

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

ED Patients are Feeling: تهل تهل تهل Excessive wait times The Emergency Department are Feeling: Xenial staff are doing their best Direct admission not supported Acknowledged then forgotten Stuck in uncomfortable chairs oncapped presentations Privacy Breeched \mathcal{M} anage unrealistic expectations Pressure of bed availability Expensive alternatives Resort to ED for urgent care needs Expected to house admitted patients

> elayed Registrar reviews and discharges vertime exhaustion on-urgent referrals

Current Performance .Currently 44% of ED

presentations to WWBH ED are triage category 4 & 5 2. Currently 8% of ED presentations to

WWBH ED are

DNW/LAOR

Expected Outcome

.Aiming for 33% presentations to WWBH be Category 4 & 5

2. Aiming for < 4% of ED presentations to WWBH be DNW/LAOR

1. 10% reduction

2. 4% Reduction

100% Ambulatory chair occupancy and excess patients are overseen by the Triage nurse in the waiting room

WWBH ED is over-capacity daily with 100% bed occupancy;

Diagnostic findings

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

Sustaining change

Care ConneXion will be sustained as a collaborative Whole of Health

Evidence of sustained change will be shown with monthly collation of

approach to address improved patient journeys for non-life-

Reduction in low-acuity presentations to WWBH ED

3. Increase trend of GP, NSWA and RACF referrals to Care

Wagga Base Hospital Emergency Department.

2. Reduction in DNW and LAOR

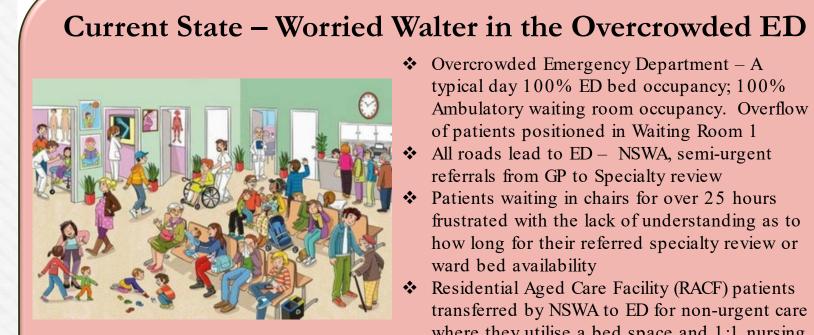
ConneXion

the following key indicators and process measures:

4. Improved WWBH ED Patient Satisfaction Score

threatening health care as well as eased demand on the Wagga

Our vision



Alternative health care options limited

ime expectations not met

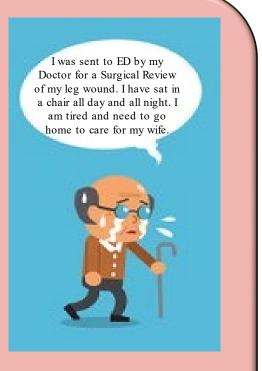
fficiency lacking

ignity compromised

❖ Overcrowded Emergency Department – A vpical day 100% ED bed occupancy; 100% Ambulatory waiting room occupancy. Overflow of patients positioned in Waiting Room 1

atients waiting in chairs for over 25 hours frustrated with the lack of understanding as to how long for their referred specialty review or

Residential Aged Care Facility (RACF) patients transferred by NSWA to ED for non-urgent care where they utilise a bed space and 1:1 nursing



I was referred directly to who I needed to see to fix my problem and I didn' was able to go home and look after Mavis

Future State – Winning Walter Non-emergency patients kept out of the Care coordination directing patients and NSWA Paramedics on-scene to alternative urgent care provision in the

Direct admissions from GPs to Hospital in

In-reach service provision for nonemergency Residential Aged Care such as NP or Virtual MO



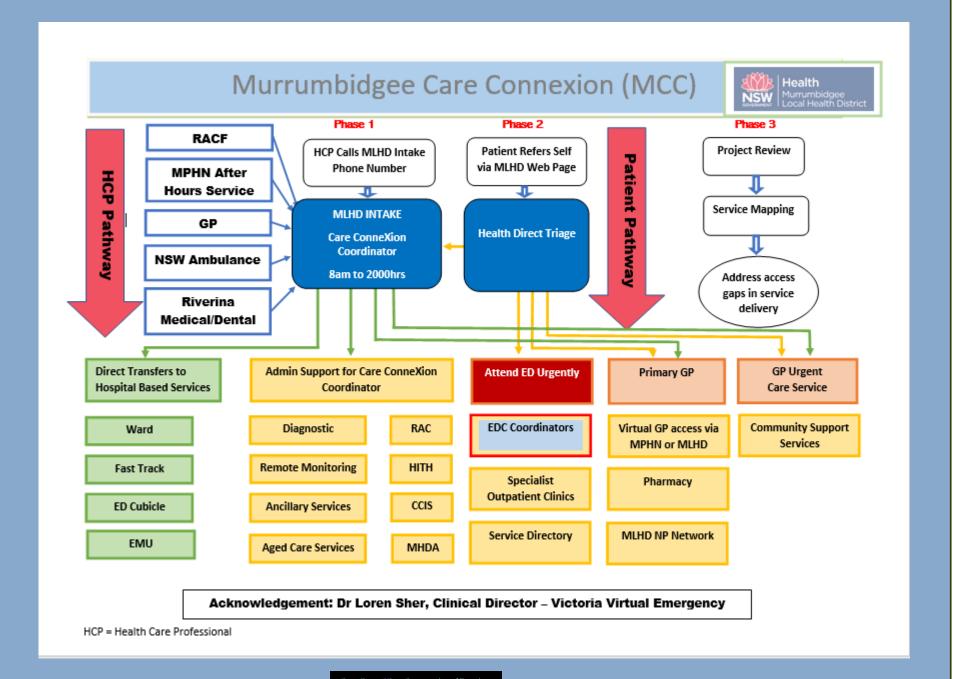
Care ConneXion Coordination

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 patents with unique care needs, and is an essential inclusion in this model.



Contact

For more information on this project please contact

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Recommendation

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.

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.

Acknowledgements

Project Sponsor – Phil Major

Clinical Director Victorian Virtual ED (VVED) - Loren Sher

ACI Centre for Healthcare Redesign – Bronwyn Paton and Team

MLHD and MPHN 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