Reforming Emergency Care

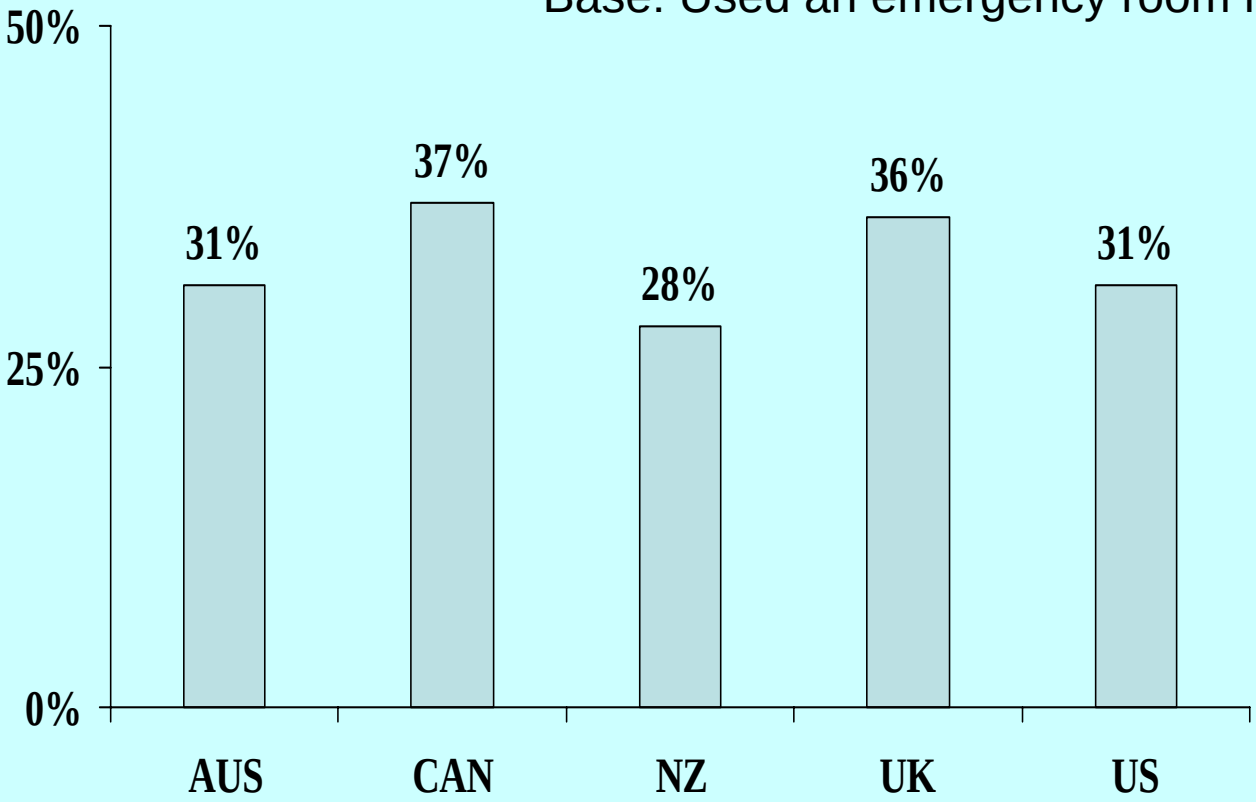
Prof Matthew Cooke
Warwick Medical School
&
Govt Advisor in Emergency Medicine
United Kingdom

Why it happened?

NHS

Percent reporting waiting time for emergency care was a big problem

Base: Used an emergency room in the past two years



2002 Commonwealth Fund International Health Policy Survey Commonwealth Fund

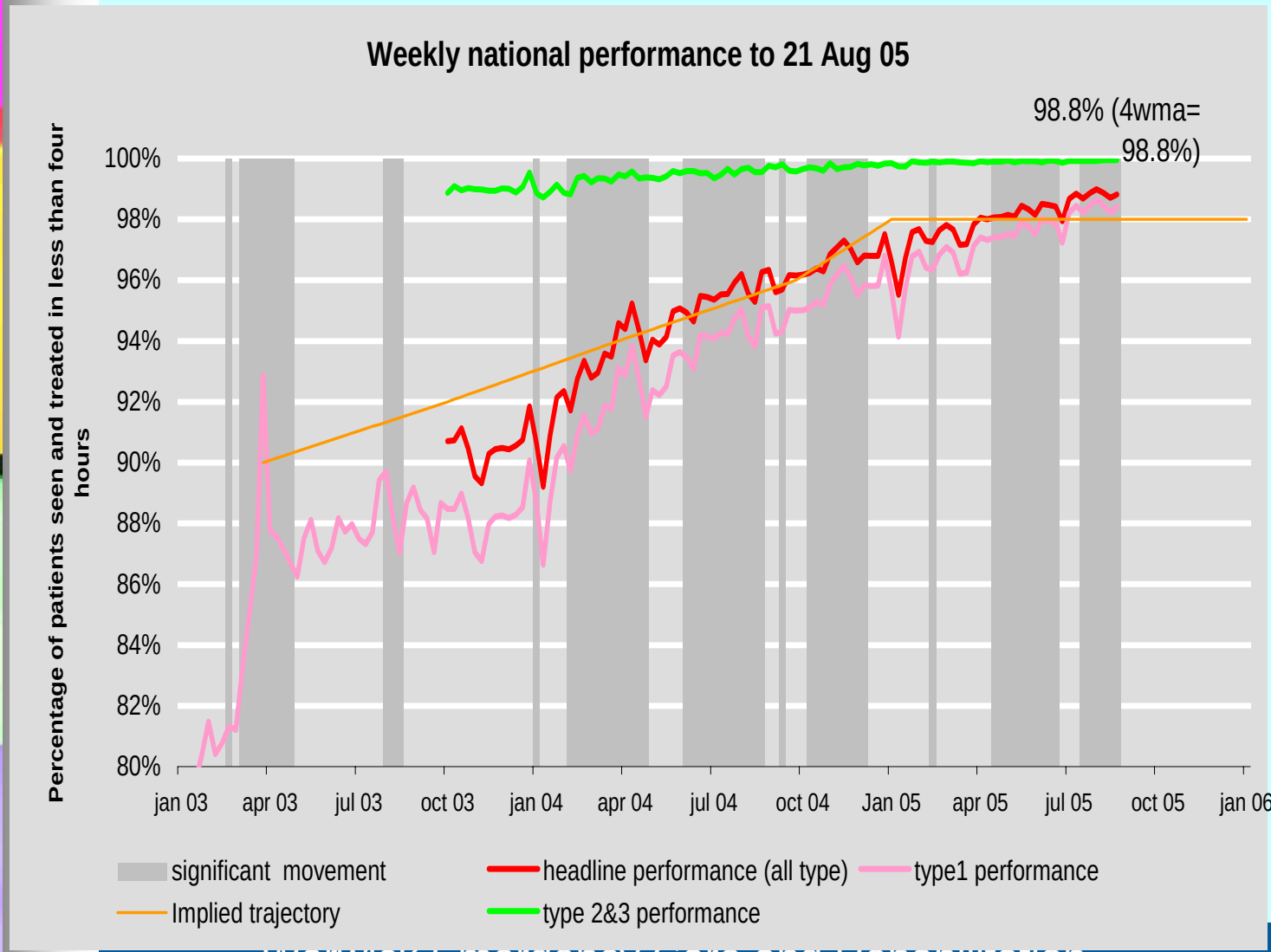
Reforming Emergency Care 2001

- Patients have to wait too long for care and treatment
- Staff capacity in A&E departments is too stretched
- Capacity in Hospitals is not sufficient
- Delays in Discharge patients from hospital
- Patients with emergency needs compete with those who have elective needs
- Diagnostic and other services are not available at evenings and weekends
- Patients are expected to wait in a single queue in many A&E departments
- Demarcation of Working Practices
- Patients end up going to the wrong service
- The whole system is fragmented
- Standards of care vary in different parts of the system

Patients have to wait too long for care and treatment

- Target introduced

98% of patients will be seen and discharged/admitted within 4 hours of arrival in the emergency department



Warwick Emergency Care and Rehabilitation

www.warwick.ac.uk/go/edwaits

WHAT did we do?

- Analysis
- Before the ED
- In the ED
- Beyond the ED
- Outflow
- General issues

Analysis

- Manufacturing Industry Techniques
  - Reducing variation
  - Process not diagnostic groups

- Healthcare Commission benchmark data
- National Survey
- Dept of Health Toolkit

DATA

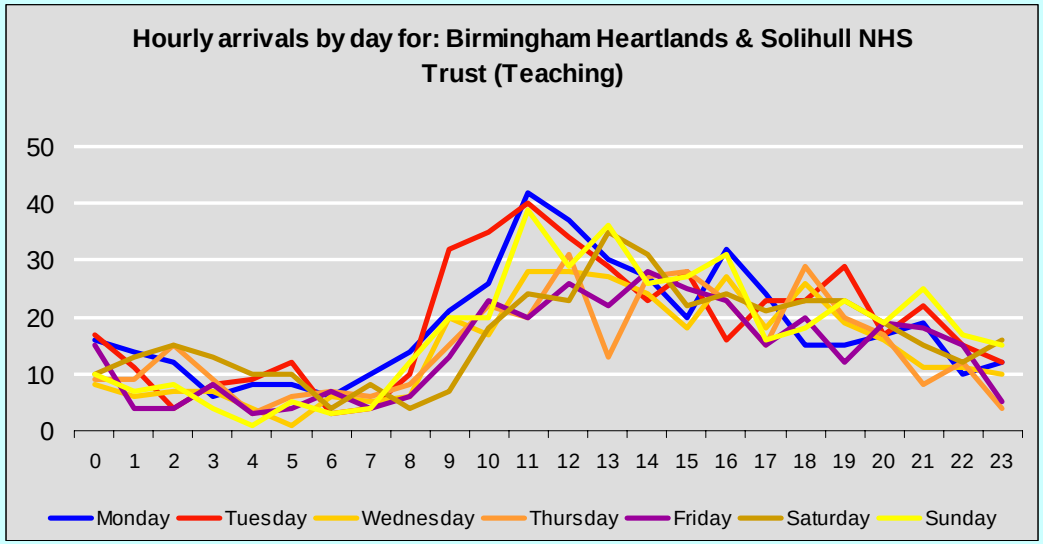
- Data is great, live data is even better
- Understanding

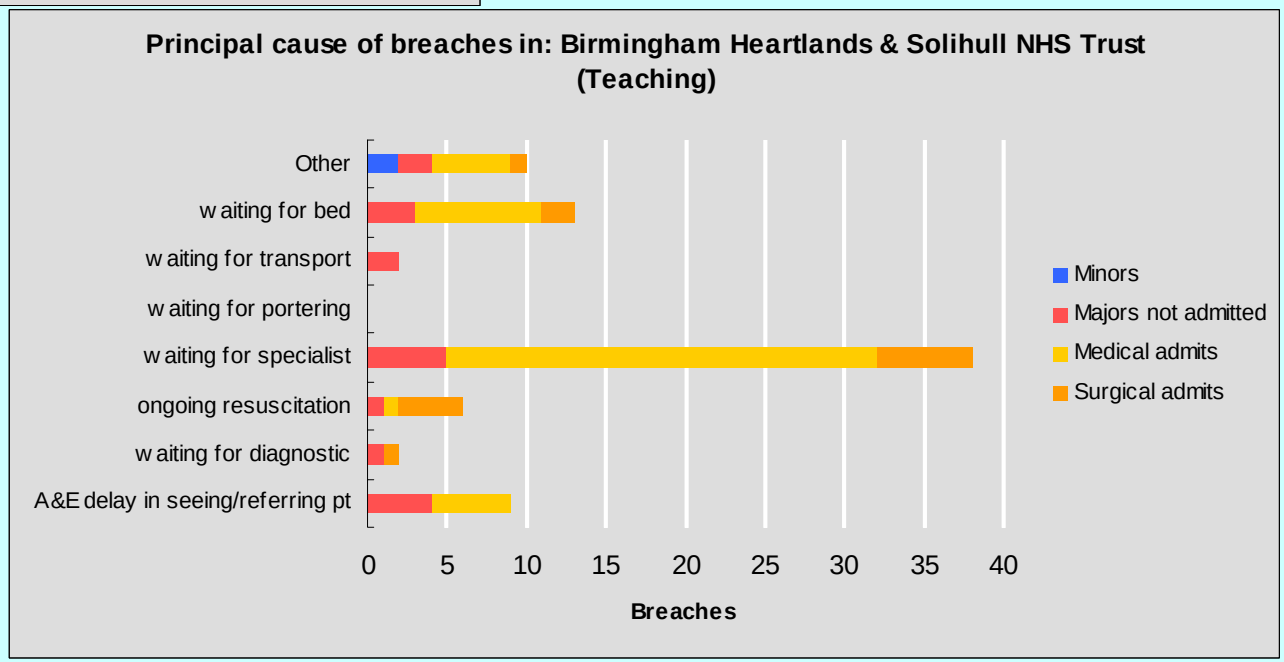
  arrival patterns

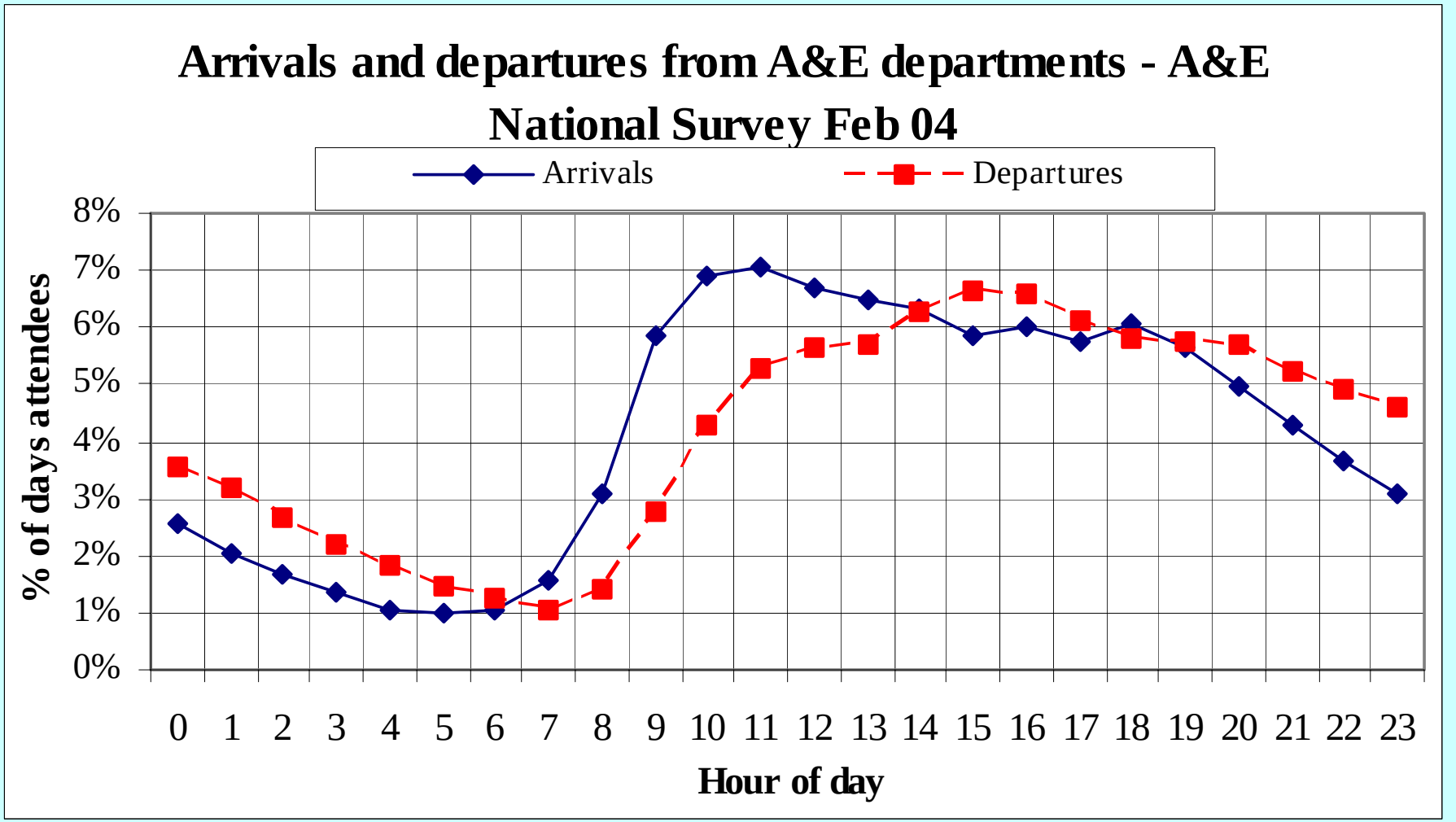
  when long waits occur

  why they occur

What did we do?






Arrivals and departures from A&E departments - A&E National Survey Feb 04
Arrivals
Departures
% of days attendees
8%
7%
6%
5%
4%
3%
2%
1%
0%
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
Hour of day

Before the ED

- Improved access to primary care
- Prevention e.g. assaults, alcohol
- Chronic Disease management
- Alternative sources of care
- Ambulance service
  - 999 call handling
  - Alternative destinations
  - Ability to treat and discharge

In the ED

- Senior involvement early
- See and Treat
- Diagnostics and access to results
- Social care and frequent attenders
- Staffing levels, surge capacity
- Live data and progress chasing
- Primary care in the ED

In the ED -See and Treat

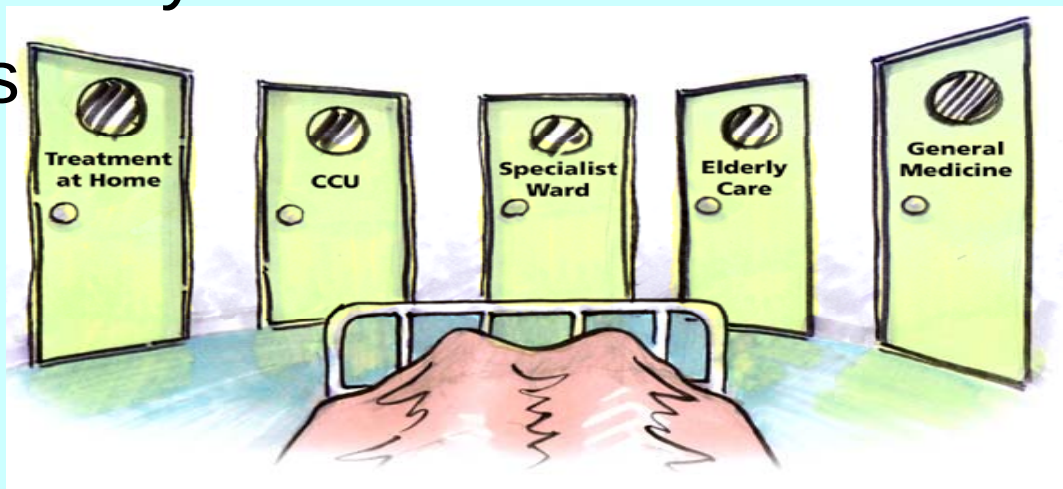
- Senior Staff
- Separate Staff
- Separate Area
- Separate Flow
- No triage
- Nurse Practitioners
- National Programme

In the ED – after referral

- ED staff send them to the ward
- Use of Assessment Units
- Waits for specialist initiative
- Waits for bed initiative
- Mental Health issues

Beyond the ED

- Bed availability
  - Bed occupancy
  - Predictive analysis
  - Reducing length of stay
  - Planning electives



Outflow

- Discharge planning
  - Simple discharges
  - Complex discharges
- Discharges before midday
- Discharge Lounges
- Weekend Discharges

General issues

- Predictable Events
- Executive and senior clinician involvement
- Whole system working
- Tackling issues directly
- New roles

How did we do it?

- High Profile Target
- Clinicians and evidence
- Emergency Services Collaborative
- Royal College Involvement
- Checklists and Toolkits
- Incentives

High Profile Target

- Highest Political Involvement
- Hospital Chief Executive Involvement

- Clinically acceptable and agreed

- Milestones

Clinicians and evidence

- Respected experts
  - Tsar
  - ED physician
  - Managers

- Using evidence, case histories and guidance

Emergency Services Collaborative

- £30 million project
- Every ED and its partners
- Six 2-day workshops
- Manager in each hospital
- Projects in every hospital
- Involved all levels of staff

Royal College Involvement

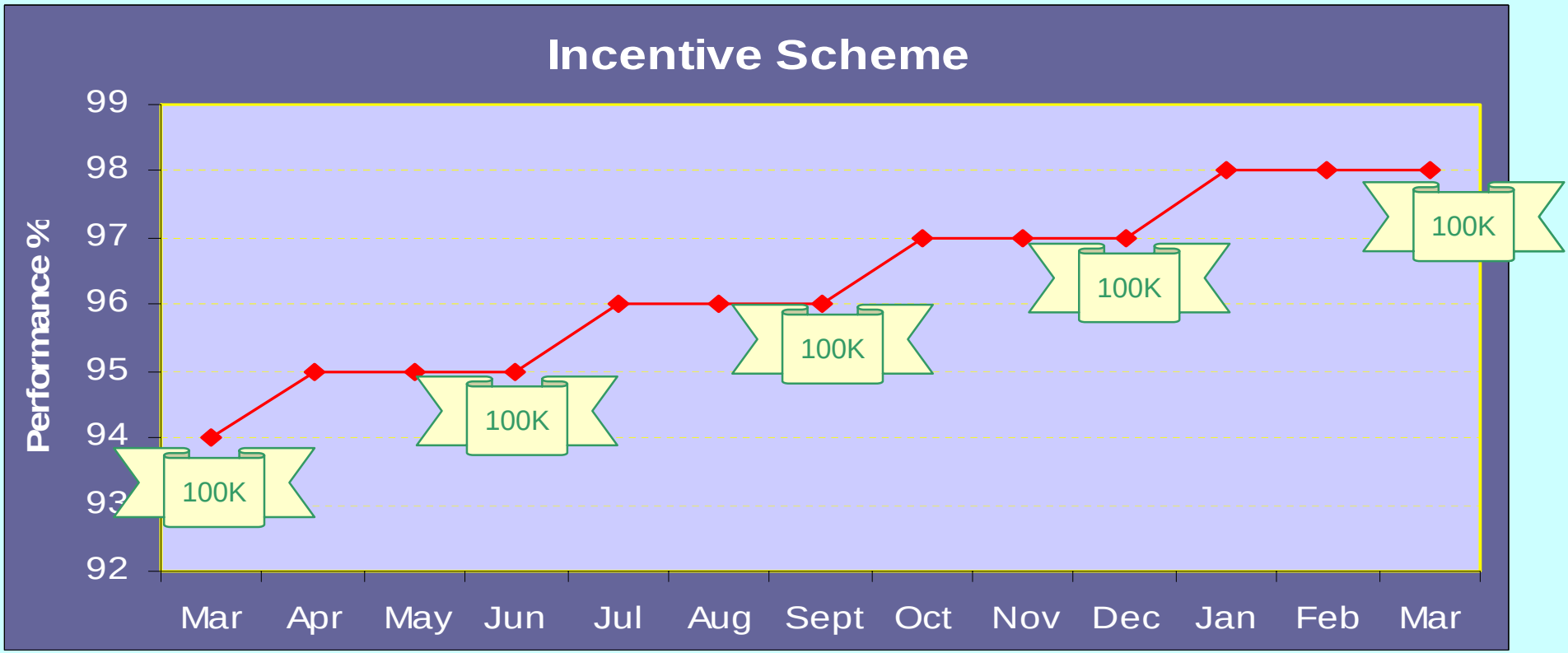
- Agreement with target
- Position statements

Checklists and Toolkits

- Dept of Health Checklists
- Data Toolkits and analysis

Financial Incentives

- They work!



As I told her, it's all a matter of resources, which comes of course from the original Greek, "reskos", meaning "sorry", and "orkis", meaning "no money".

Reforming Emergency Care 2001

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Staff capacity in A&E departments is too stretched

- 36% more A&E consultants than 1999
- Increased Nurses
- Increased ENPs

- But highly variable
- Still have lowest no Drs per capita in Europe

Capacity in Hospitals is not sufficient

- No more actual beds

- Day surgery
- Private sector
- Length of stay
- Admission Avoidance
- Intermediate Care

Delays in Discharge patients from hospital

- INITIAL- action on delayed discharges
- Investment in social care
- Reduced from 160 to 24 in one hospital

Delays in Discharge patients from hospital

- THEN- action on the majority

- Earlier in day
- Discharge planning

Patients with emergency needs compete with those who have elective needs

- Treatment centres
- Elective targets

BUT

- Now planning both together

Diagnostic and other services
are not available at evenings and weekends

- Point of care
- Imaging

- Avoid unnecessary tests
- Avoid waiting for results

Patients are expected to wait in a single queue in many A&E departments

- See and Treat
- Fast tracking minors
- Primary care stream
- Other fast tracks

Demarcation of Working Practices

- New roles
  - Emergency Nurse Practitioners
  - Nurse Consultants
  - Emergency Care Practitioners
  - Consultant Physiotherapists
  - ED Technicians

Patients end up going to the wrong service

- Right Place First Time

Or

- Make the ED the Right Place

  - 999 advice (hear & treat)
  - Ambulance discharge (see and treat)
  - Correct destination (see and refer)
  - Other open access services

The whole system is fragmented

- Networks

Standards of care vary in different parts of the system

- NICE guidance
- Patient group Directives
- National guidelines

- BAEM / NELH / JRCALC library of quality assured guidelines

www.library.nhs.uk/emergency

The challenges

- Workforce
- Resources
- Organisational barriers
- Tribalism

Is it True?

Target 'putting A&E care at risk' BBC March 2005

BMA Report 2005

"*The four-hour **target** has been a huge benefit to us. We had management support to make sustainable changes rather than manipulate figures or make temporary efforts to make the numbers better. We feel our service has improved*."

But accusations of

- care of the seriously ill or injured was being compromised
- patients were being discharged from the A&E department before they were adequately assessed or stabilised
- patients were being moved to inappropriate areas or wards

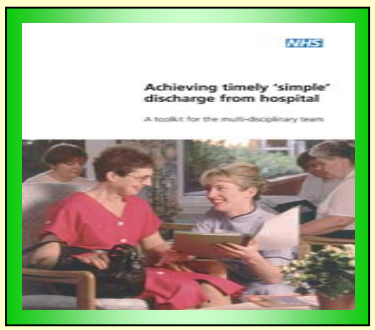
Birmingham Heartlands Hospital

- Improved four hour performance
- BUT also
  - Improved initial wait to be seen
  - Mean and median total time
  - Improvement across all triage groups
  - Dramatic decrease in complaints
  - Patient satisfaction improved
  - Length of stay less
  - Mortality unchanged

- Strong Leadership
- A clear goal
- A clear and consistent plan
- The use of data to shape delivery plans
- Incremental Milestones
- Performance Management
- Credible support team
- Clinical Leadership
- Executive Engagement
- Incentives
- Programme management

Whole System Ownership

Support evolved from targeting Emergency Departments to hospitals and entire health economies are now targeted.



Alternative Capacity

Patients are directed to the environment most appropriate to their care needs.

Roles and Responsibilities

New roles, such as Emergency Care Practitioners were created while existing roles were expanded, for example nurse led discharge.

Process Redesign

Processes such as bed management were redesigned to address the common breach causes.

If I had my time again……

- Quality as the starter
- Balance quick wins and big wins

- LEADERSHIP

‘The very essence of leadership is that you have to have vision. You can't blow an uncertain trumpet.’ Theodore M. Hesburgh

“Leadership: the art of getting someone else to do something you want done because he wants to do it.” Dwight D. Eisenhower

- **‘Increasing importance of Emergency Care has led to the setting of targets which have focused clinicians and managers minds. This has lead to improvement in staff morale and great improvement in the throughput for patients….’**
- **Martin Shalley, President of BAEM**

Advertisement

If you are interested in collaborating in future research on ED overcrowding

www.warwick.ac.uk/go/edwaits