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Case for change

The Neurology team often gives advice for patients currently located outside of the Sydney Children's Hospital Network – Non-admitted patients (NAP). These consultations are poorly documented mainly due to difficulties with workflow and workload. This impacts communication between clinicians regarding patient care and safety.

The project aims to improve workflow within the Neurology team to support clinicians in documenting NAP consults in the electronic medical record (eMR) by focusing on three key areas which impact workflow; Triage, MRN generation and in-patient ward round.

The change will ensure accurate, clear, and consistent documentation of NAP consults in eMR. This will result in better workflow for clinicians as well as better, safer patient care and experience with fewer interruptions.

Goal

By February 2024, Neurology medical staff at Sydney Children's Hospital can accurately, clearly and consistently document non-admitted consults in the eMR.

Objectives

Neurology staff will increase non-admitted consult documents in eMR from <5% to 50% without increasing clinician-rated workload by February 2024

25% reduction in interruptions to in-patient workflow by February 2024 as measured by number of phone calls and pages received during a 3-hour period.

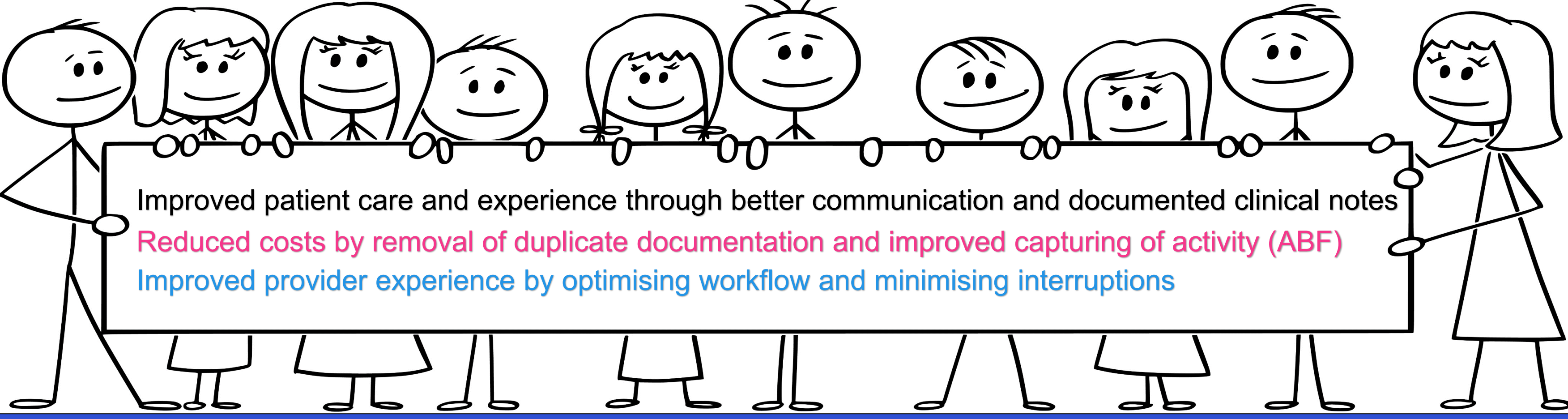
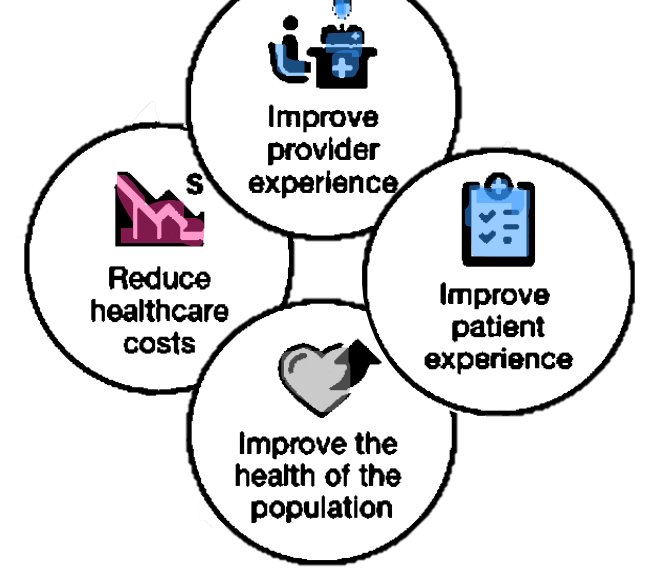
Method

This project was undertaken using the 2023 ACI redesign methodology principles.



- Initiation**
 - Partnership formed between SCHN Neurology, Digital Health and Redesign and change.
 - Goals & objectives established.
 - Governance group formed.
- Diagnostics**
 - The neurology department at Sydney Children's Hospital were engaged via interviews, surveys, and focus groups.
 - The Health Information Unit analysed data on non-admitted consultations.
- Solutions**
 - Four solutions were collaboratively developed in workshops with key stakeholders.
 - Total of four workshops to capture entire Neurology team.
- Implementation**
 - An interim solution and implementation plan have been staged and developed and go-live dates have been agreed upon.
- Sustainability**
 - The solutions have been developed to track and measure non-admitted patient data efficiency.

Future AIM will deliver



Diagnostics and Planning

Neurology consults log over two weeks - 53/116 (46%) of all calls received by fellows are for non-admitted pt consults and 0/53(0%) were documented in eMR. 26/53(49%) are for pts without an MRN.

Staff survey - 80% of clinicians document >50% of consults on ANY platform.

>85% of clinician's mode of documentation is not eMR.

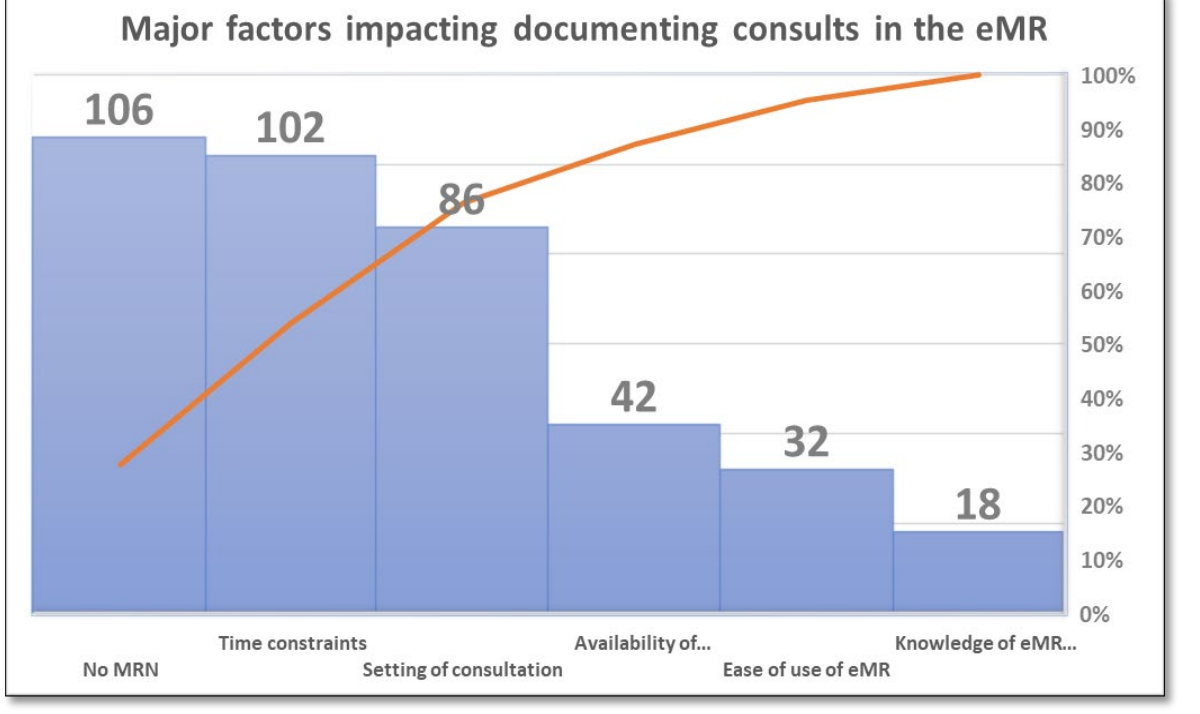
Medical tagalong - Most clinician consultations are conducted via phone and text, which interrupts the inpatient workflow.(n=44 calls)

Staff focus group – Overwhelmingly busy workflow and lack of patient MRN were the main concerns voiced by the Neurology team.

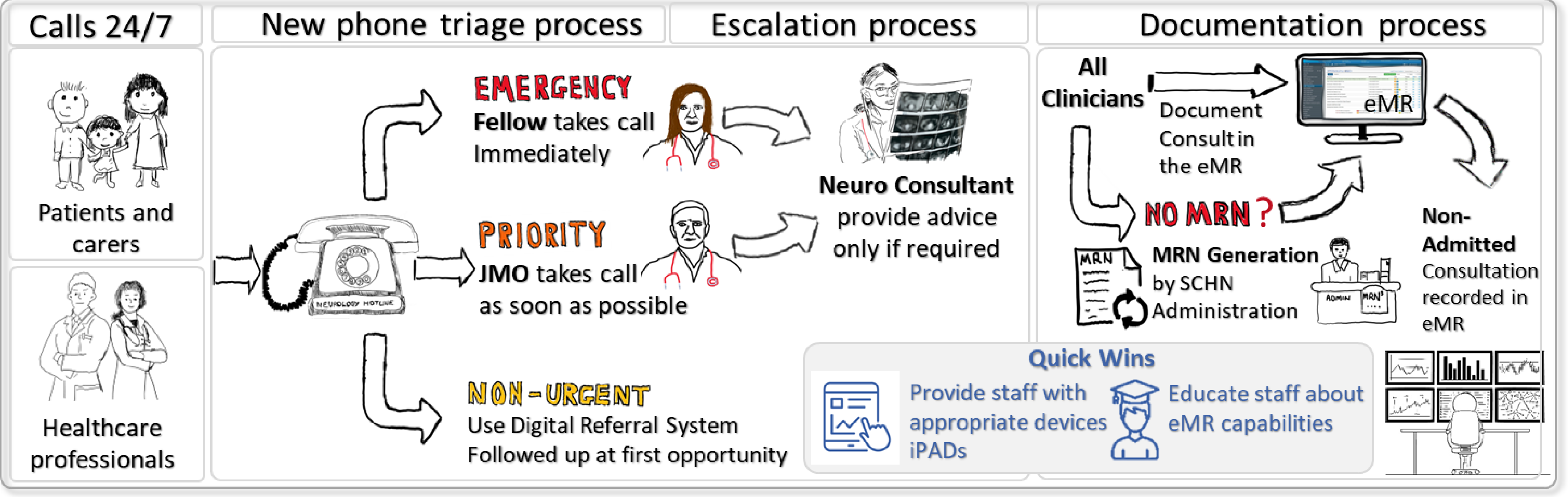
Process map - Supported findings from medical tag-along with delays in consult time due to further clinical information or clarification required.

CHIMP (SCHN patient data portal) - Data showed an absence of documentation in eMR for non-admitted consults.

IIMS – Between May 2022-May2023, no IIMS were related to adverse events from non-documentation of medical consults.

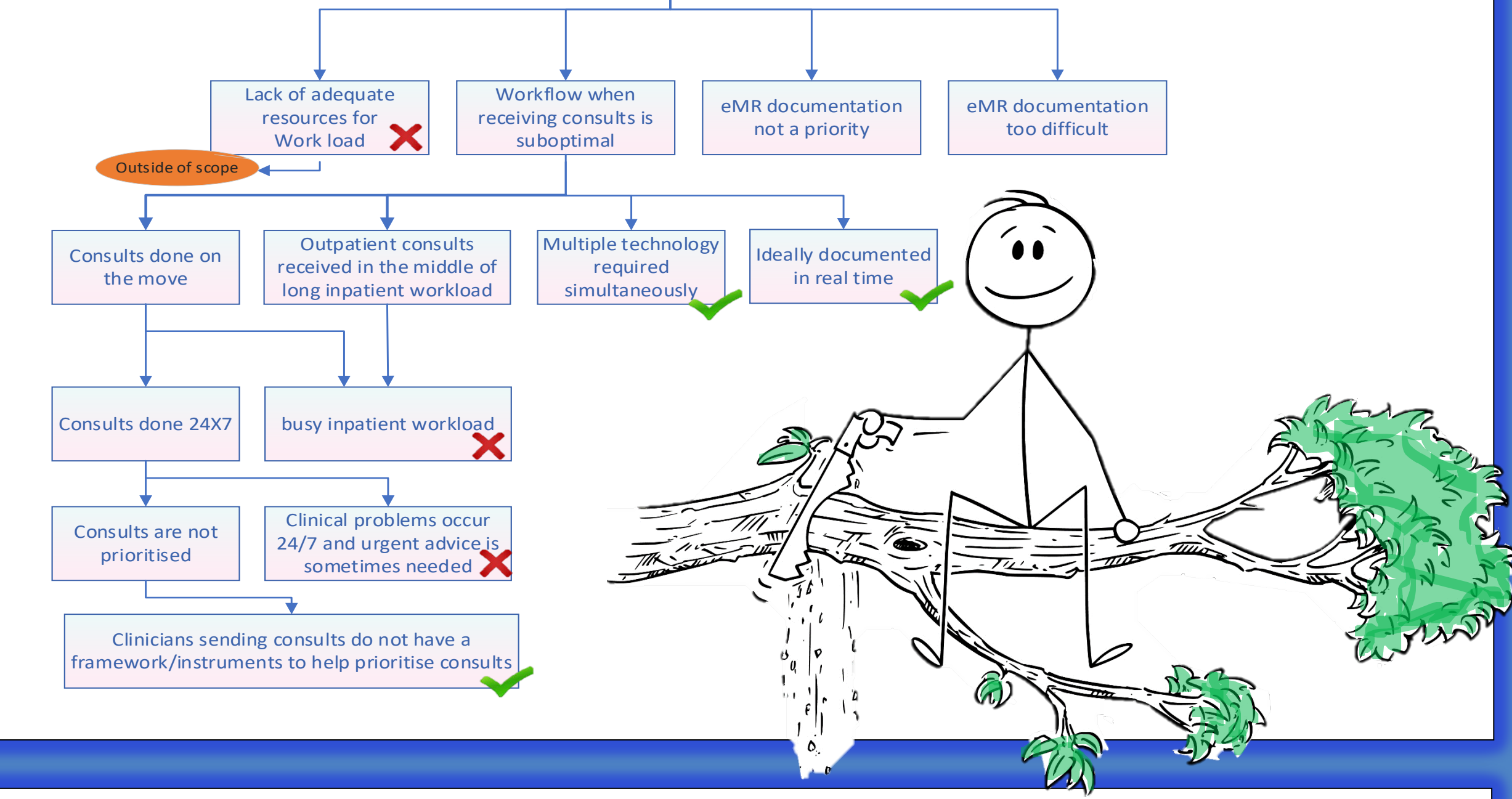


Solutions



Solution	The why	Benefits
1. Generation of a Medical Record Number (MRN) by Dec 2023. We will utilize administrative support to generate MRNs in a timely fashion for patients not known to the health facility.	The first roadblock to documentation. No hospital MRN = no documentation irrespective of any other circumstances.	Timely MRN generation means that documentation can occur naturally as the conversation is occurring rather than as an additional task later in the day – this makes it more likely for the documentation to occur.
2. Change to the workflow by Jan 2024. Set up protected ward rounds -dedicated Junior Medical Officer (JMO) to case manage consults.	A change in workflow and dedicated ward rounds will enable uninterrupted work during the key part of the day when critical decisions are made. This will enhance patient safety and improve efficiency. The allocation of a separate JMO will enable concurrent timely management of "priority" consultations.	A dedicated ward round with fewer interruptions improves patient experience and outcomes, provide safer and more focused health care, improves clinician experience reduces competing demands on clinician time. It goes to the heart of delivering safe, timely, and dedicated care as outlined in the SCHN strategic plan 2023-2027.
3. Implementation of a telephone triage system by Jan 2024. Introduce a telephone triage system refining incoming consultations into three categories. 1. Emergency calls addressed by a senior clinician immediately, 2. Priority calls addressed by the allocated JMO, 3. "non-urgent" calls directed to the electronic referral system.	A key problem is the absence of a triage system that differentiates urgent from non-urgent consultations. This means that all phone calls need to be addressed immediately to ensure that the emergencies are not missed. However, this results in multiple interruptions to inpatient work with implications for patient care and safety as well as lack of time for documentation	This system ensures that emergencies are still addressed appropriately but non-emergency issues are deferred to a later time while still ensuring patient safety. External referrers also get timely advice without undue delay; The use of an electronic referral system which can interface with our eMR minimises the need for duplication of documentation.

Root causes



Results

- Quick Wins**
- The distribution of iPads to enable the Neurology team to document on the move.
- Other Wins**
- The Neurology department at The Sydney Children's Hospital has established a non-admitted workflow to manage ad-hoc NAP requests.
 - The project has delivered an automated phone triage framework which is currently being tested and is expected to go live in February 2024.
 - Additionally, a one-stop education landing page for Neurology has been created on the network learning portal.

Conclusion and Sustaining Change

During the eMpowerR redesign project, it was discovered that there is insufficient funding generated by non-admitted patient clinician-to-clinician consultations in the healthcare industry. To ensure the service model is sustainable and scalable, it is essential to have a financially viable funding model agreed upon and implemented. This will not only support the current service but will also serve as a platform for extending the same to other services within the network.

Scaling Solutions: After completing the pilot, the change ideas and solutions implemented for non-admitted patient consults are transferable across multiple healthcare settings.

Key Learnings: Priority should be given to streamlining clinical workflows to enable clear, accurate and consistent documentation in the eMR.

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