Concord Hospital's ED Interface

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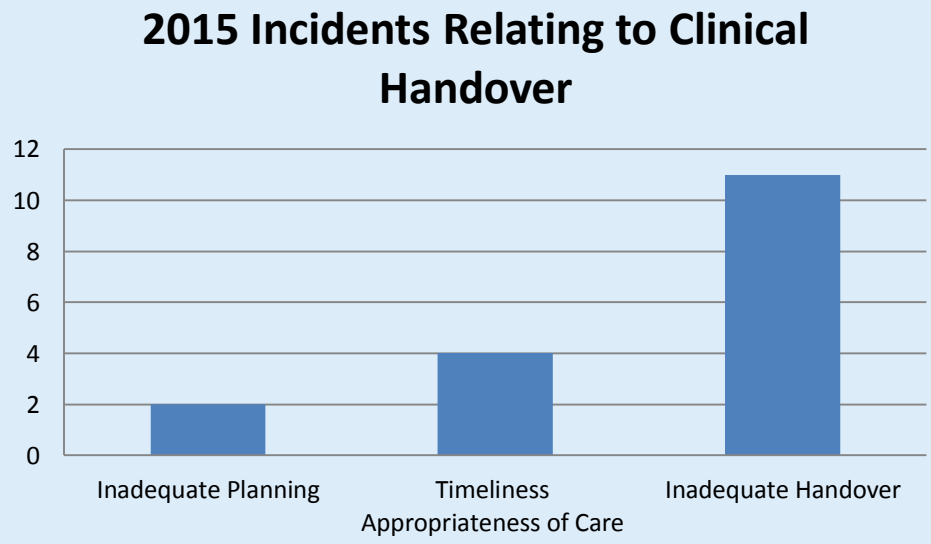
"You can't just punch in 'let there be light' without writing the code underlying the user interface functions."

What was the problem we wanted to address?

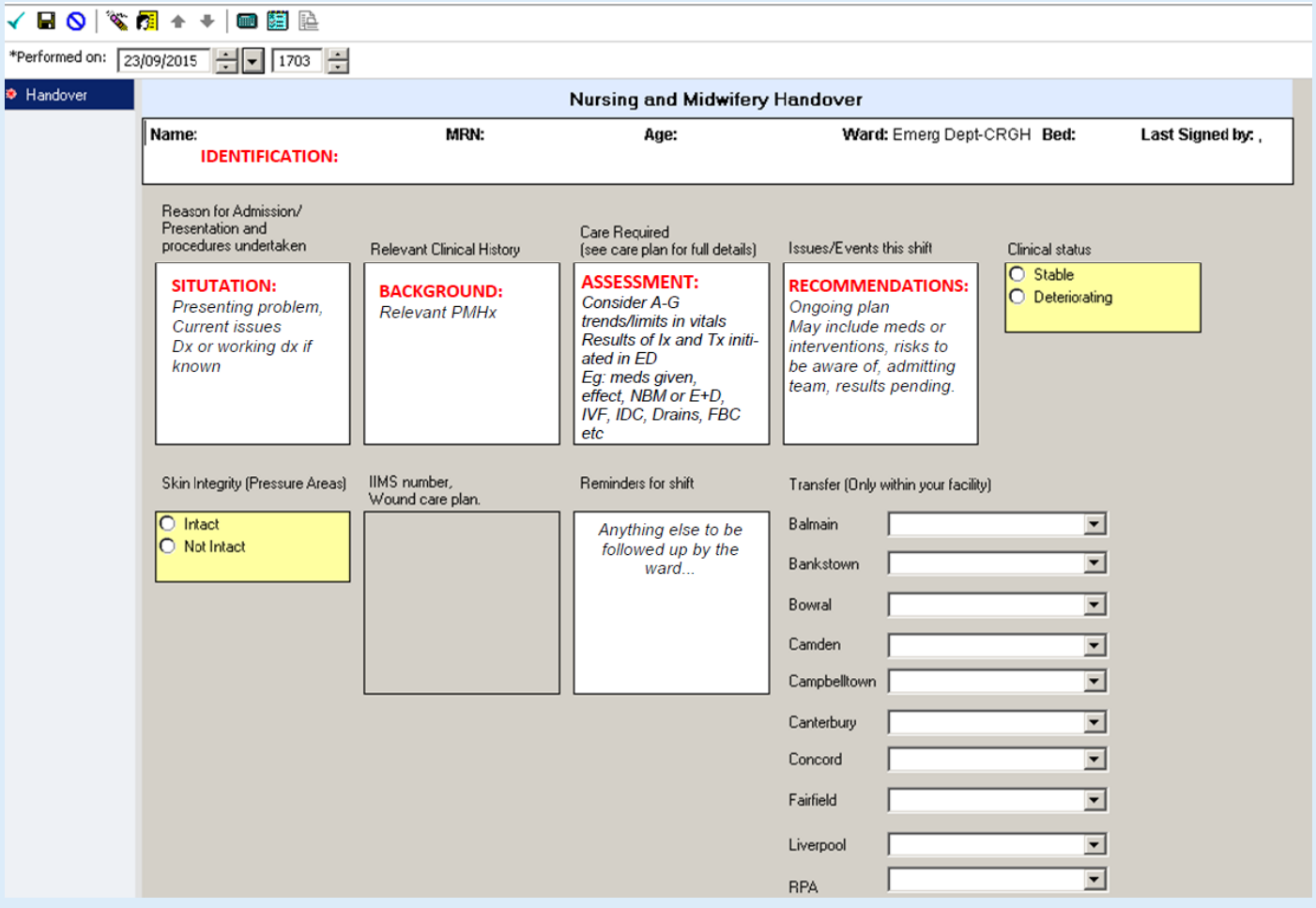


What was the Goal?

- To improve interface of various wards with ED
  - Engage wards to prioritise and expedite ED transfers
  - Expel myths
  - Review of past incidents

What we did

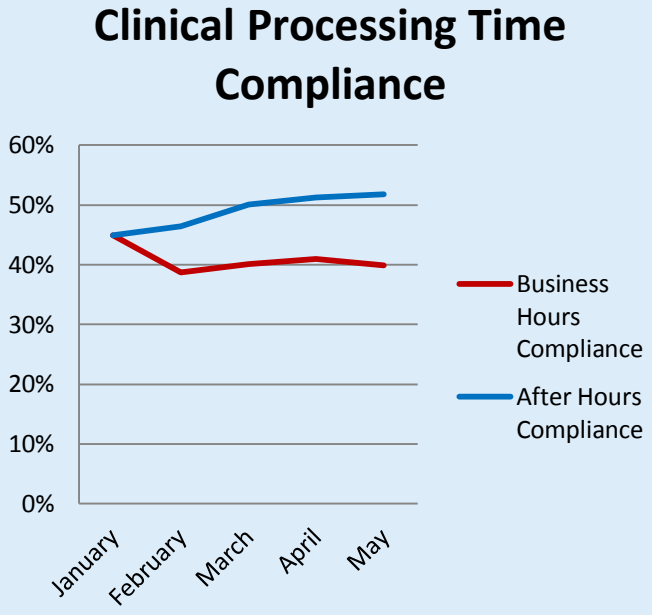
- Review the process of nursing handover
- Implemented utilisation of a nursing handover document through eMR
- Decreased the quantity of verbal handover with a carefully scripted data set


*Performed on: 23/09/2015 1703
Handover
Nursing and Midwifery Handover
Name: MRN: Age: Ward: Emerg Dept-CRGH Bed: Last Signed by: ,
IDENTIFICATION:
Reason for Admission/ Presentation and procedures undertaken
SITUTATION:
Presenting problem,
Current issues
Dx or working dx if known
Relevant Clinical History
BACKGROUND:
Relevant PMHx
Care Required (see care plan for full details)
ASSESSMENT:
Consider A-G
trends/limits in vitals
Results of Ix and Tx initiated in ED
Eg: meds given, effect, NBM or E+D, IVF, IDC, Drains, FBC etc
Issues/Events this shift
RECOMMENDATIONS:
Ongoing plan
May include meds or interventions, risks to be aware of, admitting team, results pending.
Clinical status
Stable
Deteriorating
Skin Integrity (Pressure Areas)
Intact
Not Intact
IIMS number, Wound care plan.
Reminders for shift
Anything else to be followed up by the ward...
Transfer (Only within your facility)
Balmain
Bankstown
Bowral
Camden
Campbelltown
Canterbury
Concord
Fairfield
Liverpool
RPA

What are the outcomes?

- Nil reported incidents since implementation in December 2015
- Positive feedback from both ED and Ward Staff pertaining to improved consistent quality of information
- Formal evaluation to be conducted in March 2016

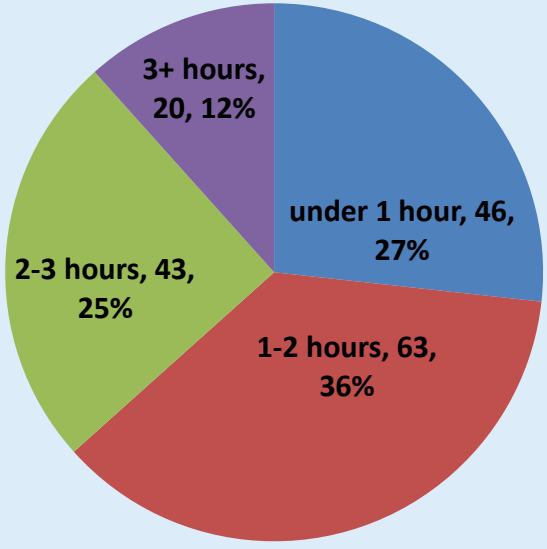
What was the problem we wanted to address?



- Greater availability of resources during business hours
- Marked variation between business hours and after hours in clinical processing time

What we did

Time Taken from Consult to Final Admit Decision for Patients Requiring a Review in ED by Inpatient Teams During Business Hours



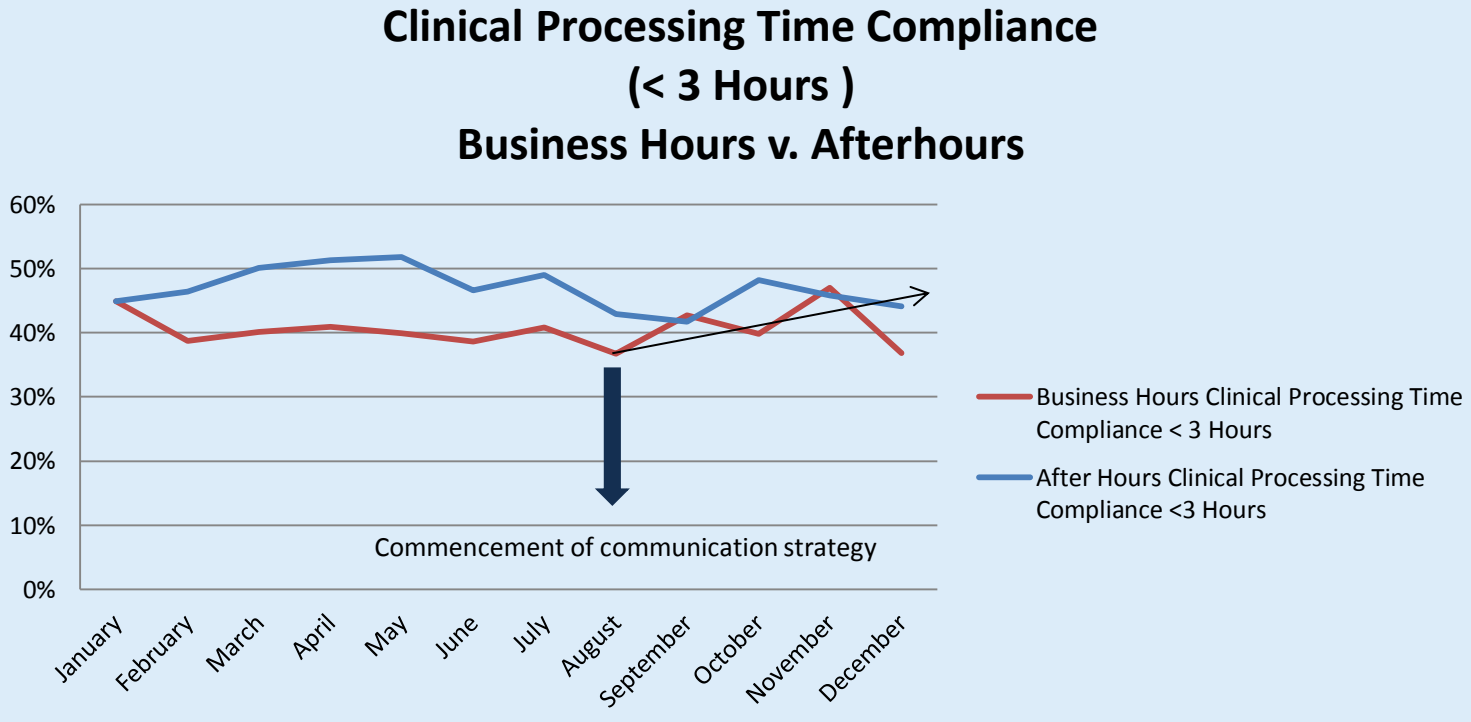
How did we do it?

- Review of decision making process
- Hospital Admissions policy in line with MoH Policy Directive
- ED Review → MO Review → MO call consultant → Consultant calls MO Back → Decision made to Admit Patient → MO advises ED about decision

How did we do it?

- Communication went out to all Department Heads on the expected responsibilities of the ED Delegate
- Presentations and discussions conducted with Division meeting and Clinical Councils
- Communication disseminated to Advanced Trainees, Registrars and Basic Physician Trainees

What are the outcomes?



What were the challenges?

- Identification of right stakeholders
- Ensuring the message was consistent across departments and disciplines
- Change grumbles and addressing concerns

What next???

- Review of high volume departments to identify opportunities for process improvement
    - ED Clinical Pathways
- Further diagnostics to evaluate current strategies and areas of focus for 2016