

Adelaide Health Service
ACCESS AND IMPROVEMENT

ED CLOCKWORK
streamlined patient
centred flow
improvements

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**Government
of South Australia**

SA Health

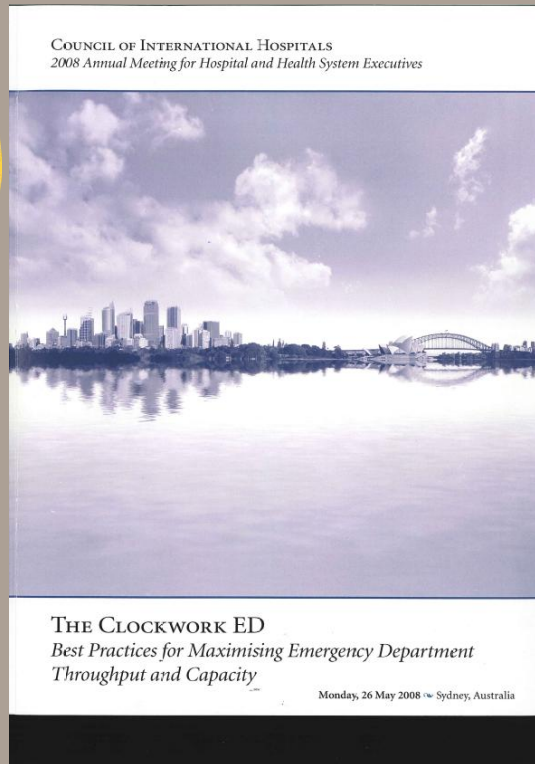


Thank you

I am here to discuss improvement strategies that we titled 'ED Clockwork' at the Royal Adelaide Hospital Emergency Department.

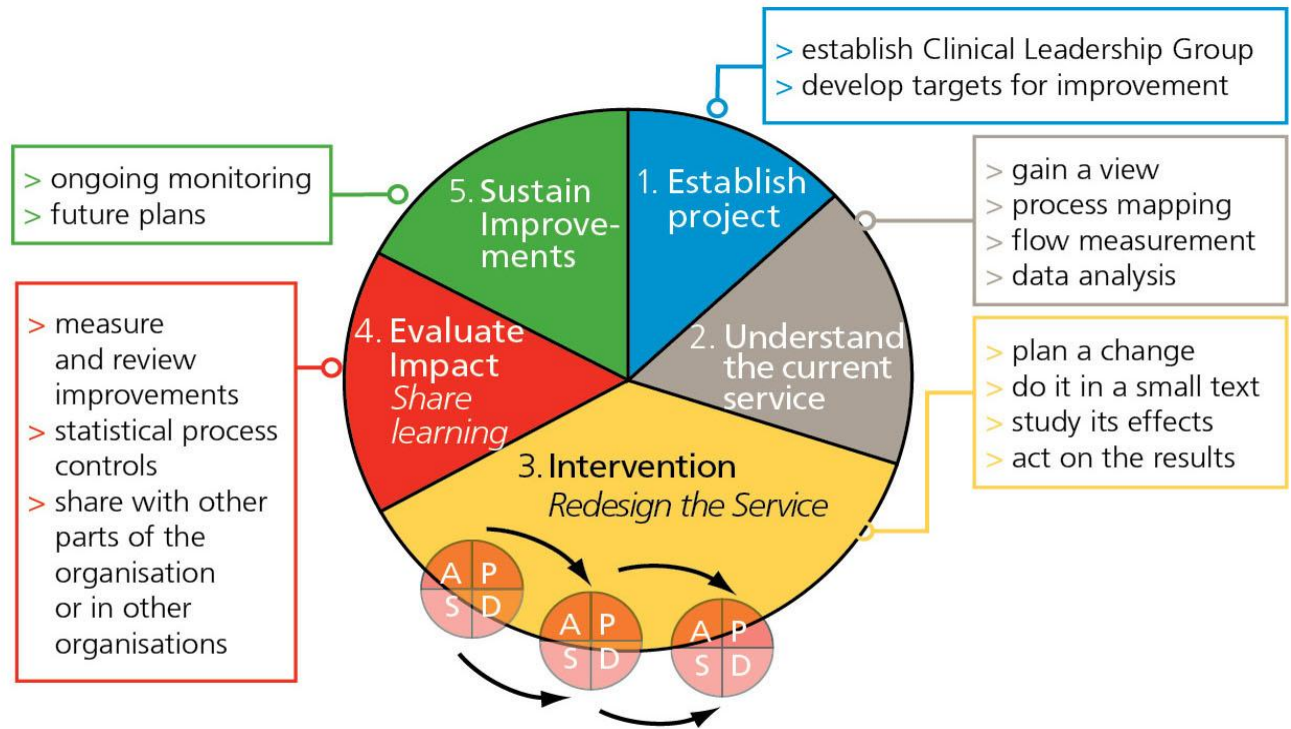
Reference

Our leadership team used the Advisory Board Publication 2008 as a reference document as a source of ideas, best practice and innovations.



The High-Performance ED Optimising Capacity and Throughput to Meet Ever-Growing Demand				
MAXIMISING RESOURCE ALLOCATION	REFORMING CORE EMERGENCY DEPARTMENT PROCESSES		EXPEDITING INPATIENT ADMISSIONS	HARDWIRING SUSTAINABLE GAINS
I	II	III	IV	V
Addressing Capacity Constraints	Minimising Door-to-Doc Time	Preventing Ancillary Delays	Promoting Bed Availability	Leveraging Data and Technology
<ul style="list-style-type: none"> #1 Acuity-Based Redirect #2 Proactive Frequent User Program Special Report: Emergency Department Design #3 ED Toolkit 	<ul style="list-style-type: none"> #4 Expedited Triage #5 Bedside Registration #6 Check-In Kiosks #7 Low-Acuity Fast Track #8 Split-Flow Management 	<ul style="list-style-type: none"> #9 Preemptive Order Guidelines #10 Lab Intervention Field Guide #11 Portable Ultrasound Adoption #12 Refined Contrast Protocol #13 Dedicated CT Scanner 	<ul style="list-style-type: none"> #14 Patient Placement Command Center #15 Day-of-Admission Discharge Planning #16 Full Capacity Protocol #17 Pynch Transition Infrastructure #18 Hospitalist ED Phone Consult 	<ul style="list-style-type: none"> #19 Patient Tracking #20 Demand-Based Staffing Model #21 Instant Communication Network #22 Best-in-Class Dashboards
	<p>Classic Practices</p> <ul style="list-style-type: none"> ~ Patient Delay Updates ~ Charting Scribe 		<p>Classic Practices</p> <ul style="list-style-type: none"> ~ No-Delay Nurse Report ~ Dedicated Admissions Nurse ~ EP Admit Authority 	<p>CODA Creating a Culture of Accountability</p> <p>Lesson #1: Dedicated Support Elevates Impact of Technology</p> <p>Lesson #2: Front-Line Staff the Most Powerful Agents of Change</p> <p>Lesson #3: Success Dependent on Hospitalwide Buy-in</p> <p>Lesson #4: Lasting Change Inevitable without Support from the Top</p>

Patient Pathways Improvement Model



From: *Easy Guide to Clinical Practice Improvement*

NSW Health Modernising Radiology Service – NHS-Plan-Do-Study-Act Cycle Deming WE. *The New Economics for Industry, Government, Education.*

The Royal Adelaide Hospital Emergency Department

- > The RAH ED treats approx 68000 per annum
- > Is one of the 3 tertiary hospitals in SA
- > Admission rate of approx 38% of presentations
- > 7% of patient presentations are mental health
- > Trauma presentations Jan 2009 – July 2010
864 (level 1), 2857 (level 2), 38 (other)
- > Staffing
 - Consultant covered 0800-2400
 - ENP rostered for Fast Track
 - ED Work Flow Coordinator to address patient flow issues





Why the ED Clockwork journey

- > July 2008 – ED medical & nursing executive and Patient Pathways gathered to review the current ED business
- > Findings – the ED had implemented multiple changes from 2004 - present with varied success
- > The South Australian Department of Health established some Key Performance Indicators (KPI's)
- > The KPI's were POOR
 - Category 2 patients June 2008 – 58% (target 80%)
 - % of patients admitted within 8hrs June 2008 – 61% (target 75%)
- > Initial plans for new space but for what purpose
- > We need a whole of system change – that included the hospital as well as the ED



RAH ED Clockwork goals

ED Clockwork is designed to:

- Improve the patient journey and experience of ED patients and families
- Understand the ED core business
- Decrease ED overcrowding and minimise time waiting for patients in ED for admission or review
- Improve the staff environment
- Reduction in duplication and eliminate wastes within the ED.



The start of ED Clockwork

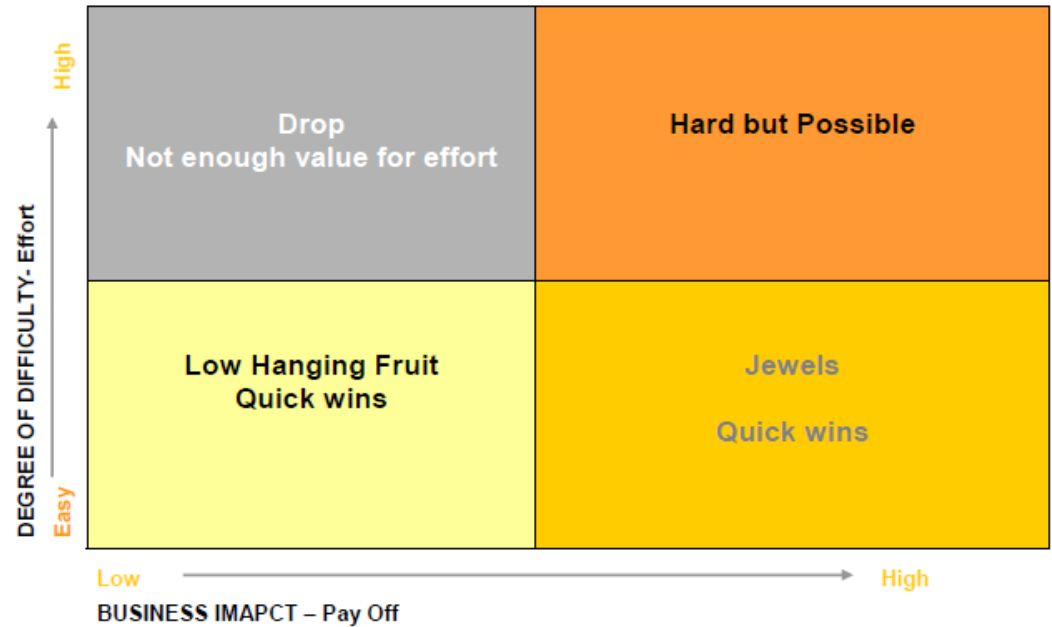
- > Establish the ED Clockwork Leadership Team
- > Review the effectiveness of previous improvement strategies
- > Review available reliable and current data to develop a – *Case for Change*
- > Set achievable targets and timeframe
- > Brainstorm potential ideas
- > Sieve and sort

Sieving & sorting of suggested strategies

- > What do we do with the 64 ideas now?
- > Improvement Matrix them

Improvement Matrix - Patient Pathways

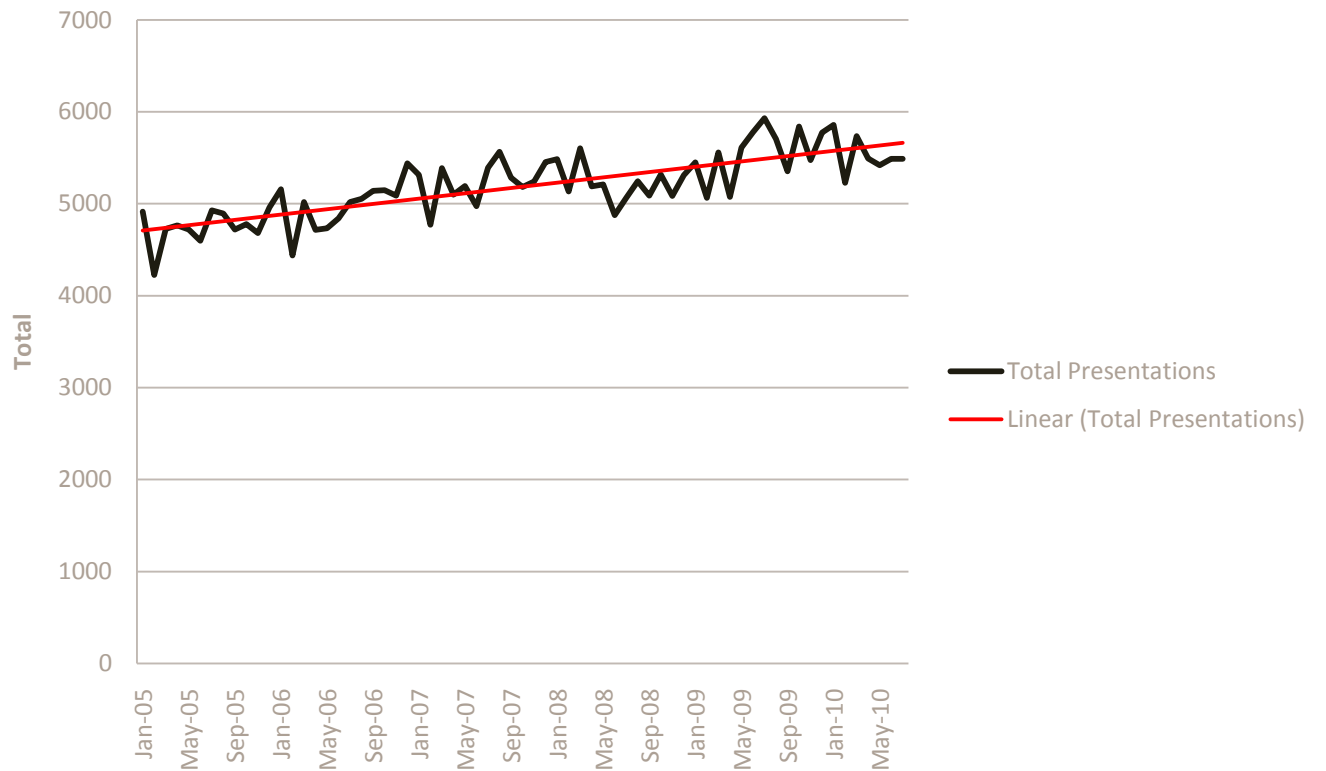
Number the listed solutions for improvement and then place the numbers on the matrix where you think they best fit.

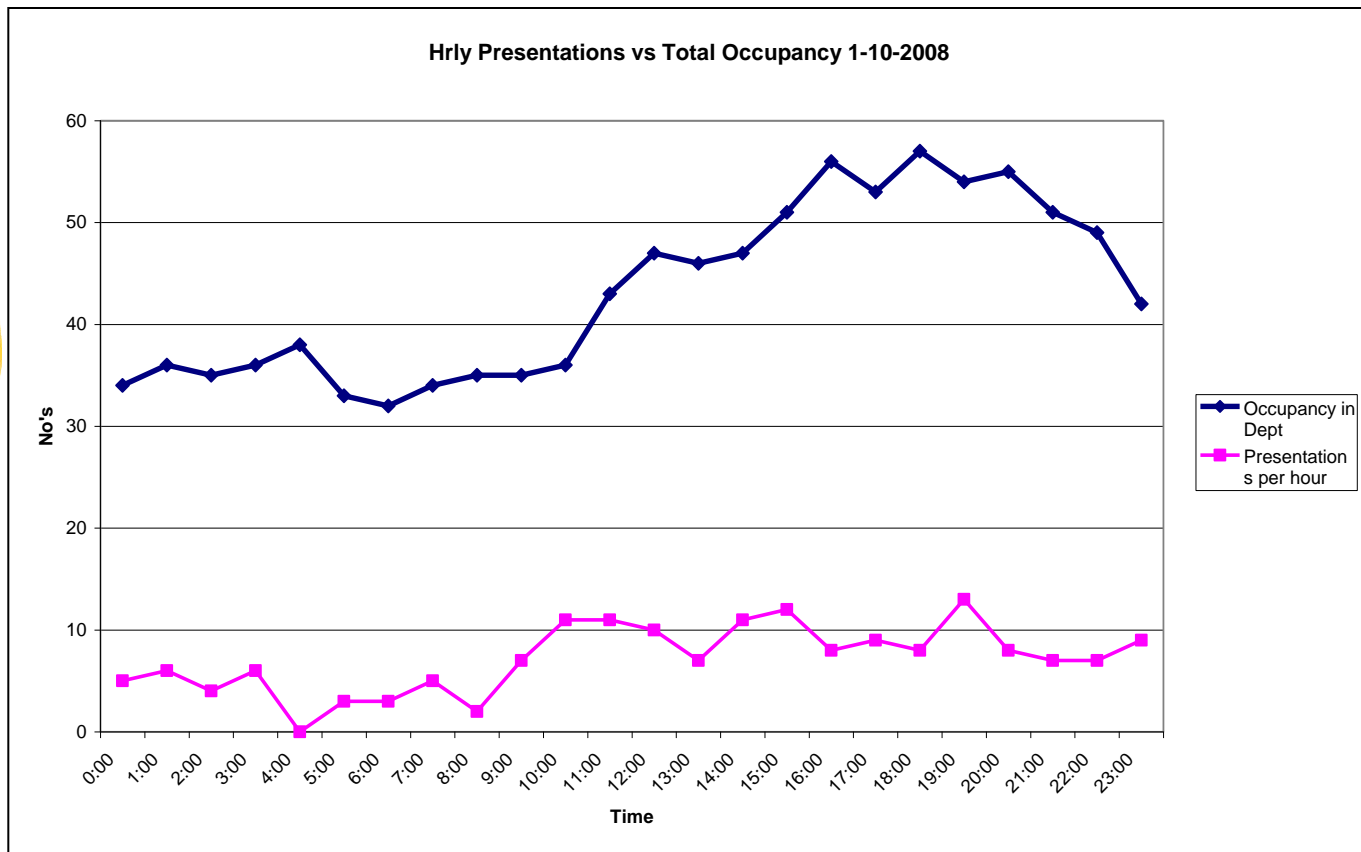


Jewels	Not hard with positive benefit
Low Hanging Fruit	Easiest to solve but low pay off
Drop	Hard work and low benefit
Hard	Hard to implement but have high pay off - may need business case

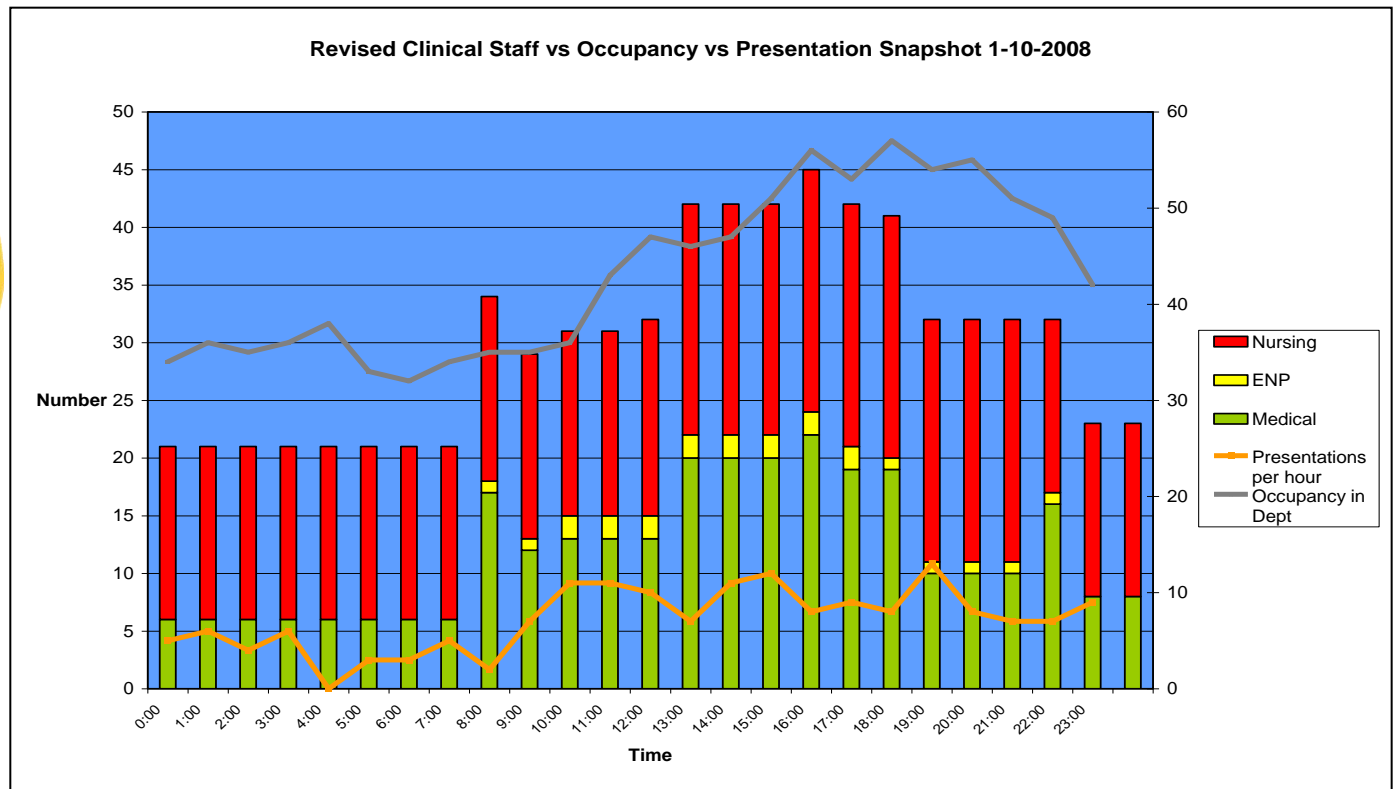
Pre-clockwork data

ED presentations January 2005 to July 2010



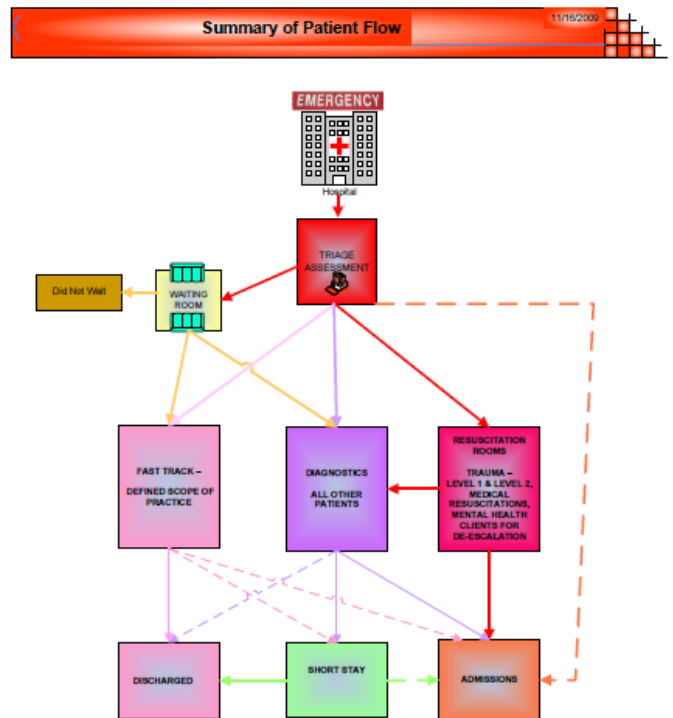


Pre-clockwork data



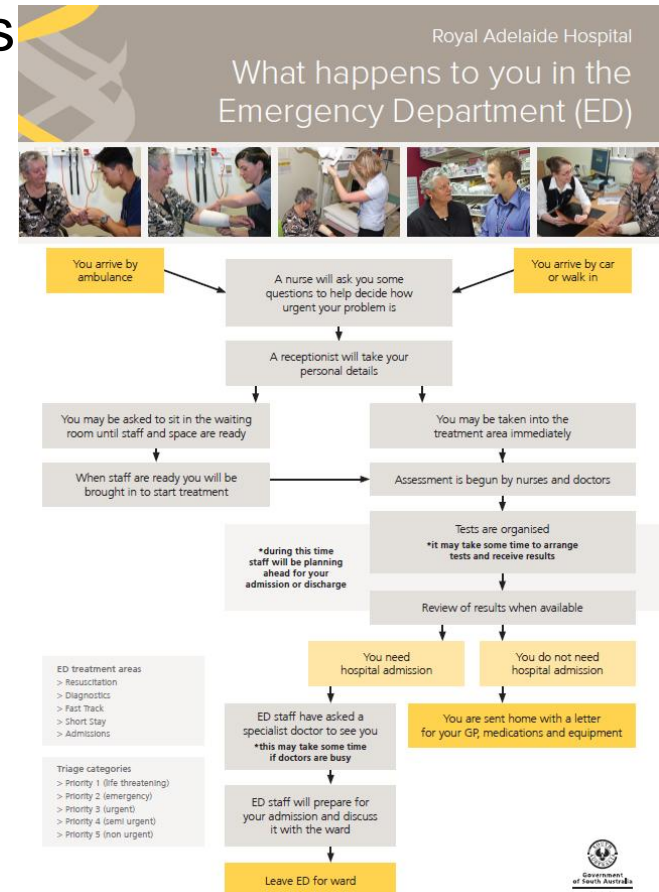
WAY FORWARD

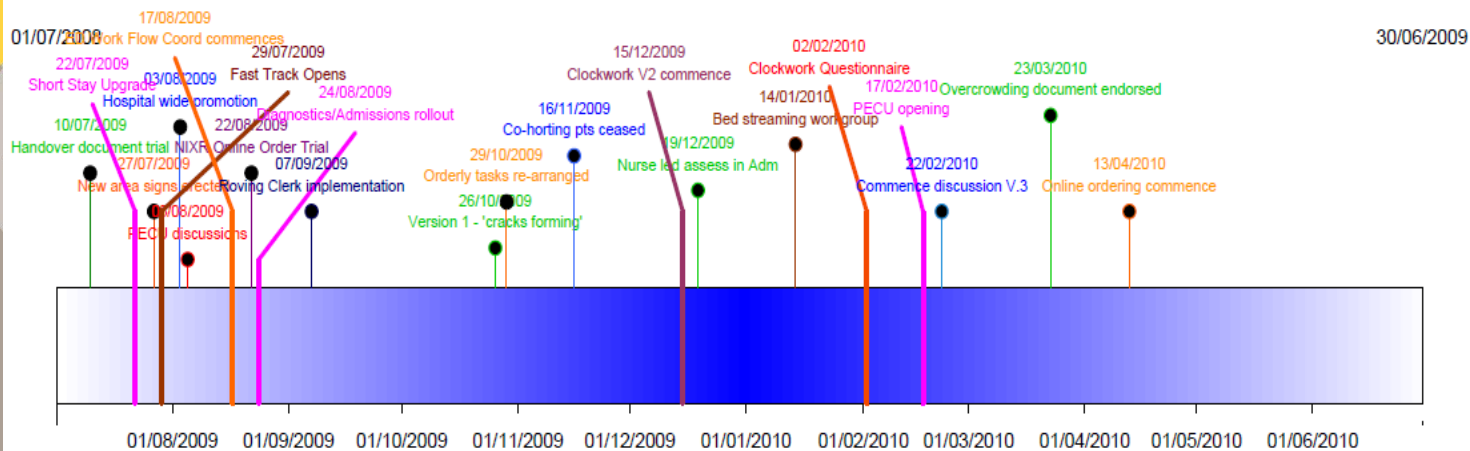
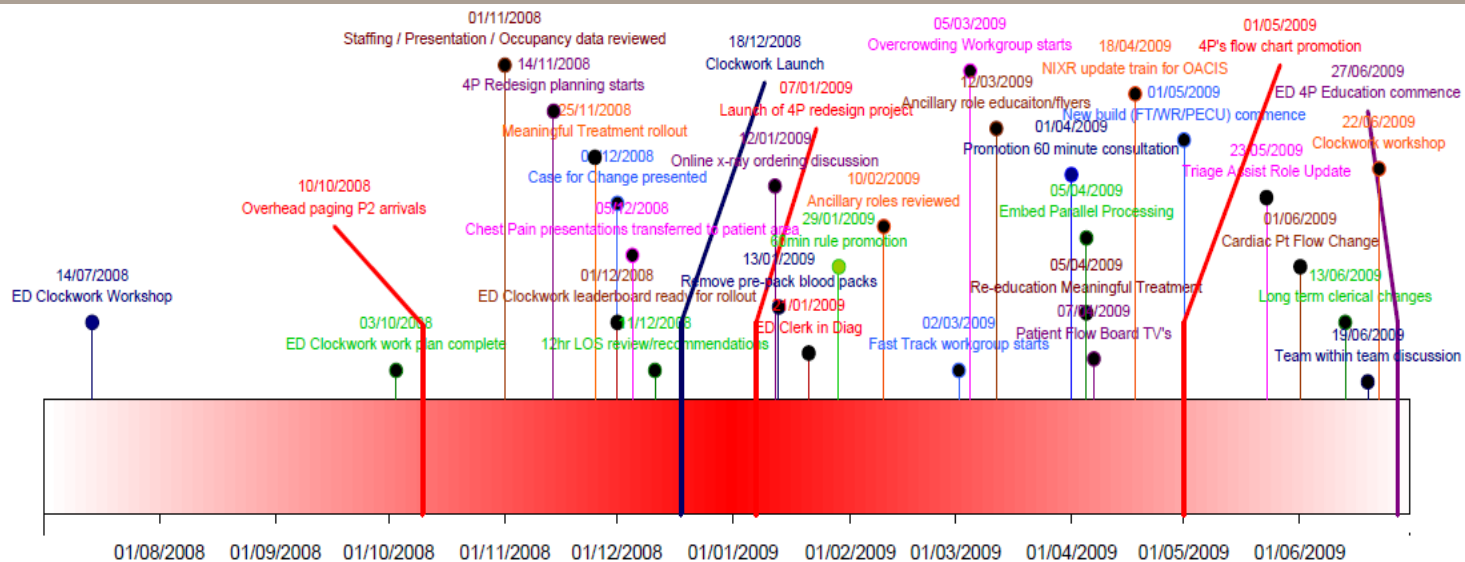
- 9 workgroups established
 1. 'the 4 P's redesign flow' – departmental patient flow redesign
 2. Access to meaningful treatment
 3. Access to radiology
 4. ED decision making



WAY FORWARD

5. Fast track / minor injuries
6. Bed/Patient transfers
7. Long Delays
8. Workforce
9. Relationship

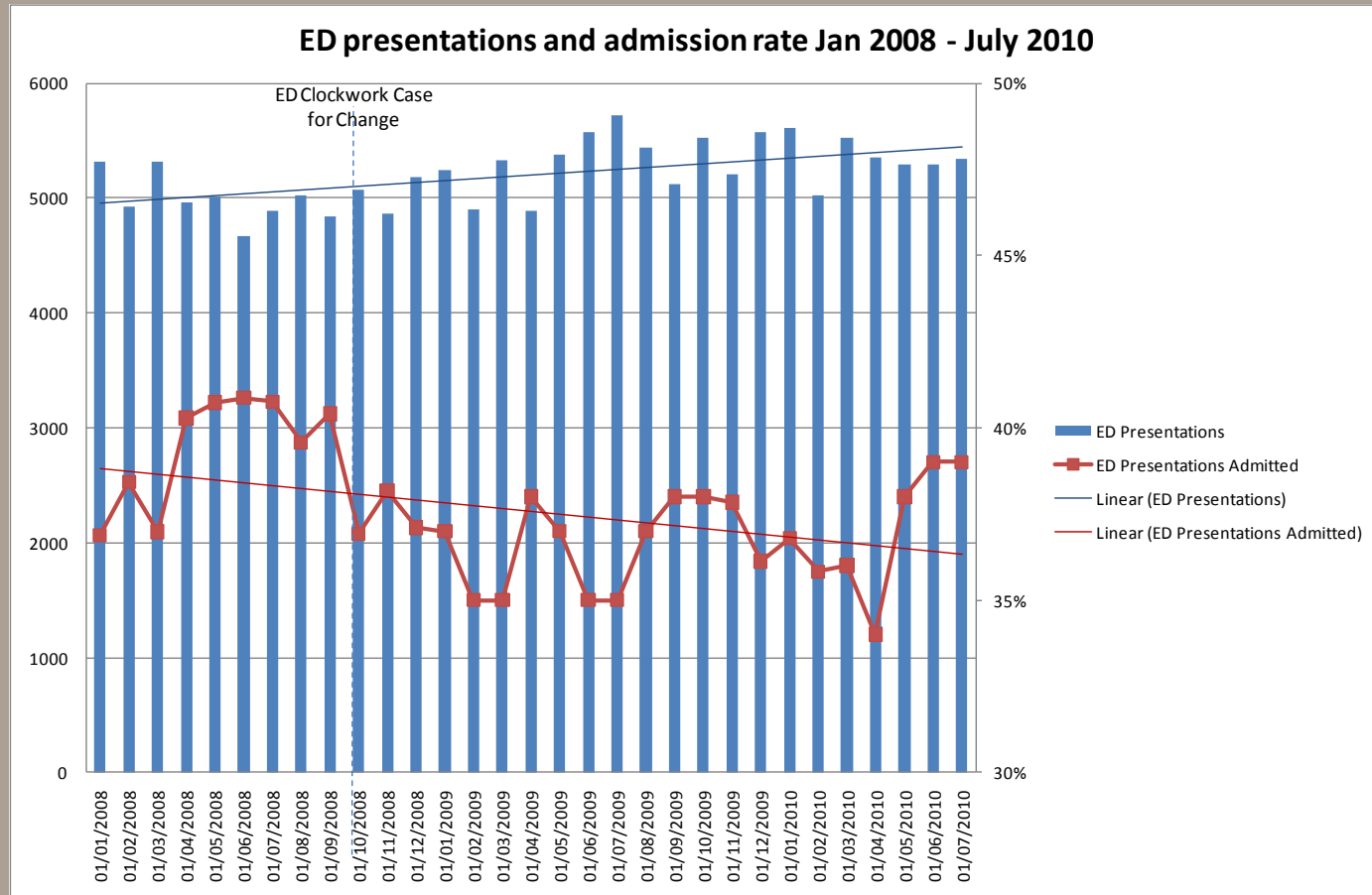




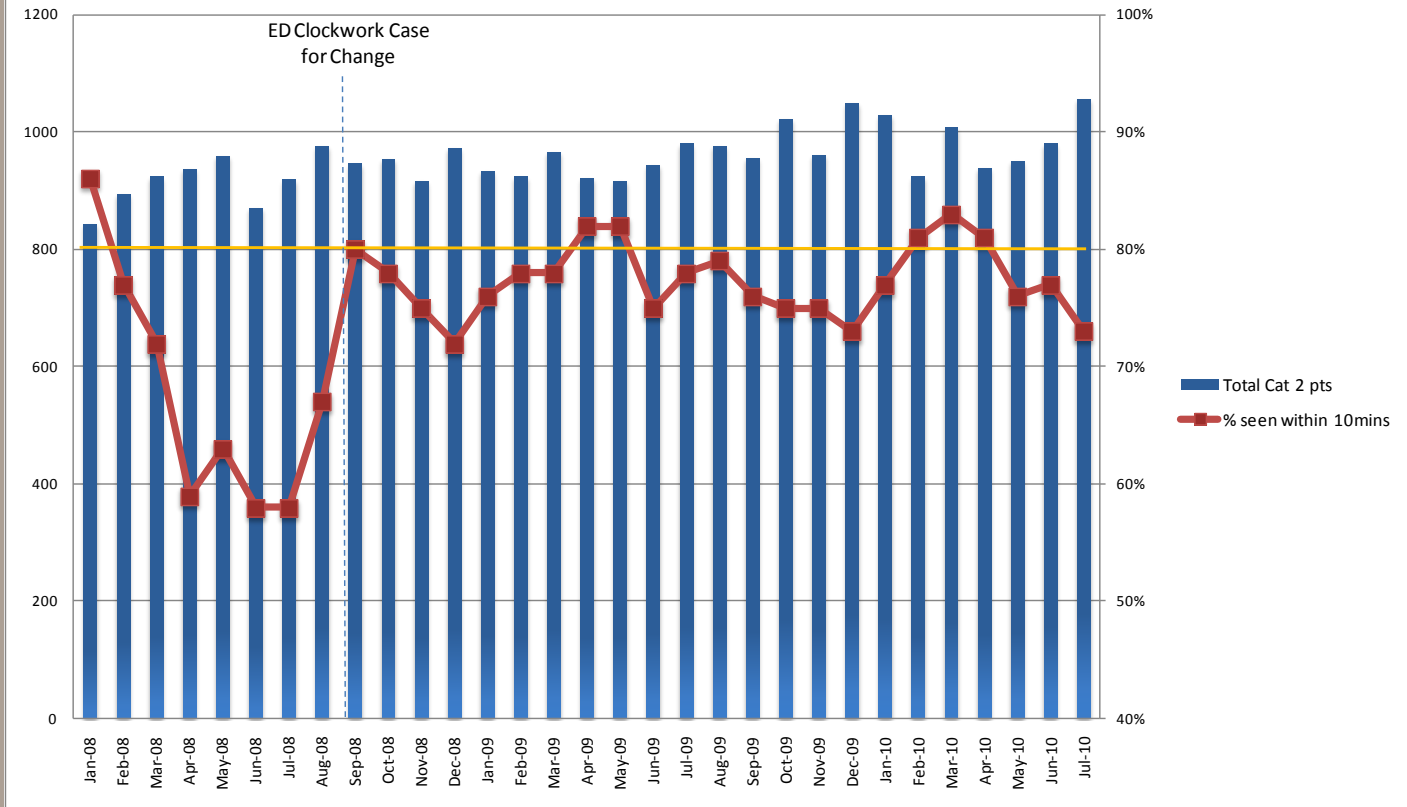
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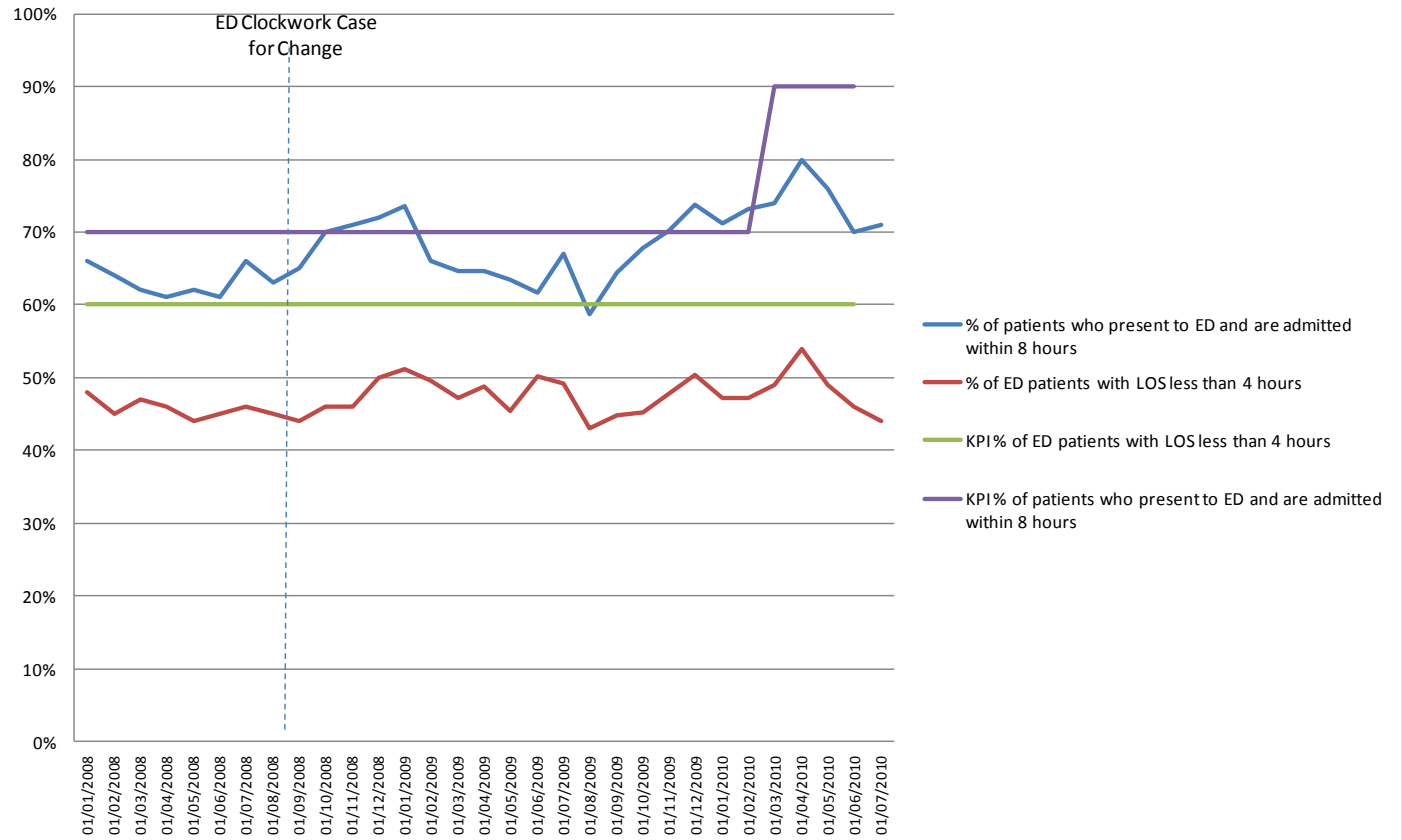
Post Clockwork data



Total of Category 2 patients and the % of Category 2 patients seen within 10 minutes



% of patients admitted within 8hrs and patients with 4hr LOS





Results

- > Initially successful
- > Teething problems (micro managed)
- > Some wins
 - EECU / Short stay efficiency and capacity building
 - Fast track
 - Roving clerk for bedside registration
 - New medical/nurse rostering etc
 - Work flow coordinator role
- > Some losses
- > Clockwork 2 in January 10
- > Continuing roll-out of the other strategies
- > Communication
- > Engagement
- > Cultural change



Evaluation

- 18 months into the project we did a staff satisfaction questionnaire for feedback about all the strategies implemented
- Overall generally positive but had negatives
 - *“Change is good and was much needed in our department, Clockwork V1 should not be seen as a failure, it has enabled us start change and to expose many issues we only know anecdotally. It has given us a chance to start addressing and working though some very long standing issues that have a huge impact on the patient journey through our department.”*
 - *“V2 was a huge step up from V1. Although V1 didn't work exactly as intended it did give staff an opportunity to try something new and dynamic, we kept what worked, and will continue to iron out the creases in V2, leading to V3.”*



Sustainment

- Promote successes
- Market the data to all staff
- Encourage staff to continue improvement strategies to build on the success or offer suggestions to change the unsuccessful strategies
- Continually review and update strategies to the changing environment



Lessons learnt

- > Good leadership team – flat structure
- > Project support
- > Diagnostic phase **CRUCIAL**
- > Communication
- > Timing, timing, timing



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