

# Does making the Short Stay Unit bigger improve emergency department flow & improve patient experience?

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## Objective:

To describe in detail the methods used to improve patient experience and access performance within a busy ED by expanding the short stay unit by 50%.

## Background:

The project was undertaken in an outer metropolitan hospital with a single site Emergency Department (ED). The outer metropolitan health service has been undergoing transformation since the appointment of a new executive team. There had been a number of redesign projects undertaken in the ED in the months prior to this project; previous projects had led to increased waits for patients in the waiting room, increased aggression and long delays in disposition decisions. The short stay unit (SSU) had undergone a number of leadership challenges in the past 18 months with three acting Nurse Unit Managers before the appointment of a permanent NUM.

Over the last 2 years, the ED presentations have increased by 6% to 72,000 patients. In May 2014, the ED underwent a significant expansion and increased the cubicles from 35 cubicles to 48 cubicles. While the number of ED cubicles increased, the SSU bed remained constant with 14 overnight beds. The result of this mismatch was reduced effectiveness of SSU on patient flow and admitted NEAT.

In March 2015, the Short Stay Unit expanded from 14 beds overnight to 21 beds overnight. This increased SSU capacity by 50%. Along with the increased beds, the model of care changed to include dedicated medical resources, expanded clinical pathways and inclusion and exclusion criteria.

## Results:

There has been improvement in all aspects of care, staff and patient experience with the implementation of the expanded SSU model. Patient complaints have decreased to no serious complaints & 22 minor complaints per month from 4 serious complaints & 12 minor complaints per month; access performance has increased from SSU Admitted NEAT of 23% to 68% and SSU patients are treated within their ATS triage score 75% of the time. ED performance has improved with Time to Treatment from 50.1% to 68%, AV Off stretcher within 40 minutes from 21% to 88%; despite a 10% increase in patient presentations over the same period.

## Conclusion:

Patient flow within the ED has been improved with the expansion of the SSU and model of care change. Patient experience is improved as patients are more comfortable in SSU than ED for short term management.