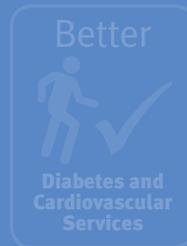


# Targeting Emergencies

## Shorter Stays in Emergency Departments

**Our target:** 95% of patients will be admitted, discharged or transferred from an Emergency Department within six hours.



Shorter stays in



Emergency Departments



# Improving the quality and timeliness of emergency department care



## Timely treatment is a Government priority

Each year New Zealanders make around 1 million visits to emergency departments (EDs) at public hospitals.

Demand for these services has grown over the past decade as the total population has increased and a higher proportion of people live to an advanced age. As a result, some EDs have struggled to cope and patients have faced delays before being admitted to hospital, transferred or sent home.

In July 2009 the Government demonstrated its commitment to improving the quality and timeliness of the care New Zealanders receive at an ED, by introducing a health target of 'Shorter Stays in Emergency Departments'.

The health target requires district health boards (DHBs), who run the country's public hospitals, to ensure that:

**95% of patients will be admitted, discharged or transferred from an ED within six hours.**

The six-hour timeframe was based on independent advice from groups such as the New Zealand Faculty of the Australasian College for Emergency Medicine and the College of Emergency Nurses New Zealand. They believe that six hours is a reasonable amount of time in which to treat and admit patients – long enough for good clinical care but not unjustifiably long.

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## Why this is important

Long waits in an ED are inconvenient, and often uncomfortable, for patients. They are also linked to overcrowding, which can have serious negative effects.

- **Poorer clinical outcomes** – in some cases, requiring patients to be hospitalised for longer than if they'd been seen in a timely fashion.
- **Reduced privacy and dignity** – if, for instance, patients spend an extended time on a trolley in an ED corridor.
- **'Bottlenecks'** – overcrowding can slow the flow of people through an ED, meaning that other patients in the waiting room wait longer and longer for treatment.

## What is being done

In this publication, we look at how DHBs are working to achieve this health target, and discuss the real gains that are being made thanks to the creativity, teamwork and dedication of hospital staff, especially those on the frontline, and the people who provide health services and support in the community.

## A note on how emergency departments work

Patients who present at an emergency department are usually seen in order of need, not in order of arrival. This process ensures the sickest and most urgent patients are seen first.

On arrival, patients are assessed by a nurse or doctor, who decides how urgent their problem is and how soon treatment is required. This assessment and prioritisation process is known as 'triage'.

Patients are then seen in order of the seriousness of their condition.

Once assessed and treated by ED staff, patients may be admitted to the hospital, transferred to another hospital or discharged.

For non-urgent problems people should see their own GP, after hours duty doctor or clinic, or phone Healthline on 0800 611 116.



# Making it better for patients



*Mike Ardagh is Professor of Emergency Medicine at the University of Otago, and Specialist in Emergency Medicine at Christchurch Hospital.*



The Shorter Stays in Emergency Departments health target is an important indicator of the health of a hospital.

The Ministry of Health and National Health Board, including the Target Champion, work with DHBs to improve performance.

Professor Mike Ardagh says his role as the Ministry's National Clinical Director of ED Services is all about improving acute care so patients experience as little discomfort and inconvenience as possible.

'The role, established when Shorter Stays in Emergency Departments became one of the six national health targets, is quite broad. But it boils down to providing people who come to an ED with the best possible care, in an acceptable timeframe.'

Professor Ardagh, who is based at Christchurch Hospital, says EDs have excellent individual clinicians and teams of clinicians and are well supported by top-notch non-clinical staff – 'as good as anywhere in the world, and better than most'.

However, he says the challenge is to make the patient's journey between teams as seamless as possible.

'Patients receive care from multiple teams, and deficiencies in acute care are mostly to do with the transitions between these teams. Patients sometimes wait during these transitions and this leads to "back-ups" particularly in the emergency department, meaning it takes longer for patients to receive the care they need.

'We know this is bad for patients' experience and outcomes.'

He says a number of contributing factors are unearthed when the delays are examined.

'The first challenge is to examine the patient journey from a perspective that reveals these problems across the whole continuum, and then to have a commitment to resolve them in order of importance, without being constrained by traditional practices or professional or specialty boundaries.'

Professor Ardagh says it is pleasing to see the advances being made in some ED services and in acute services in general.

## Clear vision, determination and the support of staff

When Dr Kevin Snee became CEO of Hawke's Bay DHB just over a year ago one thing quickly became clear to him: 'If we were going to achieve the Government's health targets we really had to lift our game.'

Flash forward a year and the DHB has made significant gains – success which Kevin Snee attributes to clear vision, determination and the support of staff keen to improve the service.

'Staff in the emergency department had always been passionate about delivering quality care – but there were roadblocks that needed to be addressed to help them get patients through the department more quickly.

'One of the tools that's helped has been the CEO Daily Dashboard which provides a snapshot of where we are in relation to things like the availability of hospital beds and waiting times in ED – along with explanations of why each delay occurred. We circulate that widely among staff, and it helps us all to identify problem areas and fix them.

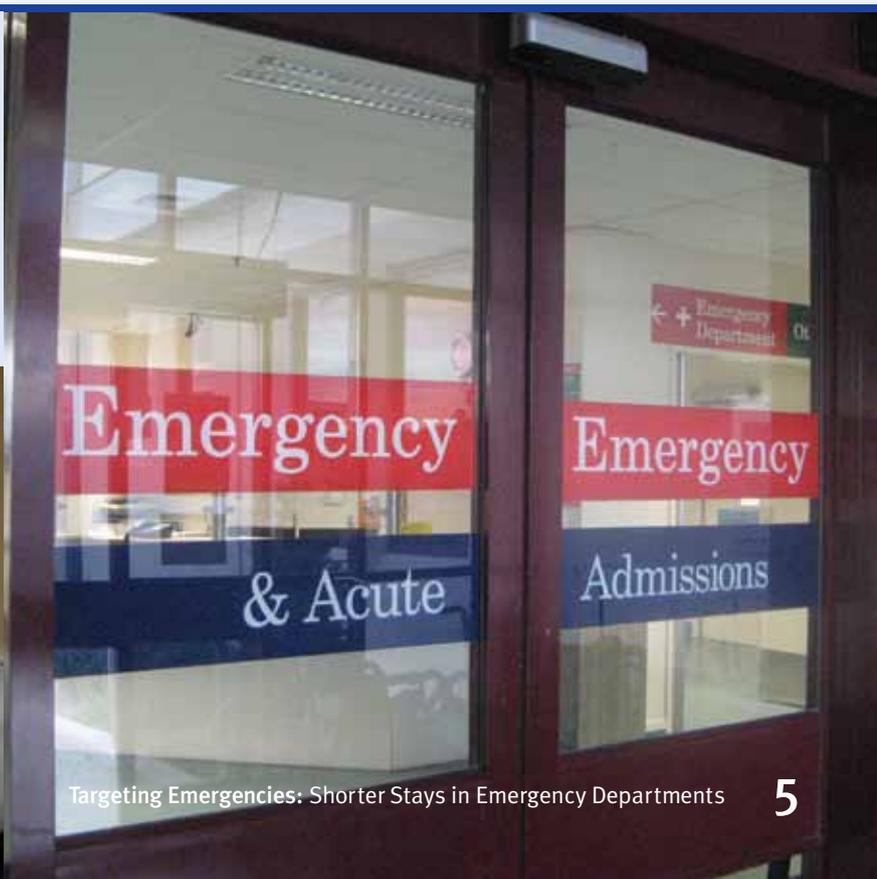
'Another key change we've made has been putting more clinical staff in ED and in the Acute Assessment Unit. This will allow us to run Rapid Access Clinics for urgent GP referrals (as an alternative to the ED) and to improve access to fracture clinics.

'We've also improved our discharge processes and the ways doctors do rounds in our hospital – because one of the things that can create delays in ED is when there are no empty beds in the hospital to which new patients can be admitted.

'Doctors on their morning rounds used to spend a lot of time "on safari" hunting for patients located at opposite ends of the hospital. A bed reconfiguration project that has recently been implemented is expected to result in faster ward rounds, on-time discharges and making more hospital beds available sooner.

'We made those improvements without blowing the budget – and are on track to have a significant financial surplus for the first time in many years. Which goes to show, you can do more, for less, when you change the way you work,' Dr Snee says.

*'Doctors used to spend a lot of time "on safari" hunting for patients located at opposite ends of the hospital.'* – Kevin Snee



## Stronger services in the community

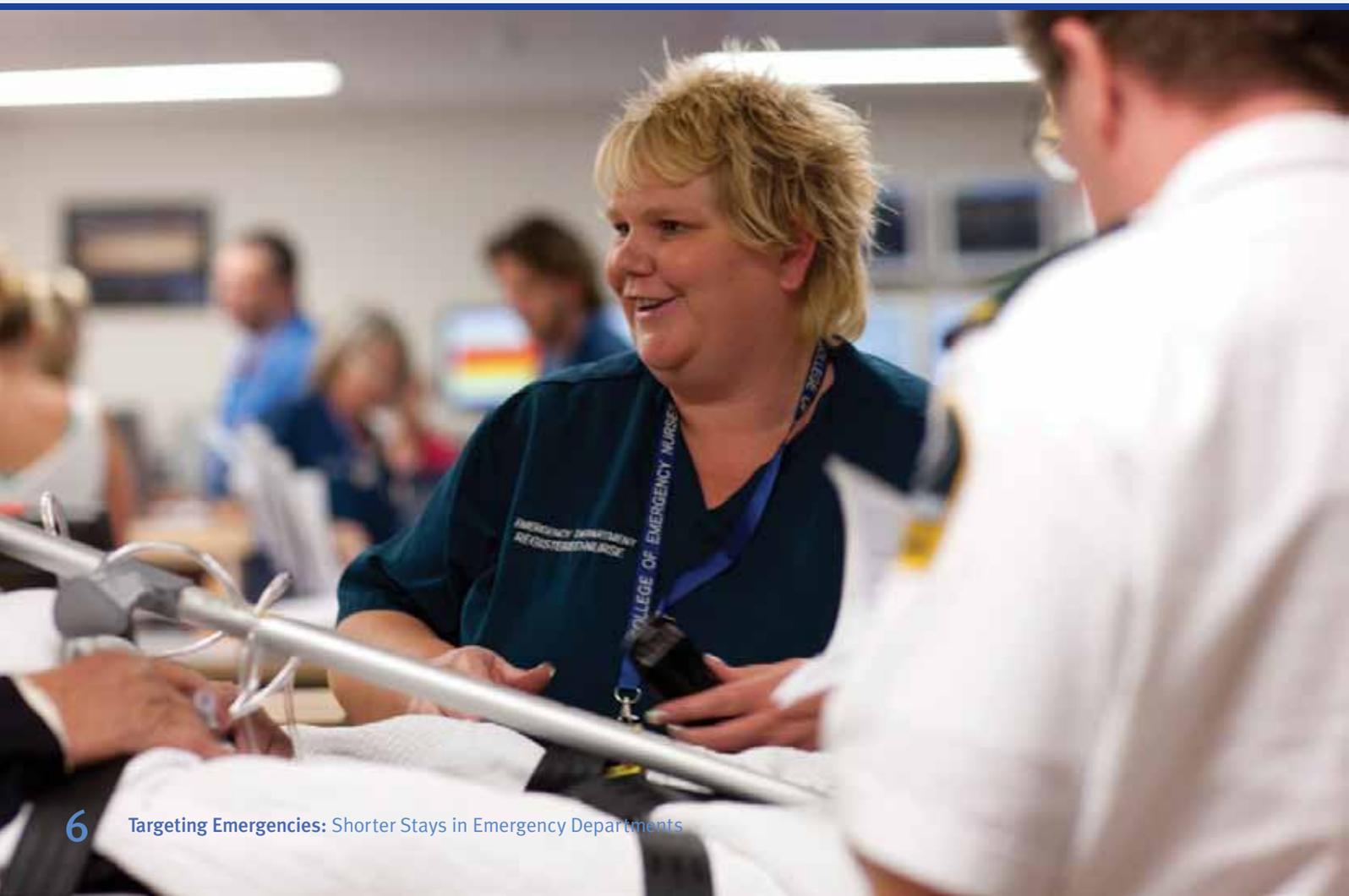
Health professionals inside and outside the hospital system are reducing pressure on the emergency department at Christchurch Hospital by working together to provide more services to patients in their homes or in other community settings.

General practice is playing a key role, providing support to their patients through fully funded acute units as an alternative to an admission, urgent access to diagnostics, urgent home support and a five-bed GP-run facility at the local 24-hour GP surgery. In that five-bed facility clinicians can keep a close eye on patients with higher needs. In a typical week they see a range of patients: children with fevers, patients needing rehydration, unstable asthmatics and people with kidney infections – who would otherwise most likely end up at Christchurch Hospital's ED.

Canterbury also has a network of nurses who provide a rapid response service to patients in their homes, mostly by referrals from GPs and ED. They can also check in on patients recently discharged from hospital – which is of particular value for those who live alone.

St John Ambulance crews in Canterbury are also improving community-based care – with access to community care options for patients who would otherwise go to hospital. Ambulance crews fully assess a patient in their home, then – if the patient does not need to be admitted to hospital – refer them to community primary care, for general practice or community nursing follow up. They also provide a service where nurses respond to low-priority call-outs such as a migraine or a blocked urinary catheter in the patient's home.

All of these elements mean more Canterbury people can be safely cared for in the community.



## Right care, right setting

Christine Nolan says reducing waiting times in Timaru Hospital's ED required close collaboration between her hospital colleagues and other health professionals throughout the region.

'It was clear this wasn't something the hospital could "fix" on its own,' says Christine, who is General Manager of Secondary Services in the district.

'We started with the high number of people visiting Timaru Hospital ED with minor health problems, which would more appropriately be dealt with by their own GP. When hospital people and community health care providers started discussing this sort of issue, it became clear that we all shared the goal of providing South Canterbury people with the right care in the right setting.

'We soon agreed on ways for the hospital and GPs to work more closely together to meet the needs of patients,' she says.

Members of the public were encouraged to call a dedicated after-hours phone number and get advice from a registered nurse.

'A significant number of callers with non-urgent conditions are referred to their own GP or advised to register with a local GP practice. Many of our patients are in rural areas so when an after-hours GP visit is necessary the nurse they speak to on our phone service will ring the duty GP and arrange an after-hours consultation.'

Chief executive Chris Fleming says the ED is now a much calmer place. 'It still has busy patches, but on the whole, people are seen much sooner, and we're consistently hitting the "six hours" target,' Chris said.

*'We all share the goal of providing South Canterbury people with the right care in the right setting.'*  
– Christine Nolan



## Minor injuries clinic pays dividends

A clinic at Hutt Hospital for people with non-life-threatening injuries has freed up the emergency department for those with more serious conditions.

The minor injuries clinic, located next door to the ED, is staffed by a team of nurses headed by lead clinical nurse specialist Doug King.

‘Diverting patients away from ED is a win-win situation – those with serious injuries are seen sooner in ED, and those with lower priority conditions are seen promptly in the minor injuries clinic,’ Doug says.

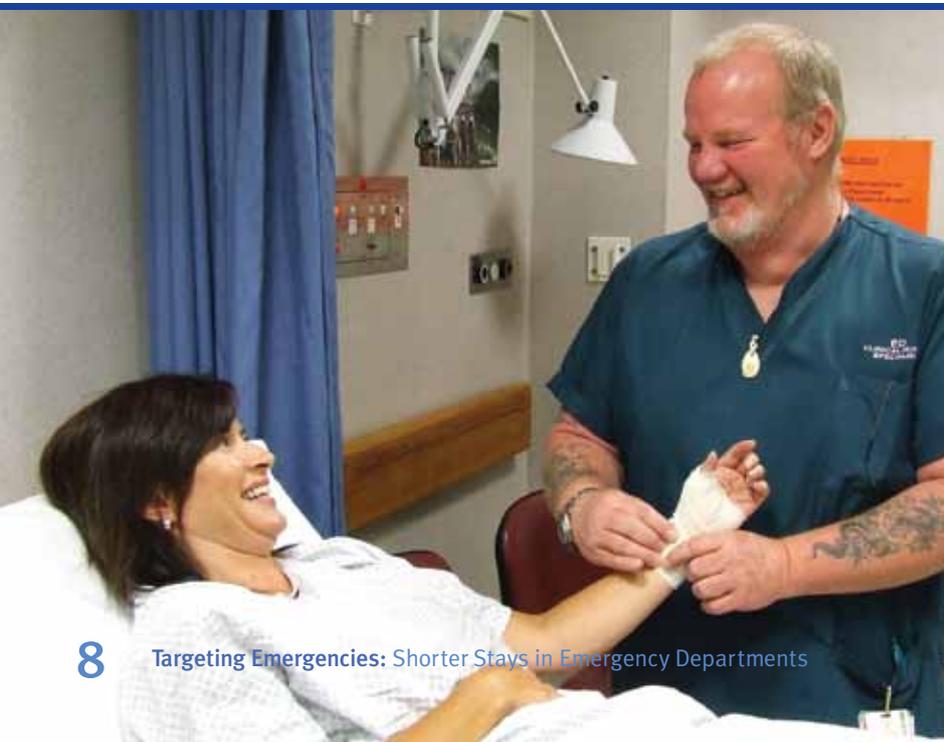
‘We’re a small team of four experienced emergency nurses who have built up expertise in specific areas where we know there are significant patient groups needing care. And being right next to the ED, we can quickly seek clinical input from doctors when it’s required.’

‘The minor injuries clinic really does cover a wide range of bases. From a two year old who’s run into the coffee table... to an 80 year old with a wound needing dressing, we’re here to care,’ he says.

‘Once every two months we have a full day training session to focus on a particular area of our practice. By constantly upskilling the team we’re better placed to provide quality care to patients.

‘We’re also well known to the local school nurses – many phone us directly for advice and to let us know when they’re on their way in with another “monkey bar” injury,’ Doug King says.

- Each year, the minor injuries clinic receives around 5500 presentations.
- Four registered nurses cover 2.4 full-time equivalent positions.
- The minor injuries clinic is open from 10 am – 11 pm Friday to Monday and 2 pm – 11 pm Tuesday to Thursday.
- The mean length of stay in the clinic is now 53 minutes – down from 128 minutes when it first opened in 2007.
- Once every two months the nurses plan and attend an intensive eight-hour training session to develop a particular area of clinical practice.



*‘From a two year old who’s run into the coffee table... to an 80 year old with a wound needing dressing, we’re here to care.’ – Doug King*

## Valuing our patients' time

A shortage of hospital beds is a huge barrier to moving people on from the ED, and that's something Auckland City Hospital has tackled with an approach they call 'Rapid Rounds'.

The approach works by bringing together the clinical staff on a hospital ward (social workers, physiotherapists, nurses, doctors, occupational therapists and others) for a short time each day to talk briefly about each patient, their progress and their planned discharge date.

On wards where the Rapid Round initiative has been introduced one-in-three patients is now able to go home a full day earlier.

Charge Nurse Charlotte Porter says the benefits have been outstanding. 'By working collectively towards a patient's discharge from hospital, patient care is better co-ordinated and more efficient.

'Many of our patients are elderly with complex health needs. Getting a quick overview each day means that we can address issues much faster than we did when the multidisciplinary team was meeting weekly.

'Staff morale and communication are much better than in the past. I have been working in medical services for many years and I have never seen it so good,' she said.

The hospital is also introducing other initiatives, including increasing the amount of time health professionals spend with patients, and nurses playing a greater role in discharging patients.

Staff success in reducing the time spent in ED and improving patient flow through Auckland City Hospital is being captured under the banner 'Valuing Our Patients' Time'. Stories about what is being done are collected and publicised to encourage all staff to play their part in achieving the Shorter Stays in Emergency Departments health target.

**Valuing our patients' time**  
Working together to make sure our patient's length of stay is right for their care

*'By working collectively towards a patient's discharge from hospital, patient care is better co-ordinated and more efficient.'*  
– Charlotte Porter



## A whole new way of working

It started with a simple observation – the people who often spent the longest time waiting in Wellington Hospital’s emergency department were not accident victims, but those with medical problems.

That insight sparked a process that led to the opening of a 24-bed Medical Assessment and Planning Unit (MAPU) at the hospital, to cater for the needs of medical patients while freeing up the ED to help get all patients timely access to diagnostics and specialist services.

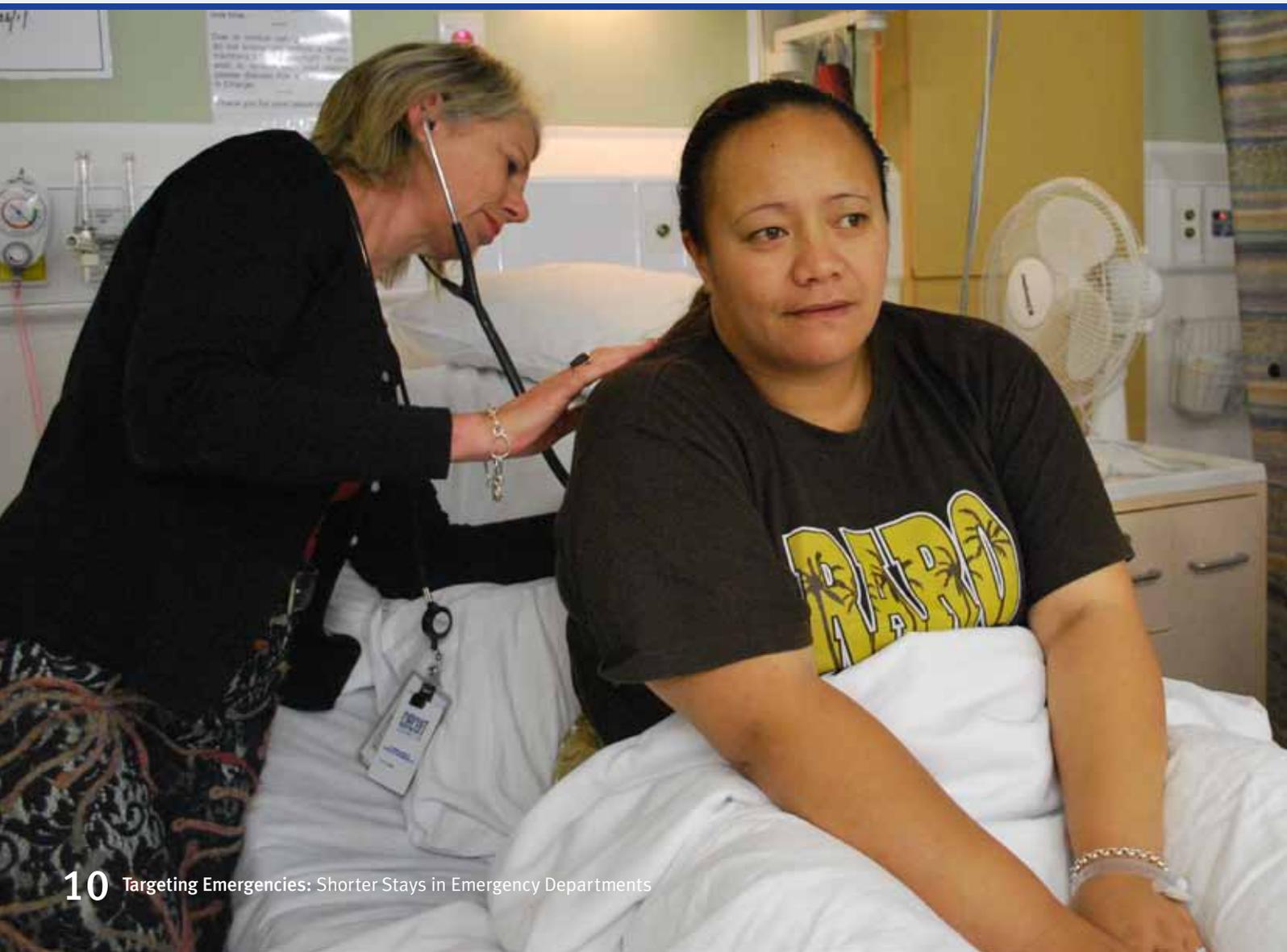
Clinical leader Dr Robyn Toomath, says the MAPU is more than just a new facility – ‘it is a whole new way of working’.

‘One of the surprising, but very positive spin-offs has been the enhanced capacity for change.

People are now more open to new ideas as they can see the impact the new way of working has had on patients, their own work environment and job satisfaction. Our rosters are still being tweaked and we’ve developed some new nurse-led pathways to improve the efficiency and quality of care.

‘Within a week of opening we’d shaved a day off our patients’ average length of stay. We feel that the MAPU has definitely proved its worth,’ Dr Toomath says.

*‘One of the surprising, but very positive spin-offs has been the enhanced capacity for change.’ – Dr Robyn Toomath*





## CASE STUDY: Counties Manukau DHB

### An all-of-staff approach

Middlemore Hospital was the first large hospital in the country to achieve the Government's Shorter Stays in Emergency Departments health target – and they did it by fundamentally rethinking their approach to providing care.

Dr Vanessa Thornton, the Clinical Head of Emergency Care for Counties Manukau DHB, led the process toward meeting the health target at Middlemore Hospital.

'We're fortunate to have a General Manager who gave us the freedom to change the way we work so we can make a positive difference for patients. We used a three step process: define the problem; research the problem and implement plans to fix the problem,' Dr Thornton says.

'If the first solution doesn't work, tweak it, measure the outcomes, and keep going until you've found the solution. We involve all staff, so there's ownership of the problems and

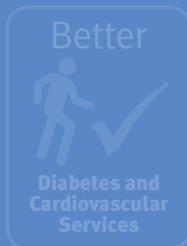
solutions from the start. It's a way of looking at old problems with "fresh eyes".'

Vanessa Thornton says in one sense, meeting the target was the easy bit. 'The real challenge is sustaining it, and now, over a year on, we're seeing how we can further refine our processes.

'It used to be the norm to have patients lined up on trolley beds in corridors, now it's the exception.

'Another positive spin-off is that it's really lifted the mood of the department. It's a much nicer place to work when there's a greater sense of teamwork,' Dr Thornton said.

*'It used to be the norm to have patients lined up on trolley beds in corridors, now it's the exception.'* – Dr Vanessa Thornton



## The last word –

Kevin Woods, Director-General of Health



As incoming Director-General of Health, I'm delighted to see the way clinicians around the country are working together to improve the care provided to New Zealanders in a number of key health target areas.

The process of changing the way we work to improve quality and efficiency in a tight fiscal environment challenges the ingenuity and creativity of health professionals. It's clearly paying dividends, with various initiatives making a positive difference to improve DHBS' performance against the health targets.

The innovations and stories featured in this publication are part of an integrated health care system that continues to deliver results for patients.

There are significant challenges, and no 'one size fits all' solutions, which is why it's so heartening to read about how local health communities are working collaboratively to deliver good health and independence outcomes for New Zealanders.

Health targets provide a clear and specific focus for action.

People in New Zealand have high expectations that they will have good access to health care services when they need them. This is as it should be – which is why it's so important that we continue to evaluate performance and report on our progress.

While substantial success has been achieved, I look forward to working with you to see continued improvements that will benefit all New Zealanders.

### Additional information

More information on health targets can be found at [www.govt.nz/healthtargets](http://www.govt.nz/healthtargets)

More information on EDs can be found at [www.moh.govt.nz/emergencydepartments](http://www.moh.govt.nz/emergencydepartments)

Clinicians and those involved with the target can access further resources and tools relating to the target on the Health Improvement and Innovation Resource Centre website – [www.HIIRC.org.nz](http://www.HIIRC.org.nz)