

# New hospital initiatives tackle Emergency Department wait times

## Projects seek new ways to streamline patient flow

Reducing wait times at The Scarborough Hospital's Emergency Departments is at the heart of four initiatives developed with strong frontline staff input and designed to ensure patient care is top-of-mind.

Those initiatives are the focus of this inaugural edition of *@issue* and include:

1. Rapid Admissions Unit (RAU);
2. Emergency Department PIP (Process Improvement Program);
3. Nurse Practitioner Outreach Team;
4. GEM (Geriatric Emergency Management).

"Wait times are a front-and-centre issue because it's a problem for Emergency De-

partments in many hospitals around the world," explains Ann MacKinnon, Patient Care Director, Emergency and Urgent Care. "The Scarborough Hospital's initiatives address patient flow challenges for those CTAS (Canadian Triage Assessment Scale) level 3 through 5 patients presenting at the Emergency Department who are not in critical condition and may experience the longest waits."

The four initiatives work in tandem, not just ensuring efficient patient flow within the hospital, but also addressing healthcare in the community to prevent patients from needing to visit the Emergency Department at all.

Input by frontline staff in all these initiatives is proving



to be the key to success and sustainability.

"Frontline staff work within the system at the point of care where the patients come through; they see the possibilities of what we can do to expedite patient flow," Ann explains. "Having frontline

staff involved in developing and rolling out these initiatives is critical to our success."

The four programs addressing wait times in the Emergency Department are being well-received by emergency physicians, according to Dr. Tom Chan, Chief of

Emergency.

"I think the physicians, while apprehensive by nature about change to the healthcare system, are appreciative of the efforts and they're open to the changes brought about by these programs," Dr. Chan says.

## RAU posts strong first-year results

In one year, the Rapid Admissions Unit (RAU) has significantly improved patient flow at the General campus of The Scarborough Hospital.

The four-bed Rapid Admissions Unit has helped reduce the average length of stay for patients in the Emergency Department who are waiting for an inpatient bed from 17 hours. Since opening in January 2009, more than 1,000 patients have been admitted to the Rapid Admissions Unit, a collaborative project developed and implemented between Medicine and the Emergency Department.

"It is working to expectations," explains Nancy Veloso, Patient Care Manager for the Rapid Admissions Unit. "The focus is to change patient flow,

where the Rapid Admissions Unit is 'pulling' patients from the Emergency Department rather than the Emergency Department 'pushing' patients to inpatient units. In other words, the Rapid Admissions Unit is taking the initiative in facilitating the transfers, resulting in improved patient flow.

"We're not just pulling patients from the Emergency Department, but also from other inpatient units, freeing up beds. The Rapid Admissions Unit is seen by the Emergency Department as an extension of them, and by inpatient Medicine as an extension of them."

Nancy has noticed the Rapid Admissions Unit has helped improve communica-

tion and collaboration between the Emergency Department and inpatient Medicine.

The Rapid Admissions Unit is getting rave reviews from Dr. Tom Chan, Chief of Emergency, who says it is proving integral to inpatient flow.

"I think it is very important that we not only maintain this program, but expand it, because in the future, I believe it will be the benchmark for short inpatient care," he says.

For Registered Nurse Manju Patil, the Rapid Admissions Unit is working well.

"I worked in Emerg before working here in the Rapid Admissions Unit, and I can tell you this is a much more comfortable environment for patients," Manju says. "The

patients can sleep better here, and they seem happier in the Rapid Admissions Unit."

"We will continue to look at opportunities to improve and expand patient flow practices in the Rapid Admissions Unit to link with the other Emergency Department wait time initiatives, such as Emergency Department Process Improvement Process, Nurse Practitioner Outreach Team and Geriatric Emergency Management," Nancy adds.

Ann MacKinnon, Patient Care Director for Emergency and Urgent Care says that "ultimately, we're here for the patients, but the Rapid Admissions Unit also demonstrates how staff can take ownership of the processes around patient flow."

### BY THE NUMBERS

- **268:** Average number of patients visiting the Emergency Departments each day.
- **32 per cent** of Long Term Care patients diverted from Emergency thanks to Nurse Practitioner Outreach Team.
- **25 per cent** of patients visiting our Emergency Department are aged 65 and older.
- **21-hour** length of stay in the Rapid Admissions Unit is consistently under the 24-hour target.

# Process improvement program takes aim at Emergency wait times

The Scarborough Hospital is one of 18 hospitals in Ontario and the only one in the Central East Local Health Integration Network that is rolling out the Patient Flow Process Improvement Program, a multi-pronged strategy to address wait times.

An eight-month structured project, Patient Flow Process Improvement Program is funded by the Ontario Ministry of Health and Long-Term Care. The mission is simple: develop and implement a patient flow system that supports

quality patient care and meets wait time requirements. The scope embraces the Emergency Department, Medicine and Inpatient Nephrology at the General campus.

“The team comes from all areas within Emerg and Inpatient: social workers, nurses, physicians, patient flow coordinators, and team assistants. It’s a frontline initiative, and every initiative we’ve talked about and are rolling out in the pilot phase in the next few weeks has been identified by frontline staff and team,”

explains Nancy Veloso.

The objectives are to improve patient flow from the Emergency Department to inpatient medicine/nephrology beds; improve inpatient length of stay and discharge times; and improve patient satisfaction.

The key to improved patient flow lies in earlier discharge from inpatient beds to better accommodate admissions from the Emergency Department. Using an improved ‘predictive discharge’ model, the teams participate in daily

bullet rounds and white board meetings. Within the Emergency Department, streamlining our current processes allows the patient to see the physician sooner in their visit.

Physician participation is also key.

“From my experience with the Process Improvement Program teams and coaches, I foresee that we’re going to be very successful,” explains Dr. Tom Chan. “We’re moving quickly into the implementation phase now. This is where the coaching will really pay

off because it’s supported throughout the system.”

The Scarborough Hospital was chosen by the province to be part of Patient Flow Process Improvement Program “because we’re one of the busiest Emergency Departments in the GTA,” explains Jacqueline Phan, Manager, Corporate and Strategic Projects and Emergency Team Process Improvement Program Lead. “The team is aiming for a 10 per cent improvement in Emergency Department wait times.”



## Nurse Practitioners reach out to Long-Term Care

The Central East Local Health Integration Network’s Nurse Practitioner Outreach Team employs Nurse Practitioners to provide care to residents in Long Term Care facilities for whom a transfer to an Emergency Department is likely. Its primary goal is to provide seniors with “the right care, at the right time, in the right place” and “by the right health-care provider.”

Nurse Practitioners Katie Adams and Shirin Vellani

make up one Nurse Practitioner Outreach Team based at The Scarborough Hospital.

“We work in the Long Term Care facilities, assisting staff to provide emergency or complex medical care right in the nursing home,” Katie explains. “The key is to build the staff’s capacity skills, so they can recognize early on any change in a resident’s condition and call the Nurse Practitioner in earlier. The Nurse Practitioner can assess what’s going on, develop

a care strategy at that time and ultimately, keep the resident out of hospital emergency.”

After the first ten weeks of the program, 60 per cent of the 106 encounters were averted from the emergency department, and 40 per cent received preventative care at the Long Term Care facilities. Only five of the 106 encounters were sent to the emergency department for treatment that could not be provided in the Long Term Care facilities.

## Providing a focus on geriatric care

Elderly patients who present to the Emergency Department at The Scarborough Hospital can probably expect a visit by Nurse Practitioner Debbie Driver or Clinical Nurse Specialist Elaine Laine, who specialize in geriatric care.

They represent Geriatric Emergency Management, an initiative aimed at reducing Emergency Department wait times and enhancing health outcomes for seniors. The program delivers targeted geriatric assessments and interventions to high-risk seniors aged 75 and older who present to the Emergency Department.

“As a Nurse Practitioner, I order certain diagnostic tests and write prescriptions, which frees up other nurses and physicians to look after more patients,” Debbie explains. “I have the luxury of spending more time with the patient to conduct a more thorough assessment as to why the patient is in Emerg in the first place.”

While seniors may present with one chief complaint, Debbie and Elaine are able to fully assess patients to determine other co-morbidities that may have brought them to the Emergency Department.

“If Aunt Sally broke her ankle, was it because her blood pressure medication has been changed? Maybe her eyesight is failing. There could be 64 other reasons why she broke her ankle,” Debbie adds.

In so doing, Debbie and Elaine can work with patients and their families in ensuring the elderly are safe to go home.

“We try to cut off adverse outcomes that will prevent them from having to return to the Emergency Department at a future date. We can redirect unnecessary admissions, collaborate with Long Term Care facilities, outreach Nurse Practitioners and home care personnel to avert further Emergency Department transfers,” Debbie adds.

With 25 per cent of all patients presenting to The Scarborough Hospital’s Emergency Department aged 65 and older, “we’re seeing the trend that shows baby-boomers are aging and living longer,” Elaine adds. “The rising numbers of seniors coming to the Emergency Department will naturally have an impact on wait times. Geriatric Emergency Management works to address these challenges.”