

Emergency Department Streaming Project

Final Report 2013-14

Aim

To improve the patient experience and reduce waiting times in Victorian public health services. Methods by which this can be achieved include:

- Early assessment, fast tracking and early initiation of clinical care
- New patient flow designs to improve both responsiveness and safety

Overview

In 2011, the Victorian Government committed \$400,000 over four years to assist hospitals to improve the patient focus of their work practices (streaming initiatives) in emergency departments (ED). Each year since the project's inception, three health services have been funded (\$30,000 each) to improve ED access by implementing projects that aim to streamline the patient journey from the ED to either admission or discharge. A number of strategies were used by health services that focused on the efficient flow of patients and a team-led care approach to improve treatment times and overall length of stay in the ED, as well as the patient experience.

Key Improvements

Albury Hospital, Northern Hospital and Werribee Mercy Hospital were funded to undertake ED streaming initiatives from October 2013 to June 2014. Detailed project information is attached below.

Overall improvements resulting from these projects include:

- Increase in the number of patients admitted to Short Stay Units
- 2% reduction in percentage of patients that Did Not Wait (Werribee Mercy)
- 5% increase in patients admitted to Short Stay within 4 hours (Werribee Mercy)
- 13.2% improvement in time to treatment (Northern Health)
- 2% improvement in NEAT performance (Albury Wodonga Health)

Transferable Solutions

Key changes include:

- Implementation of a Short Stay Unit at Albury Hospital
- Implementation of new clinical pathways for Short Stay Units across sites
- Direct admission of patients into Short Stay Units from Triage (Werribee Mercy)
- Senior decision maker upfront to support accurate care planning in ED (Northern)

Project aims

To improve ED patient flow and streamline the patient journey

Duration

Six month projects are funded each year over four years, commencing in 2011-12

Cost

\$100,000 annually over four years

Project sites

2011-12
Austin Hospital
Frankston Hospital
Latrobe Regional Hospital

2012-13
Bendigo Hospital
Box Hill Hospital
St Vincent's Hospital

2013-14
Albury Hospital
Northern Hospital
Werribee Mercy Hospital

Supporting activities

Redesign Network Meeting
3 December 2012

Winter Planning Forum
9 May 2014

Albury Hospital

Implementation of a 4-bed Short Stay Unit

Overview

Albury Wodonga Health is a unique health service, spanning two Australian jurisdictions to provide health care to the residents of the Albury Wodonga region.

The objective of Albury Hospital's ED Streaming Project was the implementation of a 4-bed Short Stay Unit (SSU) within their ED. This project included the development of clinical pathways for the SSU, changes to staffing arrangements and data collection.

Key actions

Opening of Short Stay Unit

A 4-bed SSU was opened at Albury Hospital ED on 10 February 2014 for a 6 month trial. A model of care incorporating new clinical pathways for SSU patients was designed and implemented by the project team, and continues to be monitored and improved.

Creation of clinical pathways

26 clinical pathways were created by a working group to address both patient flow into the new SSU and variation in patient treatment at Albury Hospital. All patients admitted to SSU over the 6 month trial period were admitted on one of these clinical pathways.

Summary of outcomes

NEAT Performance

NEAT performance for all ED patients at Albury Hospital increased from 66.3% to 68.3% over the duration of the project.

Impact on ED utilisation

By the end of week 15, 5,079 ED cubicle hours had been saved through the utilisation of the SSU.

Learnings

Challenges	Change in approach
1 Data collection and reporting to the Department of Health	Manual data collection for SSU admissions commenced by staff, with work underway to align data collection with Victorian practice.
2 Staff ability to adapt to new processes and milestones amid annual leave	Project timelines adjusted to account for staff leave and time requirements for the implementation of new processes

Results at a glance

Primary objective

Implement a 4-bed Short Stay Unit at Albury Hospital

Results

2% increase in overall NEAT performance in the ED

100% of patients admitted to SSU on a clinical pathway

96% of patients admitted to SSU discharged within 24 hours of admission

Supporting activities

Patient satisfaction feedback forms utilised to gauge consumer experience in the SSU and inform continuing improvements

Staff training and satisfaction survey to support new processes for the SSU

Creation and implementation of new clinical pathways for SSU patient identification and admission

Key project contacts

Jenny Fisher
Project Manager

Michael Taylor
ED Director

Michael Enright
ED Nurse Unit Manager

Northern Hospital ED Treat and Triage Model of Care

Overview

Beginning in September 2013, the Northern Hospital has commenced a whole of hospital transformation incorporating 12 programs of redesign work.

The improvement of ED triage and treat processes amidst this redesign work was the focus of the Northern Hospital's ED Streaming Project. The objective of this project was to design and test a new triage model of care for ED and deliver measureable improvements in the triage process with follow-on impacts on time to treatment and NEAT performance.

Key actions

ED treat and triage

The ED treat and triage model of care enables patients to be seen by a senior clinician at the point of triage utilising one of 6 new early assessment cubicles. This model of care has replaced former triage practice, and supports upfront assessment to determine an accurate plan of care for ED presentations.

Kaizen event

The Kaizen event was the process by which 8 ED staff reviewed, analysed and redeveloped the ED treat and triage model of care for implementation. This event identified the key drivers essential to an effective and efficient treat and triage process for incorporation into the revised model of care.

Summary of outcomes

Time to Treatment

There was a 13.2% improvement in Time to Treatment as a result of the ED treat and triage project, increasing from 60.4% at the beginning of the project to 73.6% at the completion of implementation.

Triage cycle time

Patient waiting time between seeing the triage nurse and triage clerk was reduced as a result of this project, from 6.3 minutes to 2.6 minutes, improving patient flow and triage access for other patients.

Learnings

Challenges	Change in approach
1 Change fatigue for staff and uncertainty about new model of care amid significant change.	Planned simulation to provide certainty for staff testing of new models. Test and adjust model based on staff feedback and data.
2 Keeping staff accountable to new SOPs	Education pack and training provided regarding the new procedure.

Results at a glance

Primary objective

Implement a new Treat and Triage model of care in the ED

Results

13.2% improvement in Time to Treatment

31% improvement in Ambulance transfer time performance

3.7 minute reduction in triage cycle time (time between triage nurse and triage clerk)

Supporting activities

12 programs of redesign work across the hospital, including models of care that support improved ED patient flow

Capital works to complement process change with physical environment improvement

Creation of new Standard Operating Procedures to establish expected practice and behaviour

Key project contacts

Shyaman Menon
ED Director

Monica Shaw
Director of Organisational Redesign

Werribee Mercy Hospital Direct admissions to Short Stay Unit

Overview

Werribee Mercy's ED Streaming Project identified the need to improve utilisation of their 8 bed SSU by increasing admissions to the unit from the point of triage. The project aimed to support improved patient flow within the ED and increase SSU admissions from triage, while decreasing the number of patients who 'did not wait' for treatment after presentation.

Key actions

Creation of clinical pathways

Development of a new SSU clinical pathway for paediatric head injuries began during this project and continues to be refined prior to implementation. Identification of potential new clinical pathways for SSU will continue, while all clinical pathway forms and resources were centrally located at triage for ease of use during this project.

Triage process

To support direct SSU admissions from triage, a standard triage process within EDIS at Werribee Mercy was implemented, which prompts the consideration of SSU admission for all patients.

Summary of outcomes

Increased number of patients admitted to SSU

The number of patients admitted to Werribee Mercy's SSU per month increased from a base of 283 to 371 during this trial. The percentage of ED presentations admitted to SSU also increased from 10% to 13% during this time.

Identification of SSU-appropriate patients at triage

Identification of ED presentations appropriate for direct admission to SSU from triage increased from 9% at the beginning of the project to 29% at the time of final report submission. This will continue to be an area of focus and improvement for Werribee Mercy's ED.

Did not wait

Percentage of patients who 'did not wait' after presentation to Werribee Mercy's ED reduced from 10% to 8% of presentations during this project.

Learnings

Challenges		Change in approach
1	Busy ED environment can make it difficult to identify areas for improvement and implement changes	Dedicated days identified for redesign and implementation of change, and efforts to sustain new changes to process
2	Resistance of changing practice	Continuous reinforcement and praise of good performance

Results at a glance

Primary objective

Increase admissions to SSU by 2% per month

Results

3% increase in the number of ED presentations admitted to SSU

20% increase in identification of SSU-appropriate patients at triage

2% reduction in proportion of patients who 'did not wait'

Supporting activities

Staff education and reward system for triage staff to support process implementation

Streamlining communication processes to ensure all information is obtained and relayed for SSU admissions

Key project contacts

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