainability of the change will be monitored through

- NEAT
- ATS
- Admitted NEAT
- Whole of Hospital Data
- Patient experience trackers
- Staff experience trackers

The steering committee will continue to receive a monthly project update and will continue to monitor the progress and outcomes of the project.

### Conclusion

The project has highlighted the importance of timely communication between the team and with the patient to identify issues relating to decision to admit, transfer or discharge in a timely manner. A traffic light escalation plan, identifying who gets an ED bed, medication and pathology guidelines and rapid rounding have been added to the ED flow process.

The use of take the lead champions maximises ownership and engagement.

By maximising communication with these initiatives we hope to improve admitted NEAT.

### Lessons Learned

- Strong leadership is a major driver in implementing change
- Navigating the transition of the project and accommodating potential resource changes i.e. Senior management changes within the ED.
- The project management process generally takes much longer than expected and roadblocks are almost certain to occur.

**Future Scope** When success is fully analysed it is proposed to share plans with other SNSWLHD facilities.

### ACKNOWLEDGEMENTS

- QHS ED Staff
- Sponsor QHS Manager & ED Manager
- SNSWLHD NSW LHD Innovation Support Unit
- SNSWLHD ED CNC
- SNSWLHD Health Information Unit
- SNSWLHD Health Pharmacy Director
- The Canberra Hospital Clinical Governance Unit
- Hunter New England Clinical Governance Unit

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