Rethinking ED Processes to Facilitate Timely, Quality Care

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Director Emergency & Trauma Centre Alfred Hospital
Director Emergency Services Alfred Health

The Alfred Emergency and Trauma Centre

- Alfred Hospital:
  - Adult Tertiary referral
  - One of two major trauma centres in Victoria
  - Other State Services

- E&TC:
  - > 63,000 emergency patients annually
  - > 1280 major trauma presentations annually
  - 52 treatment spaces
    - 8 Resuscitation and Trauma Bays
    - 6 rapid assessment cubicles
    - 13 fully monitored general cubicles
    - 6 Fast Track cubicles
    - 18 bed Emergency Short Stay Unit (ESSU)
    - 1 Behaviours of Concern (BOC) room

AlfredHealth
TIMELY QUALITY CARE

The Opportunity

To use the “4 hour rule” as an opportunity to TRANSFORM our patient care.

The Challenges

Design and deliver a model of care which delivers best patient care –

Where we don’t worry about the targets.

National Emergency Access Target: Departure from ED < 4h

What is Timely Quality Care (TQC)?

Transforms the way we treat our patients to ensure they all receive timely, quality care consistent with their clinical needs

A whole of health service change that involves everyone (clinicians, managers and support staff)

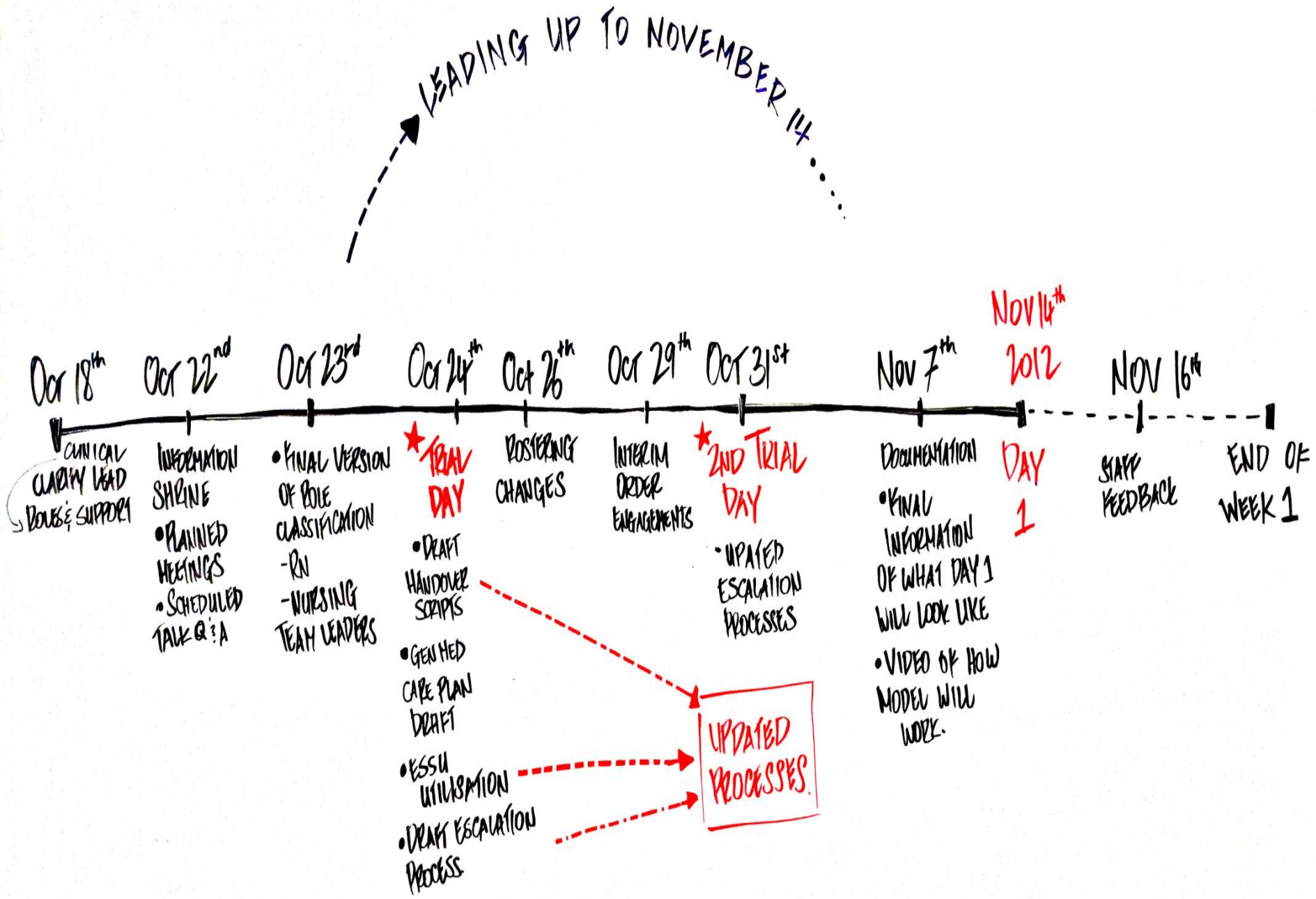
Changes how we assess and treat our patients from the moment they arrive in the E&TC to the time they are discharged from hospital

Developing the E&TC Model with TQC

- Research
- Site tour across UK, USA and WA
  - Inspired by the Royal London A&E model
- 2 years of discussion within the organisation
  - Driven by the executive
  - Owned by staff

Developing the E&TC Model

- What we needed:
  - Upfront **senior** decision making
  - Patients directed to the most appropriate treatment area based on their presenting condition and needs
  - Expedited processes for patients requiring admission to appropriate inpatient team


LEADING UP TO NOVEMBER 14....
Oct 18th
Oct 22nd
Oct 23rd
Oct 24th
Oct 26th
Oct 29th
Oct 31st
Nov 7th
Nov 14th 2012
Nov 16th
CLINICAL CLARITY LEAD ROLES & SUPPORT
INFORMATION SHRINE
• PLANNED MEETINGS
• SCHEDULED TALK Q's A
• FINAL VERSION OF ROLE CLASSIFICATION
-RN
-NURSING TEAM LEADERS
★ TRIAL DAY
• DRAFT HANDOVER SCRIPTS
• GEN MED CARE PLAN DRAFT
• ESSU UTILISATION
• DRAFT ESCALATION PROCESS
FOSTERING CHANGES
INTERIM ORDER ENHANCEMENTS
★ 2ND TRIAL DAY
• UPATED ESCALATION PROCESSES
DOCUMENTATION
• FINAL INFORMATION OF WHAT DAY 1 WILL LOOK LIKE
• VIDEO OF HOW MODEL WILL WORK.
DAY 1
STAFF FEEDBACK
END OF WEEK 1
UPDATED PROCESSES.

Supporting Implementation of the E&TC Model

- Re-thinking and shifting old paradigms:
  - Triage
  - Patient journey through the E&TC modelling on Trauma
  - “ED” safest place for patient
  - Physical layout – incorporation of RITZ cubicles
  - Documentation
  - Handover
  - Culture and practice

THE 6 PRINCIPLES OF TIMELY QUALITY CARE

PRINCIPLE 1

Patients that present to the E&TC will be assessed, have treatment and investigations initiated and a management plan in place within 60 minutes of arrival.

PRINCIPLE 2

Patients will be discharged from E&TC or admitted to the hospital as decided by the E&TC consultant staff.

PRINCIPLE 3

Patients will be reviewed by the inpatient team within 2 hours of being referred for admission.

PRINCIPLE 4

Patients will be admitted to a bed in the most appropriate clinical place, the first time.

PRINCIPLE 5

Patients will have their investigations, consultations and interventions completed as soon as possible, in order of request and in no longer than 24 hours.

PRINCIPLE 6

Patients will be actively managed to ensure they are only in hospital for as long as is clinically necessary.

TIMELY QUALITY CARE

AlfredHealth

October 2013

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TIMELY QUALITY CARE

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October 2013

E&TC Admission Process

Decision to admit

- **Interns & Residents must discuss all patients requiring admission with the E&TC Consultant (Reg overnight) regarding:**
  - Decision to admit
  - Choice of unit
  - Interim orders
  - Actions that need to be completed prior to transfer

Admission phone call

- Hi thanks for calling back.
- I'm…….. one of the Emergency……
- I've got a patient who needs admission under ……..unit, with……..
- Clinical information – ISBAR format
  - Treatment initiated
  - Pending investigations and results
- Patient will be transferred to ward bed once available if clinically safe

Interim orders

- **Complete E&TC Medical Record**
  - Document inpatient unit plan
- **Complete interim orders**
- **Commence medication record**

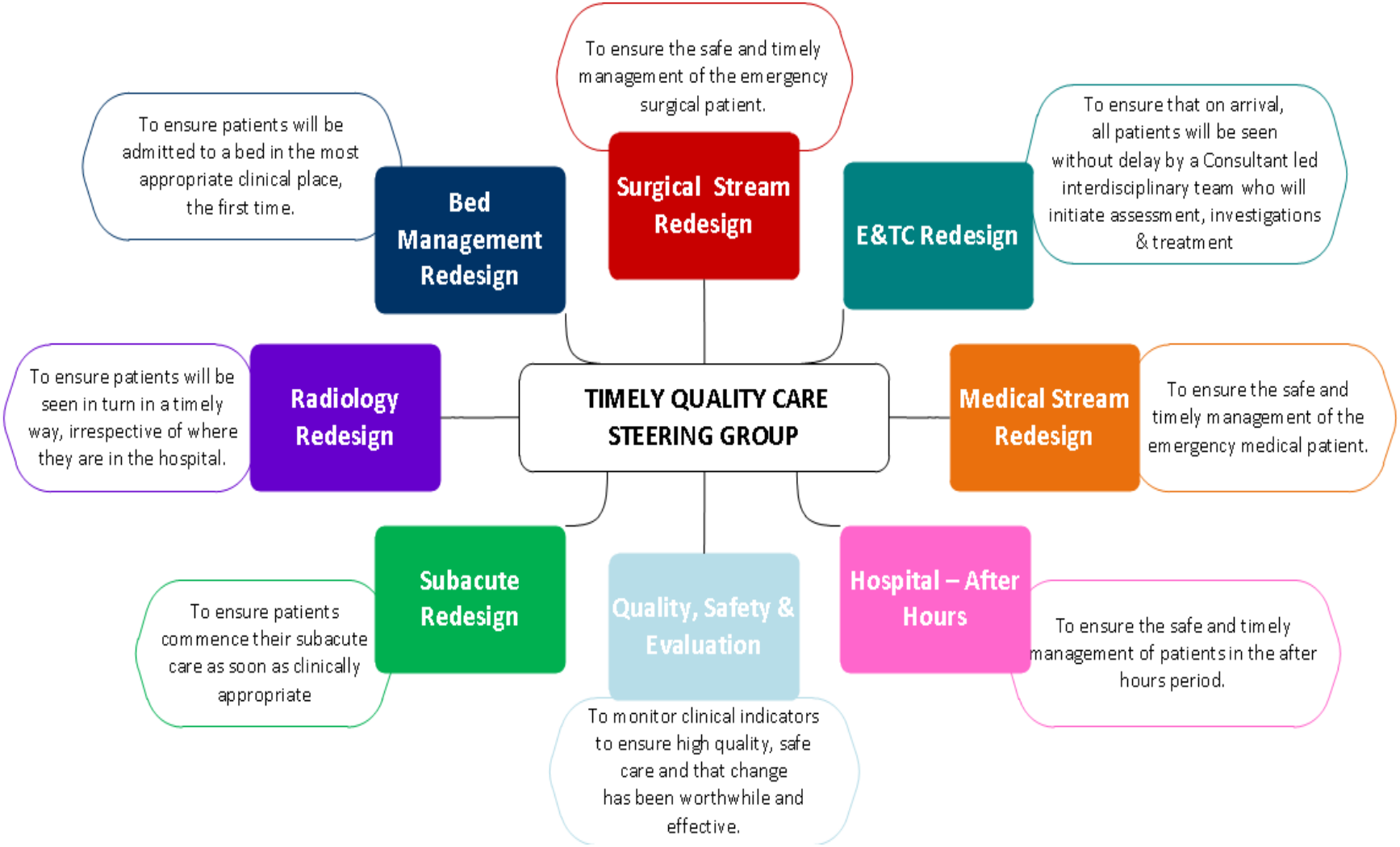
- **Patients meeting clinical review criteria:**
  - Inform E&TC Consultant (Reg overnight) to discuss plan
  - Does not necessarily preclude transfer to ward

Escalation

If resistance from inpatient unit

- **Remind that decision rests with E&TC Consultant**
- **Inpatient unit may refer on to another unit if they wish**
- **Inform that further escalation will occur to**
  - E&TC and Inpatient Consultants
  - E&TC Director
  - Hospital Executive

The TQC Programs



how
are we
DOING?

Occupancy

The Alfred Emergency Department Average Occupancy for the 4 week period ending 1/06/2012

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
0	26	29	33	27	25	31	28	28
1	26	28	29	26	23	30	24	27
2	24	25	29	25	22	29	24	25
3	27	24	27	26	21	27	24	25
4	28	22	27	25	21	26	21	24
5	29	20	26	24	19	23	19	23
6	29	19	24	21	18	22	15	21
7	28	20	22	20	17	22	14	20
8	27	20	23	23	18	22	15	21
9	25	24	25	24	21	23	15	22
10	26	26	27	26	23	24	18	24
11	28	31	28	29	26	28	22	27
12	27	37	30	32	30	33	24	30
13	29	40	33	35	30	33	28	33
14	32	46	37	38	34	37	33	37
15	31	48	37	37	33	34	34	36
16	31	45	38	35	31	35	31	35
17	31	40	40	38	33	34	27	35
18	33	40	36	37	34	30	30	34
19	32	41	32	39	38	30	29	34
20	31	39	30	34	38	29	31	33
21	29	38	29	35	40	29	28	32
22	31	37	29	34	37	28	28	32
23	30	37	31	29	33	27	29	31
Total	29	32	30	30	28	28	25	29

Data does not include patients admitted to Short Stay units.

Ave Occupancy > 45

Ave Occupancy between 39 and 45

Ave Occupancy between 33 and 39

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The Alfred Emergency Department Average Occupancy for the 4 week period ending 1/06/2014

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
0	18	24	24	27	22	20	21	22
1	19	20	24	27	18	18	21	21
2	18	20	23	25	18	16	21	20
3	16	18	21	22	18	13	17	18
4	15	15	20	20	16	11	14	16
5	14	15	18	20	15	12	12	15
6	13	16	19	20	15	10	9	14
7	14	14	19	18	13	10	7	13
8	11	12	17	14	11	11	7	12
9	14	12	16	12	10	12	9	12
10	16	20	21	15	18	15	11	17
11	18	24	28	17	22	17	17	20
12	20	26	33	21	23	18	20	23
13	23	31	30	23	25	21	23	25
14	28	33	33	26	28	21	28	28
15	28	33	30	24	28	23	29	28
16	31	29	36	24	26	24	27	28
17	30	34	36	24	26	26	24	29
18	29	27	33	23	22	26	26	26
19	24	28	30	24	27	29	24	27
20	25	31	36	25	32	27	23	28
21	24	32	36	28	30	26	23	28
22	23	31	35	28	30	24	25	28
23	23	27	34	25	26	23	22	26
Total	20	24	27	22	22	19	19	22

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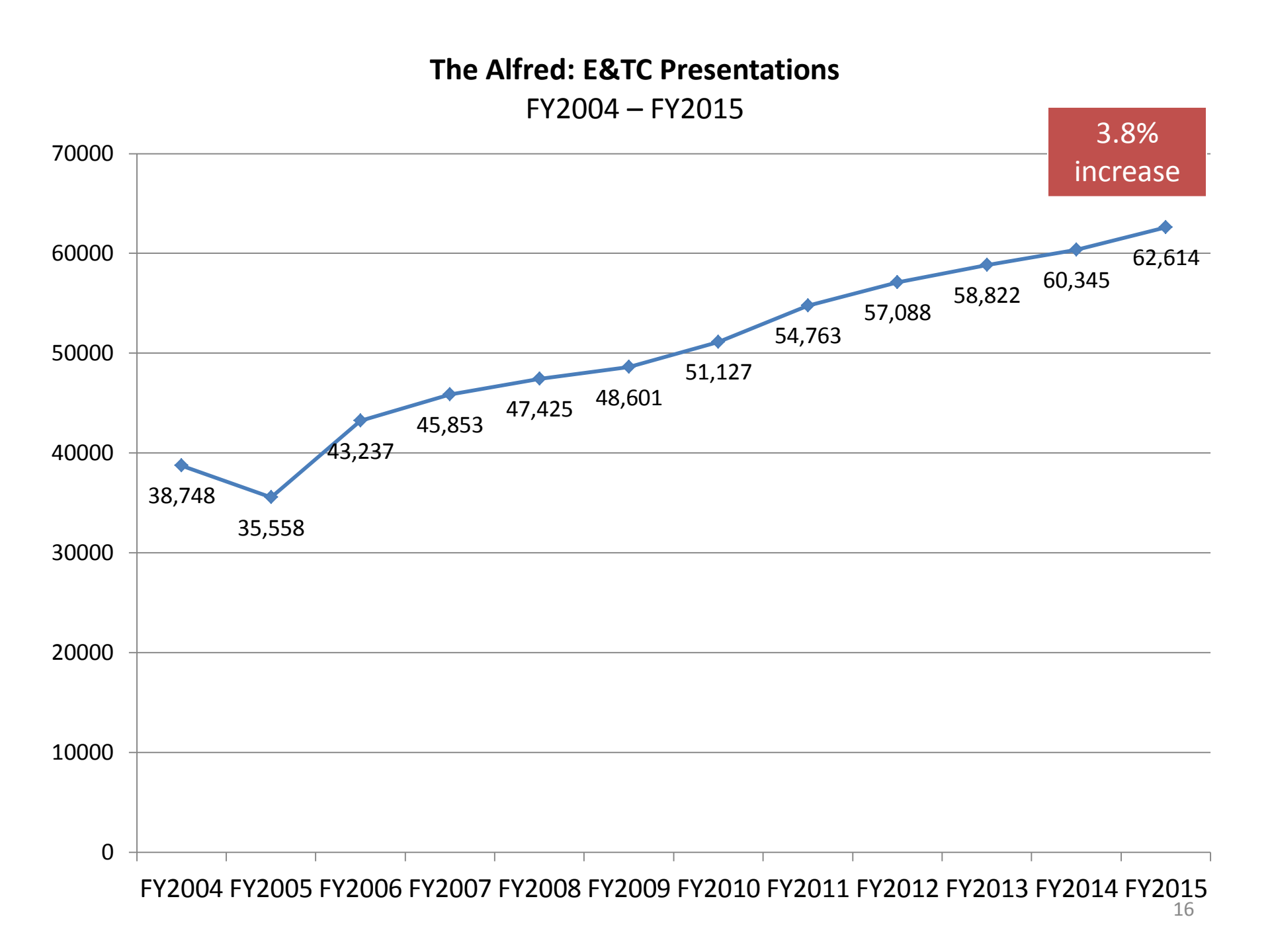
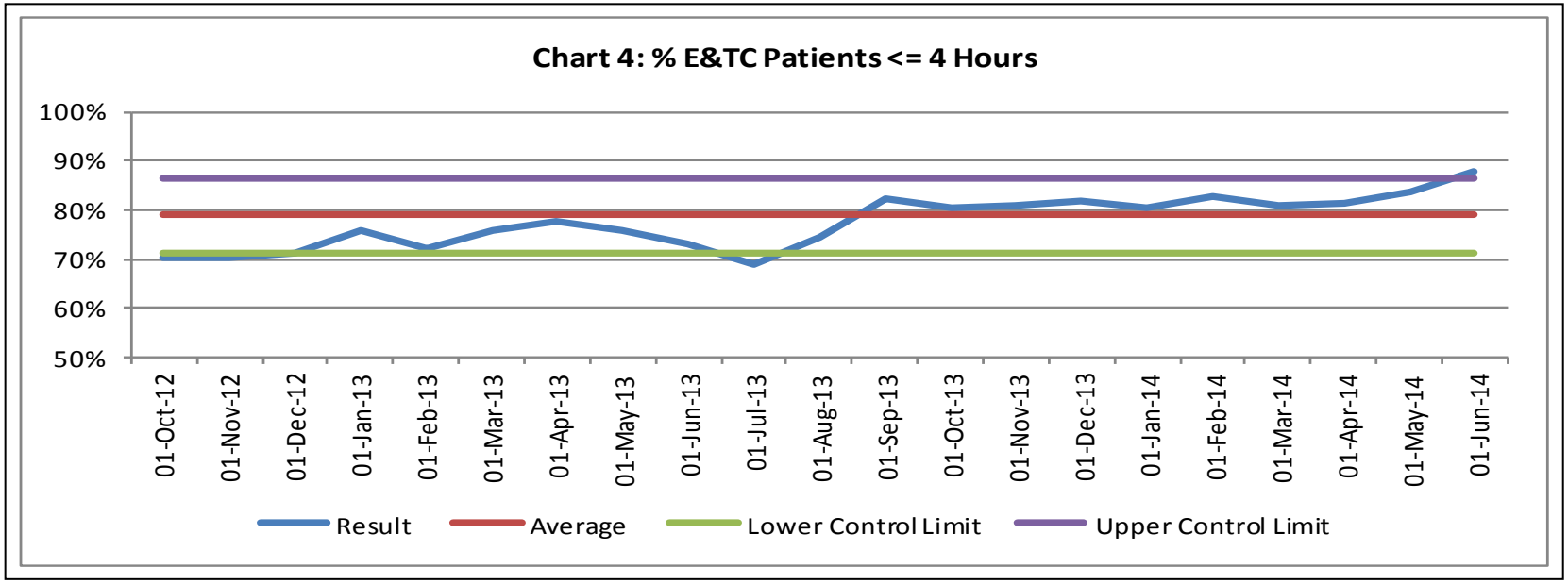
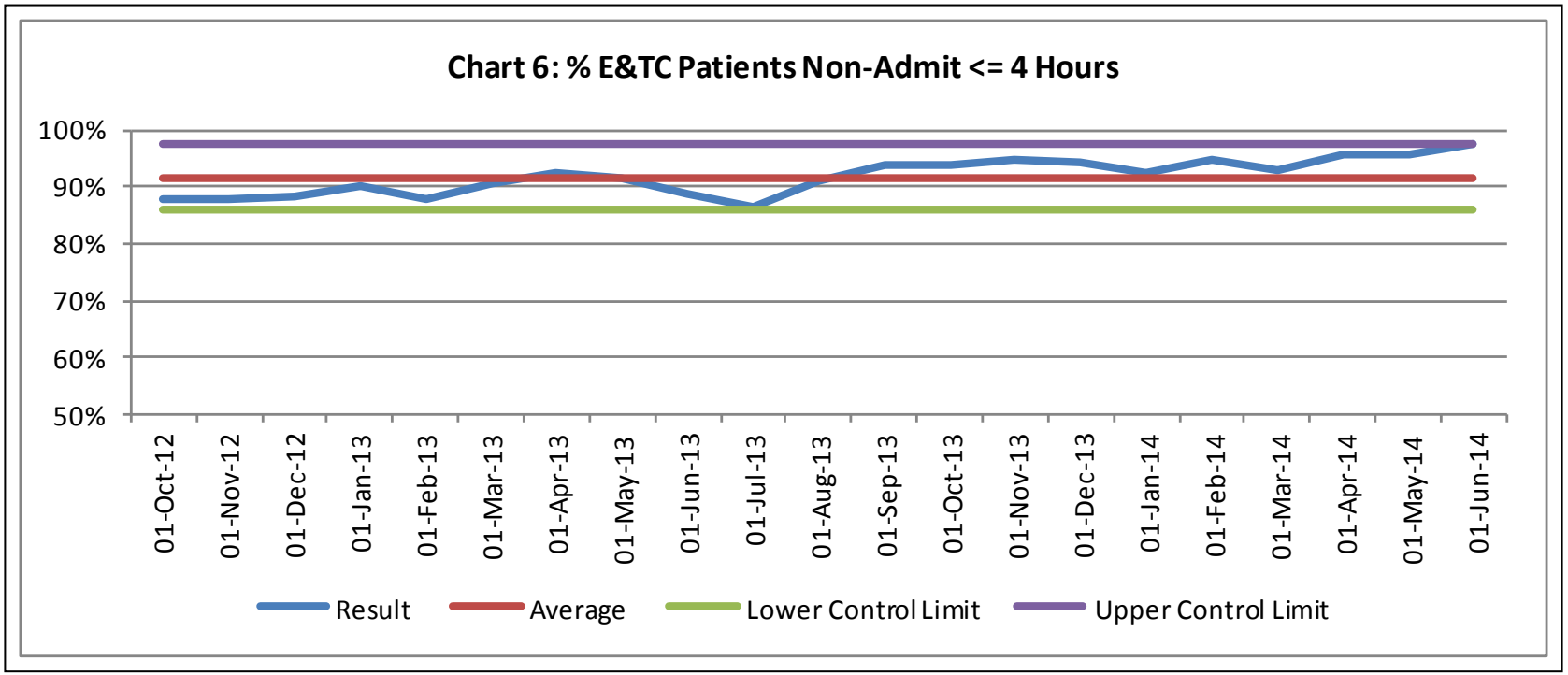

The Alfred: E&TC Presentations
FY2004 – FY2015
3.8% increase
70000
60000
50000
40000
30000
20000
10000
0
38,748
35,558
43,237
45,853
47,425
48,601
51,127
54,763
57,088
58,822
60,345
62,614
FY2004 FY2005 FY2006 FY2007 FY2008 FY2009 FY2010 FY2011 FY2012 FY2013 FY2014 FY2015

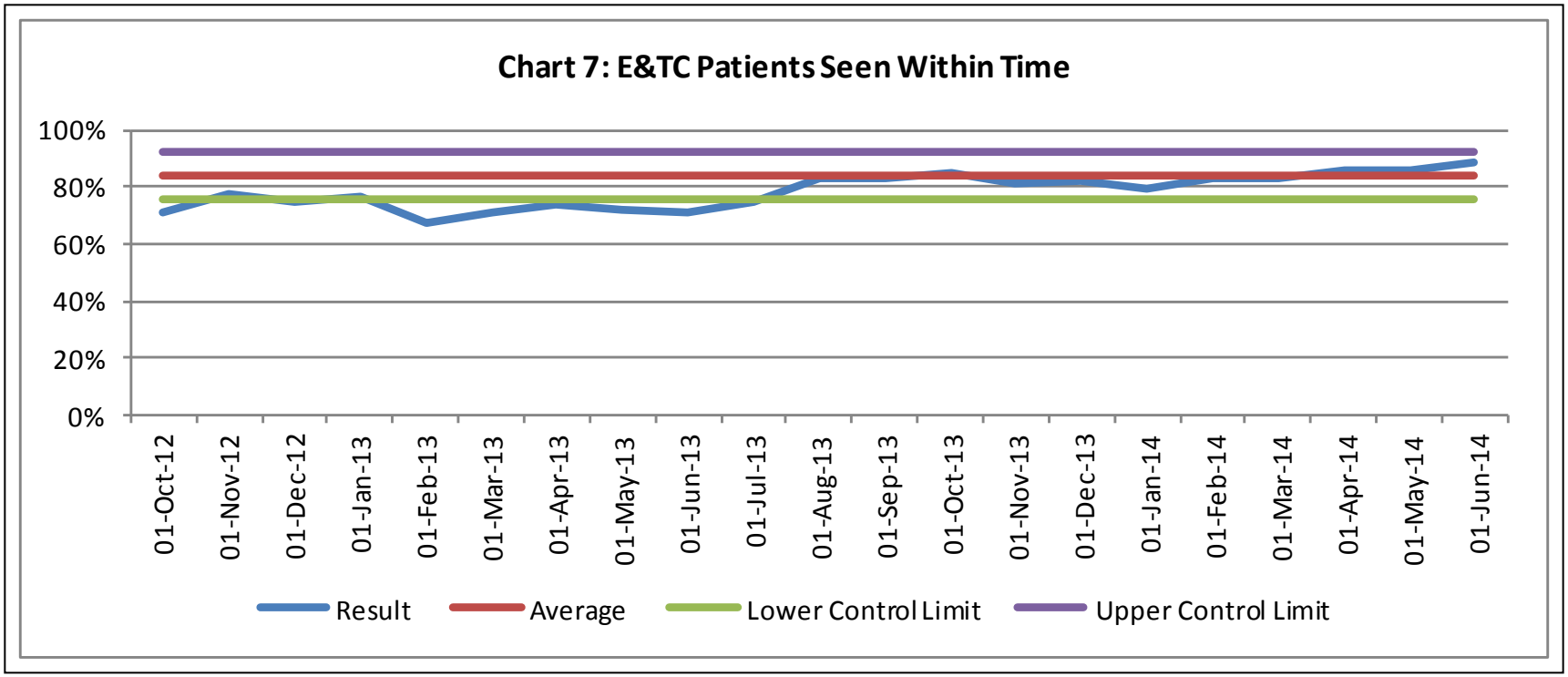
Key achievements:
NEAT



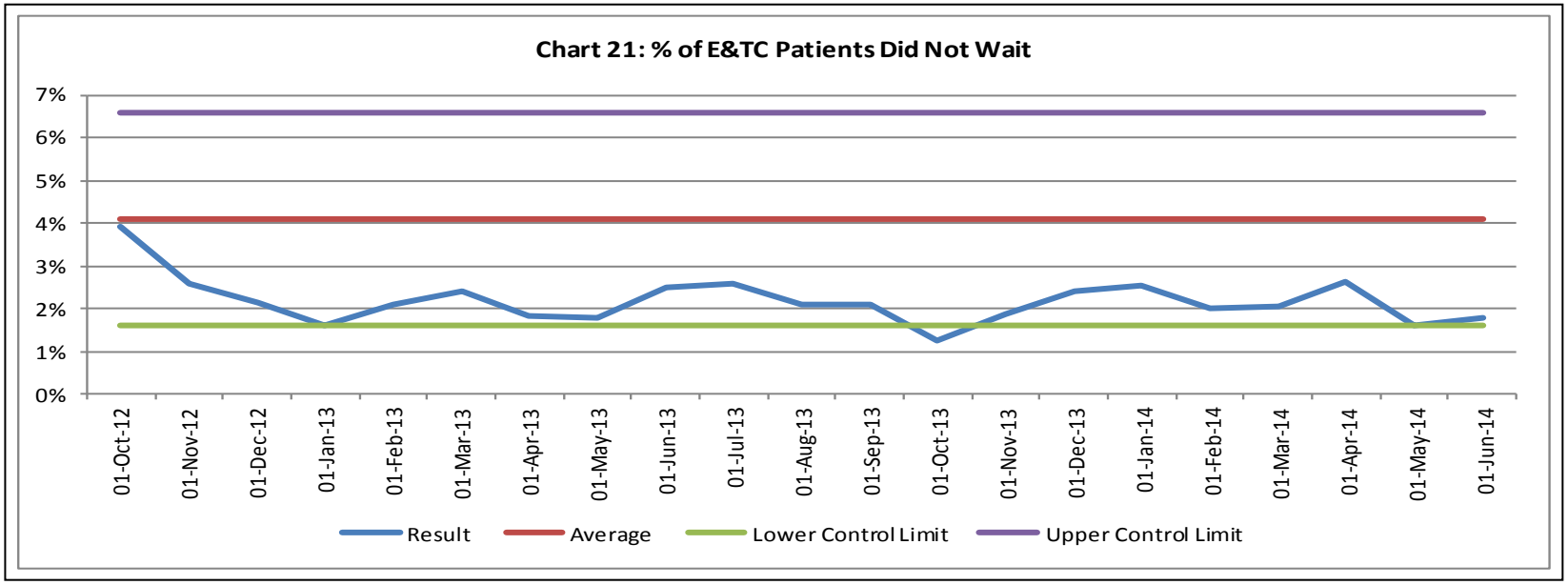
Key achievements:
Non-Admitted Patients



Key achievements:
See-times



Key achievements:
DNW



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4	28	22	27	25	21	26	21	24
5	29	20	26	24	19	23	19	23
6	29	19	24	21	18	22	15	21
7	28	20	22	20	17	22	14	20
8	27	20	23	23	18	22	15	21
9	25	24	25	24	21	23	15	22
10	26	26	27	26	23	24	18	24
11	28	31	28	29	26	28	22	27
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17	31	40	40	38	33	34	27	35
18	33	40	36	37	34	30	30	34
19	32	41	32	39	38	30	29	34
20	31	39	30	34	38	29	31	33
21	29	38	29	35	40	29	28	32
22	31	37	29	34	37	28	28	32
23	30	37	31	29	33	27	29	31
Total	29	32	30	30	28	28	25	29

Data does not include patients admitted to Short Stay units.

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The Alfred Emergency Department Average Occupancy for the 4 week period ending 1/06/2014

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1	19	20	24	27	18	18	21	21
2	18	20	23	25	18	16	21	20
3	16	18	21	22	18	13	17	18
4	15	15	20	20	16	11	14	16
5	14	15	18	20	15	12	12	15
6	13	16	19	20	15	10	9	14
7	14	14	19	18	13	10	7	13
8	11	12	17	14	11	11	7	12
9	14	12	16	12	10	12	9	12
10	16	20	21	15	18	15	11	17
11	18	24	28	17	22	17	17	20
12	20	26	33	21	23	18	20	23
13	23	31	30	23	25	21	23	25
14	28	33	33	26	28	21	28	28
15	28	33	30	24	28	23	29	28
16	31	29	36	24	26	24	27	28
17	30	34	36	24	26	26	24	29
18	29	27	33	23	22	26	26	26
19	24	28	30	24	27	29	24	27
20	25	31	36	25	32	27	23	28
21	24	32	36	28	30	26	23	28
22	23	31	35	28	30	24	25	28
23	23	27	34	25	26	23	22	26
Total	20	24	27	22	22	19	19	22

Data does not include patients admitted to Short Stay units.

Ave Occupancy > 45 | Ave Occupancy between 33 and 39 | Ave Occupancy between 39 and 45

The Alfred Emergency Department Average Occupancy for the 4 week period ending 1/06/2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
0	25	32	28	27	30	28	34	29
1	29	27	27	25	27	27	30	27
2	31	26	23	25	23	28	25	26
3	31	25	20	22	21	27	25	24
4	29	25	20	21	21	26	20	23
5	27	25	20	21	22	25	19	22
6	27	25	19	21	21	24	19	22
7	26	25	18	20	22	22	19	22
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9	28	31	19	21	23	28	20	24
10	29	37	24	27	25	33	20	28
11	32	41	28	30	29	36	25	32
12	32	41	34	26	34	38	29	33
13	34	44	35	29	36	40	36	36
14	38	41	35	29	36	43	39	37
15	39	40	36	30	35	41	41	37
16	36	37	36	31	35	41	41	37
17	32	36	36	28	35	39	40	35
18	32	35	36	29	32	34	39	34
19	35	35	33	29	34	34	32	33
20	38	34	36	31	34	35	33	34
21	38	30	38	32	34	36	32	34
22	37	28	36	29	32	35	31	33
23	38	29	32	31	33	33	26	32
Total	32	32	29	26	29	32	29	30

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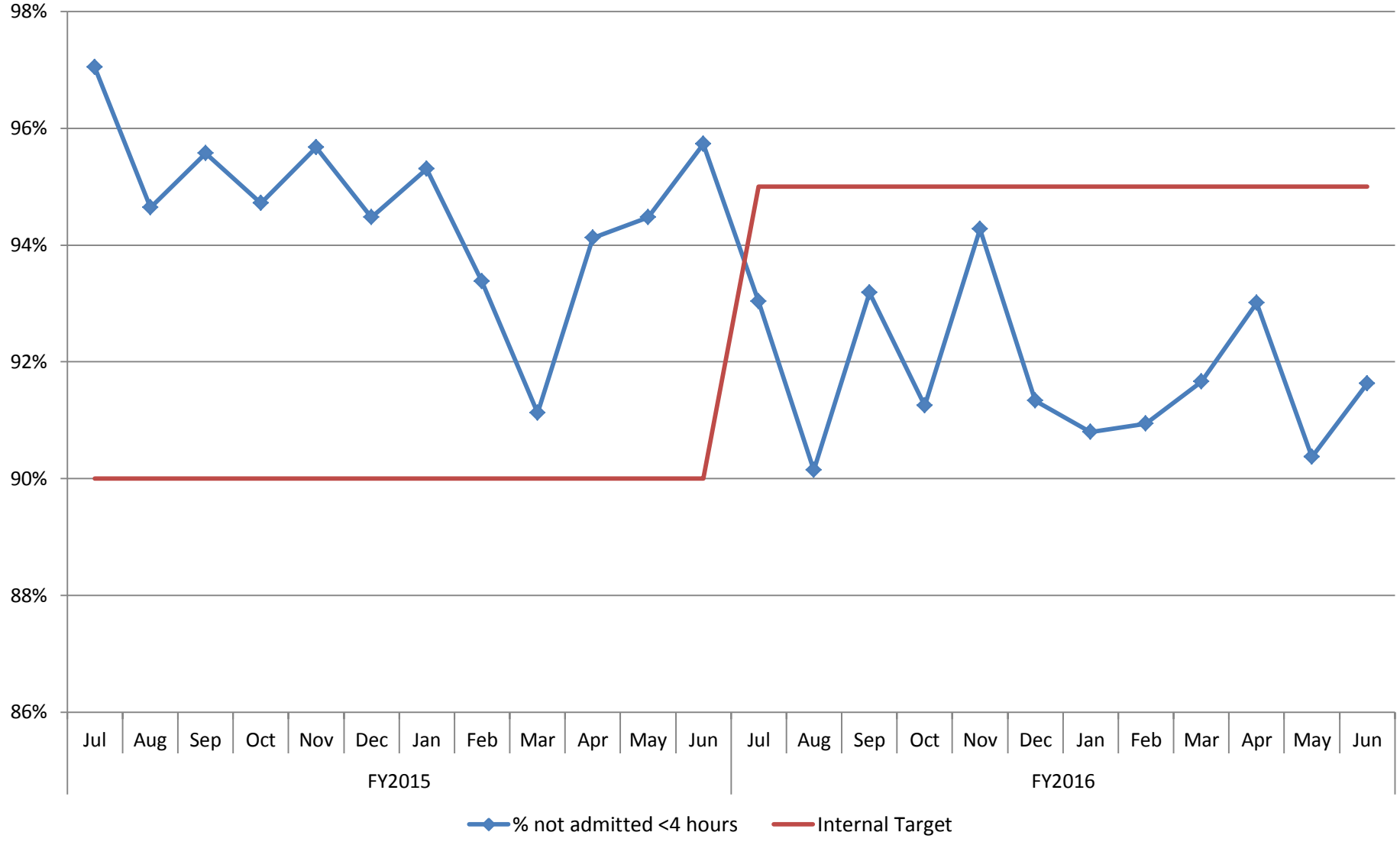
Ave Occupancy > 45 | Ave Occupancy between 33 and 39 | Ave Occupancy between 39 and 45

The Alfred: % Non-Admit within 4 Hours

FY 2015 & 2016



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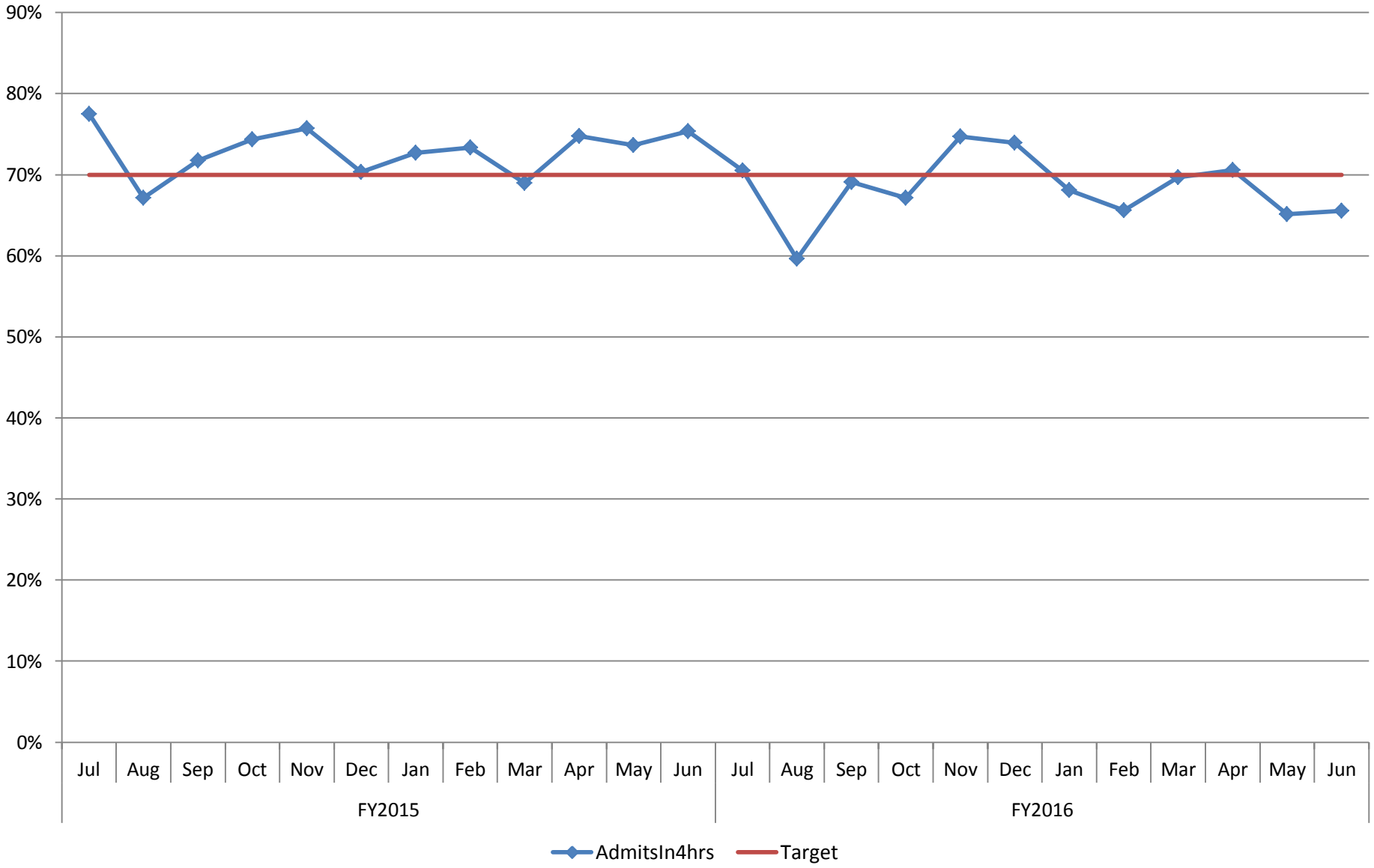
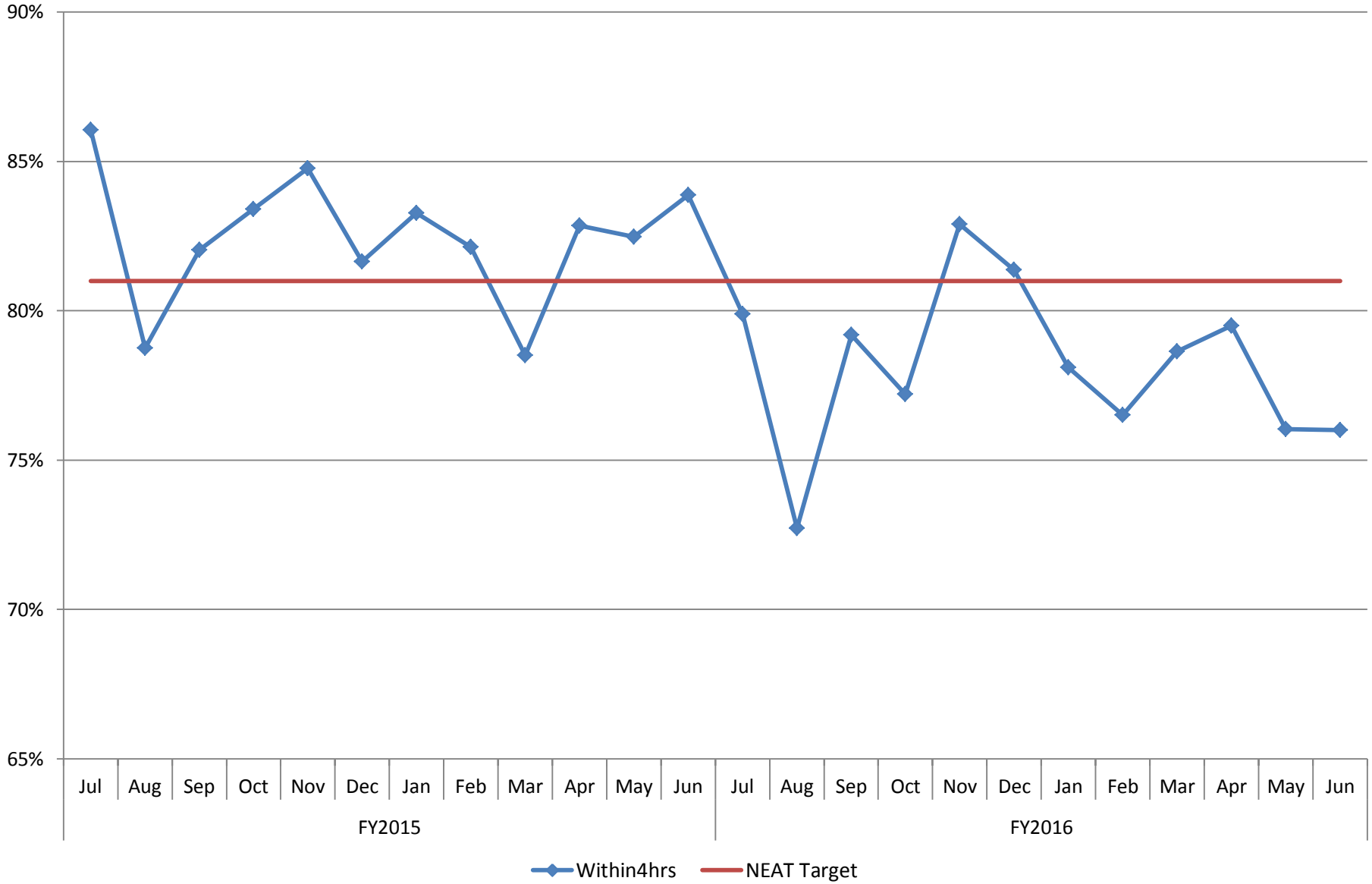
FY 2015 & 2016



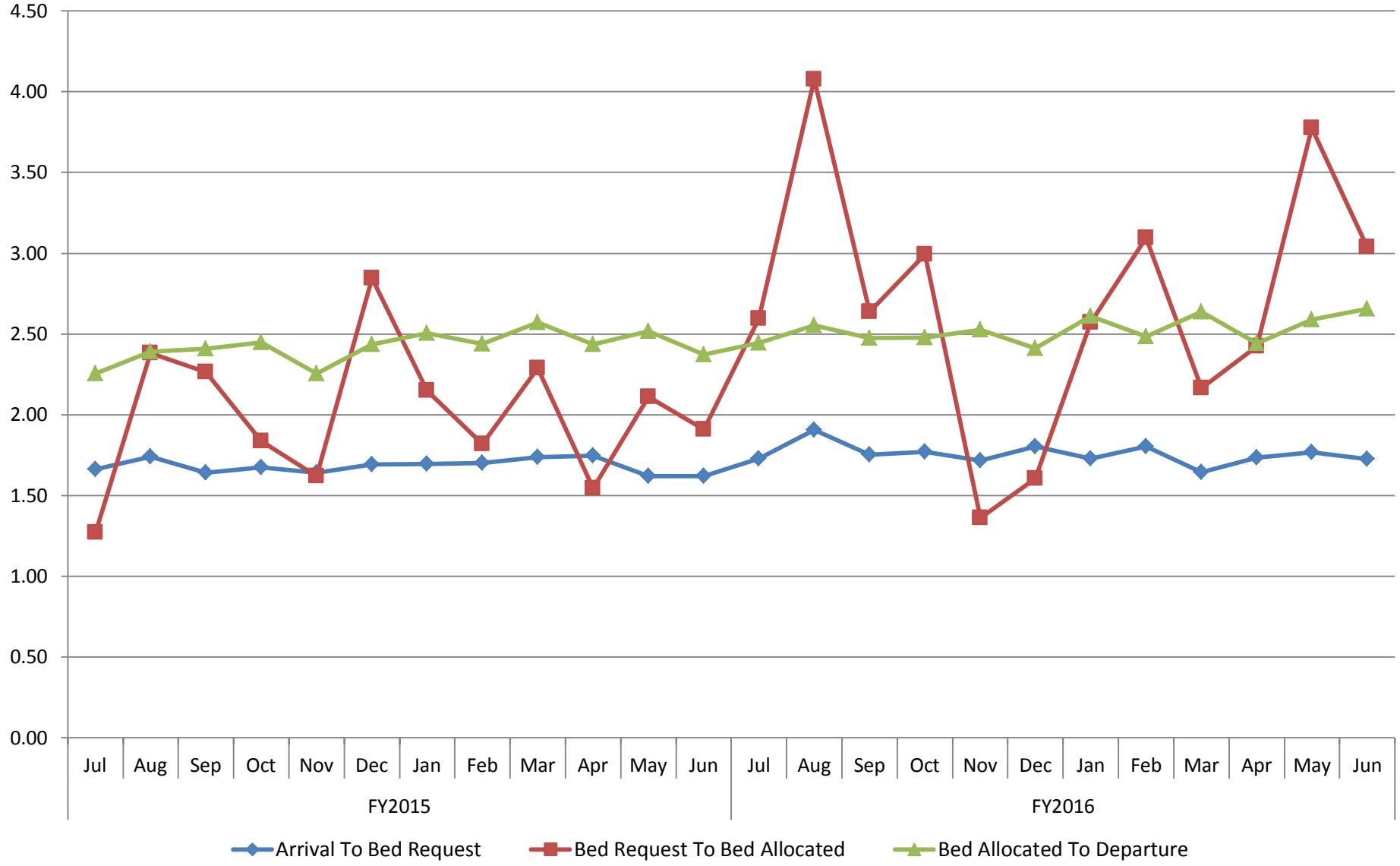
The Alfred: E&TC Presentations <= 4 Hours (NEAT)

FY 2015 & 2016



The Alfred: E&TC Average Bed Request Times (Hour)

FY 2015 & 2016



Summary

- NEAT is not purely an ED target
- NEAT drives change
- Whole of health service change
- Driven by Exec
- ED must get house in order
- Not all about beds, but….

ANY
QUESTIONS
?