Emergency Care Institute
NEW SOUTH WALES

December Newsletter

2013

Welcome to ECI News

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Merry Xmas from the ECI!

This past couple of months has been hectic for the Emergency Care Institute (ECI). Last week, the combined ACI/ MoH Forum **Achieving NEAT: after the quick wins** was extremely popular, with well over 200 attendees. We hope you enjoyed this great event.

Presentations, slides and workshop material for the NEAT forum are up on our site and available here. In support of all you are doing at your hospitals working towards the NEAT, we are ensuring the latest thinking, experience and reviews about transforming timeliness and quality of care are easily accessible on our website. As we know, if done properly NEAT has the potential to fundamentally transform the way NSW Emergency Departments (EDs) function to improve care for patients and the work environment for staff. You can take advantage of NEAT to make your ED an even better place to work. So these are exciting times, be a part of it!

See the ECI Symposium… again!

If you missed the ECI Symposium on the 8th November 2013 do not worry, as you can experience it again on our website! John Mackenzie took some Oscar-winning videos of the presentations. These are available here.

Several of our presentations were about delivering Whole of Hospital and transformational change in the context of NEAT. Listen to how others have moved beyond the 'initiative' to full backend and redesign solutions!

Internet use in ED

A hot topic for EDs and the ECI is the current availability of Internet use in EDs. We know from our survey that half of ED staff feel that Internet access is either poor or non-existent. We have just published on-line the ECI literature review on the importance of the internet at the clinical point of care: *"A review of the use of Internet resources in conducting Evidence Based Medicine".*

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Focus on implementing transformational change:

Delivering on NEAT through Whole of Hospital change

The following two presentations were from our Key Note presenters at the ECI Symposium, and both gave first hand accounts of initiating and then delivering Whole of Hospital change. See them again here.

Transforming the Whole of Hospital

Martin Keogh spoke about effecting Whole of Hospital transformational change at Alfred Health, Victoria. The redesign process can be summarised in 6 Principles (see box below).

In practice, however, this required truly 'living' these principles to make it work. Clinical decision-making became more upfront. Patients did not wait in ED for test results if they needed admission to a ward. Redesign occurred through all stages of care for inpatients, troubleshooting each stage of the inpatient journey where there was delay. The whole of hospital and ED staff were engaged in the redesign process through workshops. The changes initially took a little time to bed in, but the benefits are now realised, with improved NEAT (85-89%) and re-

The 6 Alfred Principles of Timely Quality Care

1. Patients that present to the E&TC will be assessed, have treatment and investigations initiated and a management plan in place within 60 minutes of arrival.
2. Patients will be discharged from E&TC or admitted to the hospital as decided by the E&TC consultant staff.
3. Patients will be reviewed by the inpatient team within 2 hours of being referred for admission.
4. Patients will be admitted to a bed in the most appropriate clinical place, the first time.
5. Patients will have their investigations, consultations and interventions completed as soon as possible, in order of request and in no longer than 24 hours.
6. Patients will be actively managed to ensure they are only in hospital for as long as is clinically necessary.

The trek from the base to the summit: Princess Alexandra's Journey

Andrew Staib from Princess Alexandra Hospital Brisbane explained how they transformed their NEAT from 31% to 67%. From "worst performer" in the country to a respectable peer effort. The PAH has a patient mix top heavy with triage 1 and 2s and ambulances. Andrew explained how they delivered a Whole of Hospital Solution.

The first stage was to return to the drawing board and redefine what ED did and what they were in control of. They focussed on quality, not just chasing the time targets. They identified clear ED 'products' for different client groups (discharge, short stay and admitted), and then identified what the overall hospital needed to do to 'help' ED. They met with the hospital Executive to clarify who was responsible for NEAT.

A key part of the solution was to fully utilise a short stay unit, which was to return to the full control of ED. There was also much work to improve individual processes around mental health care or direct-to-ward admissions.

A NEAT taskforce was developed with senior medical and hospital wide representation. The key was having people who could make decisions and act, with ownership and responsibility.

OverCensus, changing the face of Triage and other innovations

Other Symposium program presentations on the topic of change included: an update from Liverpool on OverCensus by Ms Alera Riley-Henderson, and "Who needs a waiting room" by Dr Daniel Crompton talking about the experience of 'designing out' lengthy Triage.

New NEAT resources on the ECI website!

To all those interested in NEAT make sure you read the ECI NEAT resources on the ECI website. In particular, see Prof Derek Bell's report **Western Australia: Emergency Access Flow Report**. This detailed document outlines an emergency flow review conducted by an independent team of clinicians, academics, analysts, quality improvement experts and health managers from the UK, led by Imperial College London. The report makes recommendations covering:

- Improving and optimising patient flow
- Optimising the physical environment and use of staff
- Providing continuity of care
- Reducing the complexity of systems.

Clinical issue du jour:

Care of the critically ill in ED

At the Symposium there were clinical presentations covering Mechanical Cardiac Compression Devices and the Transport of Critically Ill Patients on Life Support.

New clinical guidelines include:

Aortic dissection

Aortic dissection is the most common acute aortic syndrome and it is an important differential of chest pain. The guideline covers: classification, risk factors, history, examination and investigations, management and also links to further resources.

Non Invasive Ventilation (NIV)

Non Invasive Ventilation (NIV) has become a standard piece of equipment in EDs across Australia. NIV use has also become more standardised across institutions. This resource provides some useful NIV links and tools, including a guideline developed by Dr Matthew Bragg. This guide is to assist ED staff in setting initial device parameters.

Paediatric Sepsis Toolkit

Prompt administration of antibiotics and resuscitation fluids is vital in the management of the patient with sepsis. This toolkit presents direct links to paediatric and neonatal antibiotic guidelines and administration information, including:

- Paediatric Antibiotic Guideline
- Neonatal Antibiotic Guideline
- Paediatric Antibiotics and Administration
- Neonatal Antibiotics and Administration

Atrial Fibrillation

This guideline covers the immediate management, rate and rhythm control, medications and long term issues for atrial fibrillation.

Syncope

This guideline covers: classification, risk stratification, management and treatment. The guideline also provides a great references list of further resources supporting the guideline.

ECI Stakeholder Survey: early results

The ECI has now finished analysis of the 2013 ED Stakeholder Survey. The results help ECI stay up-to-date and directly informs our priorities. The full results will be available soon on our website, but here are some highlights. The survey asked about the top challenges in ED. The results are given in the table below, for the past three surveys. In summary:

- "Access block" was reported as the biggest challenge (39%) followed by "increased demand for services" (29%) and "inefficient hospital systems/poor communication" (27%)
- The "introduction of NEAT" (26%), "lack of staff" (23%) and "overcrowding" (20%) were also top challenges.

The top challenges are wider pressures relating to the entire hospital system, and reflects at some level the underlying resource or system constraints. Nevertheless, the Survey shows that stakeholders are keen for the ECI to focus on the big challenges in ED.

Top Challenges in your ED	Rank		
	2013	2012	2011
Access block	1	1	2
Increased demand for services	2	3	5
Inefficient hospital systems/poor communication	3	7	10
Introduction of NEAT	4	12	
Lack of staff	5	2	1
Overcrowding	6	4	20
Lack of senior clinicians	7	5	12
Transfer of patients	8	15	17
Mental health	9	6	14
Health bureaucracy	10	14	9
Ageing population	11	8	11
Lack of resources	12	9	3
Recruitment and retention	13	10	18
Lack of education/professional development	14	16	6
Patient and public expectations	15	13	7
Waiting times	16	17	19
Variations in care	17	21	15
eMR	18	18	21

Rising importance of efficient hospital systems and processes

Stakeholders report that some challenges have increased over the past year. In particular, stakeholders now see "inefficient hospital systems/poor communication" as an increased challenge (3rd rank in 2013 from 7th in 2012). This reflects a significant increase in awareness amongst stakeholders of the importance of efficient systems and processes. Improved efficiency is seen as a potential means to respond to other challenges, in the context of fixed resources.

Stakeholder Survey: progress on NEAT?

The Stakeholder Survey included a number of questions about the implementation of NEAT, such as awareness of essential managerial aspects to deliver NEAT. You can find a short special analysis on this topic here. This is based on the Stakeholder Survey results. The key findings from this were that:

- There has been an improvement evident to emergency care stakeholders in the provision of activities in support of NEAT implementation at sites
- Specific ED focussed solutions implemented at sites include ED "right to admit" policy implementation, the navigator role and team-based care
- However, changes at the 'back of hospital' were significantly less evident to ED stakeholders. This suggests potential capacity for the future.

Evidence into Practice Research Prizes for 2013

The winners of the ECI research prizes for 2013 are listed below and copies of their presentations are available on the ECI website.

ICEN **Controlled oxygen therapy for ED patients with chronic obstructive airways disease: as quality initiative**. Sharon Klim[1], Sarah Cornish[2], Suzi Rusev[2] and Karen Winter[2]

[1] Joseph Epstein Centre for Emergency Medicine Research, Western Health, Sunshine Hospital, St Albans VIC
[2] Department of Emergency Medicine, Western Hospital, Footscray, VIC

ACEM **Early experience with an overcapacity protocol** A/Prof Drew Richardson[1] and Dr Michael Hall[2]
[1] Australian National University, Garran, ACT
[2] The Canberra Hospital, Garran, ACT

Happy Christmas and a Peaceful New Year from the ECI team

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