

Timely and Safe Emergency Department Care

Kate Sloan, ED Nurse Unit Manager

Leanne McCann, Redesigning Care Manager

South West Healthcare



- Population 32,000, plus catchment population of 120,000+ in SW Vic
- Popular tourist destination in summer
- ED presentations increasing annually, now up to ~ 25,000
- Pressure on flow & safety



Aim:

- To maximise flow and safety in ED

Methodology:

- Involved MDT & utilised lean improvement strategies to diagnose current state:
 - Process mapping
 - Tracking patients & procedures
 - Performance data
- Collectively defined root causes
- Collectively brainstormed solutions
- Introduced solutions via PDSA (Plan, Do, Study, Act) cycle

Current State

- ✦ Variable triage processes & not always meeting the standard of triage first then registration, delays
- ✦ Minimal supervision or reassessment of wait room patients
- ✦ Increasing rate of patients leaving prior to being seen
- ✦ Reducing compliance with ED KPI's (triage, LOS)
- ✦ Increasing ED/Pathology incidents

Current state - Triage

- ☀ First contact Receptionist:
 - ✳ Unofficially 'sorted' pts on arrival
 - ✳ Looked out for wait room pts
 - ✳ Chased up queries on 'how much longer to wait'
 - ✳ Rang triage bell after registering pt (same tone as pt call bells)

- ☀ Triage Nse:
 - ✳ Triage conducted in room with almost no vision of wait room
 - ✳ Triage not always priority to all staff

- ☀ Performance Data:
 - ✳ Median wait for triage 6 mins
 - ✳ Range 0 – 70 mins
 - ✳ 46% patients triaged < 5 mins

- ☀ First solution was to change triage bell tone – improved response but the bell tone annoyed staff and work arounds beginning to surface – still had registration first

Solutions - Triage

- ☀ New process (dedicated triage nurse first point contact, then registration)
- ☀ Standardised procedure for triage role including care & reassessment of wait room patients

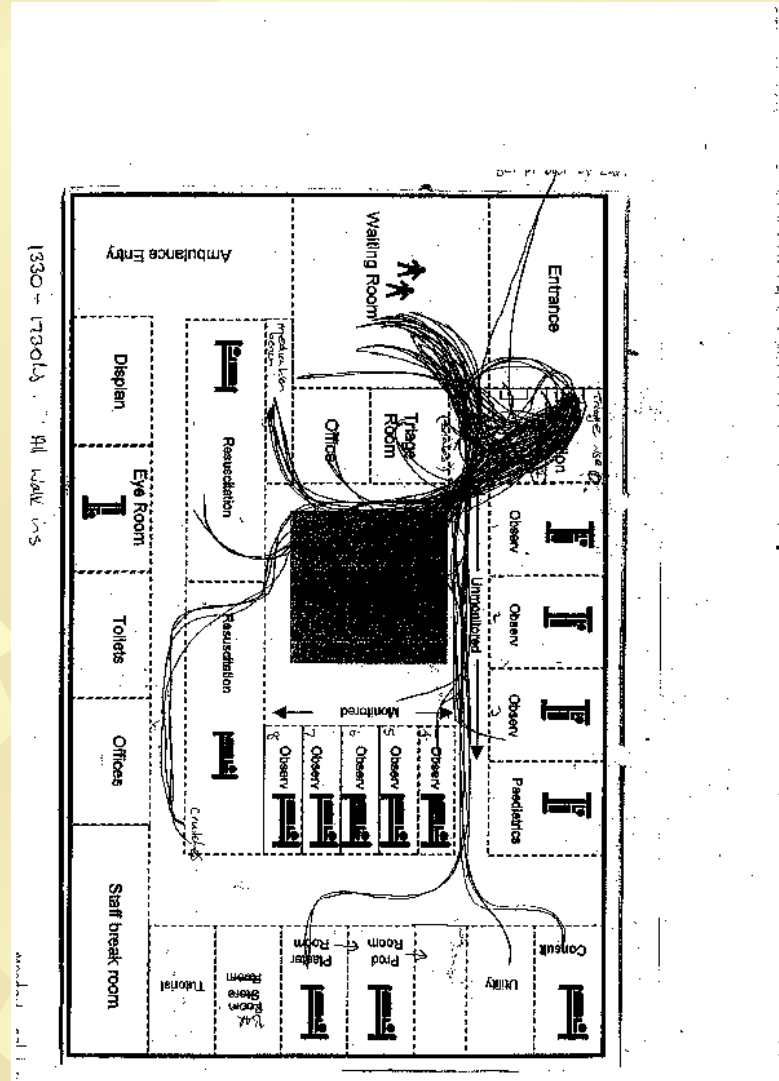
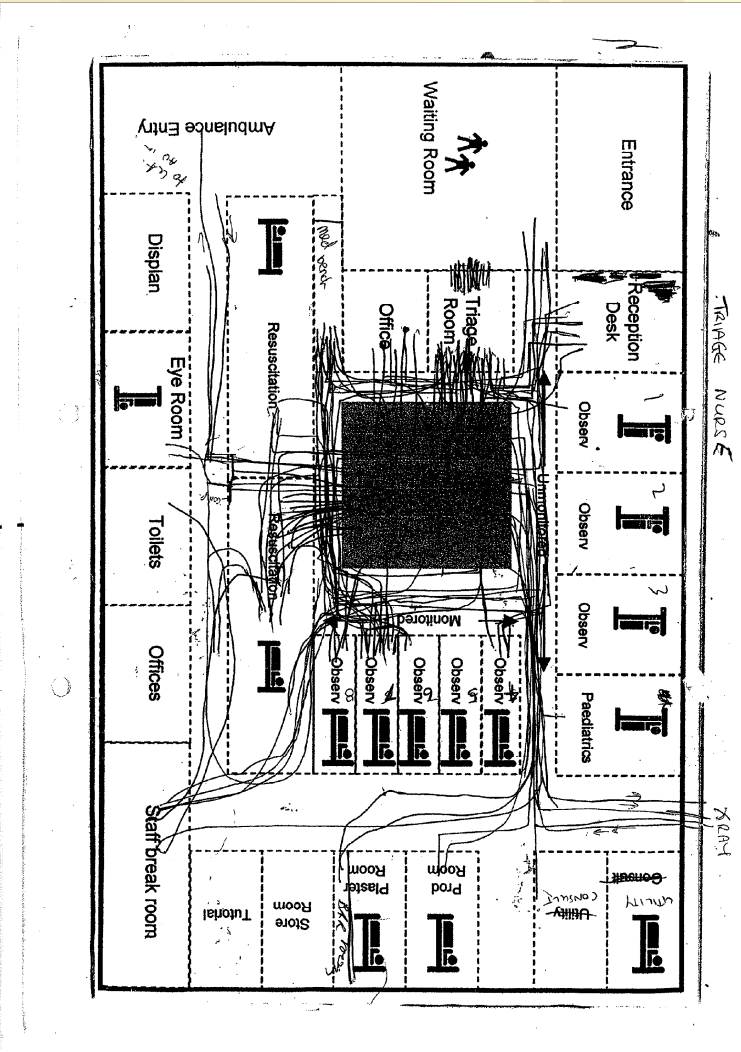
Before



After

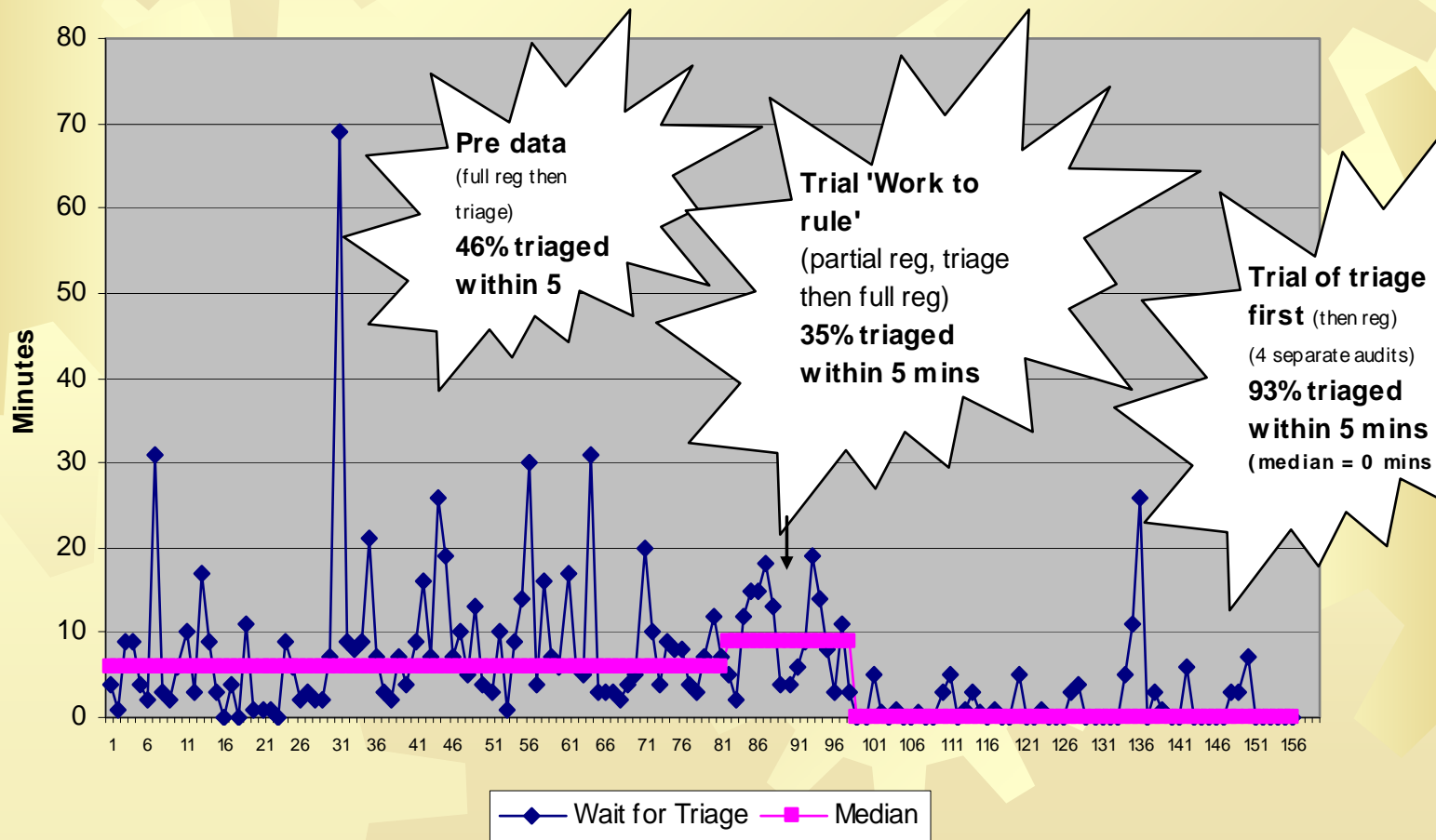


Results: Pre & Post Spaghetti Diagram Triage Nse



Results – Triage

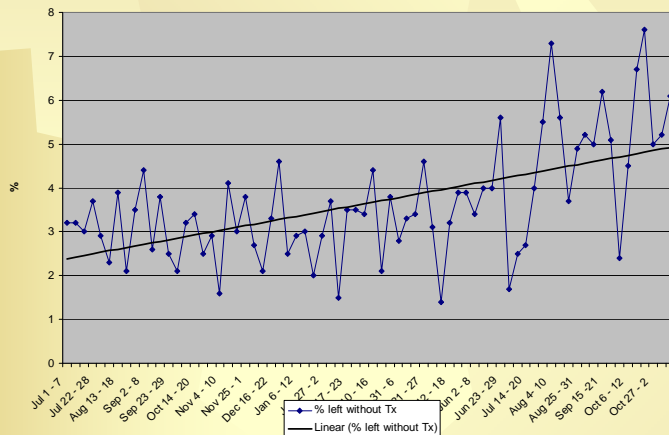
- 93% patient satisfaction with triage procedures / information improved from 81% before changes
- Reduced wait times for triage



Patients Left ED Prior to Being Seen

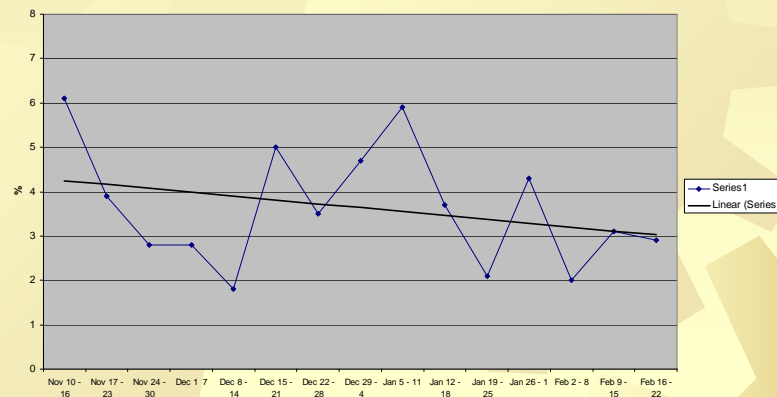
Before

Pre - % Patients Left Prior to Being Seen



After

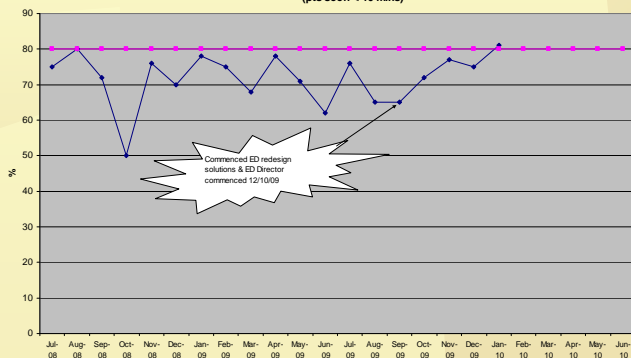
Post - Patients Left Prior to Being Seen



Compliance with Triage Category KPI's

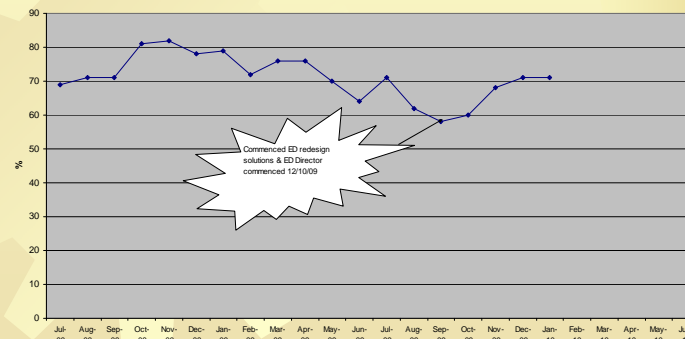
Cat 2

Cat 2 Compliance (pts seen < 10 mins)



All Categories

Overall Triage Compliance (all Categories)



Current State ED / Pathology

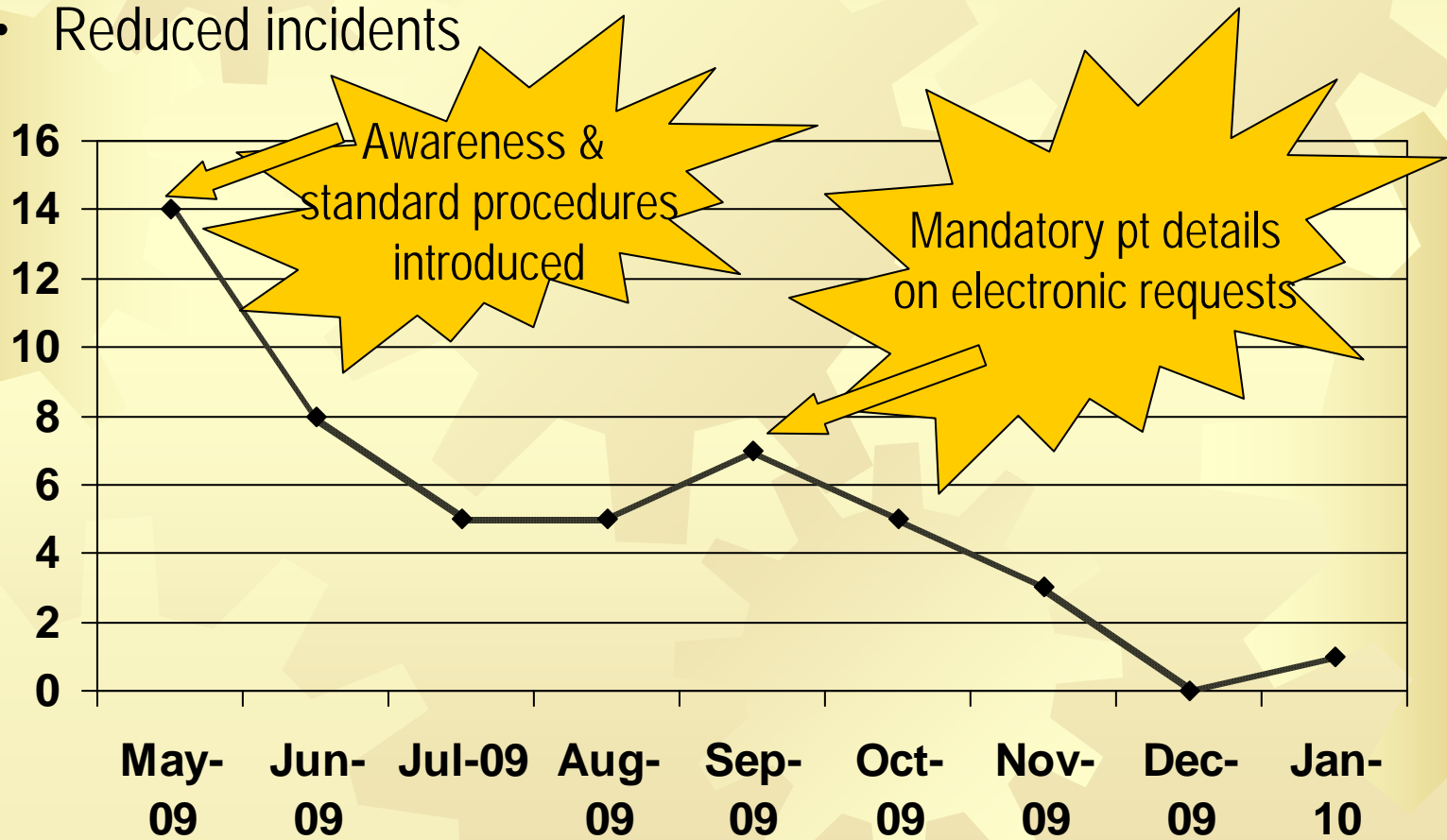
- ↑ Incidents (up to 14 per month)
- ✱ Variation in blood collection procedures (blood tubes in cubicles, office, etc whilst waiting for request slips, labels)
- ✱ Delays in turnaround times (TAT)
 - ✱ Average 23 mins from blood collection to registration into Pathology (Troponin audit)
 - ✱ Range 6 – 90 mins

Solutions - Pathology

- ☀ Monthly incident data graphed & displayed in ward to raise staff awareness
- ☀ Standardised process for blood collection, labelling
- ☀ Electronic request form with mandatory fields for pt details introduced

Results – ED / Pathology

- 18mins average time blood collect – Path registration (pre 23mins)
- Reduced incidents



Where to from here?

- ✦ Work continues on other parts of the ED patient journey and improving the environment!