NSW GOVERNMENT Health Hunter New England Local Health District

Proactive Escalation Planning to Resolve Demand

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Background

Overcrowding and extended stays in the Emergency Department (ED) for patients admitted to a hospital bed are associated with poorer outcomes. Staying for longer than necessary in ED also delays ambulance offloads and reduces access for new patients presenting at the hospital.

% Emergency Treatment Performance – patients with total time in ED < 4 hours (Emergency Treatment Performance is one of the key measures in the Whole of Health Program to improving access to care and patient flow.)

The safety of patients is the utmost priority, and the target is not intended to overrule clinical judgement. Decisions on whether it is clinically appropriate for a patient to be retained in an ED for more than four hours will be at the discretion of the clinicians.

National Standards the project is aligned

Standard 1 – Governance for Safety and Quality in Health Service Organisations

- Provision of a proactive escalation plan within a daily report to govern safety, accountability and quality of Emergency Care

Standard 2 – Partnering with Consumers

- Provision and feedback from the consumer on the escalation plan

Standard 6 – Clinical Handover

- *Review and monitoring patients within the ED and additionally more frequently as escalation occurs*
- *no major patient significant harm on transferring the patient from the ED to the ward as efficient and timely clinical handover continues care to meet ETP*

Standard 9 – Recognising and Responding to Clinical Deterioration in Acute Health Care

- As escalation occurs when responding to Clinical Deterioration the whole ED team responds which may cascade to the Director of ED, ADON/AHNM, and Executive Team

Standard 10 – Preventing Falls and Harm from Falls

- Frequent documentation and communication between the Nursing and Medical Team Leaders and the ED Team has shown to prevent falls

Literature review

Review of Escalation Plans from the John Hunter Hospital, Maitland Hospital and Blacktown Hospital, Calvary Mater Demand Management and Escalation Plan and the NSW Ministry of Health Escalation Framework

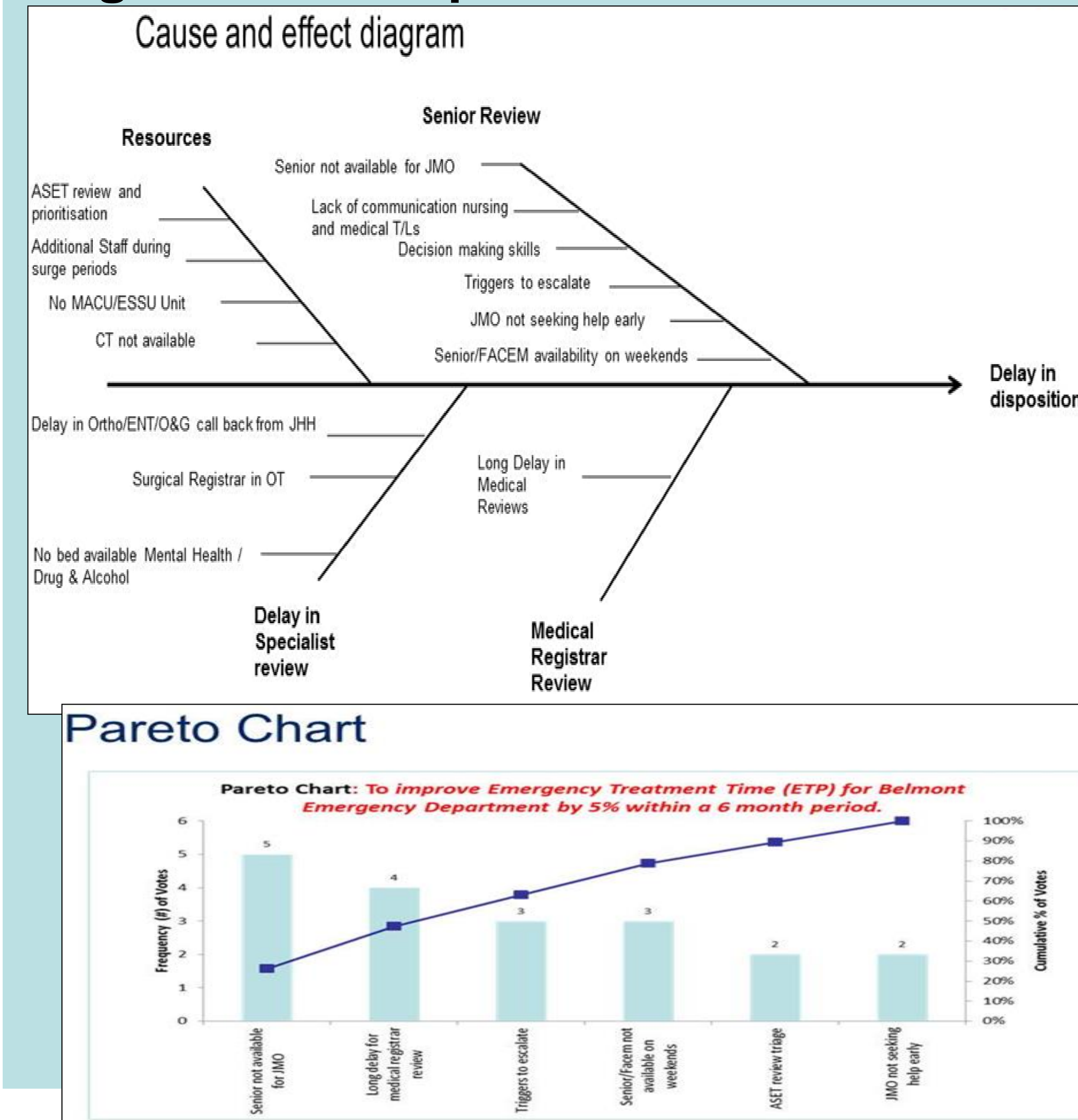
Aim Statement (with stretch goal)

To improve Emergency Treatment Performance (ETP) by 5% (10% stretch) within 5 months

Problem identified

Early this year, 2016, leader representatives within Belmont ED Department attended a workshop including the Belmont Executive Team in order to recognise what works well and identify what needs improvement within the Emergency Department. An action plan to be worked for the year identified the following themes; Teamwork and bedside clinical handover, Workflow/Clinical Pathways, Senior Medical role, Senior nursing role, KPIs and shift reporting, and the ED Workplace. Another previous similar project within the same context for Belmont Hospital was the NEAT project 2014.

Diagnosis of the problem



Changes made

- Development and implementation of Escalation Plan based on triggers and focus with delegation of responsibility
- The escalation plan corresponds to the Daily Emergency Report (also implemented at time)
- Nursing Team Leader position description including accountabilities
- Engagement of Medical Officers and Deputy Director of Nursing / After Hours Managers

The escalation plan is based on traffic signals
0. Green – Business as usual
1. Orange – Moderate Compromise
2. Red – Severe Compromise
3. Black – Extreme Compromise (traffic lights are out)

- The use is documented in the of Daily Emergency Report
- Appropriate comments for why it has occurred and the measures undertaken to de-escalate

Belmont Emergency Escalation Plan

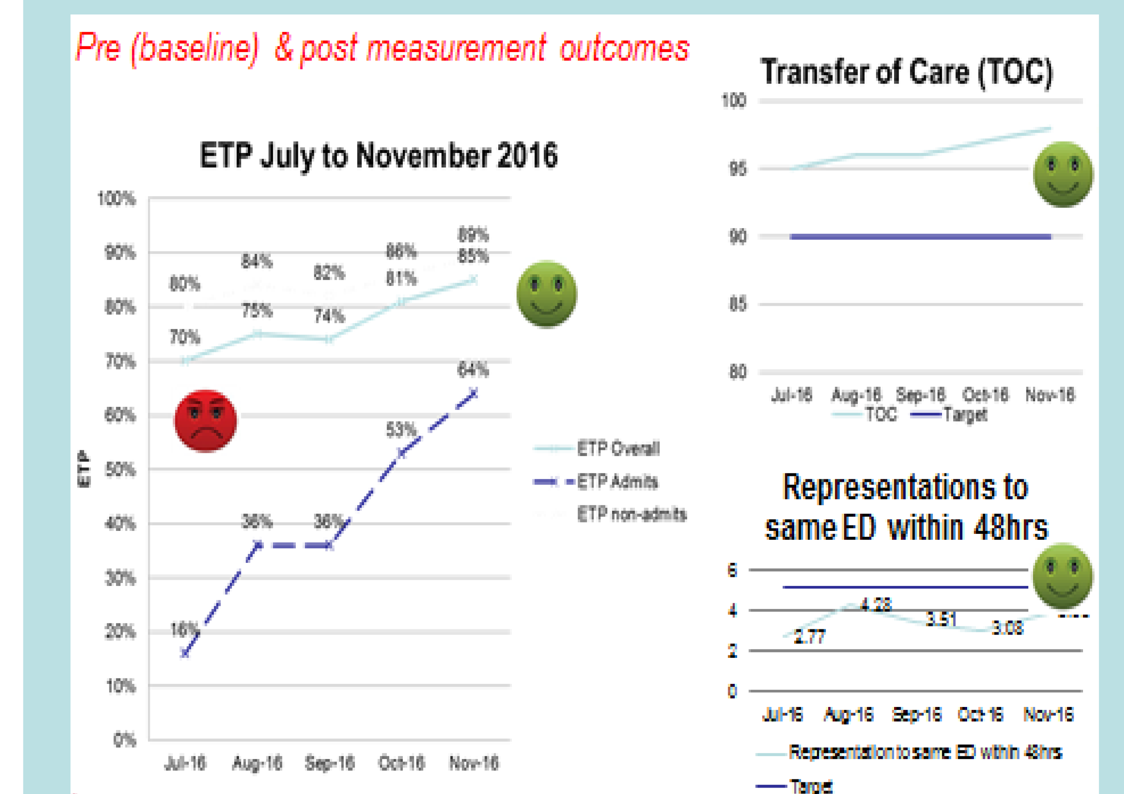
0 BUSINESS AS USUAL	1 MODERATE COMPROMISE	2 SEVERE COMPROMISE	3 EXTREME COMPROMISE

Results

- Triage categories for time treated remain within the district target
- In the period from July to November there were also no documented SAC1, SAC2 or London Protocol's
- There were also documented minimal complaints with significant rise in positive feedback from patients and their families with follow up phone calls near to the set target of %10
- Patients who 'Did not wait in ED' had been reduced by 0.7% which remains 0.7% above the district target
- NO falls, SAC 1, SAC2 or London Protocols reducing costs by prevention of incidents leading to a better patient care outcomes, reduction of length of stay and costs of investigation
- Known triggers and plan for escalation for assistance when ED in code Red (Peak Capacity)

Results (continued)

- Staff in ED aware of activity in waiting room or ambulance bay
- Improved knowledge throughout facility when ED experiences surge in activity including trauma team, resuscitation, Obstetrics, ASET and Allied Health
- Improved familiarity and relationship between Nursing Staff, Managers, ED Medical Officers and consultants



Outcome:

Coinciding with the initiation of the project ETP was at its lowest point for the year 70% and after 5 months it had climbed to **85%** **(5% above stretch goal)**.

Plans to sustain change

1. Standardisation
- Within the daily activities of the ED and Team Leaders

2. Documentation
- Forms within a daily report that is accountable to the NUM/DON

3. Measurement
- Through IPIMs and is a MoH KPI

4. Training
- Exists for Nursing and Medical Team Leaders when commencing their roles at Belmont ED

Plans to spread /share change

- Submit to the ACI Innovation Exchange
- Enter into local /LHD Quality Award 2017
- Enter into external Quality Award ie; - NSW Health Awards 2017
- Presentation at either the Nursing and Midwifery Conference 2017, Critical Care Conference or Australian College Nurse Practitioner Conference 2017

Team members

Guidance Team

- Elizabeth Filmer, Director of Nursing, Belmont Hospital
- Fiona Mitchell, Nursing Unit Manager, Belmont Emergency Department
- Carolyn Hullick, Emergency Consultant, Belmont Emergency Department
- Gary Martin, Quality Manager

Project Team

Louise Giles (DDON), Hemal Patel (ED FACEM Trainee), Kate J. Bridson (RN), Kate Alexander (CNS), Mark Chambers (RN/ADON) Eric Pelichowski (ED CMO), Wendy Murdoch (CNS2), Steve Connor (ED CMO), Dianne H. Nally (RN), Laura M. Singleton (RN), Kristan M. Cox (RN/ADON), Stephanie J. Newman (RN/ADON

Extended Consultant John Olsen (ED Director))

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A Clinical Practice Improvement Project