Ministerial Taskforce on Emergency Care 2011/12 Project Grants

Project Final Report

Project name: Review of Emergency Service Models in small rural hospitals in the MNCLHD.

Hospital/Health Service/Local Health District MidNorth Coast Local Health District

1. Overview of the project

Please provide a concise overview of the project you have undertaken with the funding. This may be the only document that is read about this project so do not make assumptions that your audience has any background information.

Background Information.

In August 2011, it was identified that there was a significant increase in adverse clinical incidents, a crisis in recruitment and retention in nursing staff and a substantial change to medical officer coverage to the ED at a Level 2 Emergency Department.

As part of a Clinical Network response, short term measures were implemented but it was decided to investigate the long term future sustainability of such services.

Over the past 10 years there has been the emergence of a number of models of care to streamline patient flow and improve patient experience for those patients presenting to Emergency Departments (ED'S) in Metropolitan and Major Regional hospitals, such as Fast Track, Emergency Short stay Units and Integrated Care and low acuity solutions such as Urgent Care.

The application of most of these models of care to small rural ED's is not applicable due to a number of factors such as:

- Relative low frequency of presentations
- Acuity of presentations – usually low acuity, low complexity
- Limitations of physical environment
- Difficulties in recruitment, retention and skill mix (medical staff particularly)
- Close proximity to Base hospitals and ambulance bypass

The Mid North Coast Local Health District (MNCLHD) was successful in obtaining a grant from the Ministerial Taskforce Emergency Care to explore sustainable models of care for L2 and L3 networked Emergency Departments in the MNCLHD.

The four L2 & L3 ED's to be included in the scope of the project are:

- Wauchope District Hospital - Emergency Department (L2)
- Macksville District Hospital - Emergency Department (L3)
- Bellinger River District Hospital - Emergency Department (L2)
- Dorrigo Multipurpose Service – Emergency Department (L2)

2. Objectives of the Project.

Please state the objectives of the project you set out to achieve, was there any change to this during the project?

Goal

The goal of the project will to be to investigate the current service delivery in the four identified sites. Each review will be undertaken individually.

Each site will then have measures proposed to either support the existing Model of Care or provide alternative MOC's that will provide a sustainable, consistent quality clinical service.

Project Objectives

- Each site will have an individual assessment of their current service provision within 12 months.
- At the completion of the project each site will have had a focused assessment of their service provision and a strategic plan in place that meets the needs of their community.
- The strategic plan will be based upon the identified monitoring measures and Key Performance Indicators.
- Clinical Indicators will include activity data such as: number of attendances, acuity, admission to hospital rates, transfer to Base hospital, planned returns and unplanned returns.
- As each site has specific population and geographic issues the smaller ED's will not be benchmarked against each other.

To achieve this, the project will be divided into two sections:

1. **Workforce**

An examination of workforce issues will be based upon the ED Workforce Analysis Tool 2nd Edition from NSW Health Workforce and Innovation Branch.

This tool was developed to provide an evidence based and multidisciplinary approach to determining skill mix. It was originally developed for Level 3 to Level 6 Emergency Departments but will be used for the Level 2 ED's for this project.

This tool incorporates medical, nursing, allied health and ancillary staff.

Succession planning will be an essential element of this analysis. The reduction in numbers of Visiting Medical Officers available to L2 & 3 ED's is having a major impact of the provision of emergency services.

2. **Clinical Service Delivery.**

This section will examine the individual ED and its effectiveness and sustainability in its service delivery.

If after evaluation, it is considered that a site can no longer provide a full emergency service into the future, then alternative Emergency Models of Care will be considered and strategic plans developed.

If a site is to remain as an ED, then determine if the ED is appropriately networked into its Base hospital ED.

The MOC's would be based upon the hub and spoke model linked to a L5 base hospital Emergency Department.

Measurable Benefits

Monitoring measures have been identified for each site:

- ❖ Clinical outcomes and patient safety
- ❖ Patient satisfaction
- ❖ Staff satisfaction
- ❖ Recruitment and retention
- ❖ Impact on ED activity at the networked Base hospital
- ❖ Cost effectiveness of alternate MOC.

Key Performance Indicators/ measures that have been identified include:

- Time taken to be seen by a clinician
- Length of stay in the ED
- % of patients transferred to the networked base hospital ED
- Unexpected representations to ED within 48hrs
- Number of patients " did not wait " (DNW)
- Adverse events
- Patient experience survey

3. Scope of the Project.

What was in scope and out of scope for this project ? Did you stay within your original scope ? Why/ why not ?

The project will have a twelve month time frame. The scope will remain with the Level 2 and Level 3 ED's in the MNCLHD.

The project will examine workforce and clinical service delivery.

The reviews will focus on the ED's and not the inpatient services.

At the completion of the review each ED will have been examined to determine their ongoing ability to provide emergency services and operate within a clinical network.

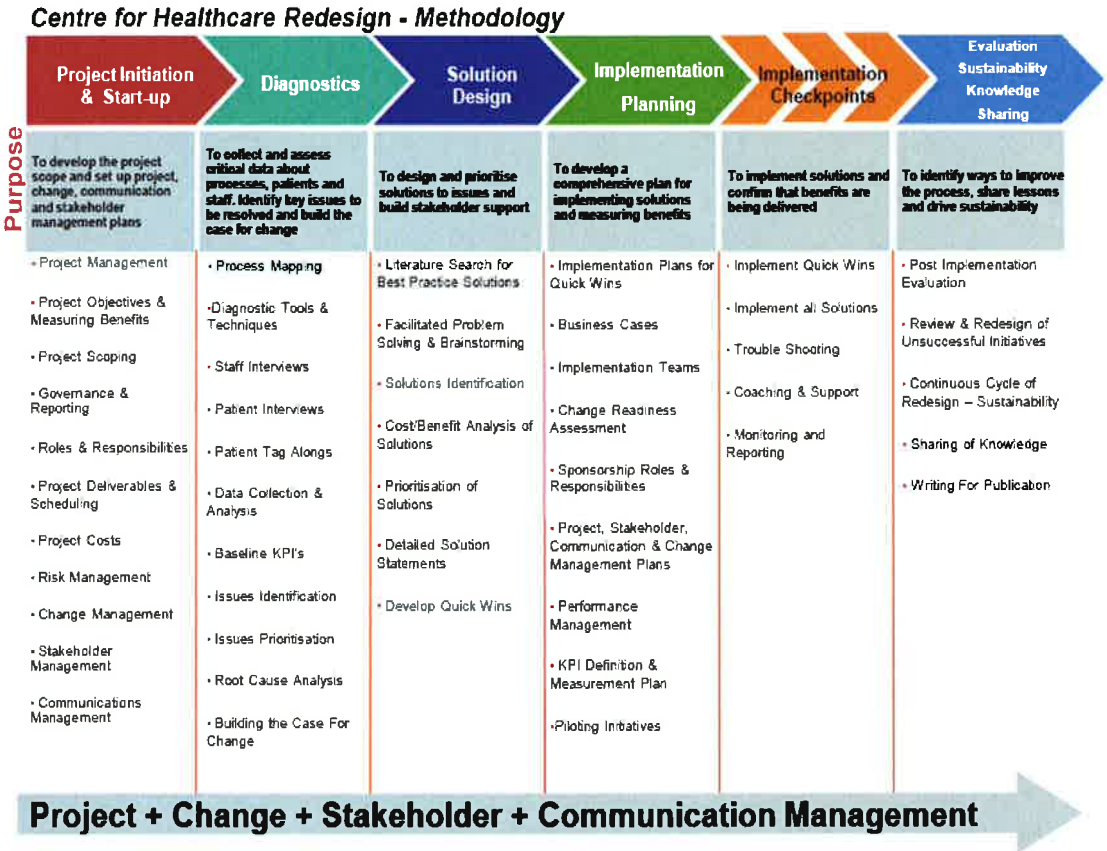
This will be determined in regard to the provision of a safe, quality service with a skilled workforce.

If functional gaps in service delivery are identified then alternate MOC's will be investigated and proposed to the MNCLHD Executive with an implementation plan.

The project has remained within scope. The scope was clearly defined from the onset of the project and due to limited timeframes was strictly kept to.

4. Methodology used in the project.

The Centre for Health Care Redesign Methodology was used in the Project.



5. Measures of success of the project.

This should include analysis of data to demonstrate that objectives were met and impact of the implementation of the project. This should also include a narrative on other qualitative and quantitative measures which demonstrate the impact of the project. What was your communication strategy and how effective was that ? What has been put in place to ensure sustainability of the project ?

The first objective was that each of the four sites will have an individual assessment of their current service delivery. This objective is on track as the 12 month Project Officer position will finish in February 2013. The first two ED's have been reviewed and data collection is underway on the next two sites.

The data from the first ED supports a change to its current Model of Care and the review is to be submitted to the MNCLHD imminently for their consideration.

Qualitative Data included:

Multiple staff meetings, staff stories,

Quantitative data included:

Role delineation, safety and quality indicators, patient journey "as is" and "to be" and process mapping of ED medical cover.

ED Activity data measured included –presentations and time of presentations, triage categories, diagnosis, transfers and admission rates.

ED Monitoring data included – time to be taken to be seen by clinician, length of stay in ED, disposition, unplanned returns and did not wait.

NSW Ministry Emergency Department Workforce Analysis Tool.

All the data collected was then reviewed in light of the Ministries ED Models of Care document and a strategic plan developed for the individual site.

Communication Strategy.

The communication strategy involved identifying the key stakeholders and then tailoring the communication to suite the audience.

Consultation included:

Clinical Network Executives

Management at small sites

Medical staff council at small sites

Nursing and allied health staff at small site

6. Discussion.

Was the project successful, why or why not? What are the generic principles of this Model of Care or new way of operating that would be transferrable to other hospitals/health services ? What were the lessons learnt during the project ? What would you do differently next time and why?

The project has delivered on the project goal for two of the sites. The next two reviews are in place and will be completed within the designated timeframe.

Many small rural ED's have similar issues to those identified in the MNCLHD. The project has allowed a focused, external review of the workforce issues and clinical service delivery o the smaller ED's to allow a strategic plan to be developed.

The template that the reviews are based upon could be used at any smaller rural ED and the ED WAT had already been conducted at two of our sites. This allowed us to identify issues that had changed in the 12 months between use of the tool.

One of the lessons learned is that if a change in service delivery is contemplated then a review that demonstrates in a dispassionate way, that this would be beneficial to the site and the community is a powerful tool for change. A realistic timeline should be communicated and updated as major decisions need to be stepped through a number of steps with rate limits placed on frequency of board meetings etc.

A roadmap for the general managers has been generated regardless of recommendation and will rely on local executive to review and update. Sustainable use of this competes with other tasks but does provide a high level framework which should be visited upon annually.

7. Conclusion.

Where to from here ?

The remaining two sites will have their reviews completed. The clinical networks will decide if the appropriate Model of Care is in place in their networked small ED's based upon the review criteria.

If, based upon the review, the clinical network decides an alternative ED MOC would be more appropriate for service delivery, then the clinical network will work with the MNCLHD Senior Executive Team, the CE and Board to deliver change.

Chief Executive sign off on project final report.

Name: Stewart Dowrick

Signature: 

Date: 6/02/13