What’s NEAT at St George

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Enablers
MADMEN: **Medical Assessment and Decision Making in Emergency**

**Phase 1:**
- Pre-Lead
- Phase 1
- Phase 2
- Phase 3
- Phase 4.....

**Phase 2:**
- Decrease non-specialists tasks being done
- Reduce work place variations in senior staff practice
- Reducing the frequency and volume of interruptions

**Phase 3:**
- ED Flow coordinator
- Point of care testing
- Triage
- STOP
- JMO eMR entry
- eMR efficiency
- Streamline ED Forms
- ED workforce review
- ED Clinical Notes documentation

**Phase 4:**
- Intern Assignment Day shift assignment
- JMO Evening shift assignment
- ED SS Cover Dual cover / Triple cover

**ED Clinical Notes documentation**
- MAU / SAU admission criteria

**Move into new ED 2014**

**ACI Agency for Clinical Innovation**

**Emergency Care Institute NEW SOUTH WALES**
What and How

SAS (Senior Assessment and Streaming)
EJC (Emergency Journey Coordinator)
MAU (Medical Assessment Unit)
ED Short Stay Unit flow
Paediatric engagement
ED Admission policies
NEAT July 2012 to February 2014

TARGETS
2013 - 76%
2014 - 83%
2015 - 90%

NEAT Percentages

Discharged
Combined
Admitted

College of Emergency Nursing Australasia’s 2013 Australasian Emergency Department of the Year.
Key learnings

Engagement and support of ED team (Nursing, Medical, Clerical, Allied Health, Security, Orderlies, Cleaning services…)

Small changes add up

Sustainability

Document the delays

Improving ED efficiency leads to change focus to factors affecting NEAT not directly under your control
Challenges ahead

They say this thing is gonna close.

They say when?

Achievement Gap
Challenges ahead

Increase from 71% to 81%

Presentation numbers vs Budget vs ABF

Benefits of meeting NEAT
(or consequences of not)
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