Medical Leader	•
Medical Expert	
Communicator	•
Advocate	
Scholar	
Professional	
Collaborator	•
Manager	☐

Emergency Department Performance

2014 – Day 1 Q1 (Compulsory)

You are the recently appointed Medical Director of Hospital **'G'** which is an Australian general metropolitan hospital which has to report on how it is meeting the National Emergency Access Target (NEAT) of 4 hours.

Your hospital participates in the Australasian Health Roundtable (HRT) that benchmarks /reviews hospitals' operating data. The following are some tables from the recently received report (to 30 June 2013) on your Emergency Department's performance.

Your CEO has just received the HRT report and is concerned about Hospital G's lagging performance compared to other comparable Australian and New Zealand hospitals.

The CEO asks you to review the current data and advise him on the following questions when you meet next week.

What appear to be the main contributing factors that could explain why Hospital G is having trouble meeting the four hour NEAT target?

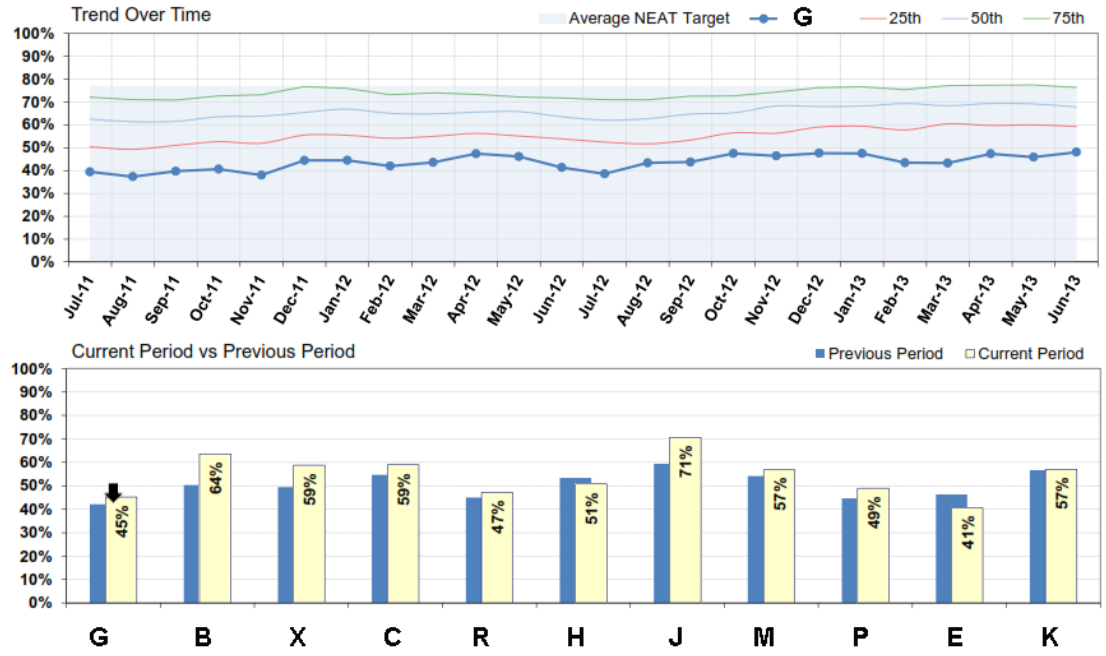
If he was to appoint you to as project leader to manage improvement activities, who, if anyone, would you select to be on your project team, and why?

What would you recommend to be the goal of your suggested improvement activities?

What priority actions should the hospital focus on within the first two months?

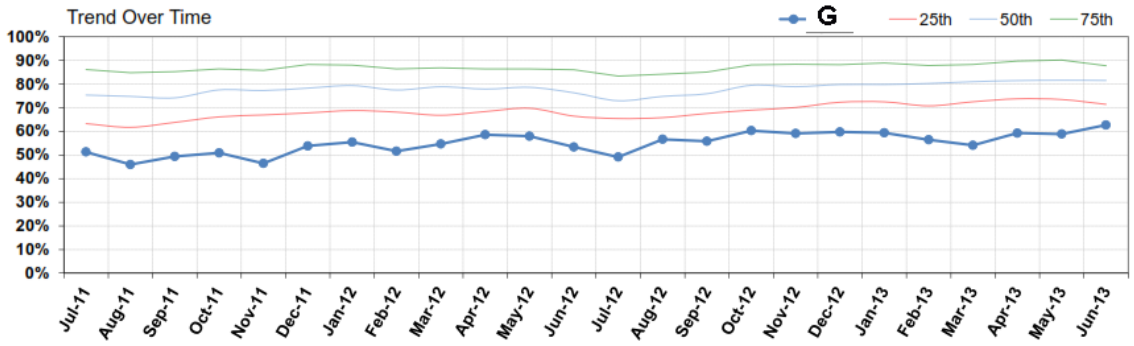
Specific data on Hospital G's NEAT performance.

Graph of Hospital G ED presentations meeting NEAT from Jul 2011 to June 2013 and bar chart comparing Hospital G performance compared to HRT peer hospitals

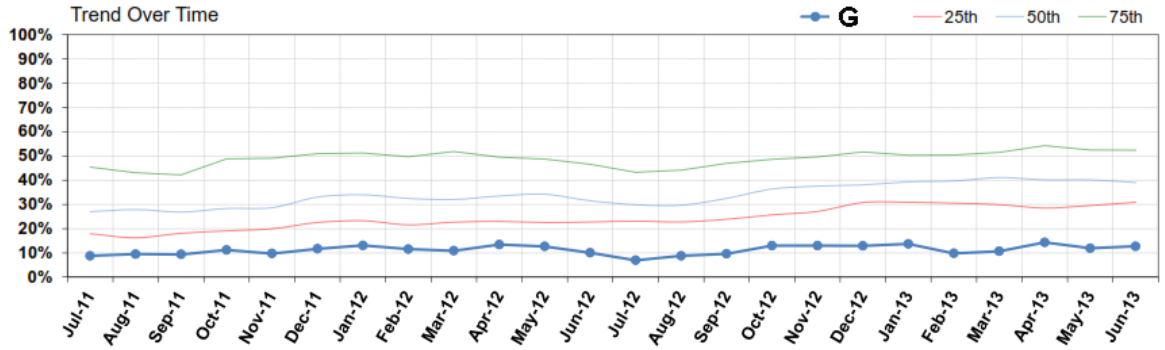


The Health Roundtable specifically investigates data for Emergency Department (ED) attending patients who are discharged home and those that are admitted. At Hospital G, about 70% of ED patients are discharged home and 30% are admitted. In the following graphs performance results for Hospital G are shown together with Group 25th, 50th and 75th performance percentiles.

Graph 2. Percentage of Hospital G ED patients discharged home who departed within 4 hours



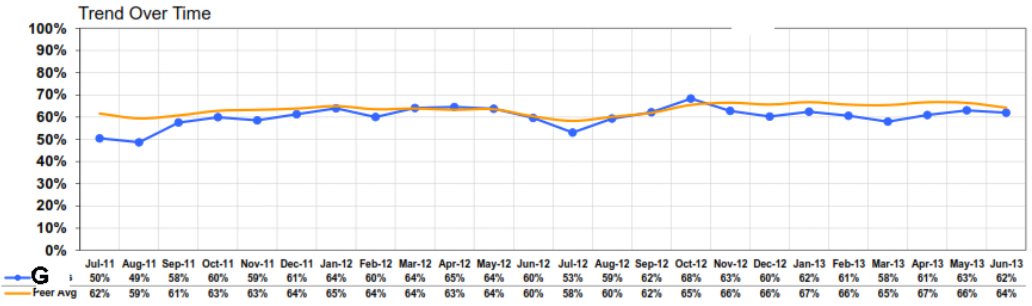
Graph 3. Percentage of Hospital G ED patients admitted as inpatients who went to a ward within 4 hours



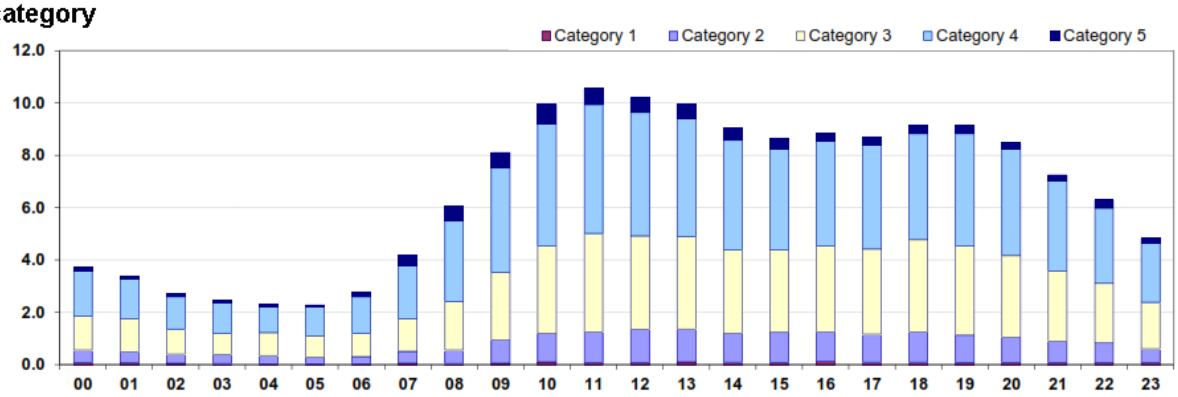
General data about Hospital G's Emergency Department activity including timing of typical medical admissions & discharges.

Graph 4. Hospital G's triage performance - percentage seen within guideline timeframes compared to HRT peer averages

Triage Guidelines - Triage 1: Immediate, Triage 2: 10 minutes, Triage 3: 30 minutes, Triage 4: 60 minutes, Triage 5: 120 minutes

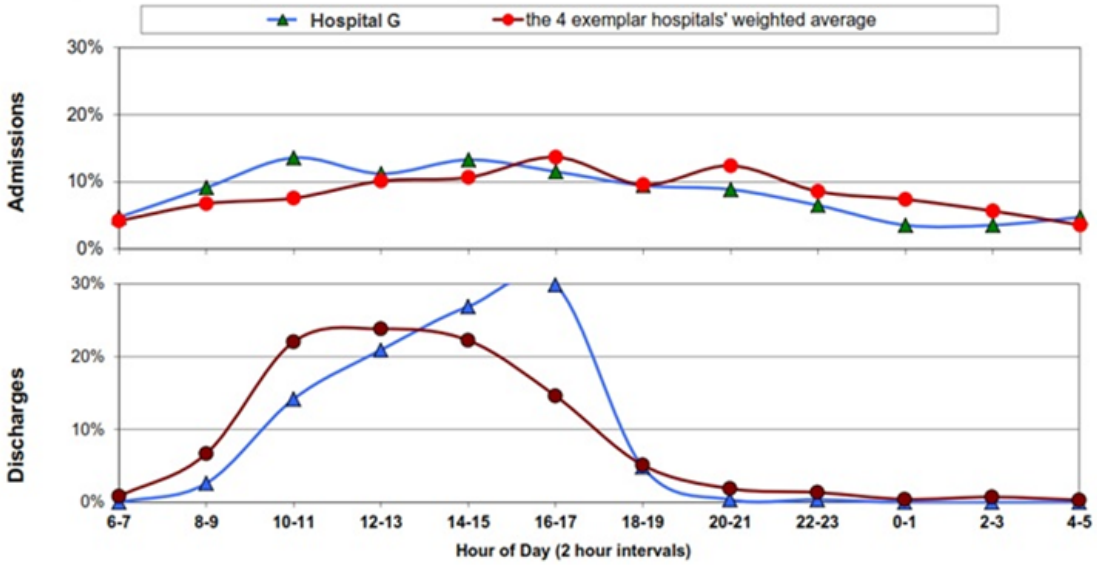


Graph 5. Average patient presentations to Hospital G Emerg Dept, by hour of day and triage category



Hospital G also has a relatively high length of stay for acute medical patients admitted through the Emergency Department, particularly for those with respiratory infections, stroke, digestive disorders, heart failure, and septicaemia. The following graph shows the typical time of day for arrivals and discharges of these patients.

Graph 6. Time of Hospital G patient admission and discharge by hour of the day for general medical patients arriving via Emerg Dept compared to peers



Censor's Notes

Emergency Department Performance

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Graph 1 and Bar Chart 1:

The bar chart simply shows that hospital G, compared with its nearest 10 hospitals that have a similar case mix, is a lower performing hospital. It is not the worst at meeting the target but it can do much better. There has been some improvement over the last six month period.

The graph shows that is way below the 25th percentile group of all HRT hospitals.

Graph 2:

This graph shows that Hospital G is slow at discharging patients from its Emergency Department to home. It is way below the 25th percentile for all reporting HRT hospitals. There has been a slight improvement over the last 6 months, but still only 60% are being sent home within 4 hours.

Graph 3:

This shows that the ED historically only gets about 10-12% of its patients that require admission transferred to a ward within 4 hours. The rate has been stagnant over the last 24 months. In particular, this performance measure has worsened when compared to other hospitals in the group i.e. it is now way below the 25th percentile for the HRT group.

Graph 4:

This table has been included to show that over the last 24 months, the overall performance of the ED in managing the five triage categories of patients within the required time limits is reasonable even though it is a bit below the average for the peer hospitals in the group. (The implication of this is that patients appear to be getting their initial care at a group acceptable level).

Graph 5:

Has been included to show the mix of patient categories presenting to the ED by hour of the day and by triage category. It can be noted that the majority of patients are category 3 and 4. There are a relatively small number of category 1 and 2 presentations. The busiest arrival times are from 11am to 8pm. However, as shown in Graph 6, the hospital is not discharging medical inpatients until late in the day, creating a mismatch between ED arrival times and capacity availability in the hospital.

The best 4 exemplar hospitals are discharging home most of their ED patients earlier in the day (between 10 am and 3 pm) whereas Hospital G is starting it clearance later with most discharges occurring later in the day (from 2.30 to 5.30 pm).

There are four main parts to be assessed in this question. The candidate should be able to:-

1. **Demonstrate that they can diagnose the main issues causing the poor NEAT times;**
2. **Recognise that this has to be a team solution. It can't be solved alone by the Med. Director;**
3. **explain a reasonable set of actions that could help improve the situation. In particular, it is fundamental that they demonstrate that they understand this is a 'whole of hospital', and not just an Emergency Department issue;**

4. **prioritise a set of actions that will address the problem areas in a logical manner; and**
5. **suggest that the goal of improvement activities should be around improving patient care/quality and not just meeting the four hour target.**

Basically, this simple set of data shows that hospital G is not performing well at meeting the 4 hour NEAT target when compared to peer group hospitals. Although a little below the peer group average for treating the combined triage categories of emergency department patients in the relevant time periods, the hospital struggles to get its ED patients discharged home or admitted effectively. Many hospitals struggle to get inpatients transferred to a ward within 4 hours, so the ideal way to meet NEAT is to focus on getting patients home quickly. All candidates should be able to note these points in their answer. They should also be able to note that in solving the problems the issue must be dealt with as a 'whole of hospital' and not just an 'Emergency Department' problem.

All candidates should be able to describe a number of activities that could help improve the situation.

Suggested Points to look for in responses:

1) **What appear to be the main contributing factors to the problem of reaching the NEAT target?**
   This is not just an ED problem. Late afternoon discharges are likely to be causing backlogs in ED.
   However, the inability to get the 70% of ambulatory patients treated within 4 hours suggests overall ED coordination issues with support departments.

2) **If you are designated as project leader to make improvements in this area, who would you select to be on your project team, and why?**
   Must state that a team has to solve this issue. It is not an issue for the Medical Director alone. Leaders from ED, General Medicine, Imaging, Pharmacy, Pathology and allied health should be involved in this hospital-wide initiative. May also require community liaison officer(s).

3) **What would you recommend as the goal of your project?**
   "Improve timeliness and quality of care" – not achieving the 4 hour target.

4) **What would be on your agenda for the first two months?**
   Document the patient journeys in ED to understand where the bottlenecks are, and develop patient stories to illustrate the issues of longer stay in ED and hospital to enlist staff support for change.

   Consider fast-track program in ED for ambulatory patients. Assess staffing levels to ensure that senior staff are seeing patients early in their stay. "Grunt at the front"

   Ensure that the NEAT 4-hour targets are seen as a hospital-wide issue, not just ED. The wards need to get patients discharged much earlier in the day to make room for new patient arrival. Launch a discharge by 10am program and track performance ward by ward. Encourage criteria-led discharge by nursing and allied health staff.