

# READi Down Under

## RAPID EMERGENCY ADMISSION DESTINATION INITIATIVE

### Background

- Since 2005 ED presentations have increased by 6.36%
- Access Block remains outside the KPI of 38%
- The “1” hour timeframe from the 3-2-1 strategy exceeds 1 hour despite numerous interventions.
- Over crowding in ED.
- Increase in ambulance ramping, capacity alert and redirection.
- Long length of stay for ED patients waiting for inpatient bed.
- ED patients often not ready for transfer when bed is available.
- Blame culture between ED and the wards
- ED utilized a “push” strategy to admit patients to inpatient beds

### The Challenge...What to do

- Significant problems with numerous causes.
- Main issue from an ED perspective
  - Excessive length of stay for patients waiting for an inpatient bed
- Main issue from a Ward perspective
  - ED patients often not ready for transfer when beds were available.
- Patient Journey:
  - Transfer from ED to an inpatient bed



### Current State - Diagnostics

Diagnostics undertaken:

- Analysis of historical data.
- Tracking in ED & Wards.
- Observational audit.
- Process mapping.
- Spaghetti diagrams.

### Current State - Analysis

- Time to allocate a bed once patient was ready for admission median 85 minutes.
- Patient transfer from ED to ward after bed ready time median 40 minutes
- Delays in transfer impedes ED processes, contributing to overcrowding with increasing risk of adverse events.
- Lack of recorded clinical information contributes to inappropriate bed allocation
- Excessive communication between ED and wards
- No single point of contact on wards or in ED.

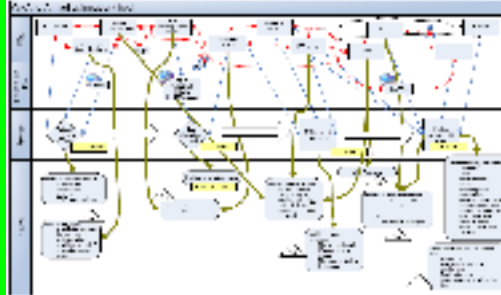


Figure 1 Current state Process Map

### Future State

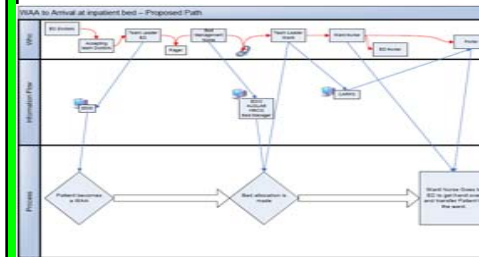
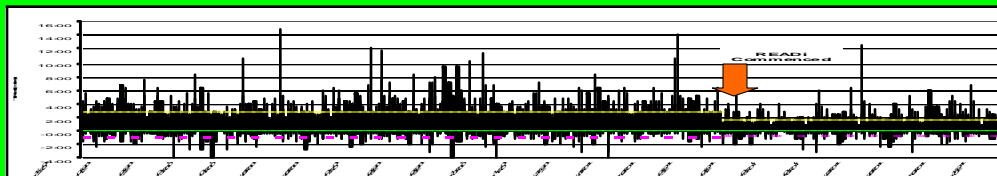


Figure 2: Proposed process for transferring patient from ED to an inpatient bed.

### Procedure

- Bed Management Unit (BMU) to be the central communication point, eliminating all communication between the wards and ED regarding patient transfer.
- ED to notify BMU of patient status via pager and EDIS.
- BMU to liaise with ward Team Leader – re patient transfer. BMU updates transfer details in EDIS.
- The ward team leader is solely responsible for the co-ordination and timely transfer of the patient to the ward.
- Ward team leader will organise portage and patient escort.
- Patient handover should take no longer than 10 minutes. Transfer checklist will be used to determine patient readiness for transfer.
- If timeframe not met ward nurse will return to ward and the porter will return to other duties.

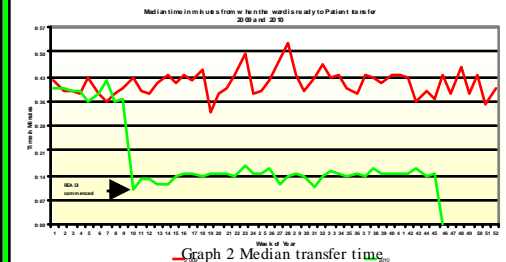


Graph 1. Ward ready time to ED departure time Dec 08 - Oct 10

### Implementation

- Awareness campaign February
- Daily ED tours prior to commencement
- 24 hour READi hotline and email
- Daily feedback at Bed Management Meeting
- Weekly feedback forum for all staff
- Standing agenda item at weekly Patient Access & Operational Committee
- 3 month trial START 8<sup>th</sup> March

### Outcomes



- Right patient in the right bed, at the right time receiving the right care
- Patients transferred with all emergency care provided & treatment plans established
- ED documentation has significantly improved
- Increase productive nursing hours
- Ward nurses not pursuing documentation, medications and treatment plans
- Reduced Nursing hours spent on the phone
- All ED patients are now transferred with a nurse escort
- Improved working relationship between ED and wards
- No communication between ED & Wards
- Median time for transfer once bed ready has reduced from 40 minutes to 15 minutes