

ACI Emergency Care Institute 2013 Stakeholder Survey: Findings of Interest to the NSW Health Whole of Hospital Program

See http://www.ecinsw.com.au/stakeholder_surveys for full results from 2011 and 2012

Background

The Agency for Clinical Innovation Emergency Care Institute (ECI's) role is to work with and support all clinical staff in Emergency Departments (EDs) across New South Wales, in consultation with consumers and the community, to research, plan and deliver more effective and efficient care leading to better outcomes for patients.

The annual ECI stakeholder survey is undertaken to help inform the activities and priorities of the ECI, ensure that stakeholders' views on emergency care in NSW are known and engage those working within emergency care. This report summarizes the key findings of the survey which was sent to all identified stakeholders of the ECI. The survey was launched on 21 August for one month. Approximately 300 responses were received to the 2013 survey, with approximately 80% of those working within an ED.

Of particular interest to the NSW MOH Whole of Hospital Program are the following findings, when responses to the 2013 survey are compared with responses from previous years.

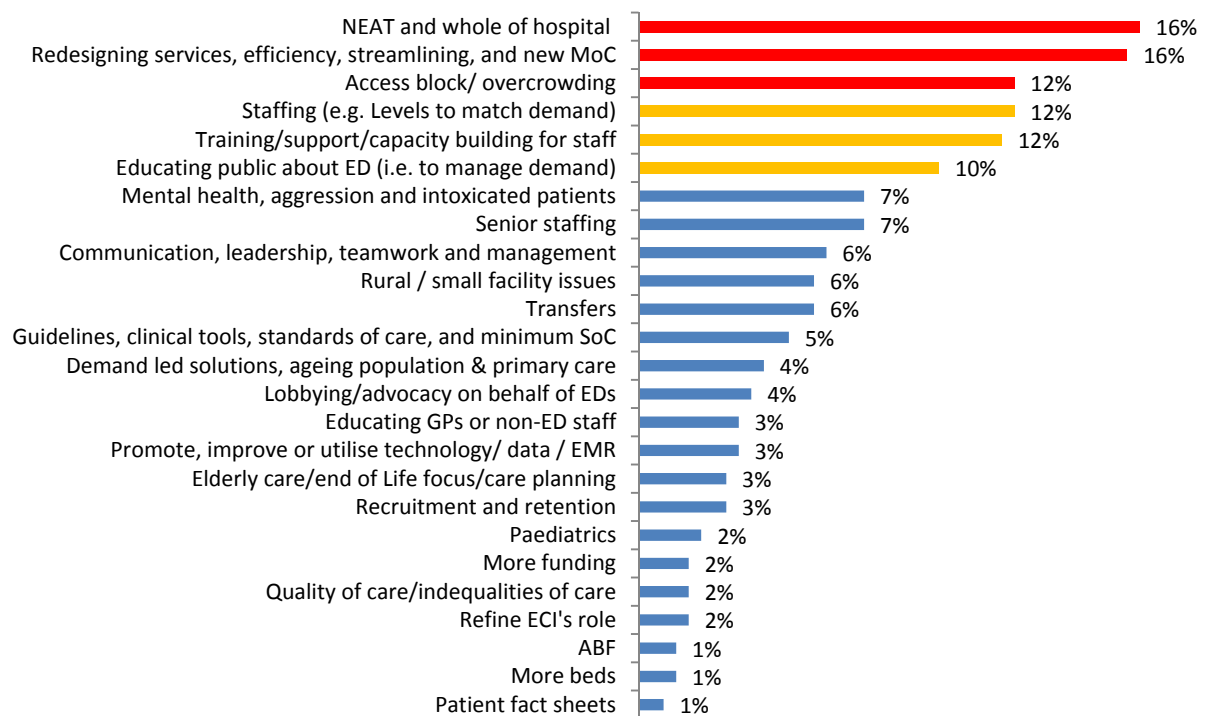
Summary of key findings of interest to the WOHP

- There is now a significant increase in awareness amongst emergency care stakeholders of the impact “inefficient hospital systems and processes” on the delivery of care within EDs. This has changed from previous years.
- Notwithstanding the above, access block, rising demand for emergency care, and ED staffing constraints (lack of staff / lack of senior staff) sufficient to meet this demand continue to pose significant challenges for EDs.
- There is substantial support from EDs for continued effort to implement the NEAT in NSW.
- There has been improvement evident to emergency care stakeholders in provision of activities in support of NEAT implementation at sites. Such activities included standardised reporting of information accessible to the whole hospital, use of diagnostic project management methodology and support structures for sites and executives.
- While stakeholders recognised NEAT implementation support activities occurring, overall, awareness levels of these activities ranged from only 22% to 41% of respondents. Although, this is a slight improvement from 2012 when between 17% and 33% of respondents were aware. There is still major work to be done to implement NEAT support activities and communicate these activities to clinicians.
- Specific ED focussed “solutions” including ED “right to admit” policy implementation, the navigator role and team based care had been introduced at between 25% and 37% of ED, however changes at the “back of hospital” were significantly less evident to ED stakeholders.

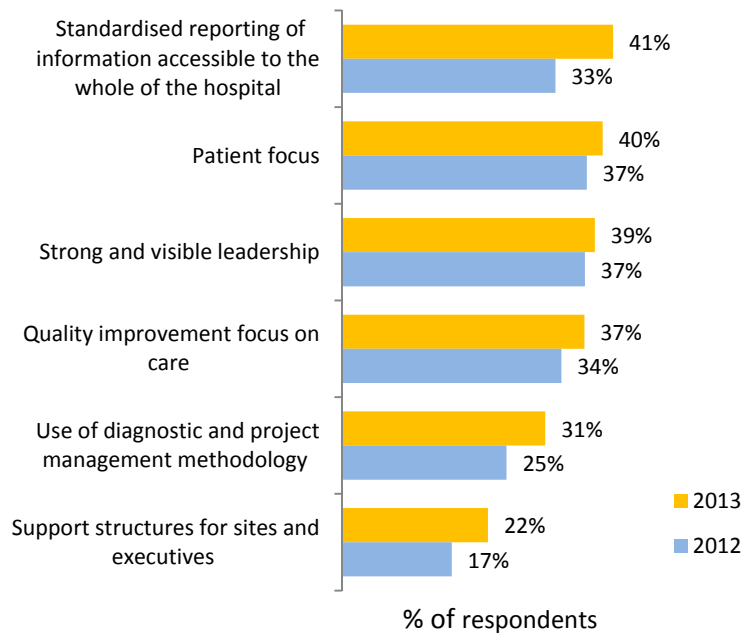
Q10: Top challenges for the provision of emergency care – comparison of 2013 to previous stakeholder survey results

Challenge and rank	2013	2012	2011
Access block	1	1	2
Increased demand for services	2	3	4
Inefficient hospital systems / poor communication	3	7	8
Introduction of NEAT	4	11	18
Lack of staff	5	2	1
Overcrowding	6	4	16
Lack of senior clinicians	7	5	10
Transfer of patients	8	14	13
Mental health	9	6	11
Health bureaucracy	10	13	7
Ageing population	11	8	9
Lack of resources	12	9	3
Recruitment and retention	13	10	14
Lack of education / professional development	14	15	5
Patient and public expectations	15	12	6
Waiting times	16	16	15
Variations in care	17	18	12
eMR	18	17	17

Q11: Top three things the ECI should focus on to improve emergency care over the next 12-24 months



Q12: Implementation of NEAT – awareness of activities in support of NEAT



Q13 Implementation of NEAT/WOH – specific initiatives/solutions introduced

