



Creating Care ConneXion

Centralised Care Coordination for Consumers Accessing the Health Service



Case for change

Wagga Wagga Base Hospital (WWBH) Emergency Department's (ED) capacity to manage increased patient presentations is exceeded daily. As the referral hospital for a population of 245,196 people it has 16 ED bed spaces. The excess volume of patients sit in an overcrowded waiting room with extensive ED lengths of stay, increasing their risk of morbidity and mortality.

44% of the presentations to WWBH ED are non-emergency presentations (as per their triage score of 4 and 5). This cohort of patients express they have limited alternative treatment locations available to them for urgent and non-urgent care. The volume of low-acuity presentations is a contributing factor to excess demand in WWBH ED. 73% of patients stated they would choose an alternative care location from ED if it was available to them.

Goal

To improve patient health journey's by connecting them with alternatives to Emergency Departments to enable them to receive the right care, at the right time, by the right team and in the right care location, thereby improving patient experience and reducing stress on Emergency Department staff and resources by December 2024.

Objectives

- To reduce Emergency Department presentations to Wagga Wagga Base Hospital for urgent Care services that do not require the Emergency Department setting from 44% to 34% by December 2024
- To decrease "Did Not Wait"(DNW) and "Left at Own Risk" (LAOR) rates at Wagga Wagga Base Hospital ED from 8% to 4% by December 2024

Method

To gauge the extent of overcrowding in WWBH ED as well as determine the root causes of the problem and potential solutions, data was obtained in the following way:

- Brainstorming workshops with ED staff, NSW Ambulance paramedics and Aged Care workers
- Literature Reviews of successful ED avoidance strategies and recommendations from the NSW Parliamentary Enquiry into ambulance ramping and access block.
- Bench marking and a site visit to the Victorian Virtual Emergency Department (VVED) where a clinical redesign model has diverted non-life-threatening presentations to alternative care locations with good patient outcomes.
- Listening to patient stories, feedback from BHI patient experience surveys and perspectives from end-user clinicians such as paramedics and GP's. Reading correspondence and complaints
- Data analysis using ED Data cubes for % of cat 4 and 5 presentations and assessing ETP

Anne Crawford and Karen McDowell

<p>ED Patients are Feeling:</p> <p>Excessive wait times Xenial staff are doing their best Acknowledged then forgotten Stuck in uncomfortable chairs Privacy Breached Expensive alternatives Resort to ED for urgent care needs Alternative health care options limited Time expectations not met Efficiency lacking Dignity compromised</p>	<p>The Emergency Department are Feeling:</p> <p>Direct admission not supported Uncapped presentations Manage unrealistic expectations Pressure of bed availability Expected to house admitted patients Delayed Registrar reviews and discharges Overtime exhaustion Non-urgent referrals</p>	
<p>Current Performance</p> <p>1. Currently 44% of ED presentations to WWBH ED are triage category 4 & 5</p> <p>2. Currently 8% of ED presentations to WWBH ED are DNW/LAOR</p>	<p>Expected Outcome</p> <p>1. Aiming for 33% presentations to WWBH be Category 4 & 5</p> <p>2. Aiming for < 4% of ED presentations to WWBH be DNW/LAOR</p>	<p>Gap</p> <p>1. 10% reduction</p> <p>2. 4% Reduction</p>

Our vision

<p>Current State – Worried Walter in the Overcrowded ED</p> <p>I was sent to ED by my doctor for a hospital review of my leg wound. I have sat in a chair all day and all night. I am tired and need to go home to care for my wife.</p> <ul style="list-style-type: none"> Overcrowded Emergency Department – A typical day 100% ED bed occupancy; 100% Ambulatory waiting room occupancy. Overflow of patients positioned in Waiting Room 1 All roads lead to ED – NSW, semi-urgent referrals from GP to Specialty review Patients waiting in chairs for over 25 hours frustrated with the lack of understanding as to how long for their referred specialty review or ward bed availability Residential Aged Care Facility (RACF) patients transferred by NSW to ED for non-urgent care where they utilise a bed space and 1:1 nursing supervision 	<p>Future State – Winning Walter</p> <p>I was referred directly to who I needed to see to fix my problem and I didn't need to wait in the ED. I was able to go home and look after Mavis.</p> <ul style="list-style-type: none"> Non-emergency patients kept out of the ED Care coordination directing patients and NSW Paramedics on-scene to alternative urgent care provision in the community Direct admissions from GPs to Hospital in the Home (HIH) In-reach service provision for non-emergency Residential Aged Care such as NP or Virtual MO
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Proposed solution

Care ConneXion Coordination

Providing a centralised contact point for Community-facing clinicians, from NSW Ambulance, General Practice, Health Specialists and Residential Aged Care Facilities, for coordination of non-life-threatening situations where alternative pathways of treatment within MLHD can be considered and delivered to the patient utilising a tailor-made, patient centred plan. Using existing and future MLHD resources and pathways to deliver best practice care to our patients..

This coordination should achieve the objective of the project 10% reduction in T4 and 5 WWBH ED presentations and 4% reduction in Did not Wait (DNW) and Left At own Risk (LAOR) for WWBH ED. As well as improving patient experience and staff wellbeing. Alternative care pathways would be considered from a centralised service directory of available urgent care provision and include various alternative platforms such as virtual care and in reach services.

Once this coordination is implemented in the Wagga Wagga area with proven WWBH ED avoidance, the aim is then to extend the Model of care to Griffith to enable similar results at GBH ED, as well self-referrals from Patients in the two cities.

Continued Interagency CoPs will focus on breaking down silos, working as an integrated health care team and focusing on patients with unique care needs, and is an essential inclusion in this model.

Acknowledgement: Dr Loren Sher, Clinical Director – Victoria Virtual Emergency

Diagnostic findings

- WWBH ED is over-capacity daily with 100% bed occupancy; 100% Ambulatory chair occupancy and excess patients are overseen by the Triage nurse in the waiting room
- Admitted patients wait in ED chairs overnight for up to 24 hours despite being referred by their GP or Specialist
- 44% of patients presenting to WWBH ED are for non-urgent concerns
- 8% of non-urgent presentations DNW or LAOR
- 73% of patients indicated they would choose an alternative care location if it was available.
- 78% of patients were discharged from ED, suggesting these patients may have been treated in a different care location.
- 82% of admitted patients in WWBH ED did not meet the 4hr ETP KPI

Sustaining change

Care ConneXion will be sustained as a collaborative Whole of Health approach to address improved patient journeys for non-life-threatening health care as well as eased demand on the Wagga Wagga Base Hospital Emergency Department.

Evidence of sustained change will be shown with monthly collation of the following key indicators and process measures:

- Reduction in low-acuity presentations to WWBH ED
- Reduction in DNW and LAOR
- Increase trend of GP, NSW and RACF referrals to Care ConneXion
- Improved WWBH ED Patient Satisfaction Score

With the continued collaboration and agreement of services involved including significant "What's in it for me" incentives, along with strong sponsors in each service, sustainability of the model will be insured.

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MLHD and MPH Aged Care Managers

Wagga Wagga Base Hospital ED Doctors and Nursing staff

NSW Ambulance Paramedics in Murrumbidgee Region

NSW Ambulance Health Relationship Managers – Maggie Quirk and Jen Barker

Care ConneXion CoP team members

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Recommendation

The Care ConneXion Model of Care is ready to be implemented once funding is made available for the project. KPI's collated monthly will assess project success.

A reduction in low-acuity presentations to ED as well as reduction in DNW and LAOR will provide leverage for advancing the Model of Care beyond Wagga Wagga to the wider district of Murrumbidgee Local Health District.

The use of existing resources and staff as well as the integration of coordination services will reduce the amount of ongoing funding required.

The cooperation and teamwork of staff from multiple agencies and services will be an invaluable and lasting result of this project and the Care ConneXion Coordination solution.