

Less time in ED: Zero tolerance for patients with extended stays in the Emergency Department (ED) of more than 24 hours



Dr Nerida Creswick, Dr Farzad Jazayeri, Anthony Browne RN, Phil Winters CNS, St Vincent's Hospital Sydney

Case for change

In **2017/18**, **745** patients had an extended stay in the St Vincent's Hospital Sydney (SVHS) Emergency Department (ED) **greater than 24 hours**.

Research clearly demonstrates that these patients are more likely to:

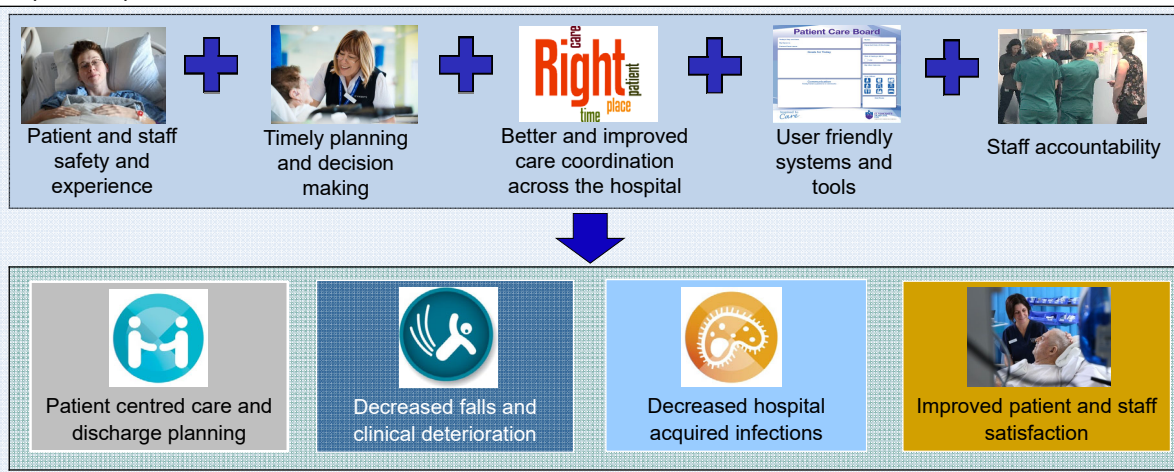
- Suffer falls.¹
- Clinically deteriorate.^{1,2}
- Acquire infections.^{2,3,4}
- Stay longer in hospital.^{2,3,4}
- Experience delays in treatment.^{3,4}

"I spent 52 hours in St Vincent's Public Hospital Emergency Department without being fed for 18 hours. The staff were amazing and overworked but there were no beds in either private or public wards."

- ✗ Delays in ambulance transfer of care (TOC) result in delays in access to care and ambulances cannot respond to community demand.⁴
- ✗ ED overcrowding has an adverse effect on the ED workforce.^{4,5}
- ✗ Remuneration for increased length of stay hospital acquired complications does not meet the costs incurred caring for these patients.⁵
- ✗ It is a NSW Ministry of Health (Ministry) Improvement Measure that zero patients have extended stays in ED > 24 hours.⁶

Goal and vision

The *Less Time in ED* project's vision is to achieve a reduced length of stay in ED for all patients presenting to the ED, aligning with St Vincent's Health Australia's (SVHA) Mission and Values.



Objective

To achieve nil (zero) patients with an extended stay > 24 hours in ED at St Vincent's Hospital Sydney by November 2019.

Method

The Centre for Healthcare Redesign methodology was used for this project, in collaboration with the Agency for Clinical Innovation, the senior hospital executive, clinical staff and consumer representatives at SVHS.



Diagnostics



Results

Progress towards objective

There is a downward trend towards achieving the objective of zero patients staying in ED for more than 24 hours as demonstrated in Figure 1. This trend began post-implementation of the Quick wins in August and September 2018.

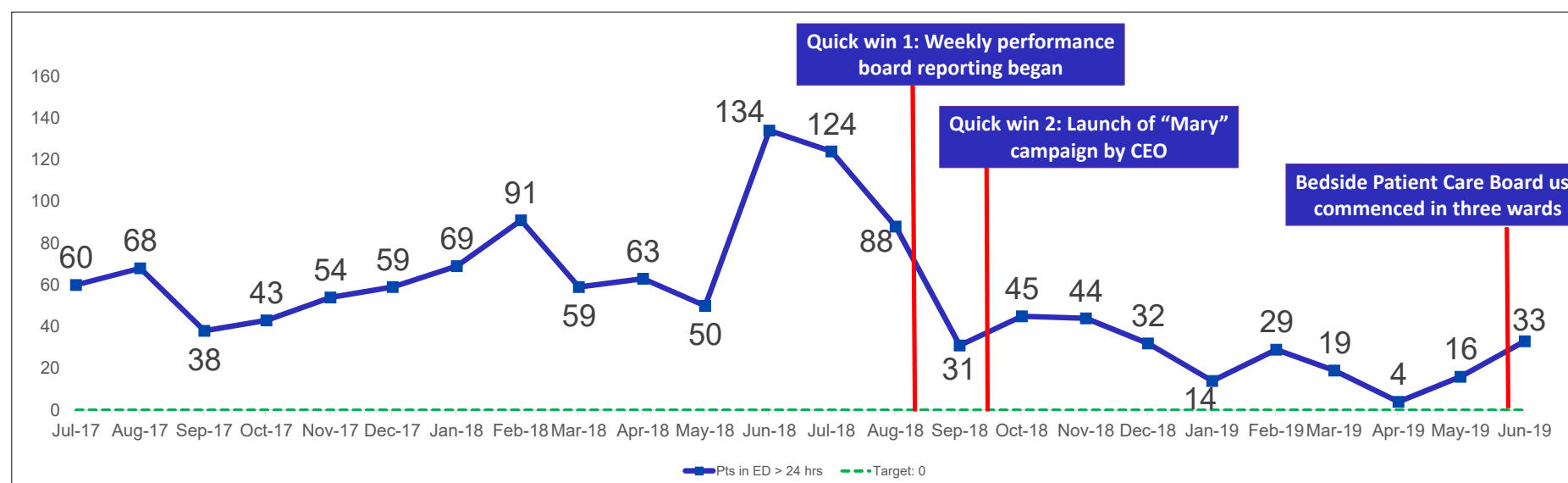


Figure 1. Number of patients who stayed in St Vincent's Hospital Sydney ED for more than 24 hours

Key area of improvement contributing to progress towards objective

Between February and June 2019, only two mental health patients stayed more than 24 hours in ED (as highlighted in Figure 2). This is a Ministry Key Performance Indicator (KPI) with a target of zero.⁶

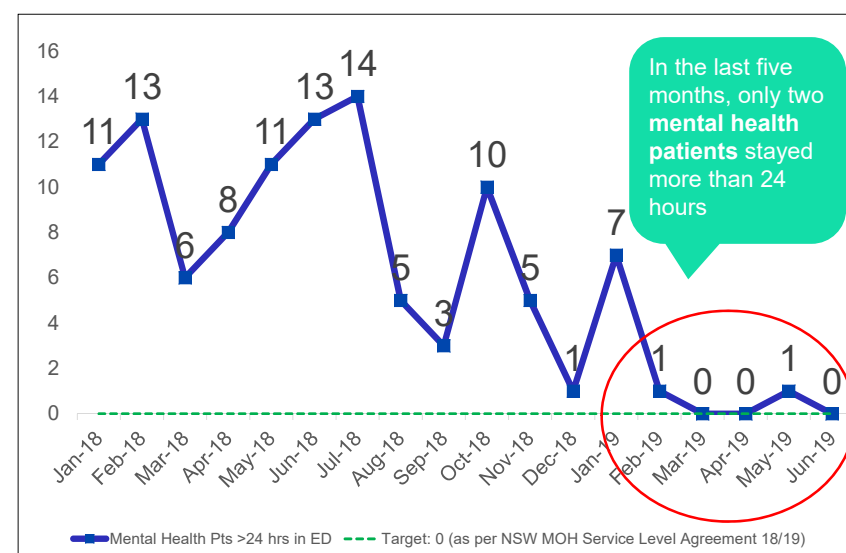


Figure 2. Mental Health patients who stayed in SVHS ED > 24 hours

Process improvement

Patient care boards completion improved by 66%-points (Figure 3). When asked by a consumer representative what the multi-disciplinary team (MDT) had discussed when writing on your Patient Care Board, a Gorman Unit patient commented: "I was asked about my goals – a good thing, especially as I am detoxing."

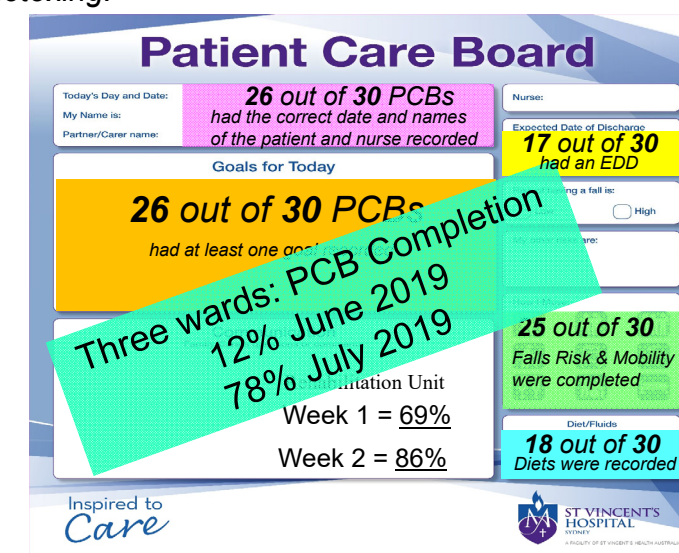
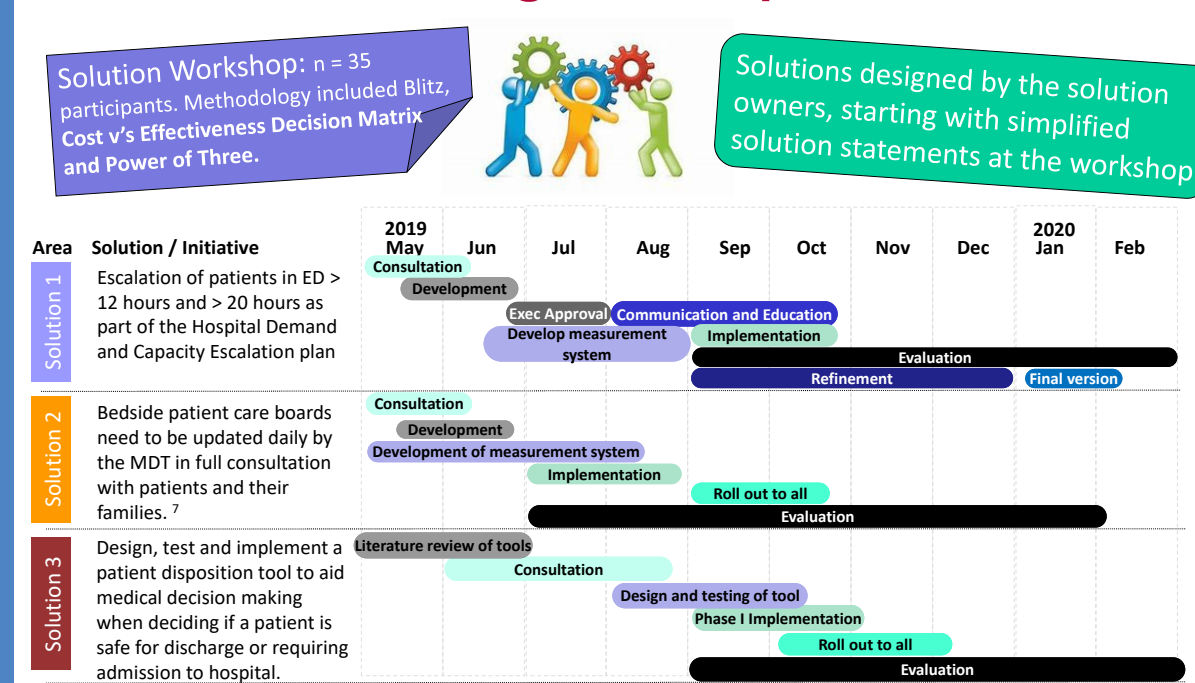


Figure 3. Patient care board completion rate

Project milestones to date

- ✓ August 2018 Weekly reporting at Tier 3 Performance Board
- ✓ September 2018 "Mary campaign" across the hospital
- ✓ July 2019 Bedside patient care board use commenced in three wards
- ✓ August 2019 Demand and Capacity Escalation plan (Solution 1) approved by Executive for implementation

Solutions design and implementation



Sustaining change

Daily and weekly reporting meetings have provided a mechanism to identify and monitor areas of improvement across the SVHS health service. Continued leadership, transparency and increased accountability in the organisation will result in a sustained organisational focus – no patient will stay in ED greater than 24 hours. At the recent SVHS Annual Safety and Quality Forum, the CEO spoke of the organisation's priority to have a target of zero patient harm. Meeting our objective will contribute to meeting this target.

Conclusion

Project findings and solutions can be shared with other local health districts aiming to reduce and eliminate extended stays in their EDs. This project has been the catalyst for other improvement initiatives, including three other teams from SVHS currently attending the Centre for Healthcare Redesign program.

References

1. Samaras N, Chevalley T, Samaras D and Gold G (2010). *Older Patients in the Emergency Department: A review*. Annals of Emergency Medicine, Volume 56, Issue 3, September 2010. pp 261 – 209.
2. Singer AJ, Thode HC Jr, Vicello P and Pines JM (2011) *The Association Between Length of Emergency Department Boarding and Mortality*. Academic Emergency Medicine, Volume 18, issue 12, pp. 1324 – 1329.
3. Pines JM and Hollander JE. *Emergency Department crowding is associated with poor care for patients in severe pain*. Annals of Emergency medicine. 2008. Jan; 51(1), pp. 1-5.
4. Forero R, Hillman K, McCarthy S, Fatovich D, Joseph A and Richardson DW. Access block and emergency department overcrowding. Emergency Medicine Australasia. 2010. 22, pp. 119-135.
5. Duckett S, Jorm C, Moran G, and Parsonage H. (2018). *safer care saves money: how to improve patient care and save public money at the same time*. Grattan Institute.
6. NSW Health. 2018-19 KPI and Improvement Measure Data Supplement. Emergency Department Extended Stays: Presentations staying in ED > 24 hours, pp 321 – 322. Accessed 8/1/2019.
7. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards (NSQHS): ed. 2 2017. Standard 2: Partnering with Consumers.

Acknowledgements

- Todd McEwan – Director of Acute Care Services, SVHS – Project Executive Sponsor
- Agency for Clinical Innovation, NSW Ministry of Health
- Anna Thornton – Director of Nursing, SVHS – Project Authorising Sponsor
- A/Prof Anthony Schembri – CEO, SVHS
- ED Governance Steering Committee, SVHS
- Hospital Staff, SVHS
- Dr Emily Stone – Staff Specialist, Thoracic Medicine, SVHS – Project clinical lead
- Erin Hudswell – Nurse Manager – Patient Flow, SVHS
- Kathryn Zeitz – Interim Director, Medicine Stream, SVHS (2017-2018)
- Jessica Moran – Manager Clinical Design at Gosford Hospital, CCLHD
- Dr Mark Benzimra – Staff Specialist, Thoracic Medicine, SVHS
- Dr Nicholas Baidge – Director of Mental Health, Head of Psychiatry, SVHS – Project clinical lead
- Dr Allan Cameron – Consultant Physician, NHS Greater Glasgow and Clyde, UK
- A/Prof Sandy Beveridge – Staff Specialist, Director of Gerontology, SVHS – Project clinical lead
- Saarte Berendsen Russell – Nurse Researcher, RPAH ED, SLHD
- Shiraz Abdulla – Operational Nurse Manager, SVHS
- Sue Cowling – Nurse Unit Manager, ED, St Vincent's Hospital, Melbourne
- Susan O'Shea – Whole of Health Lead, SVHS
- Viji Joseph Mathews – Service Improvement and Redesign Manager, SVHS
- Vivien Pollnow and Joyce Low – Consumer Representatives, SVHS

Contact

Name: Dr Nerida Creswick
Position: Data Analyst/Project Officer
Department: Service Improvement and Redesign Unit, St Vincent's Hospital, Sydney

Email: Nerida.Creswick@svha.org.au

Phone: +61(02) 8382 1723