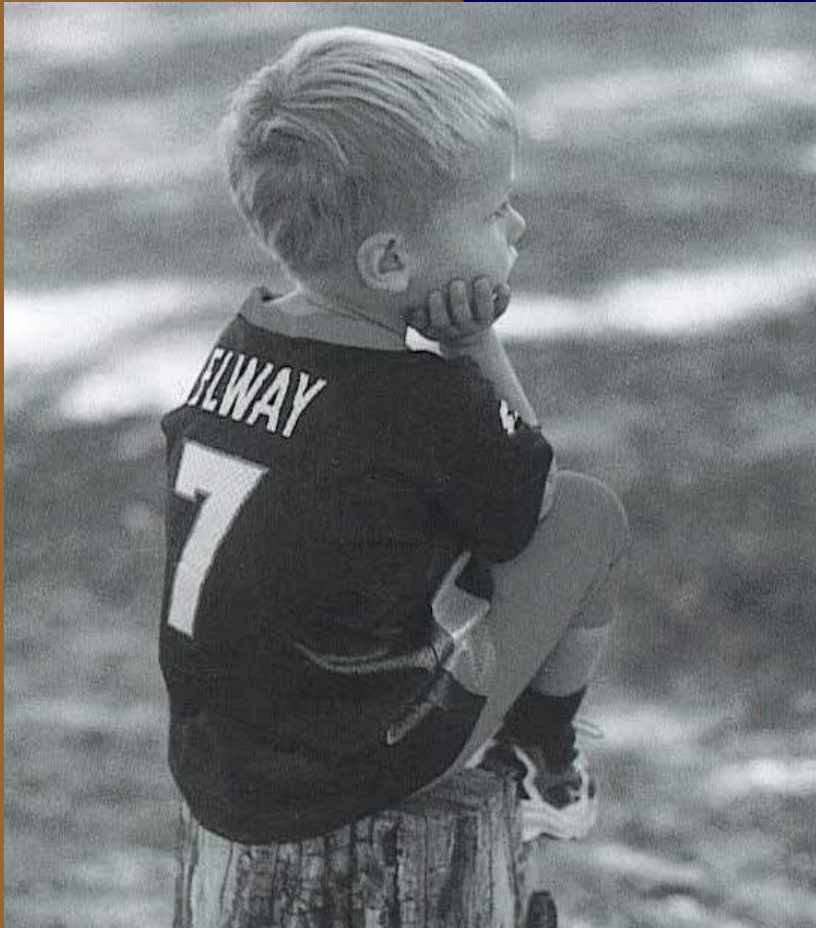


Fast Track to Success

**Shane Combs and Rose Chapman
Joondalup Health Campus/Curtin
University Perth Western Australia
Brisbane May 2007**



Fast Track - Objectives



- ◆ What drove JHC ED to improve
- ◆ What was GP Hospital Integration
- ◆ Process Redesign and Diagnostics
- ◆ Detail the improvement plan
 - ◆ Fast Track
- ◆ Impact of improvements
- ◆ What we learnt



JHC ED History

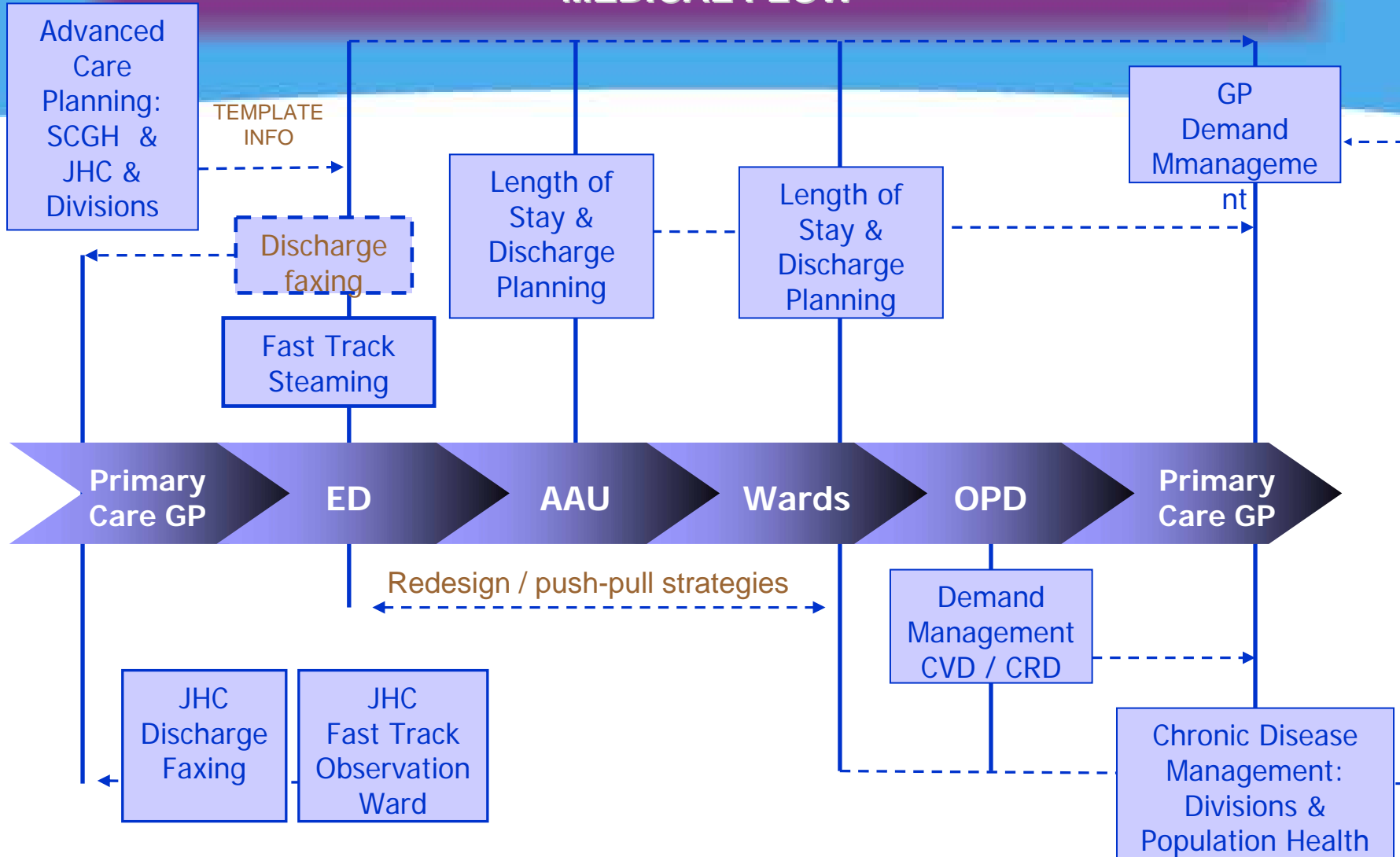
- ◆ Built for 25,000 attendances in 1997
- ◆ 2003 / 2004 - 41,000 attendances
- ◆ 17 bays
- ◆ One in four attendances are Paediatrics
- ◆ Did Not Waits Trends
 - ◆ 2001/2002 - 9%
 - ◆ 2002/2003 - 10%
 - ◆ Late 2003 - needed to create improvement



JHC Emergency



GP-Hospital Integration Program MEDICAL FLOW



Diagnostics

GPHI JHC ED Improvement Group undertook

- ◆ Appointing Project Officer
- ◆ Patient Mapping
- ◆ Delay Tally
- ◆ Assessed Available Data
- ◆ Staff Consultation + convincing clinicians
- ◆ Consumer Consultation
 - ◆ Consumer Workshop
 - ◆ Project Officer telephone survey of our DNW patients
 - ◆ Vast majority sought treatment elsewhere within 24 hours



Diagnostics

- ◆ GPHI Expertise to monitor
 - ◆ % Patients meeting 'ATS'
 - ◆ 'Did Not Wait' rates
 - ◆ Activity attendances by week
 - ◆ Admitted patients waiting < 6 hours
 - ◆ Admitted patients waiting < 12 hours
 - ◆ Median Patient Journey Times through ED
 - ◆ Fast Track Average Journey Times
- ◆ The data has been sourced from two systems :
 - ◆ JHC IBA
 - ◆ EDIS (Emergency Department Information System installed July 2004)



Improvement Plan

- ◆ JHC Improvement Group determined priorities
 - ◆ Fast Track (more diagnostics required)
 - ◆ ED Nurse Skill development associated with Fast Track
 - ◆ Discharge communication with GPs
 - ◆ Admission Criteria to ED Observation Unit and discharge planning
- ◆ Keep Executive and staff informed and supportive of change



Fast Track

- ◆ Diagnostics - Data collected for the best times to run the clinic and potential numbers of patients
- ◆ Developed selection criteria for “Fast Trackable Patients”
- ◆ Fast Track Clinic established
 - ◆ May 2004 2 days per week Sat and Sun
 - ◆ Nov 2004 5 days per week
 - ◆ Feb 2005 7 days per week
- ◆ Nurse education for advanced roles



Fast Track



- ◆ Fast Track hours altered to address activity levels
- ◆ Nursing and Medical Rosters altered to accommodate the clinic hours
- ◆ Nursing staff competition for undertake advanced skill development



Nurse Education

- ◆ Why get nurses to undertake advanced roles?
 - ◆ Evidence shows that enhancing nurses roles as part of the process redesign leads to reduced patient journey time
- ◆ Support from
 - ◆ Consultants
 - ◆ Plaster Technicians
 - ◆ Office of Chief Nurse
- ◆ Recognition across health industry

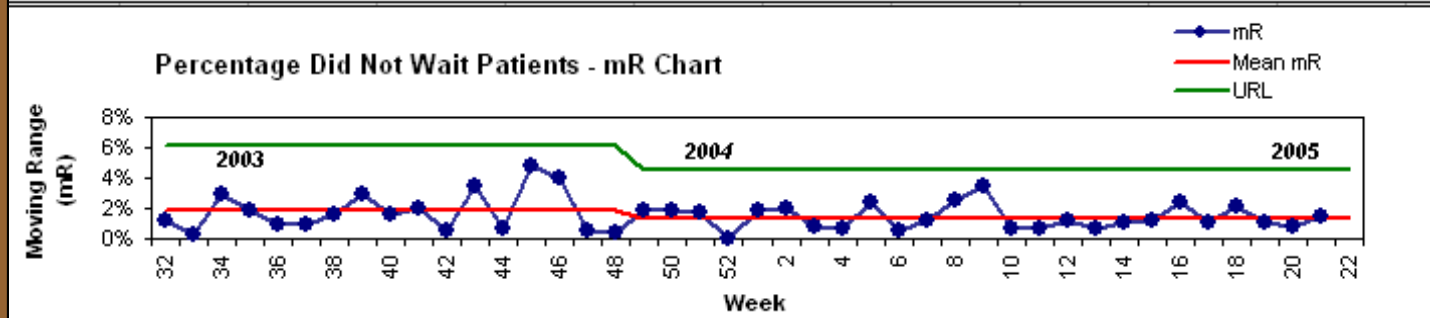
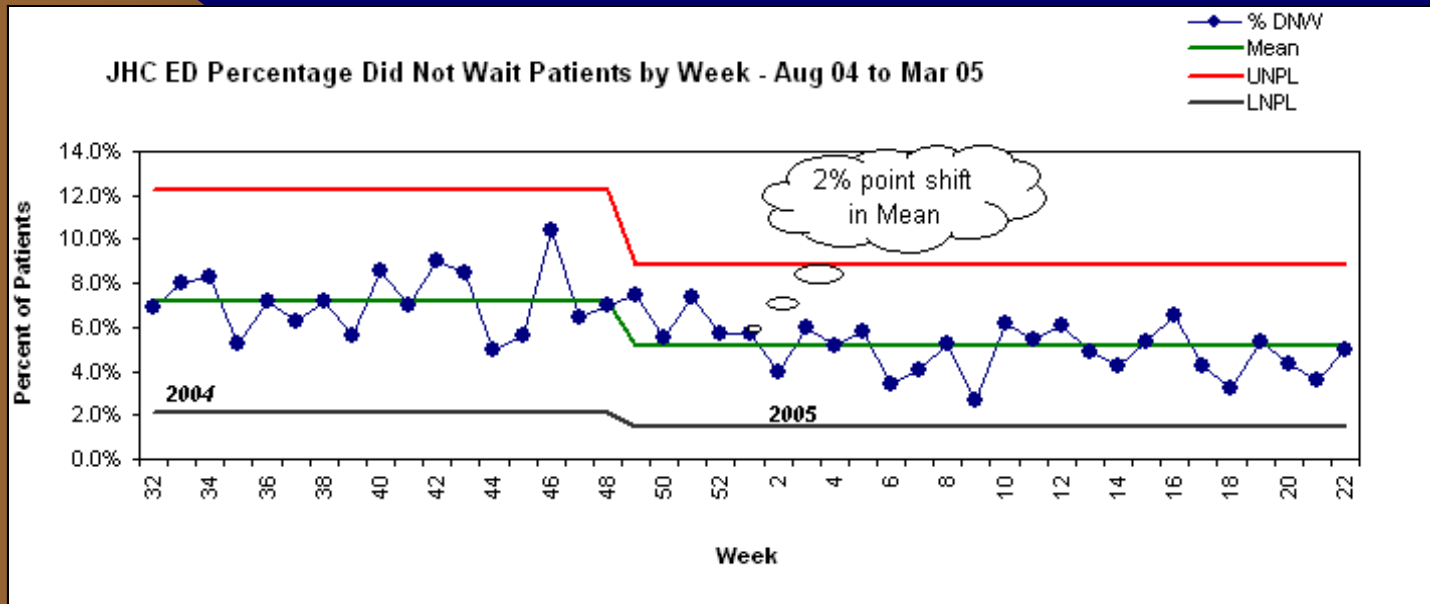


Nurse Education

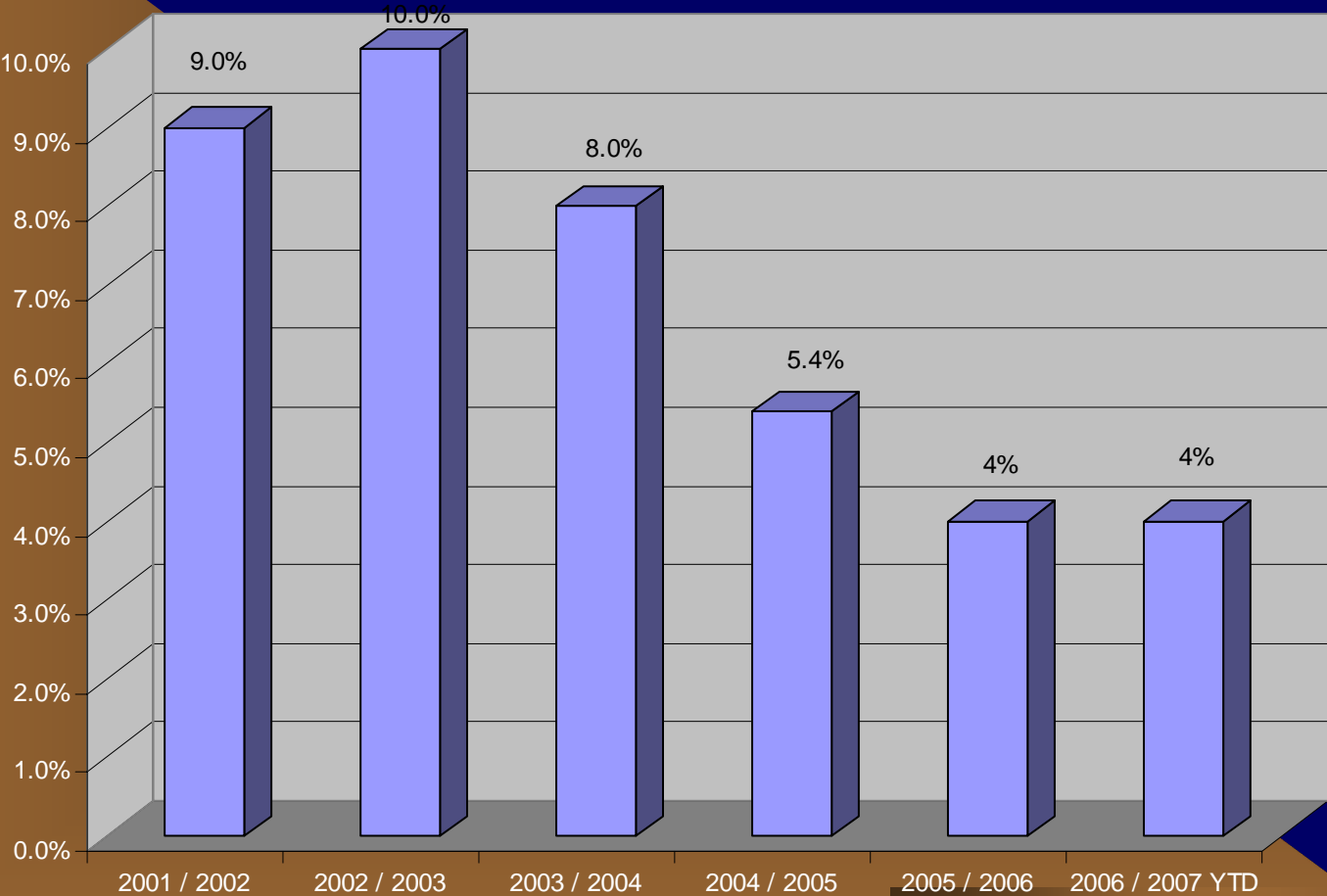
- ◆ Developed competencies for
 - ◆ Suturing (JHC)
 - ◆ Plastering (SCGH)
- ◆ Education
 - ◆ self directed learning packages
 - ◆ formal sessions
 - ◆ clinical supervision



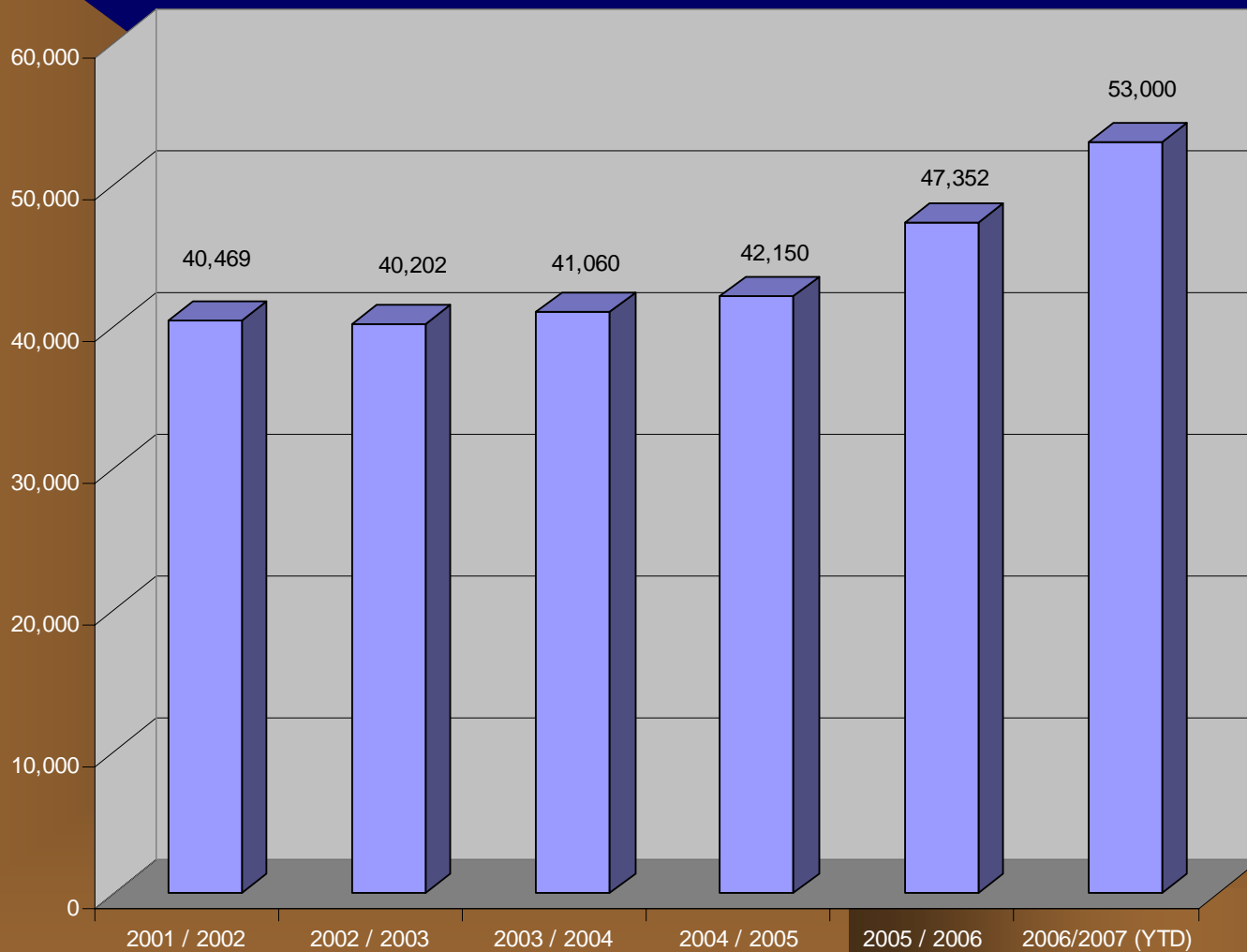
Results - Percentage of DNWs by Week



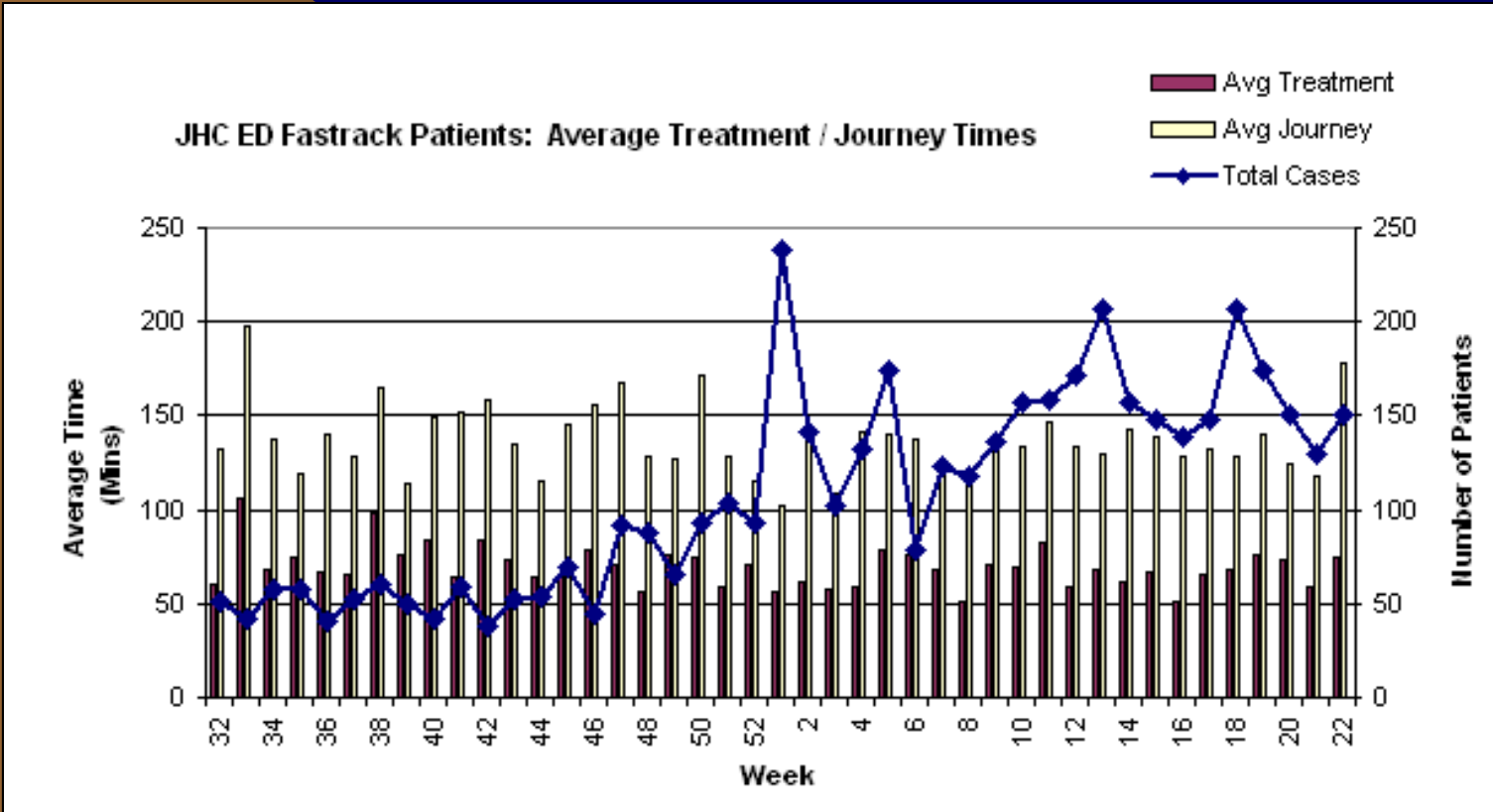
Percentage of Did Not Wait Patients (DNWs) - Yearly Trends



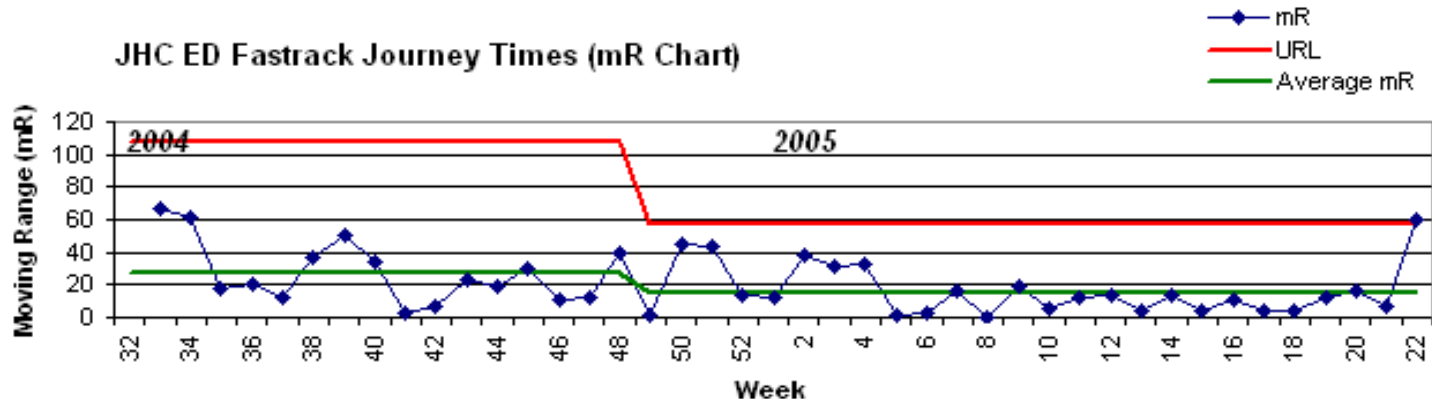
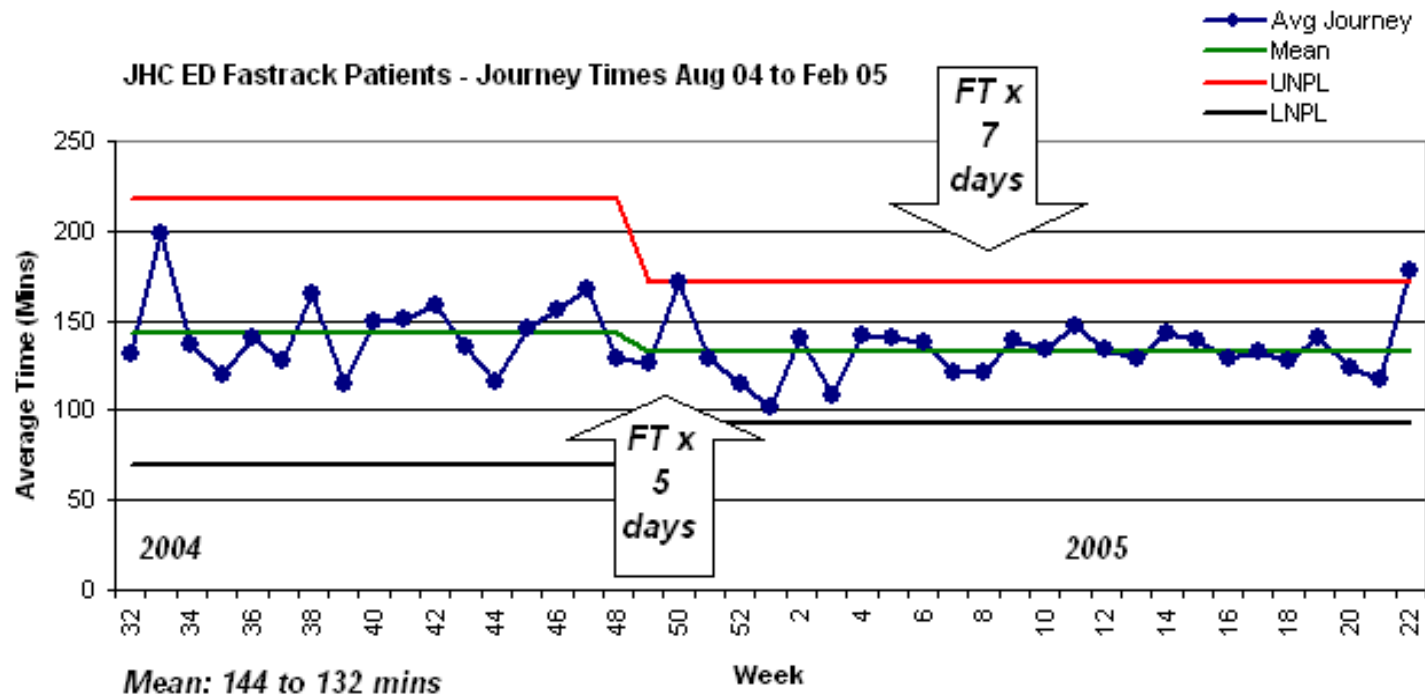
Number of ED Attendances - Yearly Trends



Fast Track Average Treatment Times



Fast Track Average Journey Time



Other Impacts

- ◆ Positive effect on staff - Data provided evidence of success
- ◆ Significant improvement in customer satisfaction
- ◆ For sustainability - identified the need for funding an additional doctor and nurse
- ◆ WA Dept of Health Policy adoption
- ◆ Created opportunity for Nurse Practitioner



What we have Learnt

- ◆ Get the CHANGE PROCESS RIGHT
- ◆ Review constantly and change as required
- ◆ Involve the whole team - nurses, Drs, clerks, orderlies
- ◆ Communicate, Communicate, Communicate with GPs, Staff, customers and their supporters



Conclusion

- ◆ Fast Track has been a successful journey for the ED and the whole hospital
- ◆ Fast Track success was achieved through effective change process and process redesign
- ◆ Our patients love it!! Improved community reputation and image
- ◆ Diagnostics are essential for convincing clinicians and evaluating change
- ◆ Dedicated project resources are crucial
- ◆ Ability to influence policy from change in practice

