

Transfer of Care (ToC) Key Performance Indicator

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On behalf of **Whole of Health Program**

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Why.....

- **Two main objectives;**



improve the timeliness of ambulance patients accessing definitive care, and



reduce the time taken for ambulance turnaround at hospital, improving resource availability for other triple zero calls.

How.....

- Measure the time interval between;



Transfer of Care is defined as the transfer of accountability and responsibility for a patient from an ambulance paramedic to a hospital clinician.

What.....

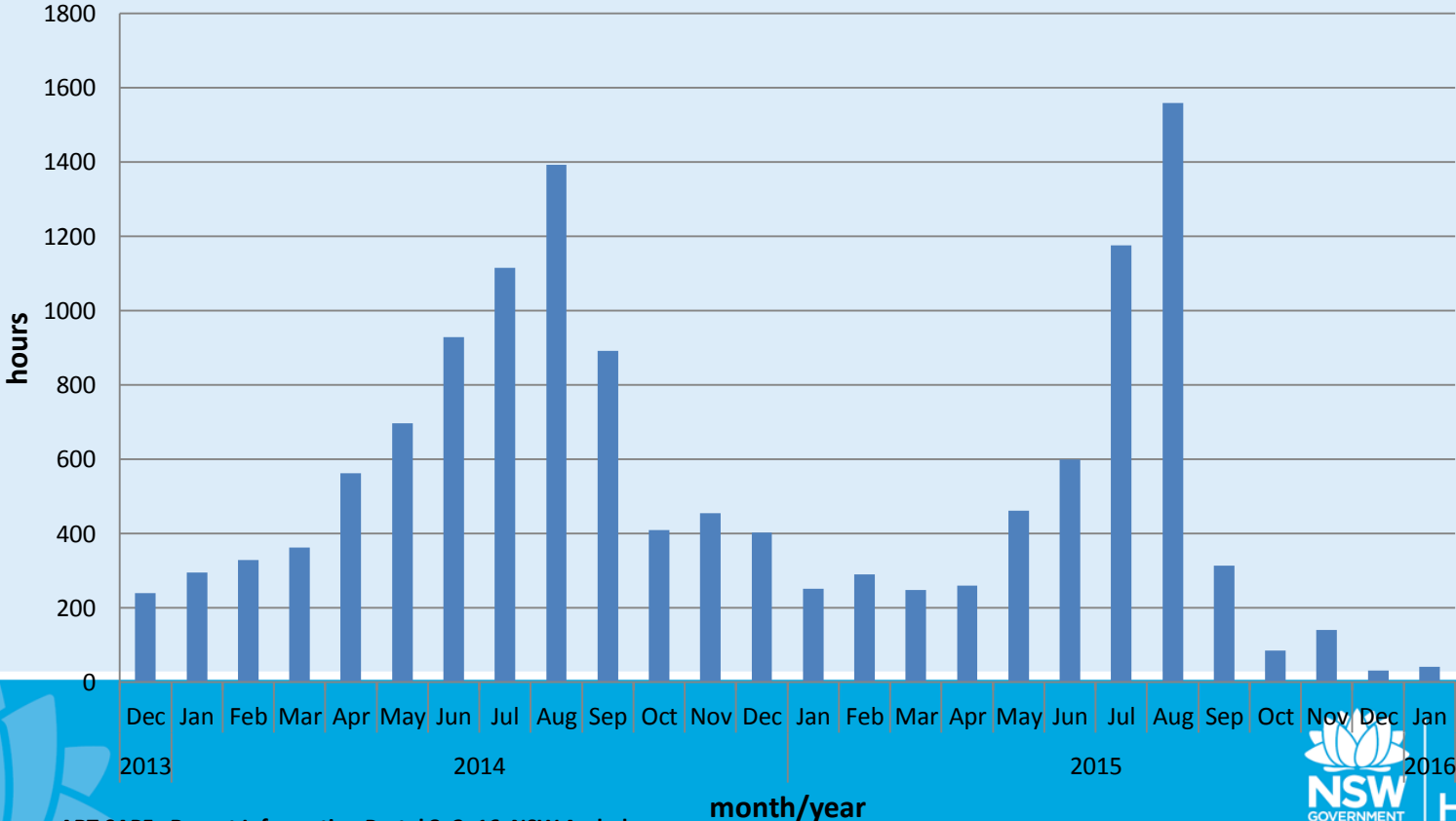
- **Tier 1 KPI in Service Agreements with LHD/SHNs**
- **KPI is 90% of ambulance patients 'offloaded' within 30 minutes**
- **Significant focus by the Peak Activity Team August 2015**

Sometimes we need to start by remembering where we have come from



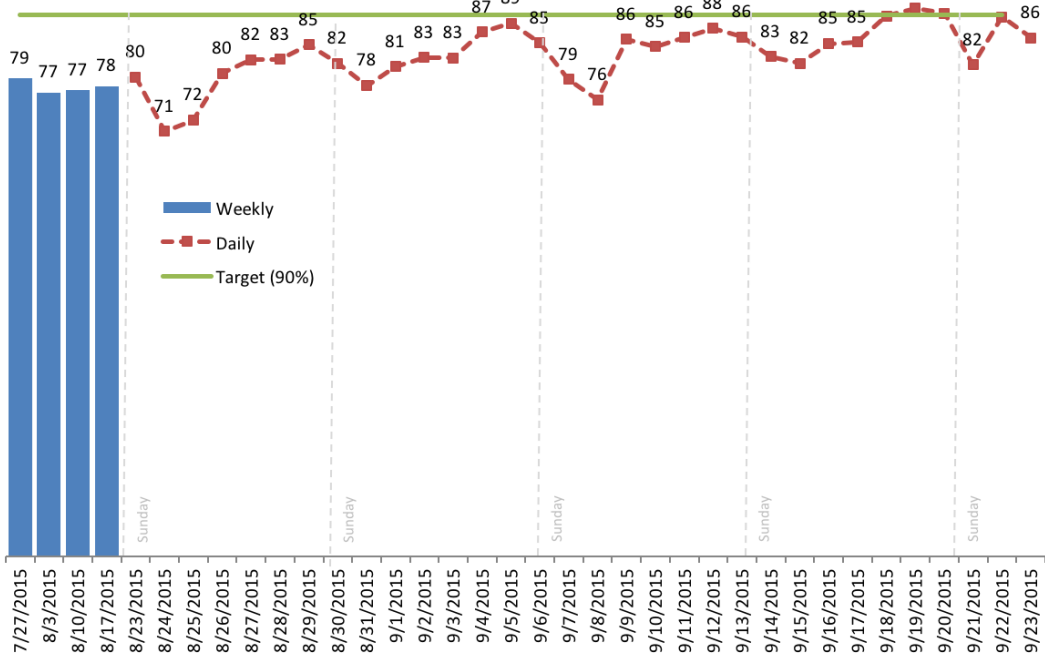
Ambulance Release Team utilisation

Sydney metropolitan hospitals (inc CCLHD & Illawarra LHD) monthly ART usage from Dec 2013 - Jan 2016 (excludes duty ART)



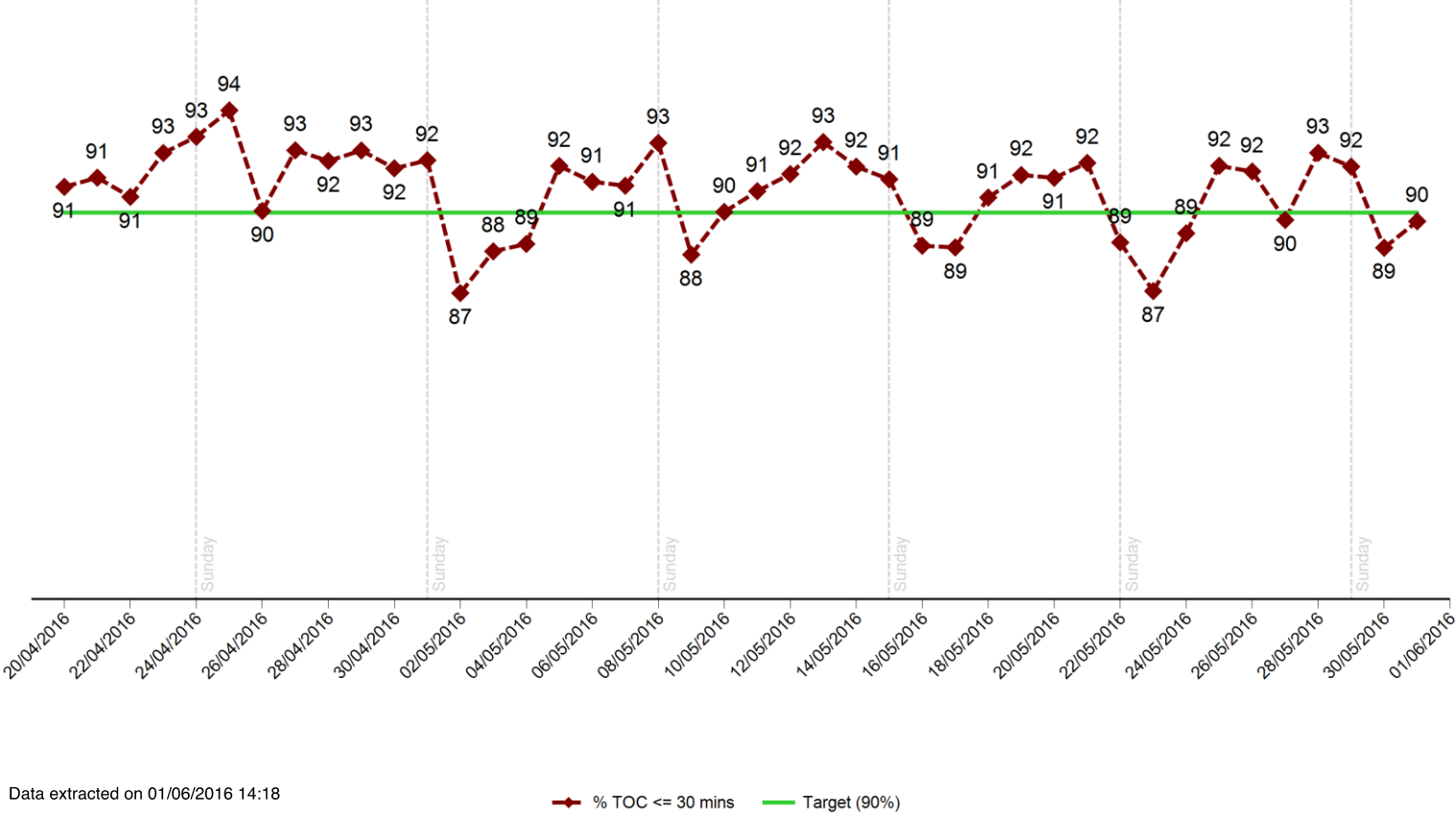
source: ART SAPF ~Report Information Portal 8~2~16, NSW Ambulance

NSW TOC: August - September 2015



TOC reported daily since 23/8/15

NSW - % of Transfer of Care <= 30 mins (20/04/2016 - 31/05/2016)



Data extracted on 01/06/2016 14:18

◆ % TOC <= 30 mins — Target (90%)

Now.....

- NSW Ambulance & MOH “PAT” teleconferences
- Automated text messaging of ambulance delays in EDs by hospital/LHD/SHN
- Strong focus of NSW Ambulance executive & Deputy Secretary engagement
- Clearly set demand escalation framework from NSW Ambulance
- Updated ambulance arrivals board
- Patient allocation matrix review

decommissioning ambulance release teams

29

February 2016



75%

ART utilisation

Sep - Jan 14/15 v

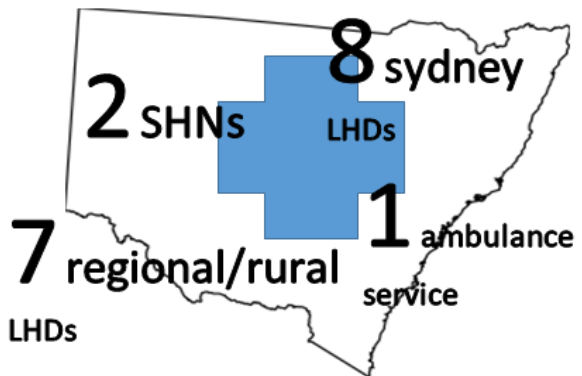
Sep - Jan 15/16



aim:

90%

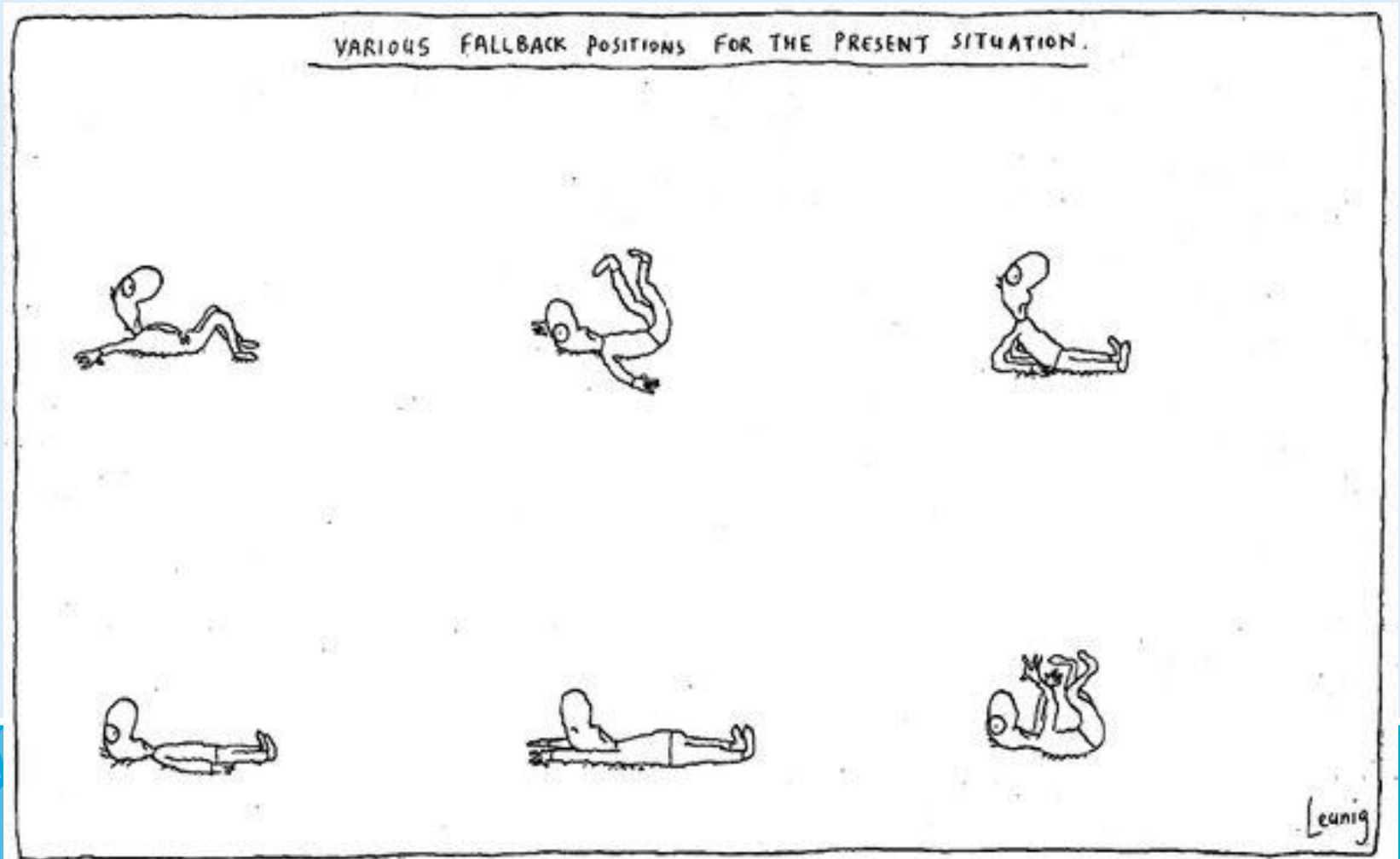
ToC



working together to achieve better patient care for our community



Now.....



Emergency Treatment Performance

Jo Watts

On behalf of **Whole of Health Program**

Nursing Unit Manager

Manly Hospital

Emergency Department, Emergency Medical Unit,

Transit Unit & ASET

Background

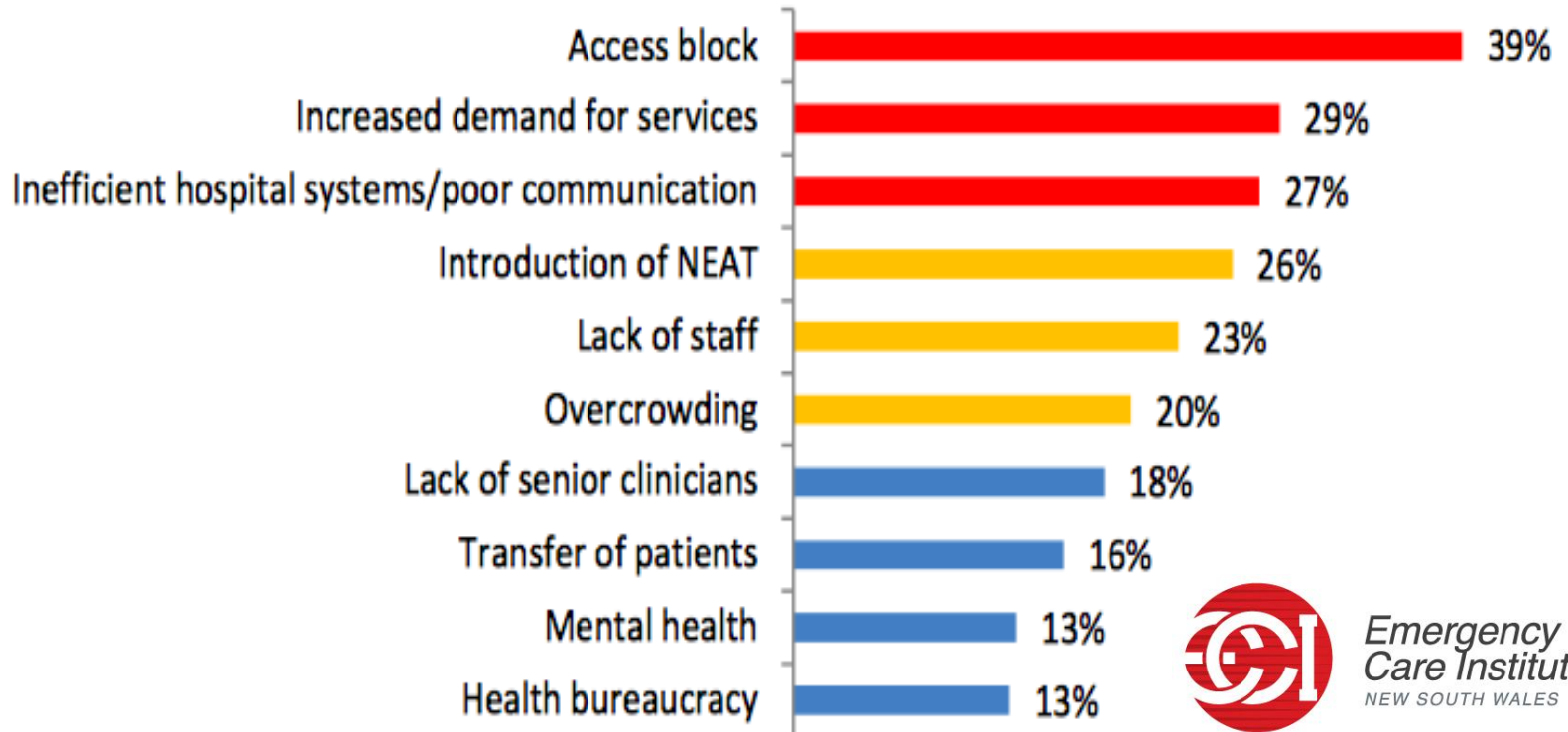
- **Feb 2010 National Partnership Agreement was signed on Improving Public Hospital Services to improve public patient access to elective surgery, emergency departments and sub-acute services by improving efficiency and capacity in public hospitals**
- **National Emergency Access Target (NEAT), now know as ETP is one of a suite of initiatives aimed at improving access to Emergency Departments and emergency care**

Why Change?

- **“Access block and Emergency Department overcrowding are the single biggest threat to the provision of safe emergency care”**
 - Unnecessary deaths and increased LOS in hospital
 - Delayed ambulance off loads
 - Delays in treatment
 - Risk of cross infection
 - Adverse effects on workforce

Challenges identified by EDs 2013

Figure Q10 The top challenges as they relate to your Emergency Department



Source: NSW Emergency Care Institute Stakeholder Survey 2013

ETP – gave us an opportunity and a mandate for change

“Whole of hospital”

- transformational system

wide reform !

- Operational change
- Strategic change
- Cultural change



"I've seen this before: Combustion due to extreme resistance to change."

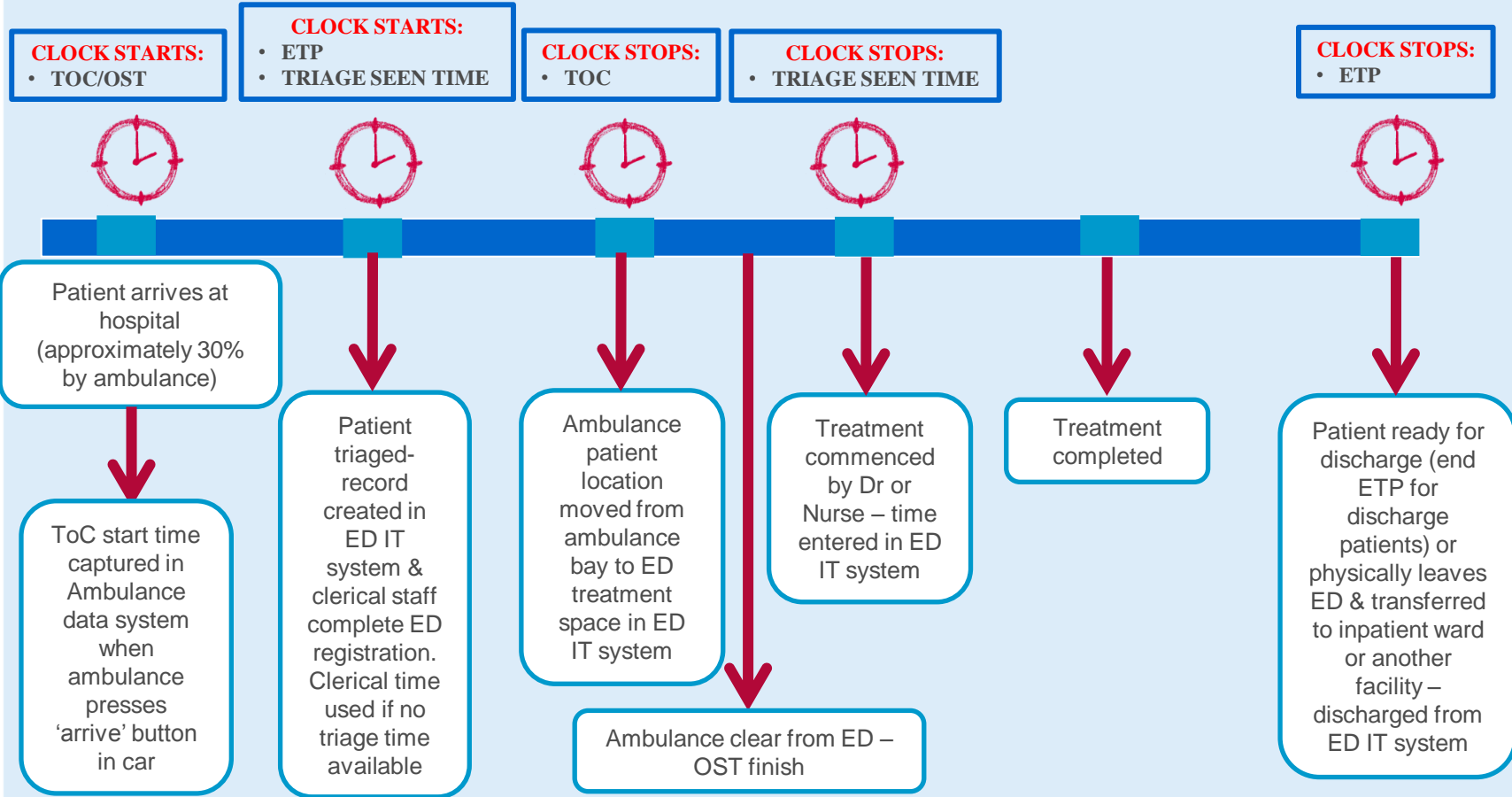
Principles of ETP:

- Drive clinical redesign with a whole-of-hospital approach
- Measured in ED but is a whole of hospital KPI
- Must ensure patient safety and enhance quality of care to improve system capacity and delivery of care
- All ED patients and all triage categories are included in the target
- It requires Executive engagement and leadership at both hospital and LHD level
- The majority of process change needs to occur at the 'back end' rather than in the ED - EDs have benefited from reviewing existing processes and MOC for efficiency

Currently...

- No longer a Commonwealth target
- The 4 hour target is a NSW Premier's priority until 2019.
- The expectation for the re-named 'Emergency Treatment Performance' target for 2016/17 is that **81%** of all patients presenting to a public hospital ED will either D/C, admitted or transferred within 4 hours
- It is sometimes clinically appropriate for patients to remain in the ED for more than 4 hours and these decisions remain at the discretion of the clinicians.
- The Whole of Health Program will continue to work with its partners to facilitate

ED Data Points



Definitions

ETP - where 81 % of all patients presenting to a public hospital Emergency Department (ED) will either physically leave the ED for admission to hospital, be referred to another hospital for treatment, or be discharged within four hours.

TOC – Transfer of Care is defined as the transfer of accountability & responsibility for patients from an ambulance paramedic to a hospital clinician

Triage Seen Time: Date & time on which the patient is first seen by a Medical Officer or a Nurse working within an approved protocol, guideline or clinical pathway



Improvements....

▪ ED MoC:

- Senior Assessment and Streaming
- Fast track
- Clinical Initiatives Nurse
- NP role
- SSU / EMU

▪ Whole of Hospital:

- Criteria Led Discharge (ACI)
- In Safe Hands (CEC)
- Patient Journey Boards
- Patient Flow Portal

WoHP: 2016 and Beyond

- **Streamlining Mental Health Access to Care**
- **NSW Ambulance Projects**
- **Intensive support for targeted facilities with high demand**
- **Continued development and implementation of the Patient Flow Portal and Electronic Patient Journey Boards**
- **Integrated Care Implementation**
- **Demand management projects**
- **Aboriginal patient flow project**
- **Utilisation of Medical Assessment Units**

AHNM Role in ETP:

- Understand the way the ED works operationally and the ED patient journey
- Support staff and look at resources available, including at a hospital wide level.
- Liaise with patient flow team via ED senior staff.
- Identify transfers in or direct admissions and redirect to the ward within a predetermined time if accepted by team.
- Facilitation and utilisation of allocated resources to ensure efficient flow.

AHNM Role in ETP:

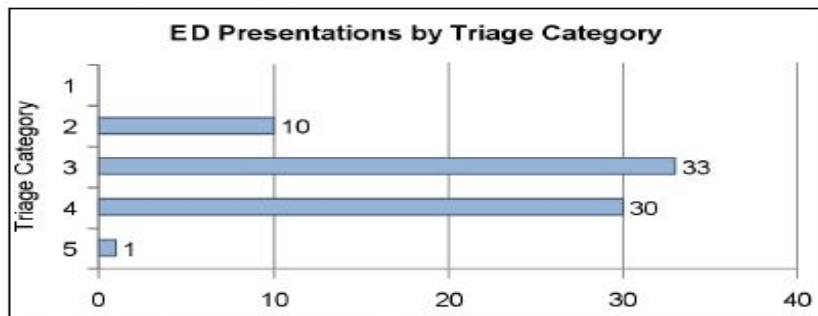
- Early identification and recognition of patients for admission
- Use the Medical Assessment Unit (MAU), Short Stay Units (SSU) and Emergency Medical Units (EMU).
- Identify areas in crisis (where there is overcrowding, surge activity or severe access block) and respond appropriately according to local escalation plans.
- Review patient journeys looking at strategies for improvement with particular emphasis on what went well

Daily ED Operational Report

Report Run Date Time: 01/06/2016 6:35 AM

Sunday 29/05/2016

ED Presentations

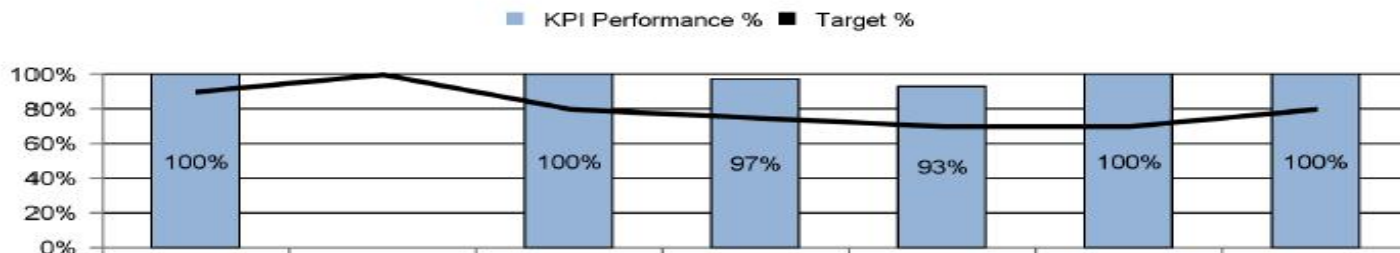


	ED Presentations
Total ED Presentations	74
ED Presentations: Admitted	22
ED Presentations: Not Admitted	52
Transferred to another hospital	0
Died in ED	0
Dead on Arrival	0
Left at own risk	0
Did not wait	1

Emergency Treatment Performance (ETP)

	ETP % (Target = 81%)			Number of Breaches			Admitted Denominator	Total Denominator
	Admitted	Non Admitted	Total	Admitted	Non Admitted	Total		
Total ETP	90.9%	94.2%	93.2%	2	3	5	22	74
Paediatric ETP *	-	100.0%	100.0%	-	0	0	-	6
Adult ETP	90.9%	93.5%	92.6%	2	3	5	22	68
ETP for MH Patients **	100.0%	60.0%	66.7%	0	2	2	1	6
Total ETP Month to Date	75.0%	95.6%	88.7%	154	53	207	616	1,824
ED SSU ETP	88.2%		88.2%	2		2		17

Triage Performance, Transfer of Care and Emergency Admission Performance



	TOC	Triage 1	Triage 2	Triage 3	Triage 4	Triage 5	EAP
Target %	90%	100%	80%	75%	70%	70%	80%
KPI Performance %	100%	-	100%	97%	93%	100%	100%
Number of Breaches	0	-	0	1	2	0	0
KPI Denominator	22	0	10	33	28	1	23
Number Unmatched ToC	N/A						

Conclusion....

- ETP is a whole of hospital responsibility
- AHNM play a key role in ETP
- ETP is just a number...the real message is getting the patient the right treatment in the right time in the right place in the safest way we can.

from chaos.....to capacity

