



*Northern Health
Redesigning Care*

Should the Emergency Department be more like the RITZ?

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2nd Improving the Delivery of Emergency Care Conference 2010

Acknowledging our Team Approach

- Redesigning the Non-admitted Patient Journey Working Group

Key drivers

- Jenelle Linton, Project Officer
- Dr Helen Stergiou, Director Emergency Department
- Dr Herman Chiu, Clinical Lead / Emergency Physician



- Setting the scene
- Aim
- Method
- Implementation
- Outcomes
- What we learnt



What is the RITZ ?

It is not a new strategy to move Emergency Patients to 5-star hotels



The RITZ...

Sometimes it felt more like this:



It's a new treatment space
at The Northern Hospital

The Rapid Intervention and Treatment Zone

Non-admitted patients

Prompt access

High Quality Care

Setting the scene

- The Northern Hospital ED
 - 66,200 presentations in 2008 = average 181 per day
 - **Strong performance:** Bypass / LOS < 24hrs / Time to treat (CAT 1/2/3)
 - **Opportunities for Improvement:** LOS <8hrs / LOS <4hrs / Time to treat (CAT 4/5)
- Why Non-Admitted patients?
 - 65 - 75% of ED presentations
 - Minor illness/injury often have considerable waits/delays
 - Actual treatment time can be very short but LOS long due to systems issues
 - Primarily ED staff responsibility
 - Decline in performance

| Date | Patients with an ED LOS < 4hrs |
|----------------------|--------------------------------|
| 2008 | 70% |
| 2009 (Baseline data) | May 68%, Jun 63%, Jul 61% |



What we did...

- Redesigning Care at Northern Health

- Lean thinking approach
 - Examine our processes from the patients' perspective
 - Identify, analyse and eliminate waste (duplication, delays, inefficiencies)
 - Ensure optimal process flow
- Structured approach focused on diagnosing the problem



Majority of project time

- Understand current process
- Identify issues and root causes
 - Process mapping
 - Staff/patient observation
 - Hospital activity data analysis
- Only developing solutions once root cause identified



Project: Improving the Non-Admitted Emergency Patient Journey
 Date tracked: Wed 29 April 2009
 Patient presenting condition: 46y.o female with injured finger
 Time commenced: 9:30

Context

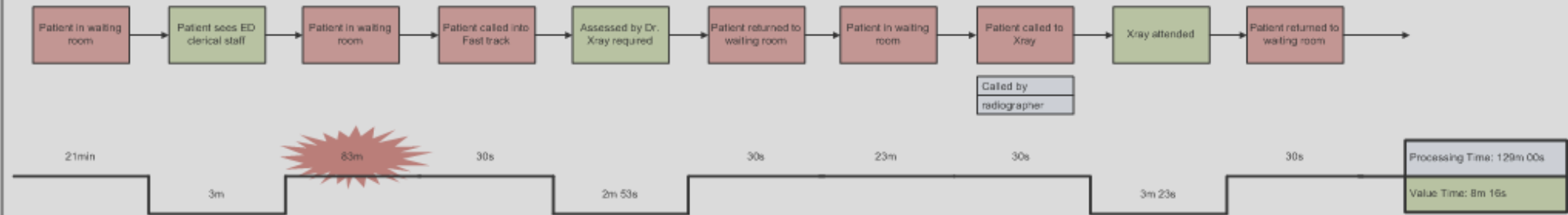
No med reg until 11am
 169 presentations to ED
 Triage Cat: 1 = 1 | 2 = 18 | 3 = 95

-1 ED clerk (sick leave)
 55 admissions from ED to Ward

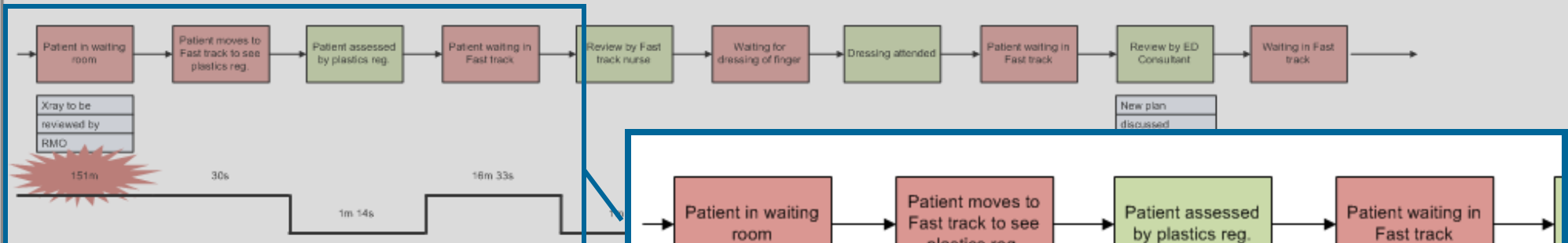
Total Processing Time: 328m 37s

Value Time: 13m 50s

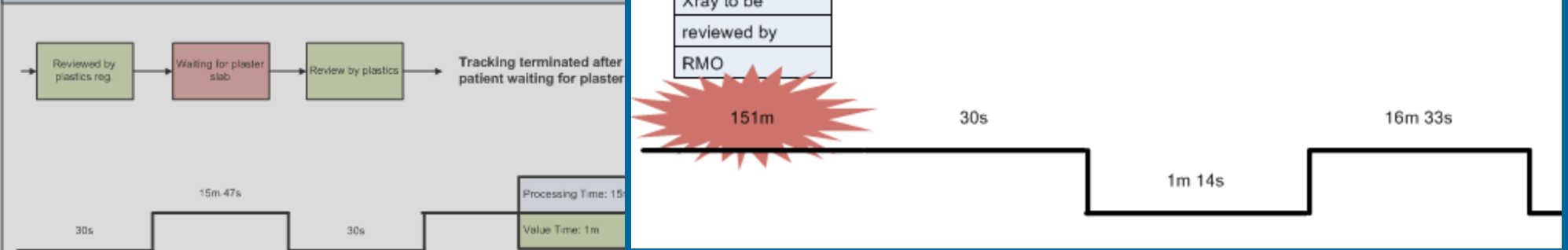
Patient Observation



Patient Observation – continued...



Patient Observation – continued...



Diagnostic Stage Outcomes

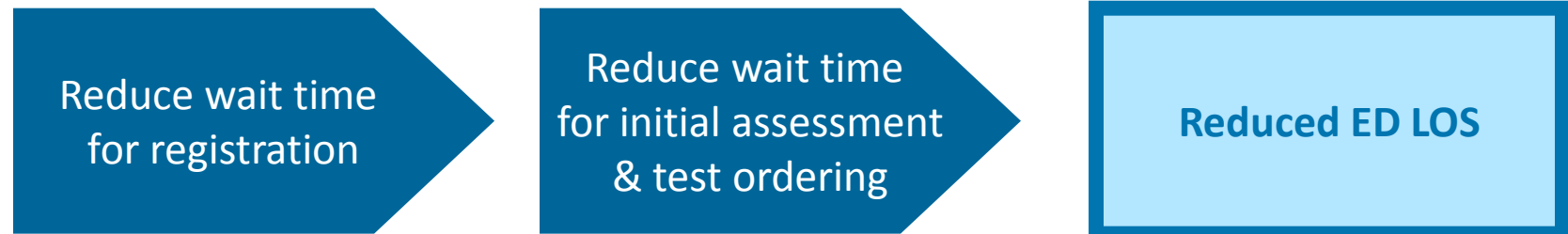
- Clear link between the ‘time patients wait to be seen’ and ‘total time in ED’ (LOS).
- Analysis identified a number of key causes to delays in initial assessment:
 - Lack of available space (cubicles) to assess patients
 - Staff wasting time searching for equipment, supplies, paperwork
 - Variability in how patients are allocated to Medical Staff
 - Delays in the process of ordering and reviewing Radiology tests
 - Clerical role interruptions and lack of role clarity.



Solution Development

- **Process:**

- A small dedicated team of ED staff developed solutions to these issues
- Goal was to ensure rapid intervention and treatment of specific pt cohort by medical and nursing staff
- Solution logic:



Solution Design – Key components

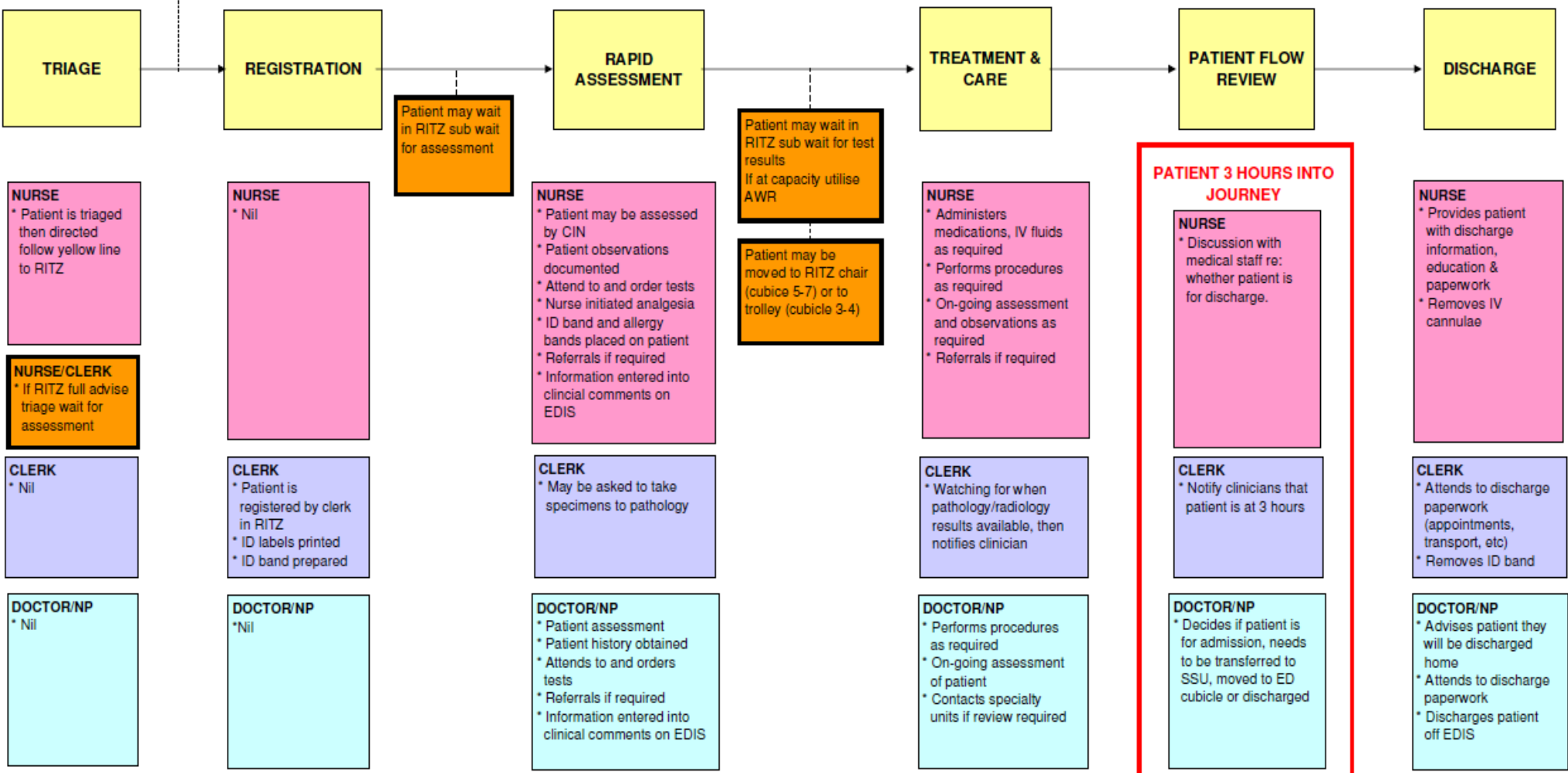
- New model of care
 - Clinical Streaming
 - At Triage patients meeting inclusion criteria sent directly to RITZ
- New clerk role (relocated from registration)
 - Patients registered in the RITZ
- Medical and nursing staff allocated to RITZ
 - Clinical Seniority
- New Radiology ordering process
 - Simple investigation requests sent via fax



RITZ - PATIENT FLOW PROCESS MAP (REVISED)

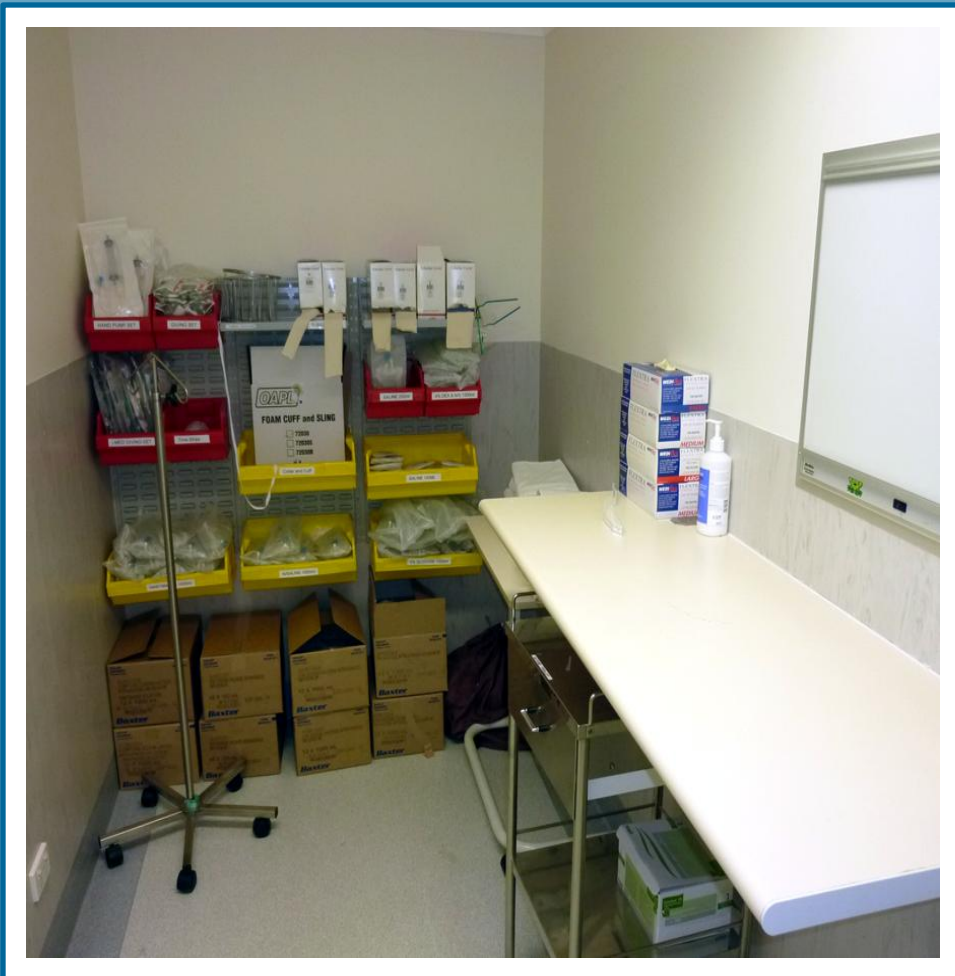
IF RITZ AT CAPACITY

- * If RITZ waiting area is full, RITZ nurse or clerk to notify triage nurse
- * RITZ patients will wait in AWR until space available in RITZ
- * When space available in RITZ, RITZ clerk to call patients from AWR
- * RITZ Clerk to advise triage of change in capacity



Solution Design – Key components

- Redesigned environment
 - Revised equipment & supplies storage



Running Low on Stock!

There are only ten charts left

Re-stock now! If you are busy
give this sheet to the RITZ Clerk

This will ensure that we never run out and you
don't need to search for forms when you could
be treating patients.

Form: Ambulatory Care Referral

When you have re-printed/re-stocked new forms
please ensure that this sheet is placed 10 sheets
from the bottom - this ensures we never run out.

Running Low on Stock

MEDICAL REFERRAL TO AMBULATORY CARE

The Rapid Intervention & Treatment Zone

Stocked and Safe Checklist – RITZ Cubicles

Environment Check

- Oxygen/suction functioning
- Gloves - Small, Medium, Large)
- Handwash (Avagard) and Isowipes - replenished
- Area safe and ready for working e.g. equipment in place
 - 2 chairs / chair & stool
 - overbed table
 - stock cabinet
- Surfaces clean
- Supplies re-stocked (as per inventory below)

Cubicle Inventory

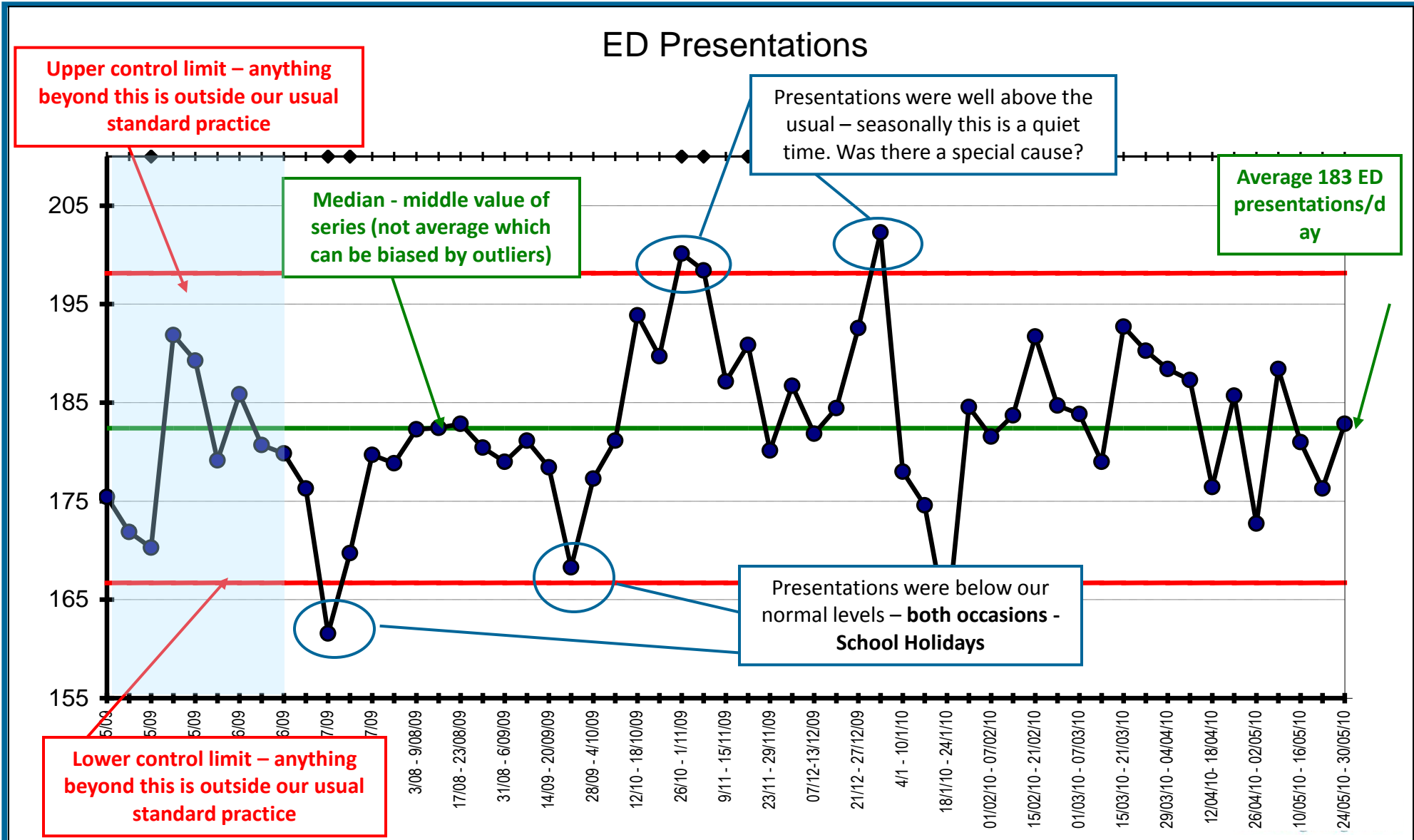
Ensure all consumables are well stocked and in the correct place

- | Stock cabinet | |
|--------------------------------------------|---------------------------------------------------|
| <u>On top of cabinet:</u> | <u>Middle drawer</u> |
| <input type="checkbox"/> Tissues | <input type="checkbox"/> Adult oxygen masks x 2 |
| <input type="checkbox"/> Large sheets x 6 | <input type="checkbox"/> Adult nebulser masks x 2 |
| <input type="checkbox"/> Gowns x 4 | |
| <u>Top left drawer:</u> | <u>Bottom drawer</u> |
| <input type="checkbox"/> Emesis Bags | <input type="checkbox"/> Blueys |
| <u>Top right drawer</u> | <input type="checkbox"/> Patient clothing bags |
| <input type="checkbox"/> Name bands | |
| <input type="checkbox"/> Alco swabs | |
| <input type="checkbox"/> Pressure dots | |
| <input type="checkbox"/> KY jelly | |
| <input type="checkbox"/> Tongue depressors | |
| <input type="checkbox"/> Gauze x 6 | |

Keeping the RITZ clean, organised and appropriately stocked ensures that
we spend our time delivering care to patients not searching for
equipment or stock

Outcomes

How busy are we? ED Presentations up until 30/5/10

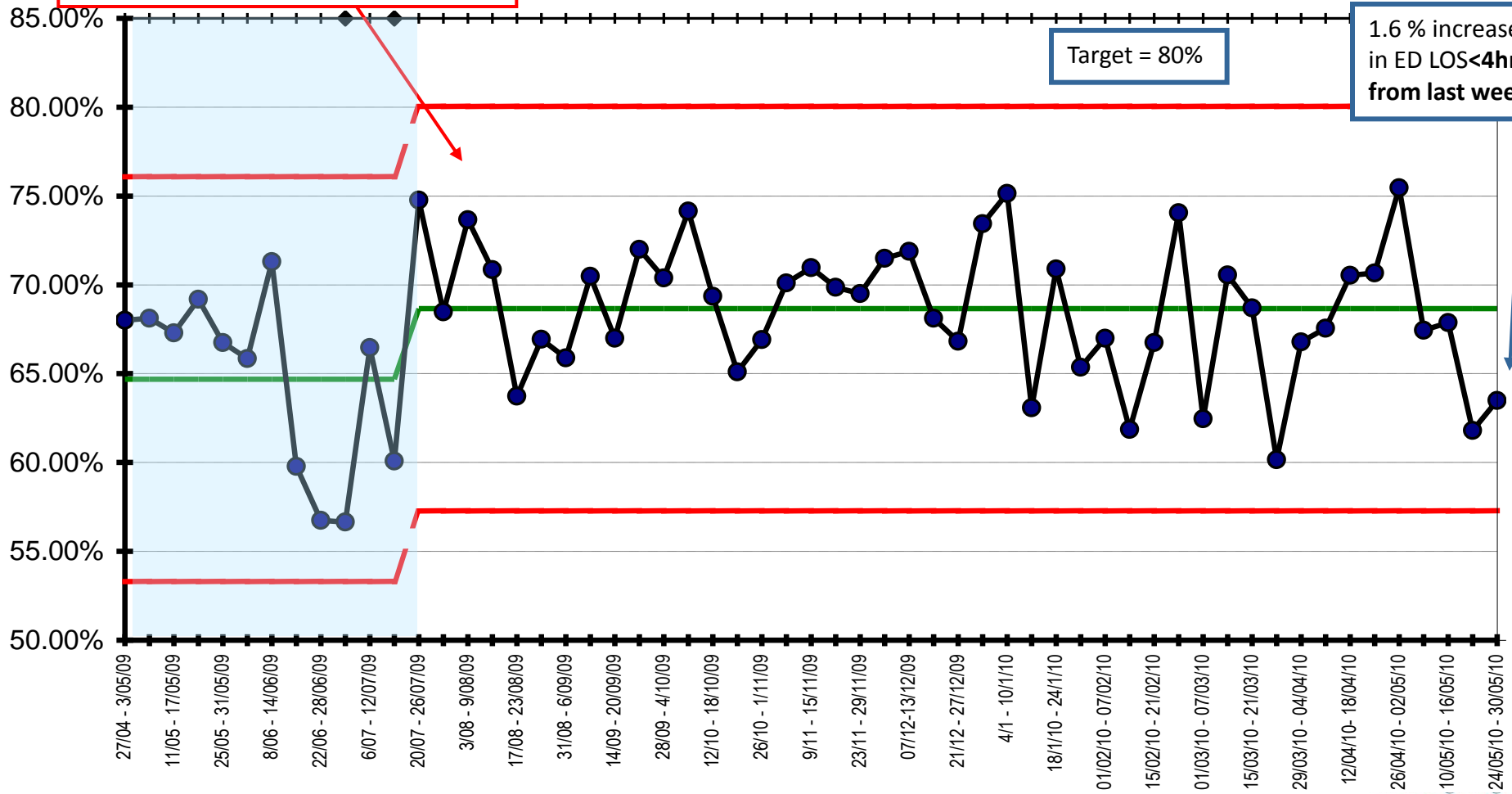


ED LOS < 4hrs – Weekly comparison

ED LOS < 4hr

RITZ established
New process and new limits for
'usual standard practice'

Median ED LOS < 4hrs
Old process (pre 21 Jul) = 64.6%
New process (post 21 Jul) = 69.43%

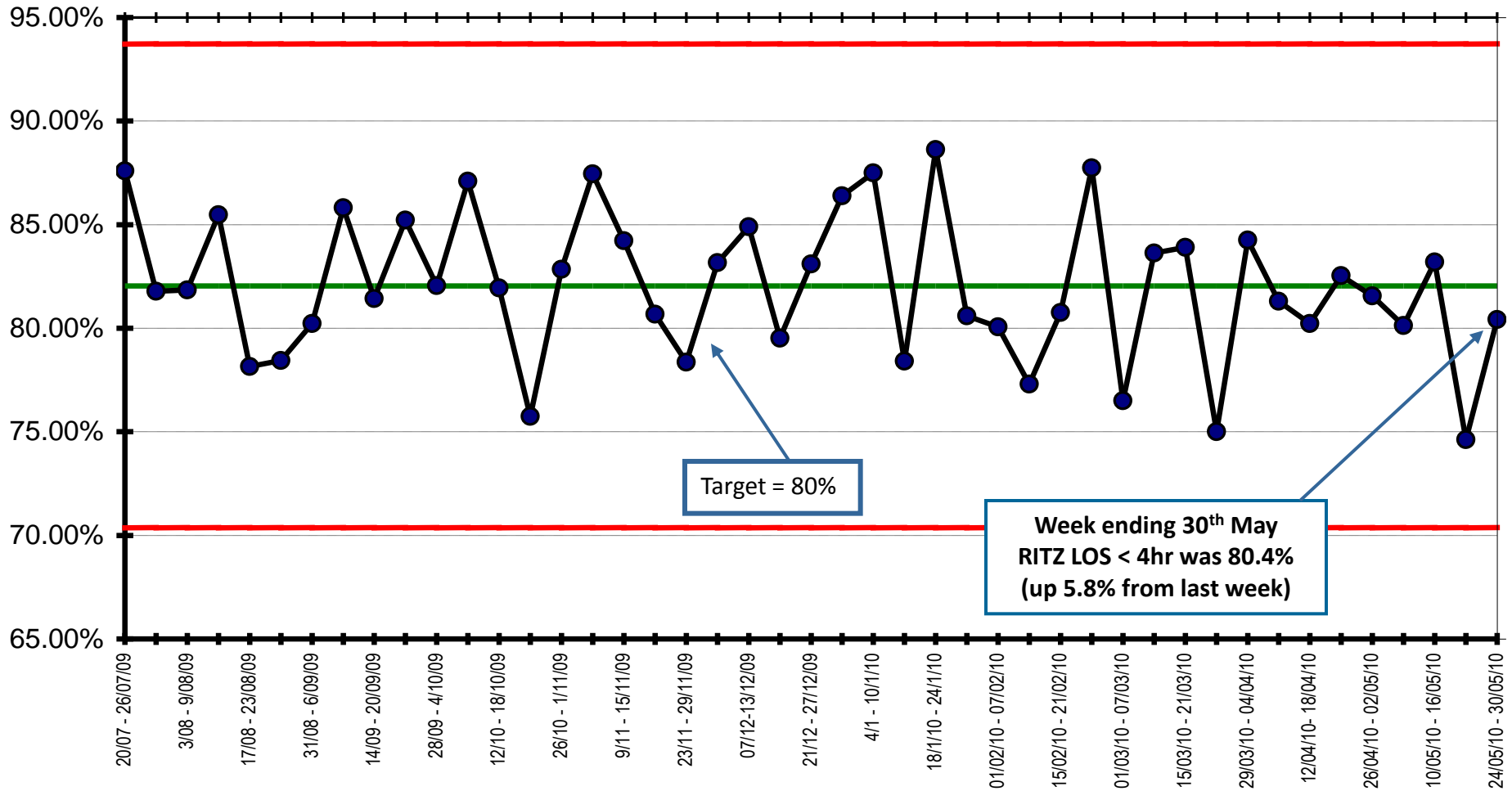


Target = 80%

1.6 % increase
in ED LOS<4hrs
from last week

RITZ LOS < 4hr (Non-admitted) Week ending 30 May

RITZ LOS < 4hr



Failed to Waits – percentage of total presentations

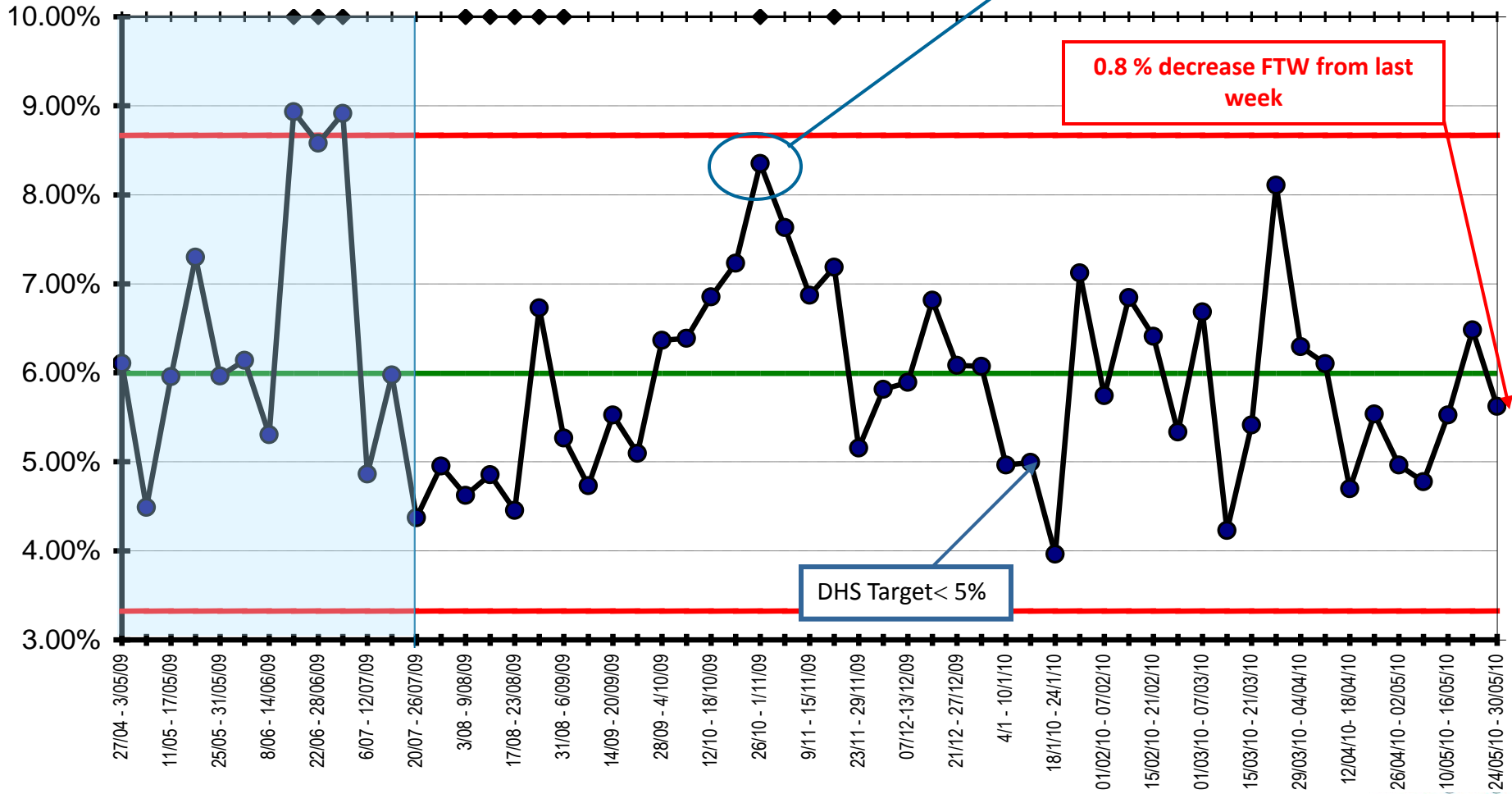
Failed to Waits

Median Failed to Waits
 Old process (pre 21 Jul) = 6.5%
 New process (post 21 Jul) = 5.87%

Presentations were well above average leading to high Failed to Waits

0.8 % decrease FTW from last week

DHS Target < 5%



Things we learnt...

- Clinical leadership drives change
- Access to clinically relevant data is crucial to engage clinicians
 - Establish a need for change (e.g. Failed to Waits)
- Constantly communicate
 - Frontline staff need to know what's happening and why
 - Sustain interest/engagement
- Limited availability of clinical staff
 - Creativity with meetings
- Environment has a major impact on staff and patients
- Sustainability is driven by local ownership
 - Frontline staff must be involved:
 - identifying and validating issues
 - developing the solutions
 - ongoing performance management
- Fundamentals are imperative
 - Staffing / Seniority



Want to know more?

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