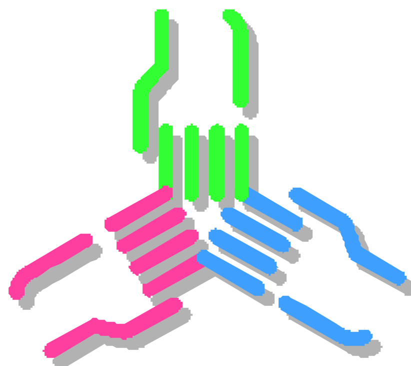

The Breakthrough Collaborative

Reducing Waits and Delays and Improving Patient Satisfaction in the Emergency Department

Report June 2001

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Executive Summary

Background Information

The Breakthrough Collaborative on Reducing Waits and Delays and Improving Patient Satisfaction in the Emergency Department involved participating hospitals working together intensively for approximately ten months. It was based on proven effective methodology for facilitating improvement in health care delivery developed by the Institute for Healthcare Improvement in Boston, United States. The methodology had been previously used in 19 Collaboratives across 300+ organisations internationally. The improvement method relies on the spread and adaptation of existing knowledge to multiple settings to accomplish a common aim.

This was the first time that such an initiative had been introduced across a group of hospitals in Australia, although one Victorian hospital (The Royal Melbourne Hospital) participated in an Institute for Healthcare Improvement Breakthrough Series on Reducing Waits and Delays and Improving Patient Satisfaction in the Emergency Department in the United States during 1999. The positive outcomes that The Royal Melbourne Hospital Emergency Department were able to demonstrate following that project was one of the major factors that convinced the Victorian Department of Human Services to provide funding for this new, wholly Australian Collaborative.

Over the life of the Collaborative, participants attended four one- to two-day Learning Sessions. Learning Sessions were the major integrative events of the Project, allowing participants to acquire the knowledge and skills to implement improvement projects in their own work place as well as share ideas and experiences with other participants. Participating hospital teams utilised the Learning Sessions to plan activities for the “Action Periods”, between Learning Sessions. During Action Periods organisations worked within small teams at their own site to test and implement improvements.

The Breakthrough Collaborative on Reducing Waits and Delays and Improving Patient Satisfaction in the Emergency Department was conducted across 18 public hospitals throughout Victoria and one interstate (ACT) public hospital over the 10-month period. Agreed areas for improvement were set out in the Collaborative’s overall goals and aims.

Funding Overview

The Victorian Department of Human Services provided approximately $1.32 million to support the Project. Of the total funding, each of the 18 Victorian sites received $40,000. These hospitals were required to utilise the funding to conduct an on-going independent survey of patient satisfaction and to provide back-fill staff while team members participated in project activities. The remaining funding provided for; consultancy fees to the Institute of Healthcare Improvement for on-going support and advice to the project; the Press, Ganey Associates Emergency Department Patient Satisfaction Survey for participating Victorian Sites; the employment of a project staff; and project operational and administrative costs.

Participating Hospitals

Each participating organisation selected a team of three to five to lead the project from their own site. These teams consisted of an Executive Sponsor, a day to day leader (key contact for the project), a "doctor champion" and one or two others involved in the project. This team was encouraged to attend all learning sessions and were responsible for setting the aims, assembling sub-teams to address the aims plus report monthly on progress.

The following sites were involved in the Breakthrough Collaborative:

- Angliss Health Services
- Austin & Repatriation Medical Centre
- Barwon Health
- Bendigo Health Care Group
- Box Hill Hospital
- Dandenong Hospital
- Goulburn Valley Health
- Latrobe Regional Hospital
- Maroondah Hospital
- Monash Medical Centre
- Peninsula Health Service
- St. Vincent's Hospital
- Sunshine Hospital
- The Alfred Hospital
- The Northern Hospital (observing only)
- The Royal Children's Hospital
- The Royal Melbourne Hospital
- Western Hospital
- The Canberra Hospital (ACT site with independent funding)

The Breakthrough Collaborative Goals

The Planning Group determined the Breakthrough Collaborative's broad goals. These goals allowed participating hospitals to set their own specific aims for improvement within a consistent framework.

The goals encompass three dimensions of Emergency Department work:

- Patient satisfaction
- Clinical intervention
- Operation Cycle Time

Within these goals, Emergency Departments planned to improve patient satisfaction measures, set and meet targets relating to the clinical management of specific areas, and seek to reduce operational cycle times for admission and discharge.

The Collaborative's broad goals consisted of the following:

<u>Patient satisfaction Projects (all teams encouraged to do):</u>

- Participate in benchmarking patient satisfaction across Victorian Hospitals
- Achieve 80% satisfaction rating (for emergency department – composite score)

<u>Clinical Improvement Projects (all teams encouraged to choose 2-3 goals):</u>

- Time to analgesia in management of pain (suggest 20 minutes or a % improvement)
- Time to administration of Thrombolysis in management of Acute Myocardial Infarction (suggest <30 minutes – best practice)
- Time to administration of Antibiotics for pneumonia/meningitis (suggest 60 minutes or a % improvement)
- Time to administration of Antibiotics for neutropenia (suggest 30 minutes or a % improvement)
- Median Length of Stay for uncomplicated TIA patients (suggest <12 hours or a % improvement)
- OTTOWA rules applied to ankle/foot injury patients (suggest application to 90% of patients or a % improvement)
- Other innovative ideas as determined by individual sites.

<u>Operational Cycle Time Projects</u>

Admission Cycle Projects (all teams encouraged to choose at least 1):

- Decrease time from Emergency presentation to inpatient/ward bed admission.
- Decrease time from Emergency presentation to bed request by 20% or more
- Decrease time from bed request to inpatient bed by 20% or more

Discharge Cycle Projects (all teams encouraged to choose at least 1):

- Fast Track 5-10% of patients with 80 minute median length of stay in Emergency Department
- Increase supported discharge patients (decrease re-presentations)
- Decrease did not waits by 50% or to 1-2% of patients

Additional Nominated Projects

- Bereavement Protocol
- Psychiatry response times
- Services to elderly (70+ age group) in the emergency department
- Multidisciplinary Triage
- Fast Track Assessment Nurse
- Nurse initiated x-ray
- Nurse initiated Pathology

Future Nominated Projects

- PV bleeding protocol
- Haemophiliac bleeding protocol
- Hypothermia in trauma protocol

Project Evaluation

Components of Team Success

The following factors appear related to the success experienced by teams involved in the Breakthrough Collaborative:

- Executive Sponsor buy-in. Sites with overt executive sponsorship appeared to be more successful however some sites suffered set backs during the organisational structure transition associated with network/health services change over.
- Stable staffing. Attrition of site project staff and/or senior emergency department staff was particularly detrimental to team progress
- Composition of teams. Both medical and nursing representation and support were critical to the success of teams.
- Emergency Department Director support. Sites with Directors who were openly supportive of the projects and attended Learning Sessions tended to do better than sites without this sponsorship.
- Provision and understanding of improvement methodology
- Understanding concepts of change dynamics
- Empowerment of Nursing staff

Participant Evaluation:

The Participant Evaluation was overwhelmingly positive about the Breakthrough Collaborative Experience with 94% of teams rated the Breakthrough Collaborative experience as either good or excellent with no teams rated the Breakthrough Collaborative as of no benefit or poor. 78% of teams reported that Breakthrough had produced enduring changes in their emergency department. 89% of teams reported that the improvement methodology employed in the Breakthrough Collaborative would be utilised in the future.

Patient Satisfaction:

All sites (including The Northern Hospital) were expected to participate in an Emergency Department Specific Patient Satisfaction Survey. The Press, Ganey Associates survey was chosen, utilising a group contract to reduce cost for all Victorian Sites. The Canberra Hospital continued with the Parkside survey that had been utilised on site previously.

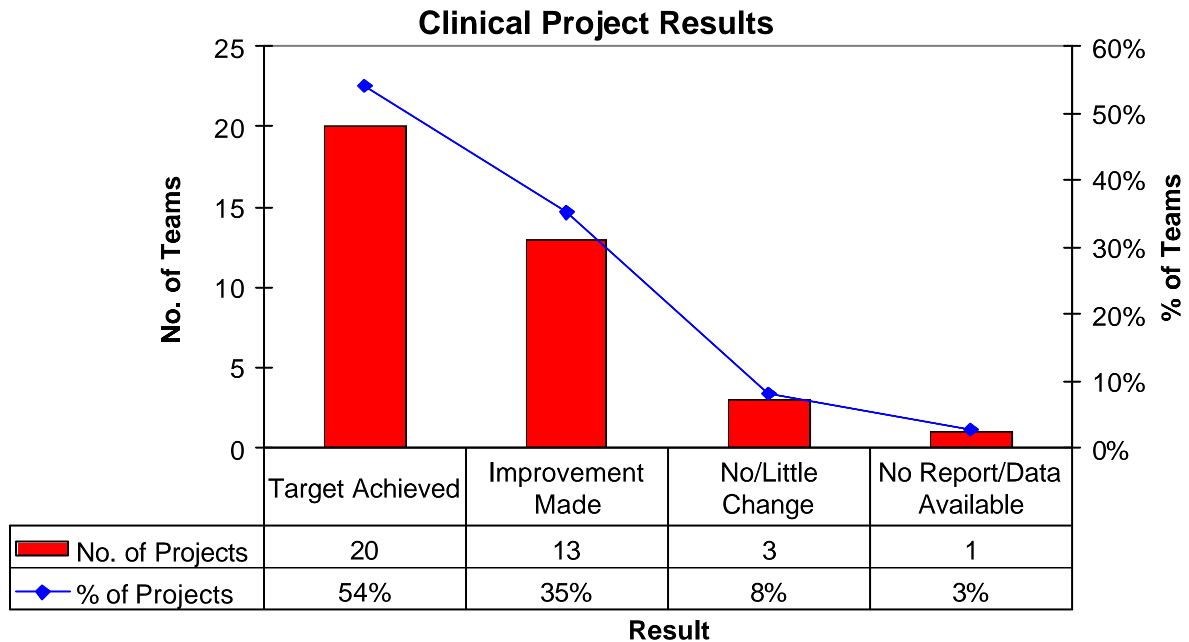
Return rates for Emergency Department surveys across participating Victorian sites varied from 20 to 40% with a median of 24.5%. The corresponding return rate within the US is in the 18-22% range.

Each site with submitted survey returns (17 out of 18 sites) received a 1st Quarter report in mid May 2001. 1st Quarter report overall ratings ranged from a 72.0 low to an 81.1 high with a median of 77.0.

Sites are beginning to analyse data from the 1st Quarter report and look at issues relating to patient satisfaction in the Emergency Department. It is expected that this analysis will assist sites to plan improvement strategies. Press, Ganey Associates are able to offer assistance to sites with specific patient satisfaction issues.

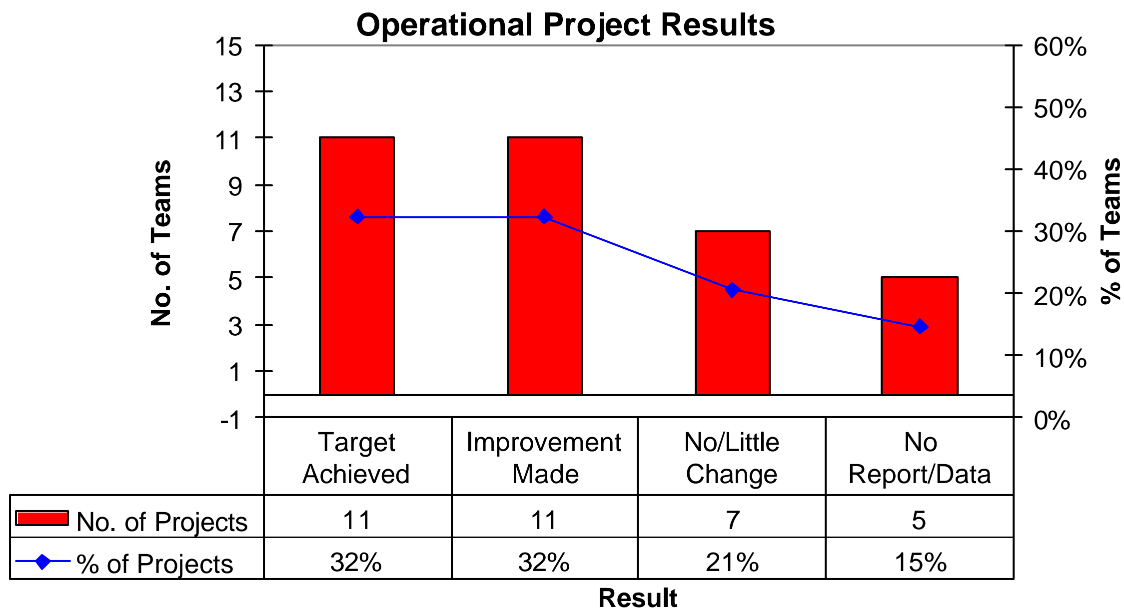
Clinical Projects:

37 clinical projects were attempted (refer to pages 18 to 21 for projects listed by site) with 89% of projects recording improvement or target achieved. 3% of projects had no data or report available. Sites have nominated 17 new projects.



Operational Projects:

29 formal operational projects were attempted (refer to pages 22 to 25 for projects listed by site) with 64% recording improvement or target achieved. Of note data/reports were not available for 15% of operational projects. A further five sub-projects were monitored/reviewed. Sites have nominated 10 future projects.



The Breakthrough Collaborative Methodology

The Breakthrough Collaborative Process

Once the Victorian Department of Human Services approved and funded the Breakthrough Collaborative project, interested hospitals were approached to nominate their team and the planning group was established in July 2000. The Institute for Healthcare Improvement coached the planning group and assisted in establishing collaborative goals, during a two-day visit to Melbourne in August 2000.

Figure 1 summarises the Breakthrough Collaborative process, including pre-work, Learning Sessions (LS), Action Periods (AP) and Collaborative Support.

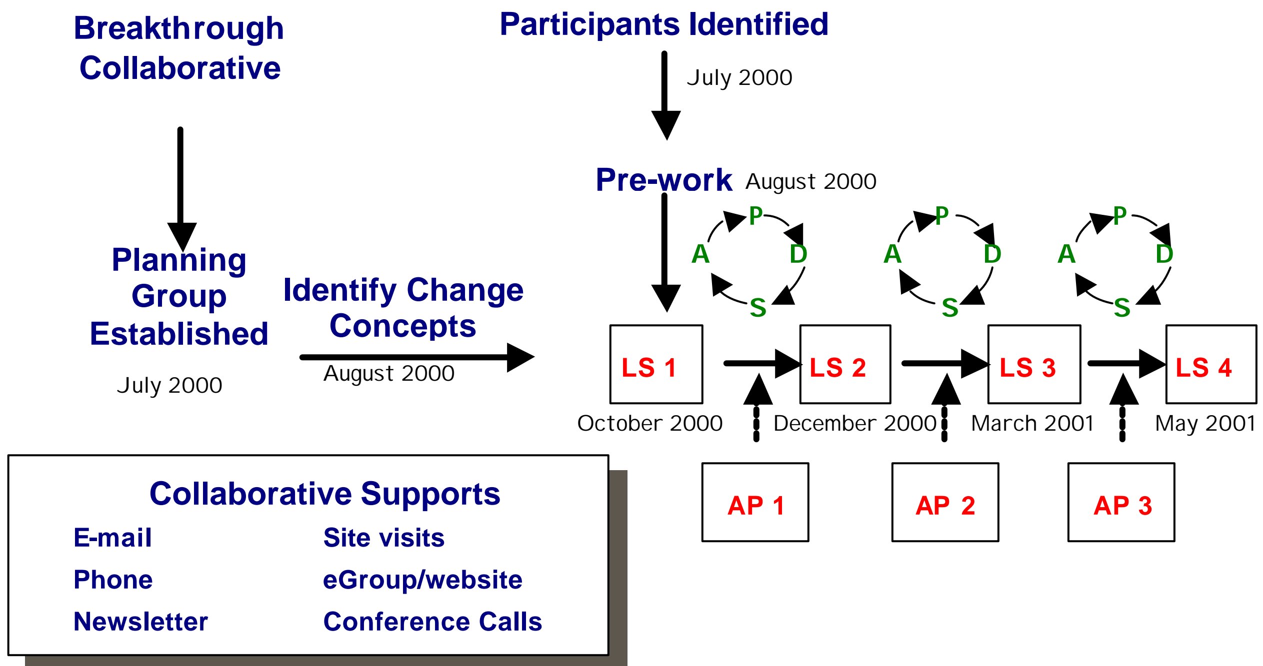


Figure 1: The Breakthrough Collaborative Process.
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Collaborative Supports: Linking Participants

Communication between participating sites was paramount in facilitating collaboration between the sites. The communication strategy for the Breakthrough Collaborative included:

- Learning Sessions: Four Learning sessions held over the 10 months (See Appendix 1 for Learning Session Agendas). Learning Sessions were the major integrative events of the Collaborative. Through plenary sessions, small group discussions and team meetings held over one to two days, attendees had the opportunity to:
    - Have time away from their department to focus on important issues for their department and the system.
    - Learn from colleagues.
    - Receive individual coaching from Planning Group members.
    - Gather new information on the subject matter and process improvement techniques.
    - Share information and collaborate on improvement plans.
    - Develop clinical improvement ideas.
- Monthly Reporting: Each organisation was expected to submit a monthly report documenting team aims, measures and changes to date. Data was graphed to clearly demonstrate progress.
- Conference Calls. Team Conference Calls followed the submission of each monthly report. The purpose of these calls was to provide feedback to the teams; follow-up any issues arising from the team's improvement plans and ensure teams linked to one another to share experiences.
- Email Group Website: The eGroup/Yahoo group was established to allow communication between participants who work variable hours/shifts and maintain a current list of email addresses. The website functioned to include:
    - Files eg policies and procedures, learning session sideshows & information, conference call schedules, etc
    - Email group
    - Calendar for reminders of upcoming events
    - All sites were required to have 1 member subscribed to the website
- One-on-one tuition to sites/individual participants via:
    - Telephone
    - Email
    - Fax
    - Mail
    - In person
- Newsletters: Monthly newsletters included a summary of all projects by site plus monthly reports from all sites.

The Model for Improvement

The Model for Improvement utilised in The Breakthrough Collaborative is based upon the same Model for Improvement utilised in the IHI Breakthrough Series. This model also forms the basis of the theory in The Improvement Guide[1]. The Model for Improvement assumes:

- The utilisation of purposive sampling of qualitative data to assist in refining a change
- The collection of data directly related to team aims
- Knowledge being built sequentially, using multiple Plan-Do-Study-Act (PDSA) cycles, e.g. within a short time period, a shift, a unit, a few clinicians
- The collection of data relating to sub-components of the system during cycles to determine the effect/s of a change.

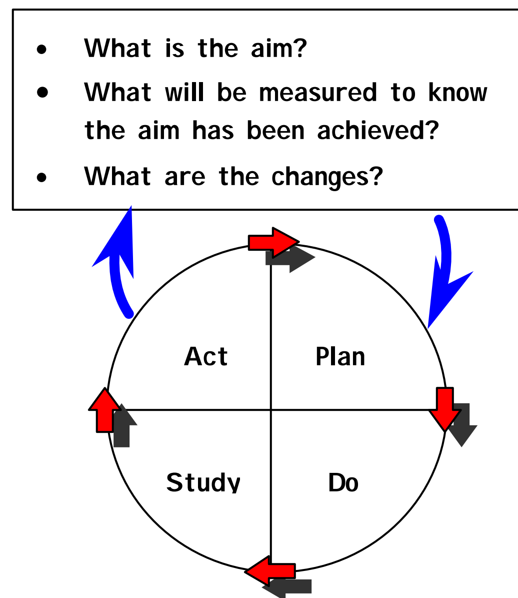

Figure 2: The Model for Improvement.
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The Planning Group

The conduct of the Collaborative and the responsibility for guiding and monitoring teams' performance was the responsibility of the Planning Group. Members of the planning group (listed below), all of whom had specific clinical/technical or management skills and/or expertise, were involved in regular contact with each and all of the sites. On a day to day basis, the project was overseen by a full time Project Director.

The Planning Group consisted of a Collaborative Leader, 3 Emergency Department Consultants/ Directors, 3 Emergency Department Senior Nurses, a data expert and two Project Officers.

Dr Jenny Bartlett,
Director of Medical Services
The Royal Melbourne Hospital
Email: Jenny.Bartlett@mh.org.au

Professor Peter Cameron
Director of Emergency Medicine
The Royal Melbourne Hospital
Email: Peter.Cameron@mh.org.au

Assoc. Professor Donald Campbell
Clinical Epidemiology & Health Service Evaluation Unit
The Royal Melbourne Hospital
Email: Donald.Campbell@mh.org.au

Ms Maree Cisera
Breakthrough Collaborative Project Director
Email: Maree.Cisera@mh.org.au

Dr Andrew Dent
Director of Emergency Medicine
St. Vincent's Hospital
Email: Dentaw@svhm.org.au

Dr Marcus Kennedy
Director of Emergency Medicine
Angliss Health Services
Email: markenne@angliss.org.au

Ms Dana Kiley
Emergency Nurse Coordinator
Dandenong Hospital
Email: d.kiley@southernhealth.org.au

Ms Margaret McLeod, *(until February 26, 2001)*
Emergency Nurse Unit Manger,
Barwon Health, Geelong Campus
Email: margiem@barwonhealth.org.au

Ms Hilary Riggs *(until November 8, 2000)*
Breakthrough Collaborative Project Officer

Ms Elizabeth Virtue
Emergency Nurse Unit Manager
The Royal Melbourne Hospital
Email: Elizabeth.Virtue@mh.org.au

The Breakthrough Collaborative Evaluation

Evaluation Criteria

The Breakthrough Collaborative evaluation covers the following criteria:

- Participant Evaluation Questionnaire
- Participation by involved organisations (submission of reports, attendance at Learning Sessions, participation in conference calls)
- Team Assessment Scores
- Project Outcomes

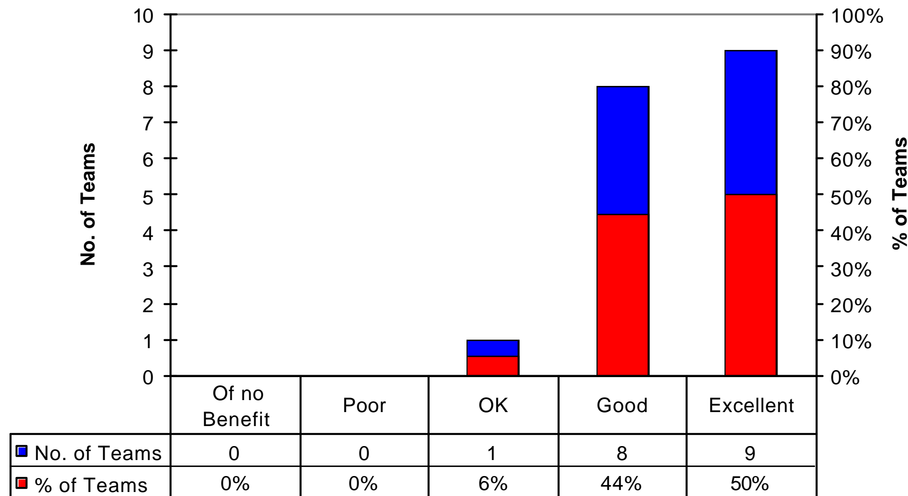
Participant Evaluation Questionnaire

Sites (with the exception of Northern Hospital who were observing) completed a Breakthrough Collaborative evaluation questionnaire at Learning Session 4 (see Appendix 2 for questionnaire). The results of this questionnaire follow:

Q1. Overall, how does your team rate the Breakthrough Collaborative experience?

94% of teams rated the Breakthrough Collaborative experience as either good or excellent.
No teams rated the Breakthrough Collaborative as poor or of no benefit.
Comments were centred on the following themes:

- Communication/Collaboration (7 comments)
- Development of Improvement Culture (5 comments
- Learning Session Content Useful (2 comments)
- Motivational for staff (1 comment)

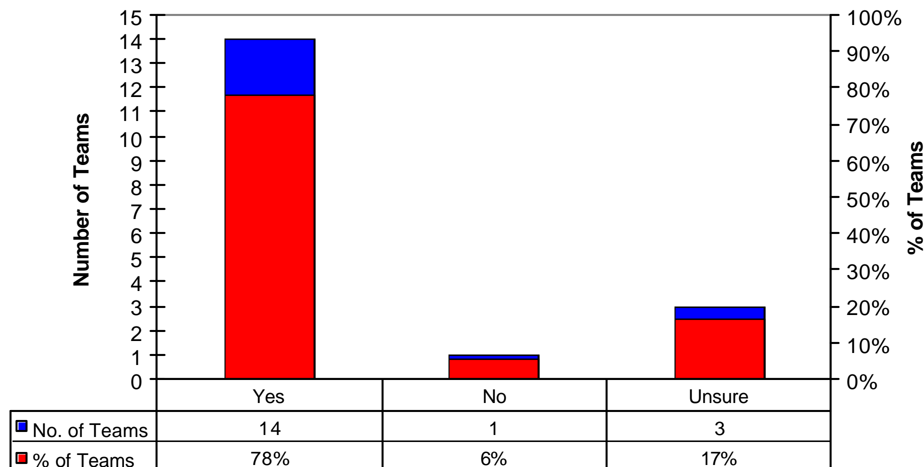


	Of no Benefit	Poor	OK	Good	Excellent
No. of Teams	0	0	1	8	9
% of Teams	0%	0%	6%	44%	50%

Q2. Has participation in the Breakthrough Collaborative produced enduring changes, in departmental or organisational practices?

78% of teams reported that Breakthrough had produced enduring changes, 17% were unsure and 6% reported that no changes were produced stating that Breakthrough was not expansive/analytical enough.
Comments were centred on the following themes:

- Changes had been made/initiatives implemented (8 comments)
- Establishment of a data collection culture (3 comments)
- Unsure – time will tell (3 comments)
- Developed alliances between emergency department and other areas in the hospital (1 comment)
- Promoted staff enthusiasm (1 comment)



	Yes	No	Unsure
No. of Teams	14	1	3
% of Teams	78%	6%	17%

Q3. Please list the 5 most important factors that assisted your team/organisation's participation in the Breakthrough Collaborative.

The following themes emerged in relation to factors that assisted team participation in the Breakthrough Collaborative:

- Dedicated project staff/time allocated to participate in project (17)
- Methodology utilised/project support (17)
- Program structure/deadlines (14)
- Funding provided (8)
- Executive Sponsor buy-in (7)
- Collaboration with other emergency departments (7)
- Data focus (4)
- Achievable aims/goals (3)
- Cooperation from other departments in hospital (3)
- Staff commitment and reception to change (2)
- Ownership of project by staff (2)
- Central location for Learning Sessions (1)
- Blair Agreement (1)

Q4. Please list the 5 most important factors that hindered your team/organisation's participation in the Breakthrough Collaborative.

The following themes emerged in relation to factors that hindered team participation in the Breakthrough Collaborative:

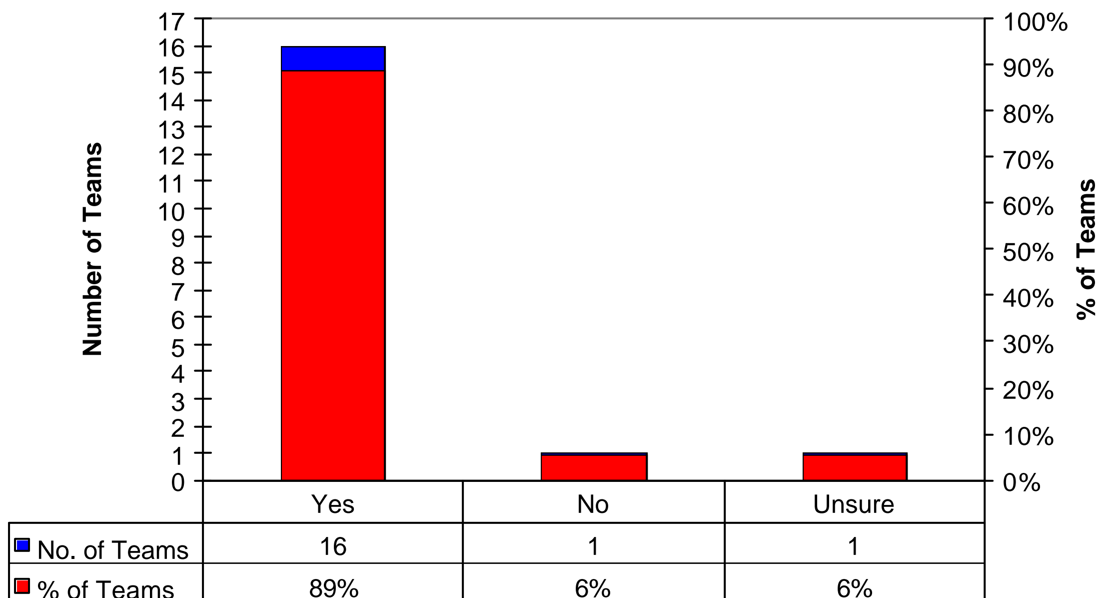
- Workload or staffing issues eg busy departments, staff attrition, communication especially between shifts, lack of senior medical staff, time constraints, workload for project team (22)
- Department culture/resistance to change (12)
- Data collection/IT issues (8)
- Current environment in emergency departments (4)
- Lack of medical/executive input or support (3)
- Competing demands (2)
- Lack of appointment of a project officer (2)
- Interdepartmental obstructions/politics (2)
- Skill mix in emergency department (1)
- Lack of senior staff involvement (1)
- Unrealistic goals (1)
- Attendance issues for Learning Sessions – rural site (1)
- Lack of direction (1)
- Medico-legal issues (1)
- Lack of momentum (1)

Q5. Has the Breakthrough Collaborative provided your department or organisation with Improvement Methodology that you will utilise in the future?

89% of teams reported that the improvement methodology would be utilised in the future, 6 % were unsure and 6% reported the methodology would not be used again, as they believe that the current methodology utilised on site is better.

Comments centred on the following themes:

- Ease of use of methodology (7)
- Collaboration/benchmarking beneficial across sites (2)
- Ongoing projects planned (2)



	Yes	No	Unsure
No. of Teams	16	1	1
% of Teams	89%	6%	6%

Q6. Please rate the following features of the Breakthrough Collaborative:

One team did not rate this question, reporting that no feature was just good or just bad.

Aside from the monthly conference calls 88 – 100% of teams rated the listed features of the Breakthrough Collaborative as Good. 29% of teams felt that the monthly conference calls were a bad feature

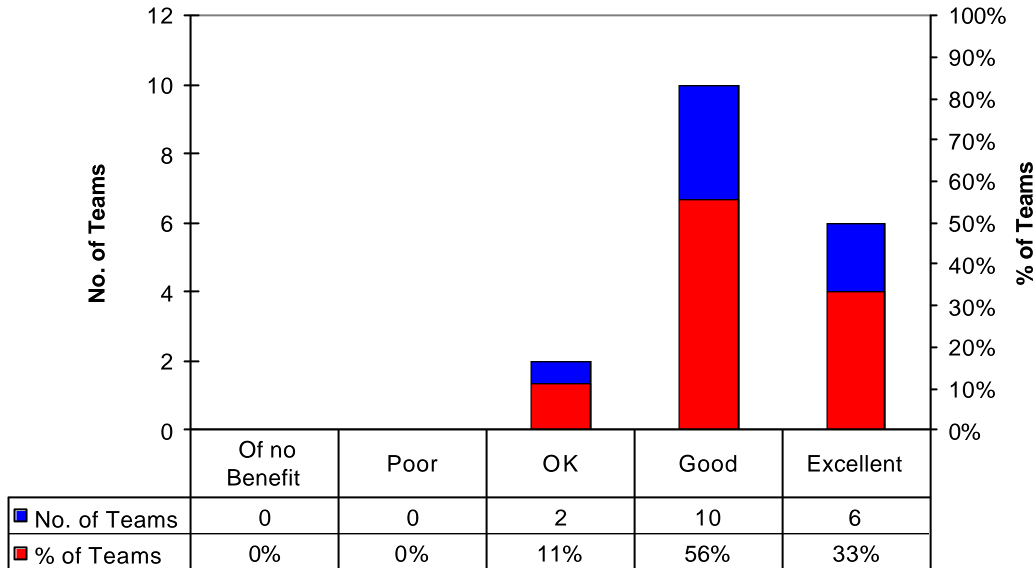
Additional features nominated by teams included:

- Networking/regular contact with other hospitals/email addresses (4)
- Site visits (1)
- The Breakthrough Collaborative System Leader (1)
- Funding to employ a project officer (1)

	Good Feature	%	Indifferent	%	Bad Feature	%
Learning Session Content	16	94%	1	6%	0	0%
Learning Session Timing	16	94%	0	0%	1	6%
Monthly Reporting	16	94%	0	0%	1	6%
Newsletters	15	88%	1	6%	1	6%
Monthly Team Conference Calls	11	65%	1	6%	5	29%
General Support for your Team	16	94%	1	6%	0	0%
Egroup/Website	15	88%	1	6%	1	6%
Regularity of communication	17	100%	0	0%	0	0%

Q7. How would you rate the communication strategies employed during the Breakthrough Collaborative?

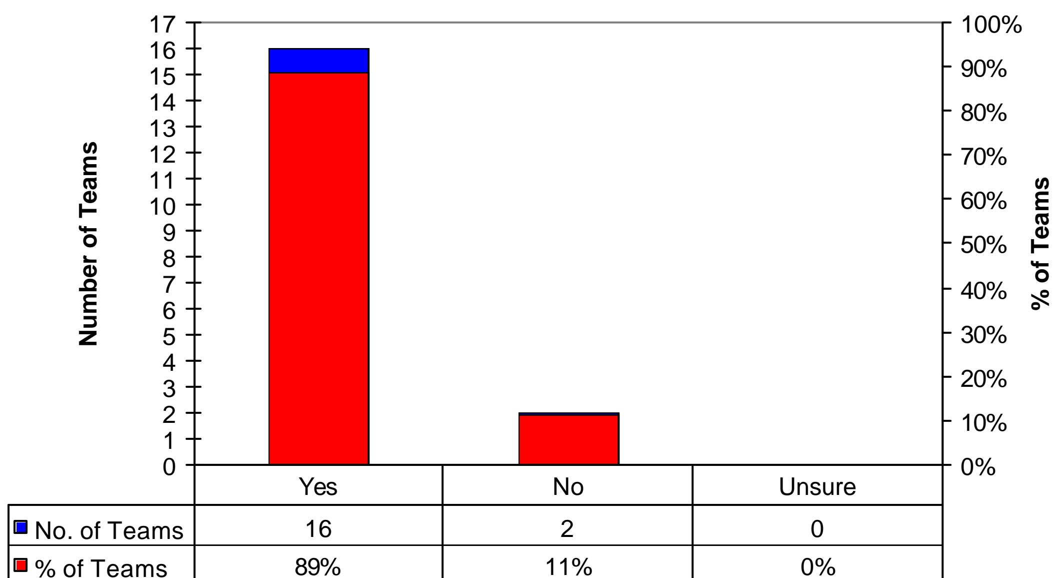
89% of teams rated the communication strategies utilised in the Breakthrough Collaborative as good or excellent with no teams rating the strategies as poor or of no benefit.
Comments centred on the availability of a full time project director overseeing the Breakthrough Collaborative with comprehensive and timely response to queries/concerns utilising different mediums for communication (eGroup/email and telephone conferences and calls).



Q8. Would your team or organisation be interested in participating in another Breakthrough Collaborative on a different topic?

89% of teams were interested in participating in another collaborative on a different topic while 12% were not interested due to other competing projects and/or a different methodology adopted in the emergency department.
Comments centred on the following themes:

- Topic relevant to emergency department (3)
- Pending funding allocation (1)
- Morale boosting for staff (1)
- Pending availability of executive and senior medical staff support (1)



Participation by involved organisations:

All involved Victorian sites attended each of the learning sessions. The Canberra Hospital was unable to attend learning session #4 due to industrial disputation in their Emergency Department at the time of the learning session. Core team member attendance was impossible to achieve due to the variability of rostering and other commitments.

Monthly reporting was expected from all Breakthrough Collaborative teams. A Microsoft Excel Template was provided to facilitate reporting. Report submission was variable with a trend of higher numbers of reports submitted over the lifespan of the Breakthrough Collaborative:

Report Number	Date	% Received
Report 1	November 2000	78%
Report 2	December 2000	83%
Report 3	January 2001	83%
Report 4	February 2001	83%
Report 5	March 2001	83%
Report 6	April 2001	94%
Report 7	May 2001	100%

Team Assessment Scores

Teams self-rated their own performance and were also rated by the Breakthrough Collaborative Project Director using the following assessment scale:

Assessment Scale

1. **No Demonstrated Activity**
   Attending Learning Sessions but initiating no improvement activity or no reports.
2. **Activity but no improvements in practice**
   Actively engaged in the effort, for example collecting data, but initiatives do not include any change in practice.
3. **Modest improvement**
   Actively engaged in the effort with evidence of a high leverage change in practice in one of the following areas: operational, clinical, or patient satisfaction. Data shows an indication of improvement.
4. **Significant progress**
   Measurable evidence of significant improvement consistent with the goals of the Collaborative in one of the following areas: operational, clinical, or patient satisfaction.
5. **Outstanding, sustainable progress**
   Measurable evidence of outstanding improvement in more than one of the following areas: operational, clinical, or patient satisfaction. Outstanding improvement is defined as at or near benchmark levels. (For example, fast track less than 60 minutes, admission cycle time less than 60 minutes or total length of stay less than two hours)

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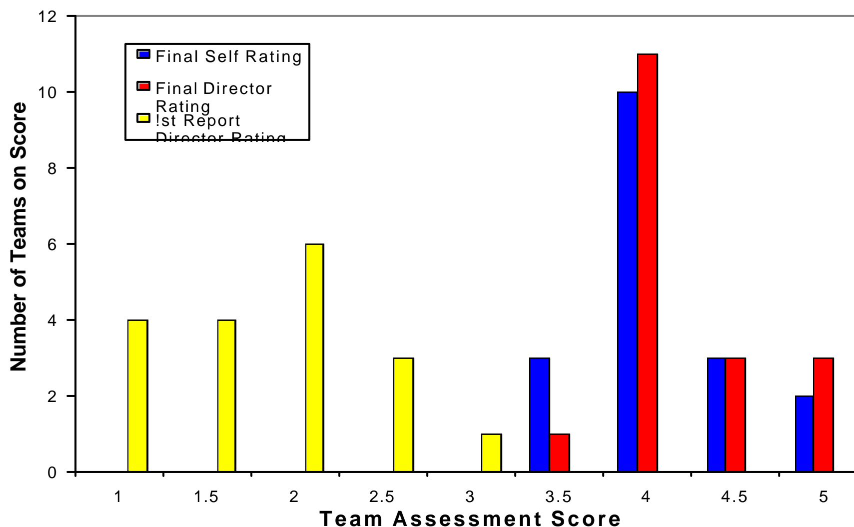
The Breakthrough Collaborative project aimed for 100% of teams to achieve an assessment score of 4 or higher. 83% of teams self-rated a score of 4 or higher and 94% of teams were Director rated with a score of 4 or higher. See table and graph for breakdown of scores.

Score	Self Rating	Self Rating %	Director Rating	Director Rating %
1	0	0%	0	0%
1.5	0	0%	0	0%
2	0	0%	0	0%
2.5	0	0%	0	0%
3	0	0%	0	0%
3.5	3	17%	1	6%
4	10	56%	11	61%
4.5	3	17%	3	17%
5	2	11%	3	17%
Total	18	100%	18	100%



Project Outcomes

Clinical and Patient Satisfaction Aims by Site								
Organisation	**Time to Thrombolytics**	**Time to Antibiotics in Pneumonia**	**Time to Antibiotics in Neutropenia**	**Time to Analgesia**	**TIA**	**Ottawa Ankle Rules**	**Other**	**Patient Satisfaction**
Angliss Health Service	<30 minute median ***Target Achieved***			20 minute median for IV narcotics ***Target Achieved***		<90 min median LOS for ankle/ foot injuries ↓inappropriate x-rays ***No/Little Change***		80% overall rating and Benchmark ***Target Achieved***
Austin & Repatriation Medical Centre		***Future Project (60 mins)***	***Future Project***	20 minute median for all fractures and IV opiates ***Improvement Made***				80% overall rating
Barwon Health				20 minute median ***Target Achieved***		20-30% ↓ in ankle/foot x-rays 90 min median LOS in ED ***Improvement Made***		80% overall rating ***Target Achieved*** ↓ complaints and did not waits
Bendigo Health Care Group				20 minute median for IV Narcotics ***Improvement made***				Benchmark and identify common themes of discontent
Box Hill Hospital	80% in <1 hour with <30 minute median ***Improvement made***		<60 minute median ***Target Achieved***	30 minute median for parenteral analgesia ***Improvement made***				Benchmark against other sites

Clinical and Patient Satisfaction Aims by Site								
Organisation	**Time to Thrombolytics**	**Time to Antibiotics in Pneumonia**	**Time to Antibiotics in Neutropenia**	**Time to Analgesia**	**TIA**	**Ottawa Ankle Rules**	**Other**	**Patient Satisfaction**
Dandenong Hospital	30 minute median 100% within 60 mins ***Target Achieved***	***Future Project***		<30 minute median for IV narcotics ***Target Achieved for Renal Colic***			***Future Project*** ***Bereavement Protocol for ED***	Benchmark against other sites
Goulburn Valley Health	≤30 minute median ***Target Achieved***		***Future Project – Initial data collection commenced***	≤ 30 minute median for IV/IM narcotics ***Target Achieved***				Benchmark against other sites
Latrobe Regional Hospital	***Already monitoring- will continue to monitor***	60 minute median ***Improvement Made***		30 minutes for 30% of patients (oral analgesia) ***Target Achieved*** (IV analgesia) ***Improvement Made***		***Future Project – Nurse Initiated X-Ray and Ottawa Ankle Rules***		Benchmark against other sites
Maroondah Hospital	<30 min median (60% within 20 mins) ***Target Achieved***			20 minute median time to analgesia ***Improvement Made***				Benchmark against other sites 80th Percentile
Monash Medical Centre				<30 minute median for IV narcotics ***Target Achieved***			***Future Projects: Protocol for PV Bleeding*** ***Bereavement Protocol for ED***	Benchmark against other sites
Peninsula Health Service	<30 minutes for 80% patients ***Target Achieved***			80% within 30 minutes (narcotic analgesia) ***Improvement Made***				Benchmark against other sites

Clinical and Patient Satisfaction Aims by Site								
Organisation	**Time to Thrombolytics**	**Time to Antibiotics in Pneumonia**	**Time to Antibiotics in Neutropenia**	**Time to Analgesia**	**TIA**	**Ottawa Ankle Rules**	**Other**	**Patient Satisfaction**
St. Vincent's Hospital				20 minute median for IV narcotics ***Improvement Made***				Benchmark 80% Overall Rating ***Target Achieved***
Sunshine Hospital				↓ time to pain relief in children with painful limb injuries by 25% ***Target Achieved***				Benchmark against other sites
The Alfred Hospital	30 minutes median ***Target Achieved***		***Future Project***	***Future Projects – Time to Analgesia (IV and in trauma)***			***Future Projects – Hypothermia in Trauma & Haemophiliac Bleeds***	80% overall rating
The Canberra Hospital			20% improvement (60 minute median) ***No Report Available***	20% improvement in median time (30 minute median) for bedded patients ***Target Achieved***				Improve pain management satisfaction
The Northern Hospital	Observing Only							Benchmark against other sites
The Royal Children's Hospital			ABs within 30 minutes for all children with fever 7-10 days post Chemo ***Improvement Made***	15 minutes in 90% of children with suspected # forearm ***Target Achieved***				Benchmark against other sites

Clinical and Patient Satisfaction Aims by Site								
Organisation	**Time to Thrombolytics**	**Time to Antibiotics in Pneumonia**	**Time to Antibiotics in Neutropenia**	**Time to Analgesia**	**TIA**	**Ottawa Ankle Rules**	**Other**	**Patient Satisfaction**
The Royal Melbourne Hospital	< 30 minute median ***Target Achieved*** angioplasty <60 min median ***Target Achieved***	< 60 minute median ***Target Achieved***	< 30 minute median ***Improvement Made***	< 20 minutes in 75% of patients (narcotic analgesia) ***No/Little Change*** (oral analgesia) ***Target Achieved***	***Future Project***	***Future Project***	Protocol for management of deceased patients ***No/Little Change***	Benchmark against other sites
Western Hospital				20 minute median for IV narcotics ***Improvement Made***				Benchmark against other sites

***See Appendix 3 for final site reports**

Operational Aims by Site

Organisation	Fast Track	Admissions	X-Ray	Pathology	Pharmacy	Triage	Discharge	Other
Angliss Health Service	5-10% of patients <60 minute median LOS ***Target Achieved*** <60 minute median LOS for Fast Track ***Improvement Made***	↓ time from bed request to IP bed by 20% ***Target Achieved***						
Austin & Repatriation Medical Centre		↓ time from presentation to bed request by 20% ***Improvement made with MDT for Triage Cat. 3 & 4***					↓ LOS for discharged patients by 20% ***Improvement made with MDT for Triage Cat 3 & 5***	
Barwon Health		↓ time from presentation to bed request by 20% or more ***Target Achieved***	Decrease TAT by 20% ***No/Little Change***					
Bendigo Health Care Group								↓ LOS for 70+yo pts (admission & discharge) by 20% ***Improvement made for discharged pts***

Operational Aims by Site								
Organisation	**Fast Track**	**Admissions**	**X-Ray**	**Pathology**	**Pharmacy**	**Triage**	**Discharge**	**Other**
Box Hill Hospital	***Trialed – potential future project***	↓ time from presentation to bed request by 20% or more ***Target Achieved***		***Reviewed but not formal project***				
Dandenong Hospital	***Future Projects:*** ***Nurse Initiated X-ray*** ***Nurse Initiated Pathology***		↓TATs for Diagnostic imaging (Fast Track & all) ***Improvement Made***	↓TAT to 60 mins median for Pathology ***Target Achieved***				
Goulburn Valley Health	***Trialed will be Future Project***			↓ turnaround time for results by 25% ***Target Achieved***				***Measure did not waits***
Latrobe Regional Hospital	***Future Project***	***Future Project – Time from Presentation to Bed Request***						↓ median LOS for ED patients (d/ched & admitted) by 20% ***No/Little Change***
Maroondah Hospital	***Future Project – Trial Fast Track***			60 min TAT (standard tests) 30 min TAT (troponin, cardiac enzymes) ***No/Little Change***				↓ time to psychiatric referral ***Improvement Made***

Operational Aims by Site

Organisation	Fast Track	Admissions	X-Ray	Pathology	Pharmacy	Triage	Discharge	Other
Monash Medical Centre			↓TATs for Diagnostic imaging (Fast Track) ***No/Little Change*** ***Future Project Nurse Initiated Radiology***	↓TAT for Pathology ***Improvement Made*** ***Future Projects: ¯TAT of urine for micro. culture & sensitivity Nurse Initiated Pathology***				***Review of Exercise Stress Test***
Peninsula Health Service	9-10% of patients with 80 minute median LOS ***Target Achieved***							
St. Vincent's Hospital		↓ time from presentation to bed request by 20% or more ***Target Achieved***						↓ did not waits to 1-2% ***No/Little Change***
Sunshine Hospital	Formalise Fast Track ***Improvement Made***	↓ time from bed request to IP bed (children's ward) by 25% ***Target Achieved***						
The Alfred Hospital	***Future Project***		***TATs reviewed as sub-process of LOS project***	***TATs reviewed as sub-process of LOS project***				↓ Total LOS by 20% by ↓LOS of d/ch pts by 25% ***No/Little Change***
The Canberra Hospital	≥ 20% of patients (80 minute median LOS) ***No Report***	↓ time from presentation to bed request by 20% or more ***No Report***						↓ Did not waits ***No Report Available***

Operational Aims by Site								
Organisation	**Fast Track**	**Admissions**	**X-Ray**	**Pathology**	**Pharmacy**	**Triage**	**Discharge**	**Other**
	Available	***No Report Available***						
The Northern Hospital	Observing at this stage							
The Royal Children's Hospital	Fast Track 10% of pts with 30 min cycle ***Commenced-no data available***							
The Royal Melbourne Hospital	↑ throughput of Fast Track patients median cycle time of 80 minutes ***Improvement Made***			Formalise nurse initiated pathology protocols ***Implemented – no/little change***			↑ d/ch planning & Care coordinator involvement ***No Report Available***	
Western Hospital	Median LOS <80 minutes 60% of Cat 4 pts seen within 60 mins ***Improvement Made***		Reduce TAT and delays in medical imaging ***Improvement Made***	Bloods 90% <20 mins (urgent), ***Target Achieved*** 80% <90 mins (semi-urgent) ***Target Achieved***				

***See Appendix 3 for final site reports**

Financial Report

Project Funding

Participating Hospitals were funded at $40,000 each to cover staff backfill, printing and mailing costs of patient satisfaction surveys and project participation ($720,000).

A budget of $380,000 was initially allocated to manage the project. A further $208,440 was received to fund the Press Ganey Emergency Department Patient Satisfaction Survey in 2000-2001 with a further $15,120 expected for the 2001-2002 financial year.

Victorian site participation funding @ $40000/site (18 sites)	$ 720000
Project Management/Administration Funding	$ 380000
Press Ganey Funding (2000-2001)	$ 208440
Press Ganey Funding (2001-2002)	$ 15120
Total Budget Allocation for project	**$ 1323560**

Project Expenditure

Each individual site was responsible for the expenditure of the allocated $40000 for staff backfill and administration of the Patient Satisfaction Survey. Some sites choose to appoint a project officer/manager to coordinate and oversee site projects, generally sites who chose this option were likely to achieve changes more quickly than those that did not. Many sites reported difficulty accessing the site participation funding due to the money being bundled with the Winter Emergency Demand Strategy (WEDS) bundle of funding without clear identification. This confusion delayed several sites in appointing additional staff for backfill, etc.

The Press Ganey Emergency Department Patient Satisfaction Survey funding was reserved specifically for the survey costs (contract and processing fees) with sites expected to provide staffing, stationery and stamps. This funding was calculated on an AUS$:US$ exchange rate of 0.50. Sites were allowed up to 700 surveys per quarter for processing.

The project management allocation ($380000) was utilised to purchase IHI intellectual property, cover administrative costs (including the 6 days of learning sessions for approximately 80 participants) and provide staffing for the collaborative.

Recommendations:

1. Collaboration:

1.1. Ongoing collaboration between emergency department staff has been a major benefit of this project. Department of Human Services should consider hosting 3-4 monthly meetings of emergency department physicians and nurses to foster this engagement.

1.2. In addition collaboration between Doctors and Nurses in other areas eg ICU/Operating suite would be of benefit. Similar forums should be considered for this group.

1.3. Continuation of the email group/website until at least November 2001 (with a review of the usefulness of the site by participants at this time) is recommended to assist in maintaining the collaborative nature of the Breakthrough Collaborative. The Royal Melbourne Hospital Quality Management Project Officer will manage the site in the short term. If it remains a valuable tool an emergency department physician or nurse could take on the responsibility/maintenance of the site.

2. Future Funding of Similar Projects:

2.1. Department of Human Services should consider, in negotiations with Health Services, ensuring funding is allocated to emergency departments to give staff (medical and nursing) specific time to undertake Quality Improvement Projects.

2.2. As previously stated (financial report) several sites had difficulty accessing/locating the site participation funding due to the bundling of WEDS allocations without adequate identification. It is recommended that the funding is allocated separately for future projects or with clearer guidelines given to Health Services as to the amount and specifics of funding (both to targeted departments and finance departments).

3. Participation in Other Breakthrough Topics:

3.1. The momentum achieved should be used to leverage other topics in Health Services. This needs to be clearly detailed and funded.

3.2. Participation should have some degree of voluntary component ie not all Health Services should be expected to participate if unwilling

3.3. In addition, ongoing collaboration with the Institute of Healthcare Improvement in Boston, United States, is recommended.

4. Patient Satisfaction Survey:

4.1. A twelve-month contract was established in December 2000 for each of the 18 participating Victorian Sites. This Press, Ganey Associates Emergency Department Patient Satisfaction Survey should be supported until at least November 2001. Consideration for extending the Emergency Department Patient Satisfaction Survey should be addressed by Department of Human Services.

4.2. Sites should be encouraged to utilise the Press, Ganey Associates resources to optimise improvement opportunities and ensure best value from funding.

4.3. A half-day patient satisfaction workshop is recommended for November 2001, at which time most sites will have received 3 reports from Press, Ganey Associates. Details of this workshop to be determined

5. Empowerment:

5.1. Nurse initiated X-rays and Pathology against agreed protocols were powerful drivers in the project. It is recommended that the Nurse Practitioner project build on these successes.

Bibliography

[1] **Langley GJ, Nolan KM, Nolan TW, Norman CL & Provost LP.** *The Improvement Guide: a practical approach to enhancing organizational performance.* 1996

Further Information

Institute of Healthcare Improvement:

www.ihi.org

Press, Ganey Associates:

www.pressganey.com

Breakthrough Collaborative egroup (note restricted to members only):

http://groups.yahoo.com/group/breakthroughcollaborative

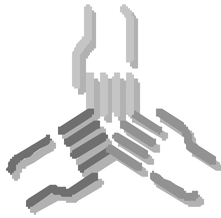
Appendix 1: Learning Session Agendas

Learning Session #1 – October 17 & 18, 2000

Learning Session #2 – December 5, 2000

Learning Session #3 – March 6, 2001

Learning Session #4 – May 29 & 30, 2001



Breakthrough Collaborative Project

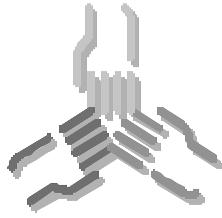
Reducing Waits and Delays and Improving Patient Satisfaction in the Emergency Department

Learning Session #1 Agenda

Mary Aikenhead Conference Centre, St. Vincent's Hospital

Corner Nicholson Street and Victoria Parade, Fitzroy

Day 1 - Tuesday, October 17, 2000		
Time	**Session**	**Location**
8:00 a.m.	**Registration/Storyboard Setup.**	**Brenan Hall**
9.00 a.m.	**Welcome** *The Hon John Thwaites, MP*	**Michael Chamberlin Lecture Theatre**
9.10 a.m.	**Learning Session Overview and Objectives** *Maree Cisera*	**Michael Chamberlin Lecture Theatre**
9.20 a.m.	**The Breakthrough Collaborative** *Jenny Bartlett*	**Michael Chamberlin Lecture Theatre**
9.50 a.m.	**A Breakthrough Strategy for Improvement in Emergency Departments** *Peter Cameron* The Breakthrough Collaborative Goals	**Michael Chamberlin Lecture Theatre**
10:30 a.m.	**Morning Tea**	**Brenan Hall**
11:00 a.m.	**Areas for improvement** *Peter Cameron* Vignettes presented by: Pain Management – Liz Virtue Thrombolysis – Marcus Kennedy Triage Nurse initiated investigations – Jacqui Allen Fast Track – Gino Toncich Supported Discharge Patients – Annie Bienieck EMU - Andrew Dent	**Michael Chamberlin Lecture Theatre**
12:45 p.m.	**Lunch**	**Brenan Hall**
1:30 p.m.	**Setting Aims, Identifying Measures and Changes** *Peter Cameron* Preparation for Team Meetings	**Michael Chamberlin Lecture Theatre**
2:00 p.m.	**Team Meetings** *Complete Self-Assessment on Matrices and Worksheets for Aims, Measures and Changes*	**Brenan Hall** ***Teams to assemble at their storyboard***
3:00 p.m.	**Afternoon Tea**	**Brenan Hall**
3:30 p.m.	**Work Shops – Clinical & Executive Sponsor**	
	Thrombolysis (30 minutes)- Marcus Kennedy & Dana Kiley	**Michael Chamberlin Lecture Theatre**
	Antibiotics (30 minutes)- Gino Toncich & Hilary Riggs	**Brenan Hall**
	Pain Management (30 minutes)- Liz Virtue & Maree Cisera	**Brenan Hall**
	Ankle Injuries (30 minutes)- Andrew Dent & Margie McLeod	**Gonzaga Room**
	Executive Sponsors (1 hour) – Craig White	**Dorothea Room**
4:30 p.m.	**Executive Sponsor Summary** *Craig White (Austin Hospital)*	**Michael Chamberlin Lecture Theatre**
4.50 p.m.	**Direction for 2nd Day** *Maree Cisera*	**Michael Chamberlin Lecture Theatre**



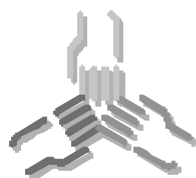
Learning Session #1 Agenda

Mary Aikenhead Conference Centre, St. Vincent's Hospital

Corner Nicholson Street and Victoria Parade, Fitzroy

5.00 p.m.	**Day 1 Adjourns**	

Day 2 - Wednesday, October 18, 2000		
Time	**Session**	**Location**
8:15 a.m.	**Review of Day One and Overview of Day Two** *Maree Cisera*	**Michael Chamberlin Lecture Theatre**
8.30 a.m.	**Patient Satisfaction** *Jenny Bartlett & Liz Virtue*	**Michael Chamberlin Lecture Theatre**
9.00 a.m.	**Work Shops – Operational Improvements**	
	• *Fast Track/Enhanced Triage/Discharge/Did not wait – Liz Virtue & Marcus Kennedy*	**Brenan Hall**
	• *Supported Discharge Patients – Dana Kiley & Jenny Bartlett*	**Radcliffe Room**
	• *Admissions – Andrew Dent & Margie McLeod*	**O'Doherty Room**
	• *Ancillary Services – Peter Cameron*	**Dorothea Room**
10:00 a.m.	**Morning Tea /Storyboard sharing**	**Brenan Hall**
10.30 a.m.	**Improvement Methodology for Breakthrough Collaborative** *Peter Cameron & Don Campbell*	**Michael Chamberlin Lecture Theatre**
11.30 a.m.	**Team Meeting** *Project Planning form* *What are you going to do by Tuesday Week?* *Develop Presentation for feedback session* Lunch Provided	**Brenan Hall** ***Teams to assemble at their storyboards***
1:00 p.m.	**Work Shops: Feedback from Peers and Planning Group on Plan – Groups of 5 organisations (4 groups)**	
	• *Bendigo/Box Hill/Canberra/Northern/Royal Melbourne*	**Dorothea Room**
	• *Goulburn Valley/Peninsula/St.Vincent's/Western*	**Michael Chamberlin Lecture Theatre**
	• *Austin/Dandenong/Latrobe/Maroondah/Royal Children's*	**O'Doherty Room**
	• *Alfred/Angliss/Barwon/Monash/Sunshine*	**Brenan Hall**
2.00 p.m.	**Action Periods** *Maree Cisera*	**Michael Chamberlin Lecture Theatre**
3:00 p.m.	**Learning Session Adjourns**	



Breakthrough Collaborative Project

Reducing Waits and Delays and Improving Patient Satisfaction in the Emergency Department

Learning Session #2 Agenda

Date: Tuesday December 5, 2000

Venue: Mary Aikenhead Conference Centre, St. Vincent's Hospital, Fitzroy

Tuesday December 5, 2000		
Time	**Session**	**Location**
8:00 a.m.	**Registration and Storyboard Setup**	**Brenan Hall**
8:30 a.m.	**Welcome** *Heather Buchan, Department of Human Services*	**Michael Chamberlin Lecture Theatre**
8:50 a.m.	**Learning Session 2 Goals and Objectives** *Maree Cisera*	**Michael Chamberlin Lecture Theatre**
9:00 a.m.	**The breakthroughcollaborative eGroup** *Maree Cisera*	**Michael Chamberlin Lecture Theatre**
9:15 a.m.	**Open Forum for Questions and Answers** *Planning Group Panel*	**Michael Chamberlin Lecture Theatre**
10:00 a.m.	**Morning Tea**	**Brenan Hall**
10:30am	**Some Practical Thoughts and Lessons Learned from the First Action Period and beyond** 10:30 am Discharge Planning in the ED - *Liza Houghton, The Royal Melbourne Hospital* 10:45 am Paediatric Pain Management and other aims – *The Royal Children's Hospital Team* 11:00 am Pathology - *Dr Des Parkin, Austin* 11:25 am Imaging - *Professor Brian Tress, University of Melbourne*	**Michael Chamberlin Lecture Theatre**
11:45 a.m.	**Workshops**	
	Pain Management – *Dana Kiley & Andrew Dent*	**O'Doherty Room**
	Fast Track – *Liz Virtue & Marcus Kennedy*	**Dorethea Room**
	Presentation to bed request – *Margie McLeod & Peter Cameron*	**Radcliffe Room**
	Methodology and Measurement – *Don Campbell & Jenny Bartlett*	**Michael Chamberlin Lecture Theatre**
12:30 p.m.	**Lunch**	**Brenan Hall**
1:30 p.m.	**Patient Satisfaction** *Mary Draper, Department of Human Services*	**Michael Chamberlin Lecture Theatre**
2:30 p.m.	**Team Meetings**	**Brenan Hall**
3:00 p.m.	**Afternoon Tea**	**Brenan Hall**
3:30 p.m.	**Team Presentations and Feedback**	
	• Monash/Dandenong/Box Hill/Angliss/Northern	**Brenan Hall**
	• Royal Melbourne/Maroondah/Goulburn Valley/Western	**O'Doherty Room**
	• St. Vincent's/Bendigo/Sunshine/Alfred/Latrobe	**Gonzaga Room**
	• Barwon Health/Canberra/Austin/Royal Children's/Peninsula	**Michael Chamberlin Lecture Theatre**
4:30 p.m.	**Victorian ED Patient Satisfaction Survey Update** *Maree Cisera*	**Michael Chamberlin Lecture Theatre**
5:00 p.m.	**Learning Session Adjourns**	

Breakthrough Collaborative Project

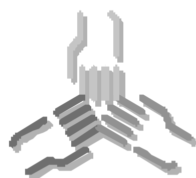
Reducing Waits and Delays and Improving Patient Satisfaction in the Emergency Department

Learning Session #3 Agenda

Date: Tuesday March 6, 2001

Venue: Mary Aikenhead Conference Centre, St. Vincent's Hospital, Fitzroy

Tuesday March 6, 2001		
Time	**Session**	**Location**
8:00 a.m.	**Registration and Storyboard Setup** *Coffee and Tea available*	**Brenan Hall**
8:50 a.m.	**Learning Session 3 Goals and Objectives** *Maree Cisera*	**Michael Chamberlin Lecture Theatre**
9:00 a.m.	**Managing Change** *Rod Anderson*	**Michael Chamberlin Lecture Theatre & Brenan Hall**
11.00 a.m.	**Morning Tea**	**Brenan Hall**
11:20 a.m.	***Success Stories*** 11:20 am Goulburn Valley Health 11:30 am Maroondah Hospital 11:40 am Sunshine Hospital 11:50 am Box Hill Hospital	**Michael Chamberlin Lecture Theatre**
12:00 p.m.	**Workshops**	
	Bereavement Protocols in the ED-Liz Virtue	**Dorothea Room**
	Nursing Escorts from ED- Dana Kiley & Alison McMillan	**O'Doherty Room**
	Strategies for managing busy times in the ED- Peter Cameron & Don Campbell	**Michael Chamberlin Lecture Theatre**
	Strategies for managing Did not Waits- Marcus Kennedy & Andrew Dent	**Gonzaga Room**
12:30 p.m.	**Lunch**	**Brenan Hall**
1:30 p.m.	**Ambulance Services and the Emergency Department** *Metropolitan Ambulance Service Representative*	**Michael Chamberlin Lecture Theatre**
2:00 p.m.	**Open Forum for Questions and Answers** *Planning Group Panel*	**Michael Chamberlin Lecture Theatre**
2:45 p.m.	**Team Meetings**	**Brenan Hall**
3:00 p.m.	**Afternoon Tea**	**Brenan Hall**
3:30 p.m.	**Team Presentations and Feedback**	
	Alfred/Bendigo/Maroondah/Royal Children's	**Brenan Hall**
	Angliss/Box Hill/Peninsula/Royal Melbourne	**Gonzaga Room**
	Austin/Goulburn Valley/St. Vincent's/Canberra	**Dorothea Room**
	Barwon/Latrobe/Dandenong/Monash/Sunshine	**O'Doherty Room**
4:30 p.m.	**Learning Session Adjourns**	



Learning Session #4 Agenda

Date: Tuesday May 29 and Wednesday May 30, 2001

Venue: Mary Aikenhead Conference Centre, St. Vincent's Hospital, Fitzroy

Day 1 – Tuesday May 29, 2001

Time	Session	Location
8:00 a.m.	**Registration and Storyboard Setup** *Coffee and Tea available*	**Brenan Hall**
9:00 a.m.	**Emergency Demand Strategy** *Sarah Goding – Department of Human Services*	**Michael Chamberlin Lecture Theatre**
9:20 a.m.	**Maintaining the Change** *Key to Maintaining the Change - Peter Cameron* *Maintenance Program – Jenny Bartlett*	**Michael Chamberlin Lecture Theatre**
10.00 a.m.	**Morning Tea**	**Brenan Hall**
10:30 a.m.	**A Guide to Interpreting your Press, Ganey Patient Satisfaction Report** *John Gordon – Press, Ganey Associates*	**Michael Chamberlin Lecture Theatre**
11:30 a.m.	**Review of Methodology** *Don Campbell*	**Michael Chamberlin Lecture Theatre**
12:00 p.m.	**Workshops**	
	Patient Satisfaction 1	*Gonzaga Room*
	Patient Satisfaction 2	*O'Doherty Room*
	Patient Satisfaction 3	*Michael Chamberlin Lecture Theatre*
	Multidisciplinary Triage	*Radcliffe Room*
12:30 p.m.	**Lunch**	**Brenan Hall**
1:30 p.m.	**Key Elements of a good Emergency Department** *Integration & Links with rest of site - Arlene Wake (chair)* *Environmental Design – George Braitberg (chair)* *Short Stay Observation Units – Sue Daly (chair)*	**Michael Chamberlin Lecture Theatre**
3:00 p.m.	**Afternoon Tea**	**Brenan Hall**
3:30 p.m.	**Key Elements of a good Emergency Department (cont.)** *Coping with Busy Times – Peter Cameron (chair)* *Staff Satisfaction & Retention – Paul Waterson (chair)*	**Michael Chamberlin Lecture Theatre**
4:30 p.m.	**Day Adjourns**	

Breakthrough Collaborative Project

Reducing Waits and Delays and Improving Patient Satisfaction in the Emergency Department

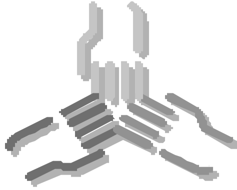
Learning Session #4 Agenda

Date: Tuesday May 29 and Wednesday May 30, 2001

Venue: Mary Aikenhead Conference Centre, St. Vincent's Hospital, Fitzroy

Day 2 – Wednesday May 30, 2001		
Time	**Session**	**Location**
10.00 a.m.	**Morning Tea on Arrival**	**Brenan Hall**
10:30 a.m.	**The Breakthrough Collaborative Overview of Achievements** ***Maree Cisera***	**Michael Chamberlin Lecture Theatre**
10:45 a.m.	**10 minutes of Learning - 6 Team Presentations** *1. Angliss Health Service* *2. Austin & Repatriation Medical Centre* *3. Goulburn Valley Health* *4. Box Hill Hospital* *5. Maroondah Hospital* *6. The Royal Melbourne Hospital*	**Michael Chamberlin Lecture Theatre**
12:00 p.m.	**Lunch/Storyboards**	**Brenan Hall**
1:00 p.m.	**10 minutes of Learning - 6 Team Presentations** *1. Barwon Health* *2. Western Hospital* *3. Peninsula Health* *4. Sunshine Hospital* *5. Bendigo Health* *6. Latrobe Regional Hospital*	**Michael Chamberlin Lecture Theatre**
2:30 p.m.	**Team Meeting**	**Brenan Hall**
2:45 p.m.	**Afternoon Tea**	**Brenan Hall**
3:15 p.m.	**10 minutes of Learning - 6 Team Presentations** *1. The Canberra Hospital* *2. Dandenong Hospital* *3. Monash Medical Centre* *4. St. Vincent's Hospital* *5. The Royal Children's Hospital* *6. The Alfred Hospital*	**Michael Chamberlin Lecture Theatre**
4:45 p.m.	**Learning Session Adjourns**	

Appendix 2: Participant Questionnaire



Participating Organisation Evaluation

This information will be utilised in evaluating The Breakthrough Collaborative. Please complete BOTH SIDES of this form as a team during the allocated time on Wednesday May 30, 2001. Hand your completed form to the Registration Desk by the Afternoon Tea break. NOTE: Only 1 completed form per team is required.

Q1. Overall, how does your team rate the Breakthrough Collaborative experience?

☐ **Of No Benefit** ☐ **Poor** ☐ **OK** ☐ **Good** ☐ **Excellent**

Please Comment: ____

____

____

____

Q2. Has participation in The Breakthrough Collaborative produced enduring changes in departmental or organisational practices?

☐ **Yes** ☐ **No** ☐ **Unsure**

Please elaborate: ____

____

____

____

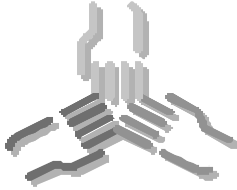
Q3. Please list the 5 most important factors that assisted your team/organisation's participation in the Breakthrough Collaborative.

1. ____
2. ____
3. ____
4. ____
5. ____

Q4. Please list the 5 most important factors that hindered your team/organisation's participation in the Breakthrough Collaborative.

1. ____
2. ____
3. ____
4. ____
5. ____

TURN OVER



Q5. Has the Breakthrough Collaborative provided your department or organisation with Improvement Methodology that you will utilise in the future?

☐ Yes ☐ No ☐ Unsure

Why/Why not? ____

____

____

Q6. Please rate the following features of The Breakthrough Collaborative:

	Good Feature	Bad Feature
Learning Session Content	☐	☐
Learning Session Timing	☐	☐
Monthly Reporting	☐	☐
Newsletters	☐	☐
Monthly Team Conference Calls	☐	☐
General Support for your Team	☐	☐
Egroup/Website	☐	☐
Regularity of communication	☐	☐
Other (please list)		
____________________	☐	☐
____________________	☐	☐
____________________	☐	☐

Comments: ____

____

Q7. How would you rate the communication strategies employed during the Breakthrough Collaborative?

☐	☐	☐	☐	☐
Of No Benefit	Poor	OK	Good	Excellent

Comments: ____

____

____

Q8. Would your team or organisation be interested in participating in another Breakthrough Collaborative on a different topic?

☐ Yes ☐ No ☐ Unsure

Why/Why not? ____

____

____

Thank you for taking the time to complete this evaluation form

Appendix 3: Final Site Reports

Reports are included from the following sites:

Angliss Health Services
Austin & Repatriation Medical Centre
Barwon Health
Bendigo Heath Care Group
Box Hill Hospital
Dandenong Hospital
Goulburn Valley Health
Latrobe Regional Hospital
Maroondah Hospital
Monash Medical Centre
Peninsula Health
St. Vincent's Hospital
Sunshine Hospital
The Alfred Hospital
The Canberra Hospital
The Royal Children's Hospital
The Royal Melbourne Hospital
Western Hospital