

The Productive Emergency Department

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Over the last twenty four months the Caboolture Emergency Department has embarked on a journey of change. Changes to our environment, changes to processes and change to culture. In January 2006, due to a critical medical staffing shortage, our emergency department was forced to close. It did not fully re-open for several months and full recovery took several years. Initially run by a private consortium the department was then largely reliant on locum medical staff until 2011. At this time Caboolture Hospital decided to become the first Australian hospital accredited with the Australian Institute of Patient and Family Centred Care (PFCC). We actively sought feedback from our patients and their families, both positive and negative. We have used this feedback to improve our service with a focus on caring together. We didn't redesign or rebuild our department; our greatest investment was rebuilding and redesigning our culture.

With a patient focused approach, management support and a focused nursing team, our ED decided to commence the productive ward program. Developed by NHS in 2007 this program has rapidly spread. Piloted, changed and developed with clinical staff in the clinical environment and based heavily on "lean" principles, the Department of Health purchased licence in 2011 to deliver this across HHSs. Caboolture ED commenced the program in June 2014 and is the only Emergency Department in Queensland to take on the productive ward and one of only a few in Australia.

Headed by our vision statement "The best possible outcome for every patient every time" The productive ward has put a formalised measurable program around many of the process we have been using to drive change. The productive ward model has given staff permission to make changes and be creative in their environment. Patient safety is improved through the focus on key indicators (falls, pressure injuries, MRSA, medication incidents, missed meals etc) and audits of compliance against best practice (bedside handover, ADDS/CEWT tools and the escalation process). Staff well being is improved by reducing the number of frustrations faced on a daily basis and handing some control back in the workplace. Patient well being is improved through better staff communication, more time with the patients, improved coordination of care and an organised environment. Reduced costs and waste are achieved through streamlining processes (ordering and storage of stock, less missed meals, removing unnecessary steps in processes etc).

Our focus for the future will involve working through the modules of the productive ward house. These align with the national quality and health services standards and will give a structure to our approach for meeting accreditation standards. We will adapt the modules to align with our Patient and Family centred care project whilst partnering with consumers to get the best possible outcomes for our patients.