

Report on the Streaming care: Fast track service forum

Thursday February 12, 2009

Overview

In late 2008 the Department of Human Services (the department) released a discussion paper *Streaming care: Fast track services in Victorian hospital emergency departments*. The paper highlighted various fast track initiatives undertaken by Victorian health services over the past decade and the learning associated with these changes. It aimed to support health services re-engage in the process redesign activities that underpin fast track services.

The discussion paper informed the **Streaming care: Fast track services forum** held on 12 February 2009.

The forum was attended by 120 participants representing hospital emergency departments and redesigning care services from metropolitan, regional and rural health services from across Victoria.

The forum was designed to:

- facilitate an exchange of learning and information between health services
- identify enablers and new initiatives that would promote further innovation and streamlining of fast track services
- identify opportunities to align care processes across service and patient care pathways.

This paper contains the key points raised in discussion groups and plenary sessions at the forum.

Streaming care: Fast track services in Victorian hospital emergency departments aligns with the department's Redesigning Hospital Care Program (RHCP), a four-year statewide initiative aimed at building health service capability to create, spread and sustain improvements in the delivery of patient care through the application of process redesign methodologies.

As announced at the forum, the RHCP will consider funding fast track related ED redesign project proposals as part of the call for project submissions through each hospital's Redesign Program.

Key points from the forum

The forum was structured in a way that promoted discussion and exchange on five major topic areas:

- streaming processes and the selection of patients for fast track services
- configuring and making the best use staff in fast track services
- eliminating "waste" and improving investigation, treatment and discharge processes
- ensuring quality through service alignment, appropriate physical facilities and a continuous improvement approach

- barriers and enablers to establishing sustainable fast track services.

The key points raised in discussion groups and plenary sessions at the forum about each of these areas is presented in the following sections.

Streaming processes and the selection of patients for fast track services

Consumer needs

The first key principle of process redesign is to specify the value desired by consumers¹. Forum participants therefore considered the current and evolving needs of consumers attending hospital EDs.

There was consensus that the people presenting to an ED for minor illnesses and injuries are seeking, and therefore value:

- timely treatment with waiting times and delays kept to a minimum
- high-quality services
- access to a range of services in single location².

Participants used a supermarket analogy to describe the desire for all services to be provided in one location as a “one stop shop” approach to health. Consumers also valued and expected:

- the provision of treatment options that enabled them to make informed choices
- access to affordable services
- timely and effective access to analgesia so they are free of pain.

Areas with a high transit population that do not have a regular GP often utilise ED for primary care type services. Younger people who have moved out of home are another group without a regular GP.

The evolving needs of consumers attending EDs were widely discussed. Participants highlighted the demands generated by the ageing of the population, the increase in patient co-morbidities, perceived inappropriate referrals from primary medical practitioners and poor access to general practitioners (GPs), both during and outside business hours. Participants cited instances where consumers were unable to obtain an appointment with their GP for a number of days. A distinction was also drawn between consumer desires and the need for service. Participants indicated that ED staff regularly addressed the issue of appropriate use of emergency services with consumers.

The value of co-located after-hours GP clinics in reducing demand for ED services was also canvassed as an effective alternative to fast track, particularly for category 5 patients.

Streaming processes

After identifying the current and evolving needs of consumers, forum participants considered the criteria for streaming patients to fast track services and their alignment with consumer needs.

¹ Department of Human Services, 2008, *Streaming care: Fast track services in Victorian hospital emergency departments*, Melbourne. p.4.

² Booz Allen Hamilton, 2007, *Key drivers of demand in the emergency department in New South Wales*, NSW Department of Health, Sydney, pp.54 -58.

Dr Tony Kambourakis, Director of Emergency Services at Monash Medical Centre (MMC) initiated the discussion with a presentation about the introduction of patient streaming, the development of clinical pathways and inclusion and exclusion criteria for the fast track service and the use of coloured x-ray slips to expedite radiology investigations.

Streaming patients to fast track services is an initiative to improve processes, timeliness and quality of services. The process of streaming patients commences at triage with staff identifying particular classes of consumers for assessment and treatment by dedicated teams in a designated area of the ED.

Group discussions indicated that the following factors need to be considered in the course of developing streaming processes for fast track services:

- the adequacy of the Australasian Triage Scale (ATS) for streaming fast track patients – the ATS queues consumers according to urgency and acuity. Alternatively, streaming could be based on principles of best care and equity of access. Different streaming criteria would allow fast track patients to be treated in order of arrival. Cultural change would be required for triage staff trained and practiced in queuing according to the ATS. The link between the ATS and key performance indicators reinforces this approach.
- fast track amenities – patient care processes rely on the services provided by other departments such as imaging and the availability of dedicated treatment facilities such as procedure, plaster and eye rooms. A location in close proximity to these services and facilities reduce wastes associated with patient and staff movement and facilitates timely treatment and patient flow.
- patient satisfaction – streaming significantly reduces waiting and transit times for fast track patients. Other ED patients may not understand streaming processes and the associated differences in queuing practices and may consider it as unfair. This has the potential to result in consumer anxiety and aggression.
- protection of fast track services – under current arrangements fast track services can be closed as demand for ED services rise. The ability of fast track services to create additional capacity that benefits other streams of care is counter intuitive and difficult for staff to appreciate. Fast track services need to be maintained during periods of high demand. Fast track need not be included in escalation responses.
- dedicated service – to ensure fast track services are used appropriately, the service needs to be operated independently in a dedicated area and used for specific patients.
- multi-disciplinary triage model – not all patients presenting to a hospital need to go to ED. This model of care would facilitate the distribution of patients and enable direct patient admission.

After considering these factors, forum participants discussed criteria for streaming patients to fast track services. It was agreed criteria needed to be developed but that the criteria should be site specific and reflect:

- the demographics of the hospital's ED patient population.
- the type of staff working in fast track, their experience and skill mix.
- the type of services and resources available in fast track

- size of the hospital and a rural or metropolitan location
- the availability of a designated area for fast track
- inclusion criteria including patients with single, non-complex problems, who are unlikely to be admitted and do not require a cubicle stay
- exclusion criteria including patients with trauma, DVT
- access to other health services such as physiotherapy and social work
- potential disposition of patient rather than complexity of care required.

Forum delegates believed consideration could also be given to inclusion criteria specifically for older people such as self caring patients with no more than one co-morbidity. It was noted the nature of care provided in fast track and the focus on short LOS may mean this service is not suitable for elderly people who require a more attentive and supportive type of care. The role of carers and volunteers in supporting the elderly could be examined. Direct admission to short stay units could be considered.

The streaming criteria would be used to guide clinical decision making and prevent inappropriate patient allocations and blockage of the service. The final decision on patient streaming would rest with the triage and fast track nurses.

Participants nominated a number of other factors that would further strengthen streaming processes, including:

- providing a designated area for fast track to promote ownership of the fast track service
- preventing the allocation of inappropriate patients to the area
- provision of information and signage that would facilitate communication with consumers
- a review of the relationship between the ATS and fast track. ATS is a tool to determine priority for treatment and should not drive streaming processes.
- ensure resources are available in designated areas
- develop the role of the ED physiotherapist and allocate an area for physiotherapist assessment and reviews
- access to other health services such as social work.

Configuring and making the best use staff in fast track services

The type of work undertaken in fast track poses particular challenges in terms of staffing, including a need for high level decision making, high patient turnover, and low acuity presentations. Various staffing models have been trialled including teams, nurse operated and nurse practitioner services³.

Forum participants considered how the ED workforce could be configured to make the best use of available skills and competencies and the training required to support these initiatives.

Mr Matthew Kropman, ED Nurse Unit Manager at Northern Health initiated the discussion with a presentation on the staffing model used in their hospital's ED fast track service. Northern Health use a team structured service consisting of a nurse practitioner, senior nursing, medical and allied health staff allocated on a rotating basis.

Initial discussions centred on some of the challenges associated with effectively configuring the workforce. The following points were raised:

³ *Streaming care: Fast track services in Victorian hospital emergency departments*, op.cit. pp.21-24.

- senior staff are concerned about the lack of variety, continuity and challenge of fast track work. The training and experience of medical consultants is under utilised in fast track.
- the ED has a major role in educating staff. At present junior staff are excluded from fast track services. This limits the opportunity for junior medical staff to develop their decision making skills and procedural skills such as suturing and plastering. Patient throughput and staff training requirements need to be balanced.
- clear definition of fast track rostered roles to prevent staff being relocated to another area or closure of fast track. Role definition enables stability and continuity of the fast track service.
- experienced staff know and navigate the relevant systems of care more efficiently
- there can be seasonal fluctuations in the number of consumers presenting for primary care type services. This presents challenges in terms of staffing.

Participants considered what role an advanced practice physiotherapist would play in fast track services, a workforce initiative currently utilised in a number of services. It was suggested the physiotherapist's role would be to develop protocols for management of minor soft tissue injuries, perform musculoskeletal assessments, initiate radiology requests and refer patients for ongoing treatment. Additional training may be required to ensure practitioners oriented to requirement for high patient turn over. Demand for physiotherapist highest on weekends and evenings.

Participants also considered a range of other staff that could be effectively deployed in fast track services and their various roles. They included:

- Radiographers
- Plaster technicians
- Clerical staff to complete paperwork and make referrals
- Pharmacy staff to ensure medication safety and to assist with patient discharge
- Occupational therapists for provision of aids and equipment
- Care-co-ordination and social work
- Interpreters
- Division 2 nurses with medication endorsement
- Nursing attendants/personal services attendant
- General Practitioners
- Volunteers.

Participants emphasised the advantages of a team approach to staffing fast track services and the need to work across traditional professional boundaries.

A number of health services have developed specific training packages to support nursing staff working in fast track services⁴. Key areas for training nominated by forum participants included advanced assessment, decision making, ordering diagnostic tests, suturing, plastering, splints and infections. In addition to specific training packages, an overall ED training and recruitment plan that builds the capacity and competency of all ED staff is a key enabler for fast track services.

Forum participants noted that adequate funding, staff backfill and designated time for education was required to support the introduction and continued

⁴ *Streaming care: Fast track services in Victorian hospital emergency departments*, op.cit. p.30.

development of fast track services. A commitment to the orientation of the fast track area/processes was another enabler identified in discussions.

Eliminating “waste” and improving investigation, treatment and discharge processes

A key principle of process redesign is to eliminate practices and actions that do not create value⁵. Forum participants spent time considering whether the care processes in fast track services had been comprehensively mapped and the major areas of “waste” identified.

Ms Michelle Grummisch, Nurse Practitioner from the Alfred Hospital ED initiated the discussion with a presentation on a redesign project conducted at the Alfred Emergency and Trauma Centre in 2008. The presentation provided a practical demonstration of process mapping and how value streams are identified and the patient journey can be tracked.

Process mapping identifies eight types of “waste”, waiting, queues, errors, transportation, motion, over processing, overproduction and not using the skills and expertise of the people doing the job⁶. Not all hospitals have mapped their processes to identify how patient flow can be maximised.

Forum participants identified the following areas of waste in fast track services:

- clarity and duplication of documentation (electronic and paper based systems operated simultaneously)
- long waiting periods for pathology and radiology results
- over ordering or repetitive ordering of investigations
- referral to specialist services
- referral to other services for example HITH
- IT services currently limited in fast track areas and are systems incompatible
- level and skills of nursing and medical staff
- staff time wasted looking for equipment and supplies, poor labelling and time arranging for stock to be replenished
- availability of resources required to move patients
- variation in equipment and supplies available in each cubicle
- staff and patient time wasted waiting for a physical space
- accuracy of and time involved in data collection.

Suggestions from participants for eliminating “waste” included:

- consumer self registration at triage
- point of care testing and investigations
- providing radiology services in the ED
- nurse ordered x-rays
- improved IT systems in the ED
- co-location of waiting area/ sub-waiting area
- team approach that enables multi-tasking by staff
- electronic ordering of investigations
- forms and templates for discharge documentation
- completion of discharge letter after assessment
- clerical and IT support.

⁵ Ibid., p.4.

⁶ Ibid., p.4.

Ensuring quality through service alignment, physical facilities and a continuous improvement approach

Fast track relies on the services provided by imaging, pathology and other departments. The alignment of these various services improves patient flow. Forum participants considered which services need to be aligned with the fast track service and the most effective way of aligning the services.

Dr Simon Judkins, ED Physician at Austin Health initiated discussion on alignment of services with a presentation on the Fast track x-ray and residential outreach program. The presentation demonstrated how GP, ambulance, ED and radiology services were aligned to enable consumers from residential aged care facilities to be transported to the Austin, receive an x-ray and where appropriate be returned to the facility without the need to wait in the hospital ED for investigations to be arranged.

Service alignment

Forum participants identified a range of services that align with fast track services, including:

- radiology including ultrasound
- pathology
- pharmacy
- care-coordination, aged care liaison, social work
- general practitioners
- physiotherapy
- mental health
- hospital in the home
- community services
- inpatient wards, short stay units and medical assessment and planning units and general wards
- transit lounge
- specialist services (out patient clinics)
- metropolitan ambulance service
- patient carers
- interpreting services
- IT services

Forum participants agreed that processes and guidelines established on a collaborative basis would align fast track care processes with other key hospital and ED services. Other ideas included:

- collective diagnosis of problems
- effective communication, including executive support and staff participation
- updated IT services and electronic patient records
- automatic flagging system for investigation requests from fast track area
- emailing of radiology results
- use criteria for x-ray ordering
- satellite radiology service in fast track area
- services jointly mapping care pathways for accessing radiology, pathology, pharmacy and other relevant services
- streamlining of patient movement to facilitate access to other services
- redesign of authorisation processes
- physical co-location of services or point of care testing arrangements
- identifying patients requiring a discharge plan early in care process
- checklist of processes required prior to HITH attending
- use of dedicated ED pharmacist with some prescribing ability

- improving access to after-hours radiology services
- escalation policies
- communication with GPs about care options prior to ED admission and provision of discharge summaries
- providing information to carers about fast track services, engaging them in supporting patients in ED and facilitating patients' return to the community including provision of transport.

Continuous improvement

Forum participants indicated that the key elements of a continuous improvement approach would include:

- data collection, including demographics of ED population and information on patient flow
- review of inclusion/exclusion criteria
- good auditing, evaluation and review processes
- benchmarking
- review of key performance indicators, including do not wait for treatment rates
- effective staff recruitment and education
- review of consumers frequently presenting to the ED
- regular measurement and review of patient satisfaction and experience
- established systems of management and accountability for the fast track service
- establish accountability for continuous improvement processes among medical and nursing staff including identification of change champions
- fostering a culture of innovation in the ED
- communication with other areas within health service and wider system, particularly on current status of ED
- establish a steering group with representation from all staffing groups to examine risk management, the credentialing process and training.

Physical facilities

Half of the hospitals that operated a fast track service in 2006 provided a permanent space for fast track services within their existing design. The other half utilised a flexible space that could be used for other purpose when the fast track service was not operating.

Forum participants considered the type of physical facilities required for a fast track services and nominated the following physical design features as essential for an efficient fast track service:

- separate, dedicated fast track area, colour coded, creating a separate identity within ED
- separate waiting and sub-waiting areas
- fixed dedicated equipment to fast track area
- close proximity to triage
- close geographic proximity and easy access to radiology and treatment areas
- area/cubicles that facilitate patient assessment and confidentiality
- availability of chairs rather than trolleys
- incorporate a treatment room (plaster/suture)
- toilet facilities
- adequate IT facilities – completing records, discharge documentation
- availability of area for carers to participate.

Major themes from plenary session

Panel members Dr Margaret Grigg, Dr Fergus Kerr, Mr Adam Horsburgh and Ms Sue Cowling identified some key themes from the group discussion and feedback sessions. The themes were as follows:

- the inter-connectedness of the health system. The ED does not function in isolation. Its activities and performance needs to be viewed in the context of community expectations, the capacity of the primary health sector and the operations of the whole health service, particularly inpatient and sub-acute services. Service access and patient flow requires a whole of health service approach. A shift in focus that encompasses bed access across the inpatient and sub acute services is timely.
- health workforce issues. The challenges of providing sufficient, suitably skilled health professionals to meet the growing demand for health services means services are required to rethink traditional working relationships, roles, and arrangements. Ensuring there are sufficient skilled and experienced staff for all areas of the ED remains a key challenge.
- Streaming care has been an effective strategy for managing many groups of patients, not only consumers with minor illnesses and injuries. It has decreased the amount of time consumers spend in a hospital ED.
- The physical layout or geography of the ED is an important consideration that is often overlooked in establishing new services.
- Resources are not unlimited. Health services need to prioritise and invest in areas which lead to the largest overall gains.
- Government commitments to improving the accessibility and quality of services have contributed to some of the solutions and challenges associated with new service delivery models.

Barriers and enablers to establishing sustainable fast track services

Process redesign is a management strategy directed at improving processes, reducing costs and improving the quality and timely delivery of services⁷.

Dr Helen Stergiou, Director of the emergency department at Northern Health initiated discussion on establishing sustainable fast track services with a presentation on the role of process redesign in improving the non-admitted patient's emergency department journey. The presentation highlighted the steps undertaken in a redesign project and the various challenges encountered in the project.

Participants identified a number of barriers that hindered the development and effectiveness of fast track services, including:

- overall access to and patient flows throughout the hospital and engagement of other areas of the hospital through extension of KPIs
- need to define emergency care and the role and purpose of the ED. At present ED fulfilling inpatient units functions rather than providing an emergency response, initial assessment and management of acute symptoms.
- inconsistencies in the range of services available in various EDs across health services
- the role of the ATS in driving fast track services

⁷ Ibid., pp. 3-6.

- the capacity to align fast track with radiology, pathology and other services
- accessibility of primary care and the decline in the number of GPs
- workforce issues including medical staff numbers and availability of designated nursing ratios for fast track
- the tendency for EDs to remove staff from fast track areas as demand increases
- the lack of incentives for senior medical and nursing staff to work in fast track
- the availability and cost associated with utilising nurse practitioners
- ED cultural and staff attitudes to the importance and relevance of fast track services in an ED and understanding of the model of care and underlying issues
- medical clinical risk
- need for leadership and executive support.

Forum delegates suggested a range of strategies and enablers to support the development of sustainable fast track services, including:

- statewide guidelines for fast track services that allow for a variety of service delivery models
- ongoing funding
- organisational leadership and including clinical champions
- staff recruitment and retention and succession planning to ensure continuity of workforce
- continuous orientation, learning and education, opportunities for teaching and role modelling by senior staff
- standardised, statewide advanced practices supported by additional scholarships
- standardised, statewide pathways for nurse initiated radiology and pathology requests and analgesia.
- education for the community about primary care and fast track services at a statewide level
- adequate clerical and IT support
- flexibility in staff rostering
- data collection and evaluation of fast track models of care, including monitoring patient and staff satisfaction
- state-wide sharing of fast track models of care via internet and networking.

The characteristics of a sustainable fast track service include:

- a core group of accountable, senior staff operating and leading the service
- valued service within the ED
- adaptable, dynamic processes
- operating according to formal policies, guidelines and established criteria
- role descriptions for staff
- separate, dedicated physical facilities
- adequate data collection and performance measurement
- evaluation and continuous improvement approach involving all staff.

Future directions

The forum facilitated an exchange of learning and information between health services and provided the opportunity to discuss future directions for this model of care.

Forum participants indicated that a statewide framework for fast track services would assist health services to structure and develop this stream of care in the ED.

The Redesigning Hospital Care Program represents another opportunity for health services to improve their fast track services. As announced at the forum, the RHCP will consider funding fast track related ED redesign project proposals as part of the call for project submissions through each hospital's Redesign Program.