

The “4 to go” project – a whole of hospital approach to improving patient flows through the ED.

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The National Emergency Access Targets (NEAT) for public funded Emergency Departments introduced in 2013 has challenged EDs across the country to modify their systems and processes to improve patient flows through the department so that 81% of patients spend less than 4 hours in the Emergency Department, 80% of patients in all triage categories (1-5) are seen within their designated triage time and no patients stays in ED are longer than 24 hours.

Staff of the Emergency Department (ED) at Wimmera Health Care Group in collaboration with the business innovation and redesign unit designed a project to improve performance of the ED against the NEAT. The project plan comprised of the following steps:

1. **Alignment of Attitudes:** Attitudes amongst the ED staff to NEAT were initially negative and were given little importance in clinical practice. Staff education was undertaken regarding NEAT and their importance in improving quality and safety for patients in the ED. Evidence from literature was used to show that as length of stay increases so does incidence of adverse patient outcomes. Complaint data from ED was also used to demonstrate that extended waiting times impacted adversely on patient experiences.

2. **Under-standing why patients wait:** Data was collected on reasons why patients were required to wait in the ED. Data was analysed and categorised to identify the main primary reasons why patients waited more than 4 hours in the ED. This allowed for the design of targeted solutions.

3. **Building Relationships:** Recognising the contribution that inpatient wards and other services make and develop a shared understanding, underpinned by protocols, to expedite the patient journey.

4. **Investing in solutions:** Strategic investments in solutions for identified points of major obstruction to patient flow were made where they have the biggest impact. Examples include addition of senior medical resources at times where delays in decision to treat were greatest, and introduction of fast track system for triage category 4 & 5 patients to significantly reduce waiting times in this area.

5. **Celebrating success:** The outcomes achieved from relatively minor investment in human resources and some redesign of work flows and processes is worth celebrating. The following improvements in ED Access scores have been realised:

	July 2014	Jan 2015	May 2015
% ED Patients with stay < 4 hours	71%	81%	85%
% ED Patients seen with triage time (Cat 1-5)	78%	86%	86%
Number 24 hours stays in ED	1	0	0

We have maintained our results better than the access targets for six months so far and continue to make incremental improvement.