

Better faster emergency care

Improving the delivery of emergency care: shared learnings



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Friday 11 May 2007
Brisbane



- Hospitals with a 24 hour emergency department receiving non-admit emergency services grant
- Primary Injury Service
- Urgent Care Centre



The Northern Hospital

Sunshine Hospital

Austin Hospital

Mercy Hospital for Women

Western Hospital

Royal Children's Hospital

Royal Melbourne Hospital

Royal Women's Hospital

St Vincent's Hospital

RVEEH

Maroondah Hospital

Box Hill Hospital

The Alfred

Williamstown Hospital

Mercy, Werribee

Mildura Base Hospital

Angliss Hospital

Monash Medical Centre, Clayton

Sandringham & District Hospital

Dandenong Hospital

Swan Hill District Hospital, Swan Hill

Casey Hospital

Echuca Regional Health

Wodonga Regional HS

Goulburn Valley Health, Shepparton

Wangaratta District Base Hospital

Wimmera Health Care Group, Horsham

Bendigo Health Care Group

Ballarat HS

Western District HS, Hamilton

Bairnsdale Regional HS

Barwon Health

Central Gippsland HS, Sale

West Gippsland Healthcare Group, Warragul

Latrobe Regional, Traralgon

South West Healthcare, Warrambol

Frankston Hospital

Rosebud Hospital



Snap shot of Victoria

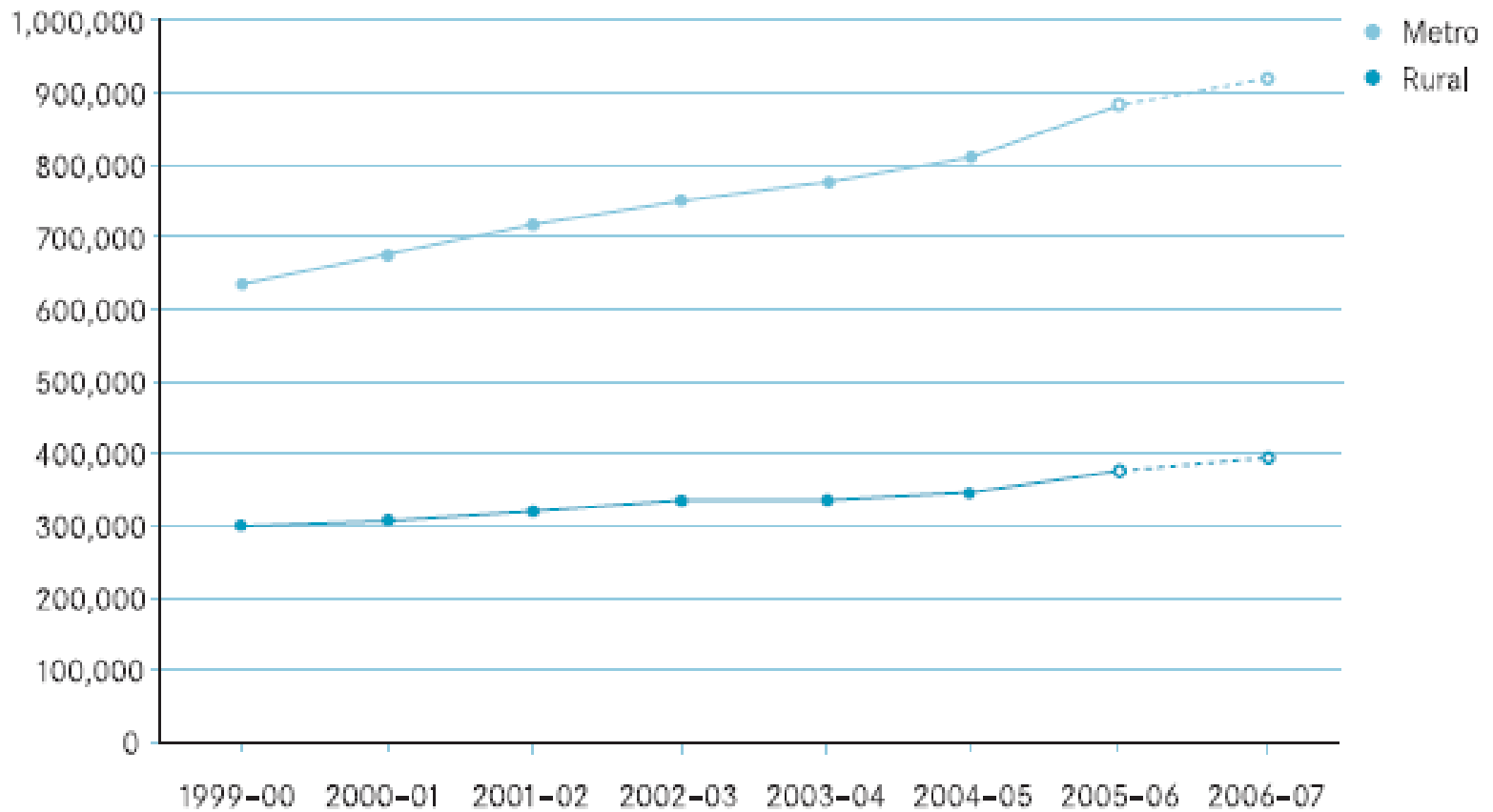
Emergency department use 2005-06:

- <1,000,000 presentations year to public hospital EDs
- more likely on a Sunday
- highest rates for < five years and > 65 years of age

Presentations overall:

- 20% arrive by ambulance
- 69% discharged
- 23% admitted to inpatient bed
- 17% non urgent
- 4% admitted to a short stay observation bed

Demand for emergency care



A closer look at demand drivers within the Victorian context

- Population demographic change
- Recognised GP shortage
- Prevalence of complex need
 - mental health
 - chronic illness

Victoria's response

- Significant investment
 - Hospital Demand Management Strategy 2001-02
 - public health
 - population health
 - health promotion
 - primary health
- Support “whole of system approach to addressing demand for health care services”

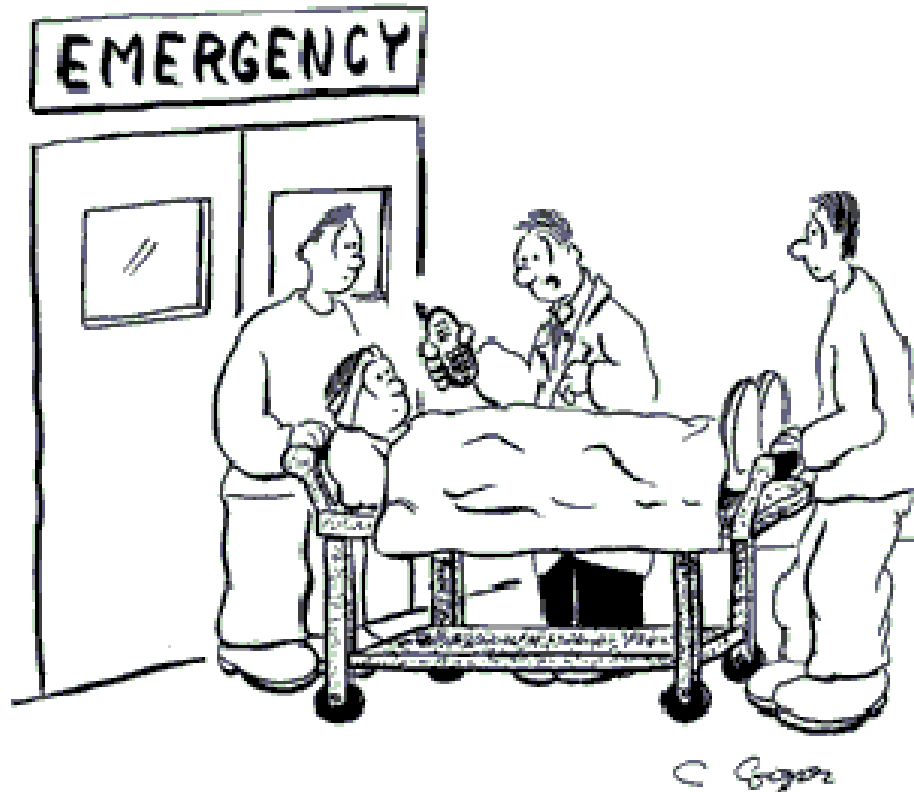
New expectations

- HDMS made a differencebut
emergency demand pressures remain a challenge
- Key priority for the Victorian Government
- Health services implement successful care models
- Auditor-General's report, Managing emergency demand

Developing a policy framework

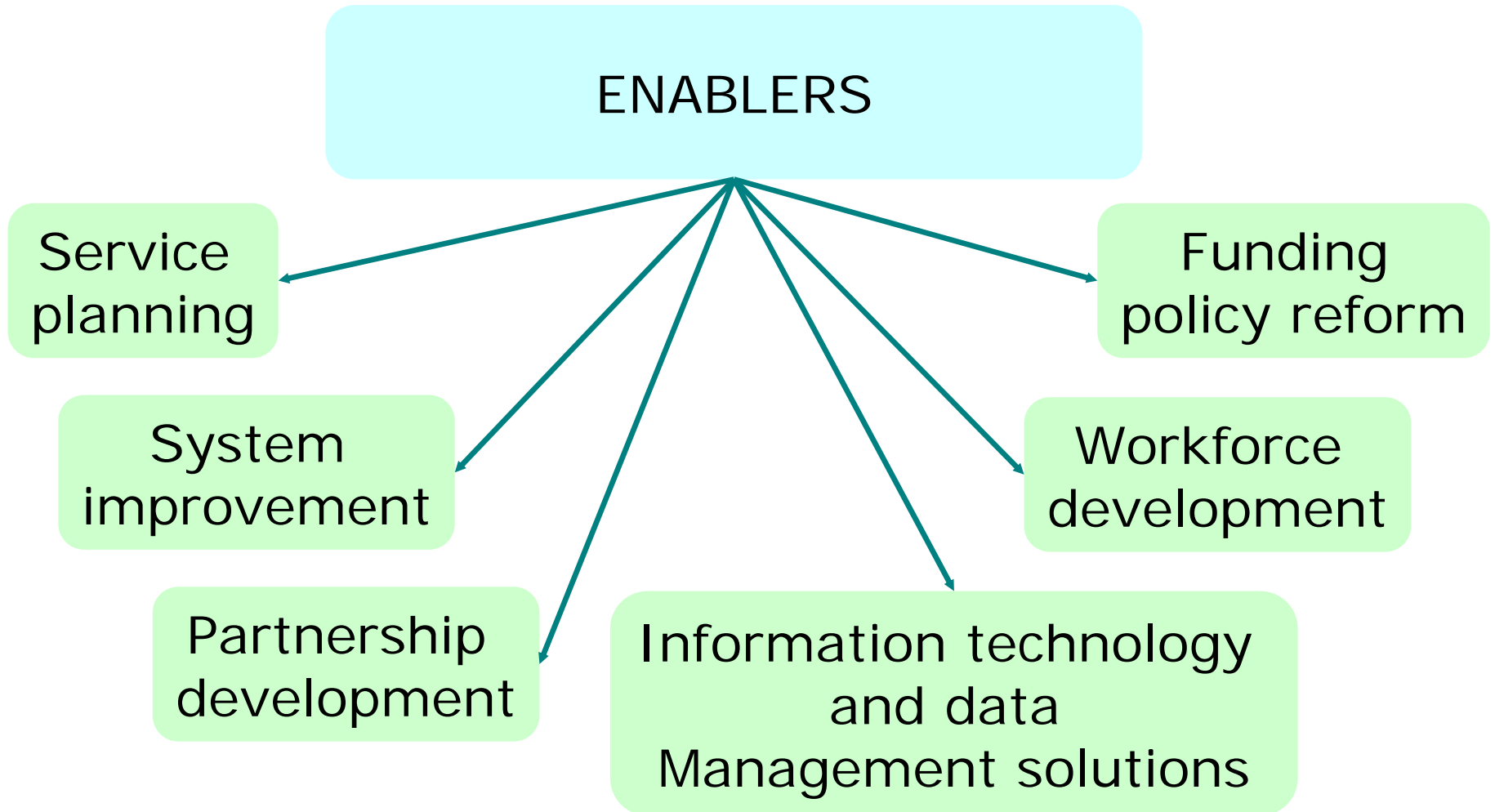
- Emergency Access Reference Committee
 - expert advice on strategies to improve access to emergency care in Victoria's public hospitals
- Emergency Access Strategy discussion paper (2005)
- Series of workshops
- Review of literature
- Invited comment on draft Better Faster Emergency Care: July 2006

Focus on better patient experience



“It’s your mother. She wants to know if you were wearing clean underwear.”

Invest in enablers



Better faster emergency care

- Strategic aims
 - equitable and timely access to emergency care within Victoria's public hospitals
 - enhance the quality of emergency care in Victoria's public hospitals
 - support patient-centred care
 - improve outcomes for the Victorian community

Ten key priorities

1. Develop new service options
2. Improve coordination between EDs and ambulance services
3. Improve the patient experience
4. Mainstream new models of care
5. Explore new ways of working

Ten key priorities: cont

6. Enhance safety and quality
7. Promote better systems for care
8. Promote better management of care for people with mental health problems
9. Promote better management of care for older people
10. Promote better management of care for children

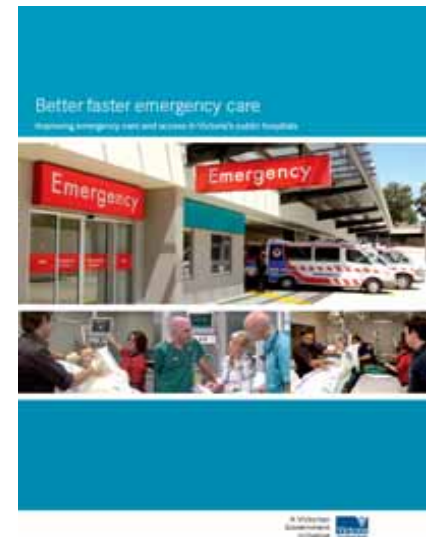
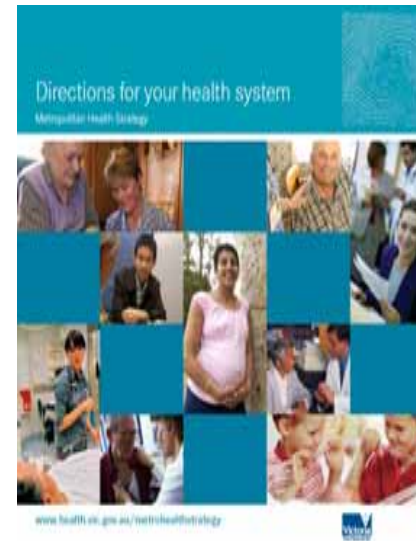
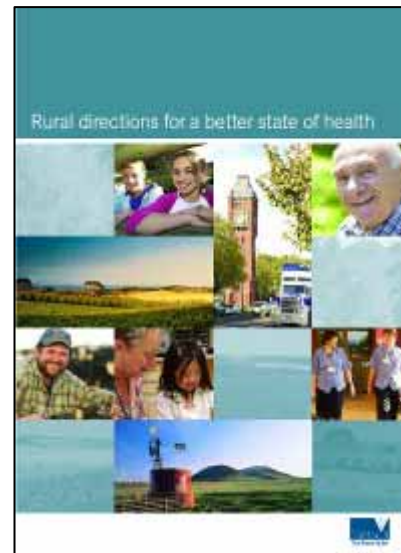
Critical success factors

ENGAGED STAKEHOLDERS



Critical success factors

ADOPT A STRATEGIC APPROACH



Critical success factors

Figure 4: Emergency department presentation growth by ACEM triage category using 1999-2000 as the base year

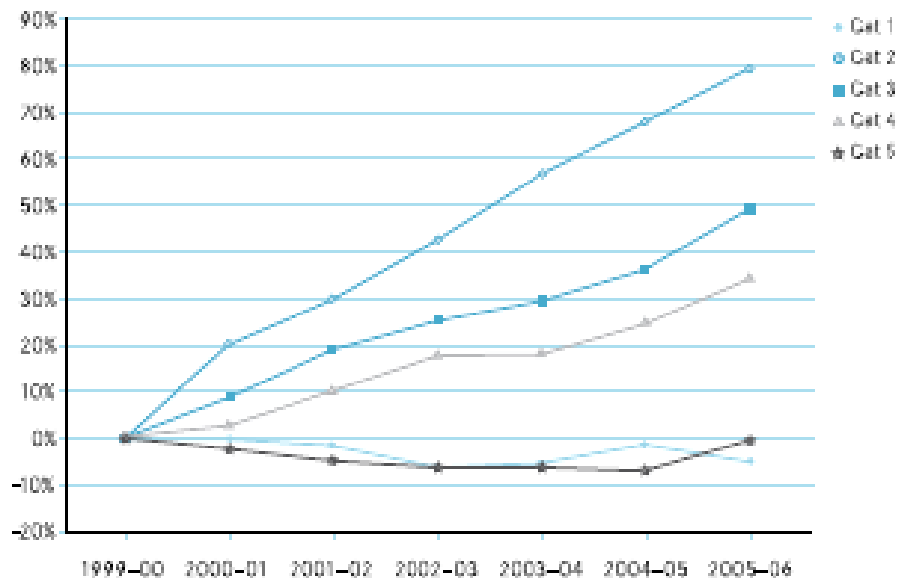
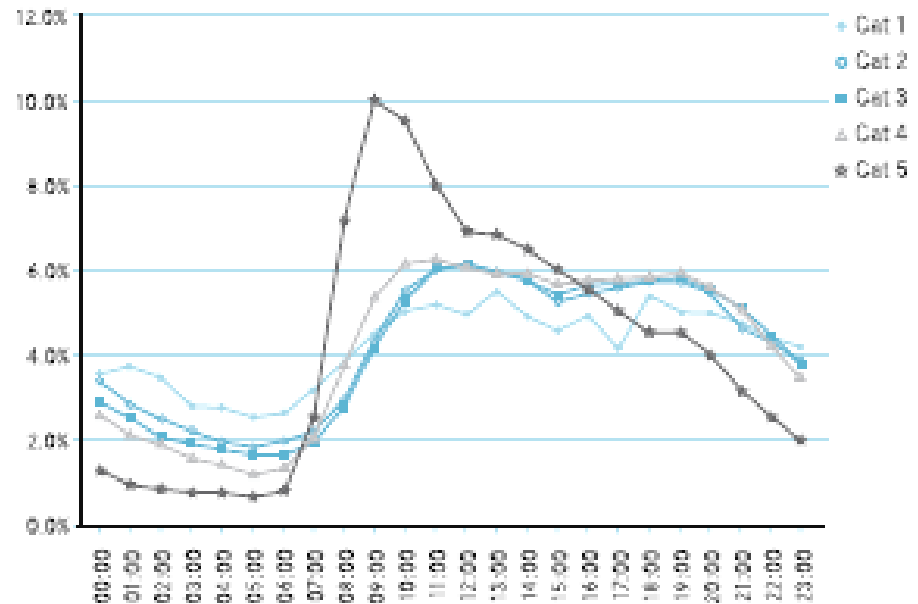
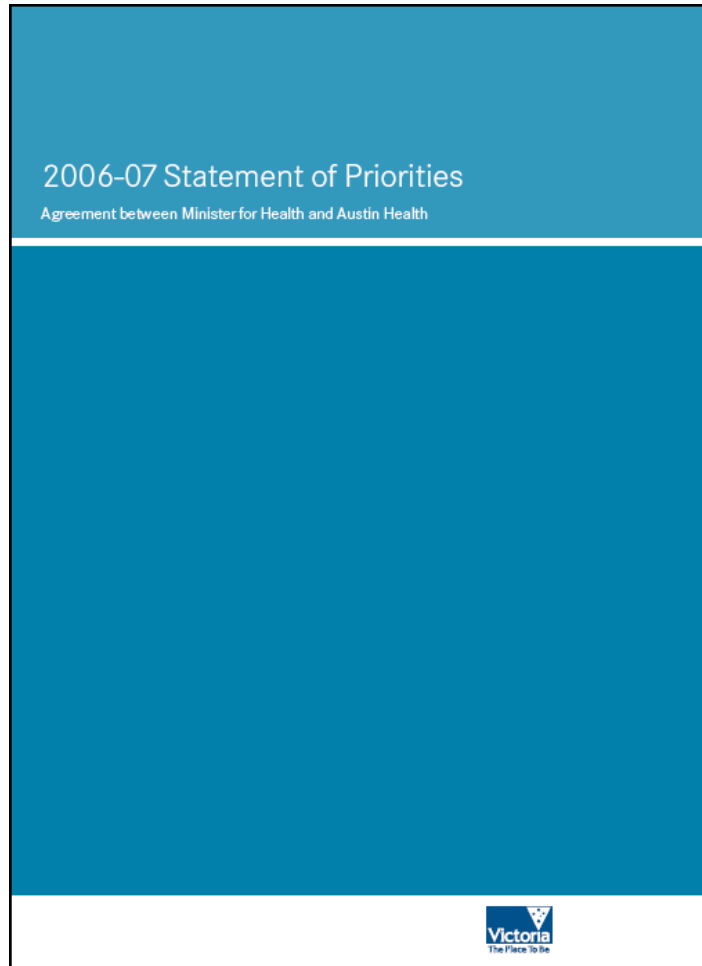


Figure 5: Arrival time by triage category, 2005-06



UTILISE EVIDENCE AND DATA

Critical success factors



A FORMAL
PERFORMANCE
MONITORING
FRAMEWORK

Key Emergency Performance Indicators (KPIs) for 2005-06

Statewide Benchmark Target

KPI 1	Operating time on hospital bypass	3%
KPI 2	Emergency patients admitted to an inpatient <8 hours	80%
KPI 3	Non-admitted emergency patients with a length of stay (LOS) <4 hours	80%
KPI 4	Patients with a LOS in the emergency department >24 hours	0%
KPI 9	Percentage of category one patients seen immediately	100%

Critical success factors



CELEBRATE SUCCESS