



# Timely Emergency Care Collaborative Creating Safe and Calm Hospitals

The Institute for Healthcare Improvement in partnership with  
The Department of Health, Victoria

## Presenter

**Stephanie Easthope** is a Senior Director for the Institute for Healthcare Improvement and has no conflicts to declare.



# IHI's partnership with the Victorian Department of Health

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- Working together to improve the timeliness of emergency care in Victoria
- Using improvement science and collaboration to test, share and spread ideas
- Targeted projects to innovate and solve complex challenges

**Phase 1: Aug 2022 – June 2024**

**Phase 2: July 2024 – June 2027**



# The situation

- Rising hospital demand
- High workforce turnover following Covid-19
- Difficulties accessing timely primary care / GP
- Low staff morale
- Growing financial pressure

 The Age

## [‘The worst I have seen’: Hospital ramping costs paramedics 120 years worth of shifts](#)

Key points ... Paramedics have spent a cumulative 120 years waiting for sick or injured patients to be admitted to overcrowded hospitals in the...

1 month ago



 Herald Sun

## [Ambulance Victoria fails to meet targets as health system woes continue](#)

Ambulance Victoria is failing to meet its key target of getting to priority code-one callouts within its 15-minute benchmark, as ramping...

4 Aug 2023



 The Age

## [These paramedics are itching to work. The worst part of their job is sitting around](#)

New data has exposed the severity of Victoria's ambulance crisis as hospital ramping costs paramedics 120 years of shifts. Read the full story...

1 month ago



 3AW

## [Ambulance Victoria facing 'challenging' ramping issue](#)

Ambulance Victoria facing 'challenging' ramping issue ... Ambulance transfer times are double what they should be, with the average patient...

1 month ago



# What can be done?

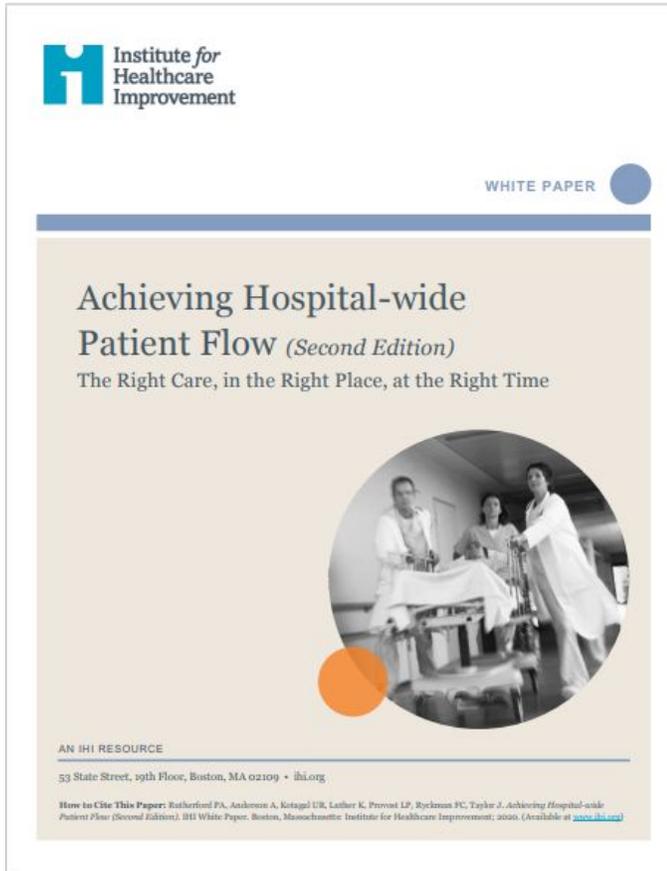
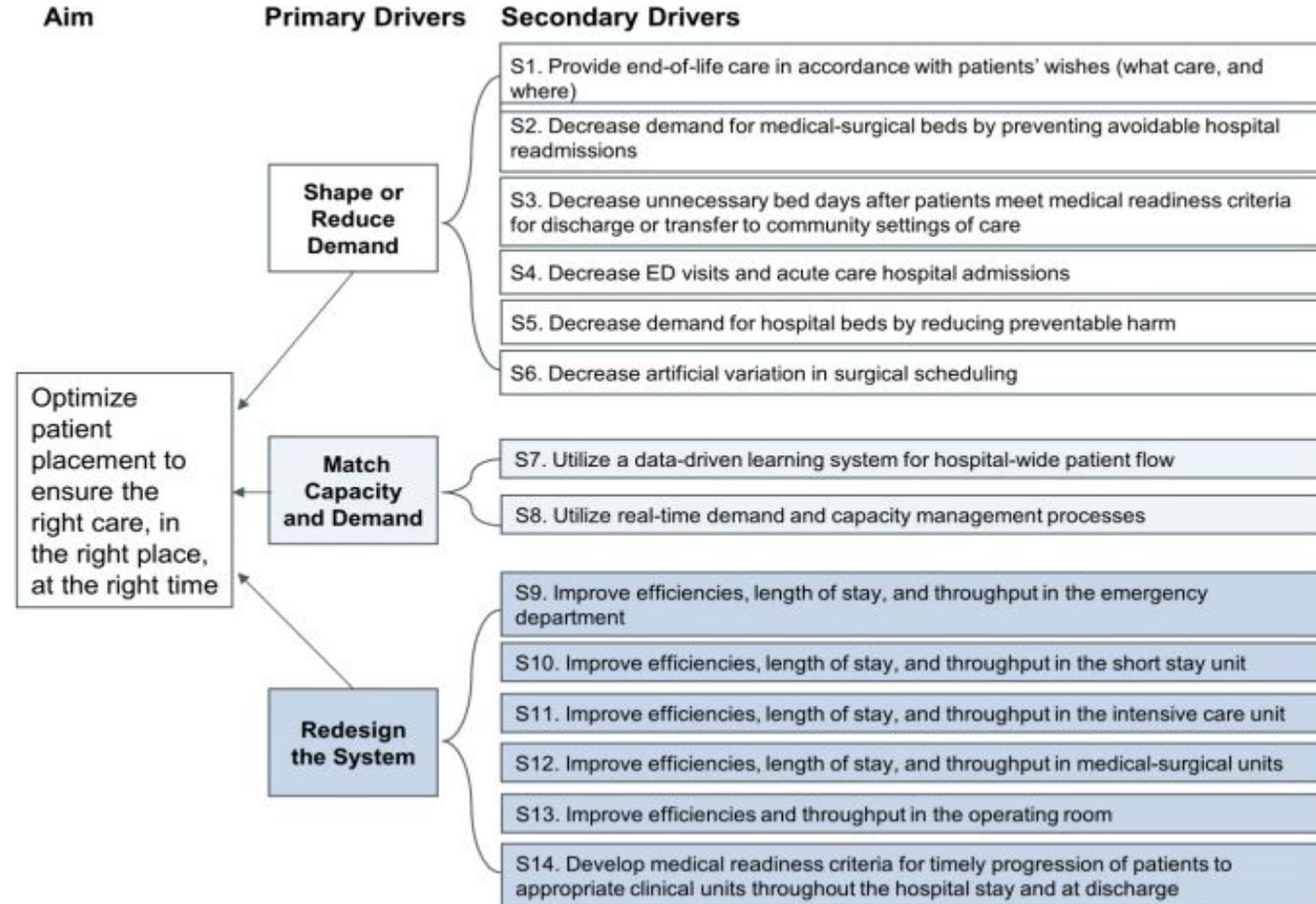


Figure 3. Driver Diagram for Achieving Hospital-wide Patient Flow



# What can be done?

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“For hospital managers exploring the extensive list of solutions ... many may seem too complex to implement, requiring much external cooperation and coordination.

It is then closer at hand to start with solutions that only require improvement commitment **within the local hospital organization.**”

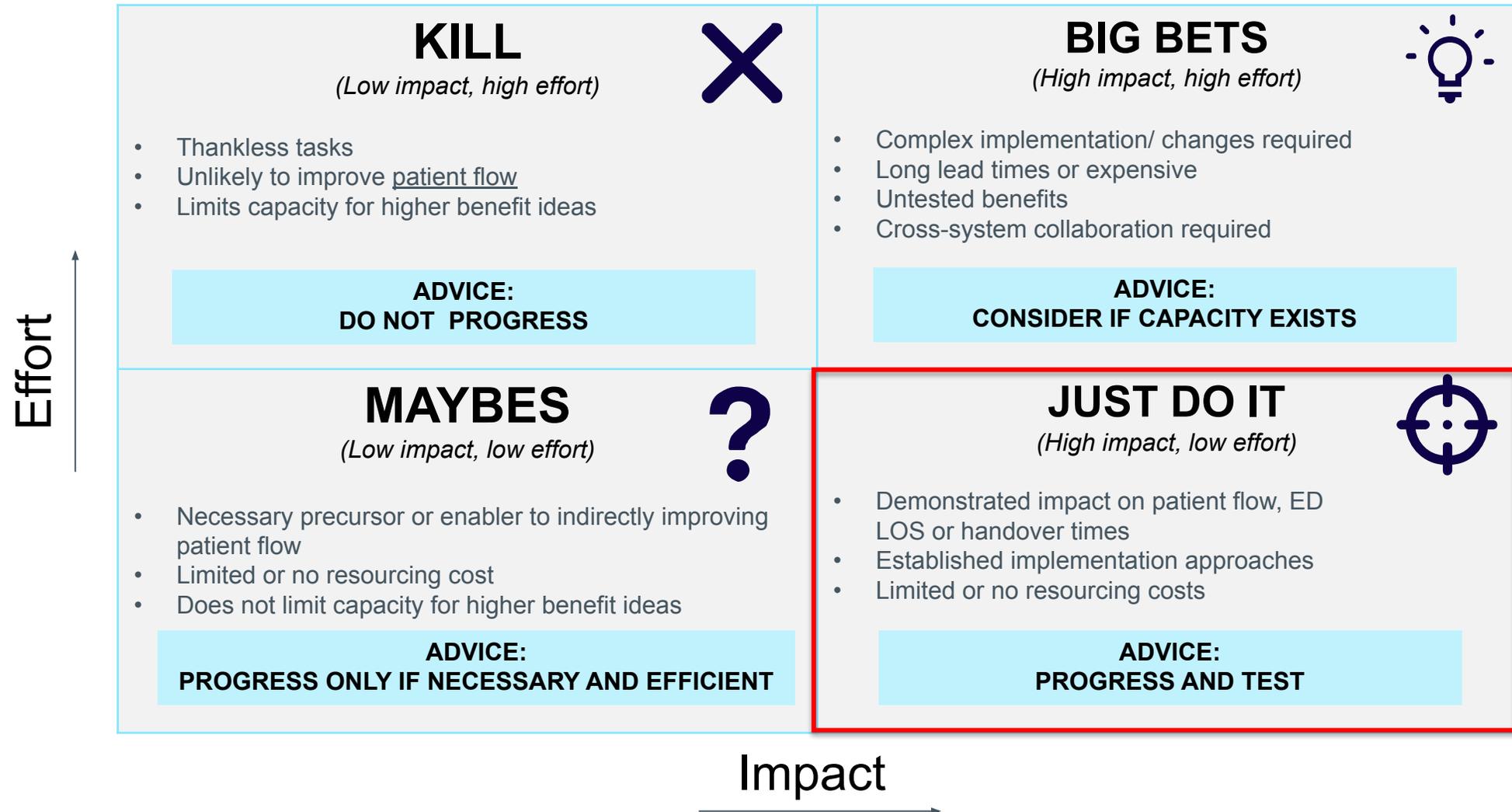
**Solutions for improved hospital-wide patient flows – a qualitative interview study of leading healthcare providers**

Philip Åhlin\*, Peter Almström and Carl Wänström

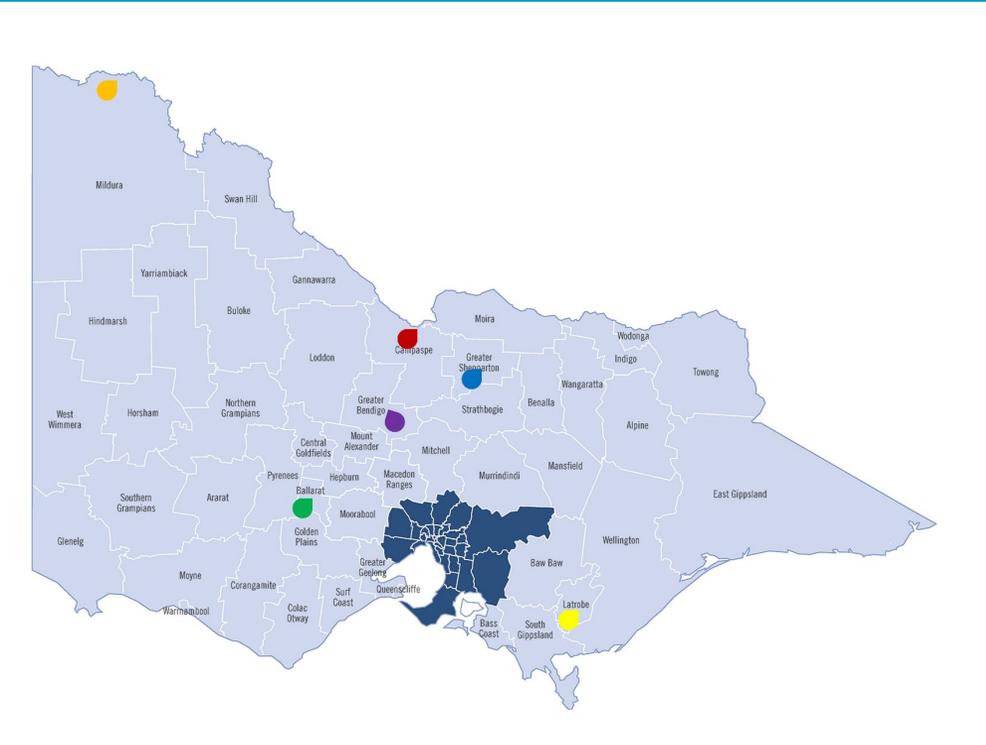
Åhlin et al. BMC Health Services Research (2023) 23:17 <https://doi.org/10.1186/s12913-022-09015-w>



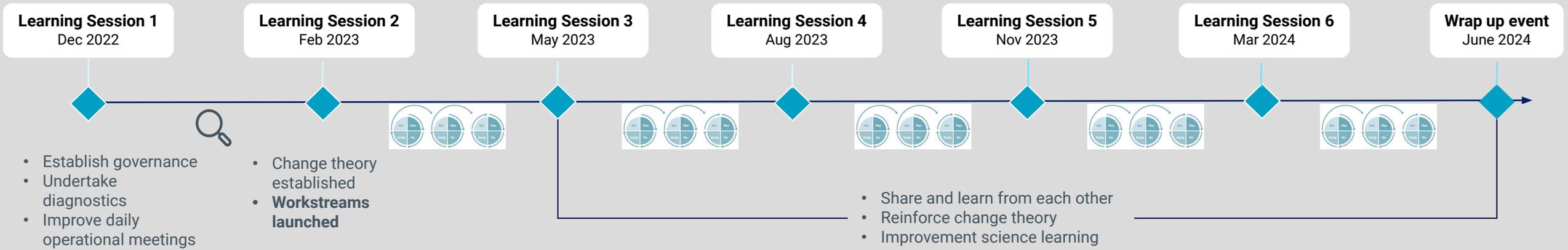
# Prioritising efforts within health service control



# The Timely Emergency Care Collaborative

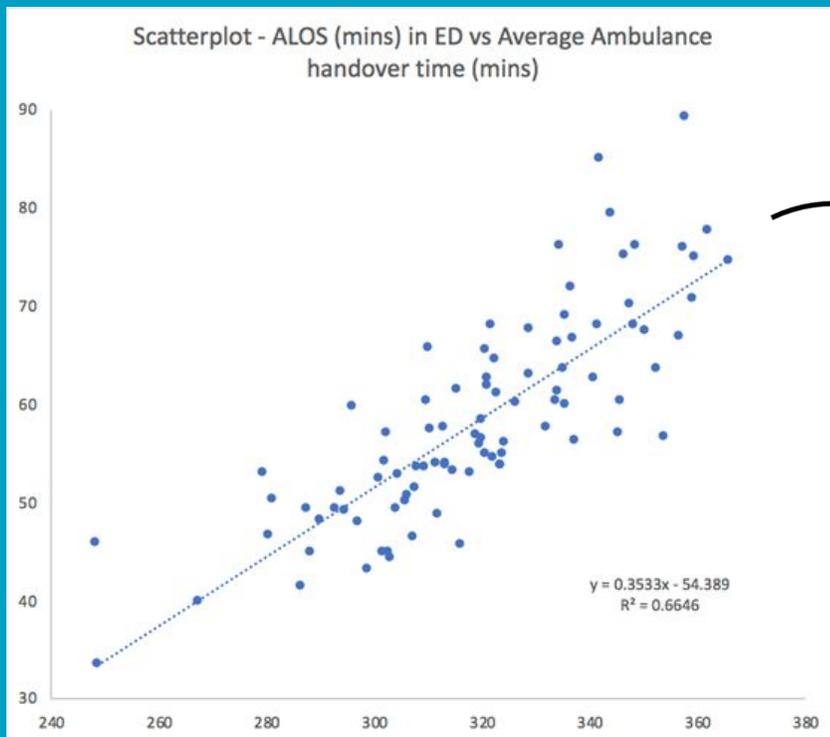


14 health services  
9 metropolitan hospitals  
6 regional hospitals



# The goal

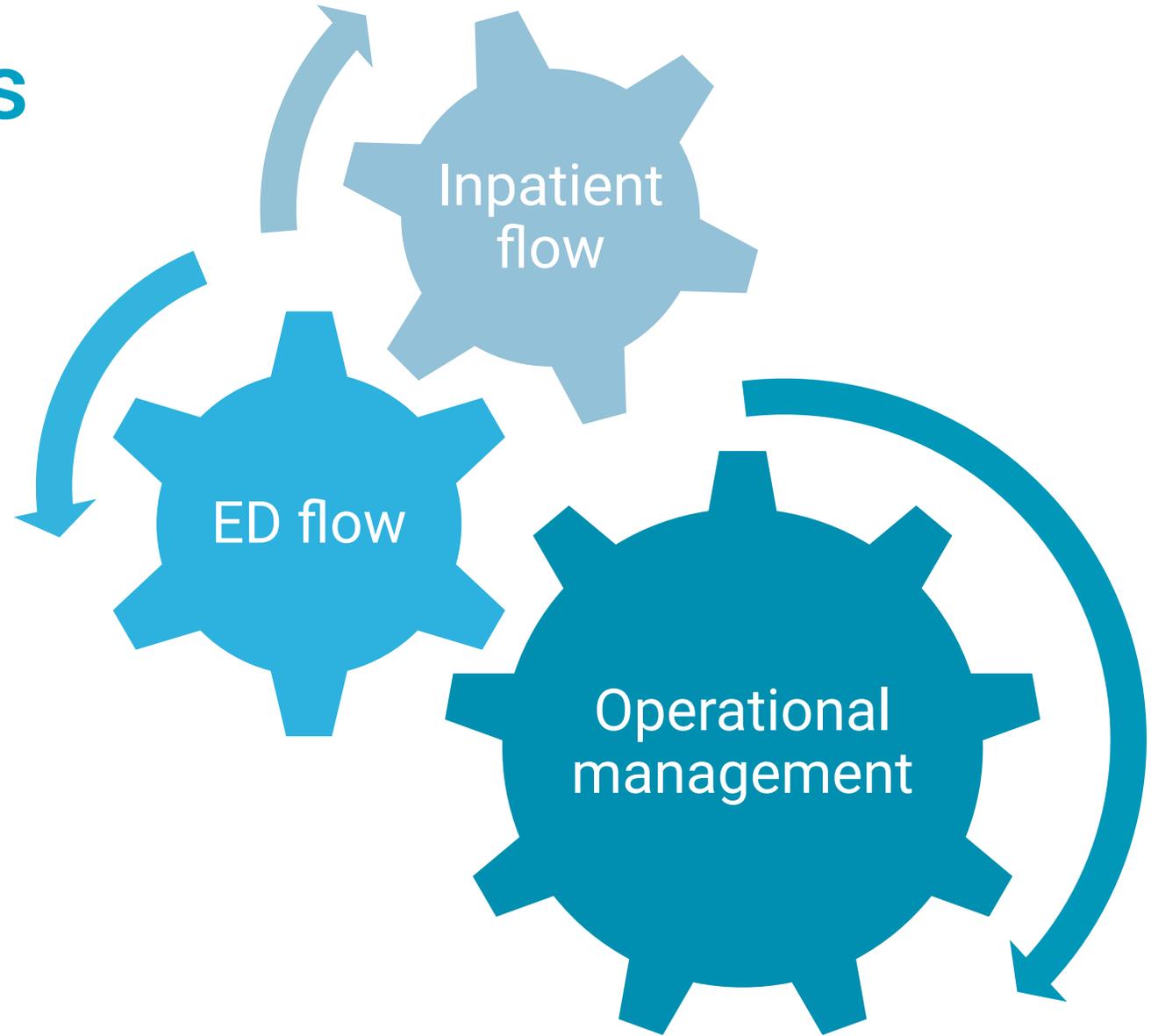
“By improving system-wide patient flow, we'll provide more timely emergency care to Victorians.”



For every **~3 minutes** increase in ED LOS the ambulance handover time is increased by **1 minute**.

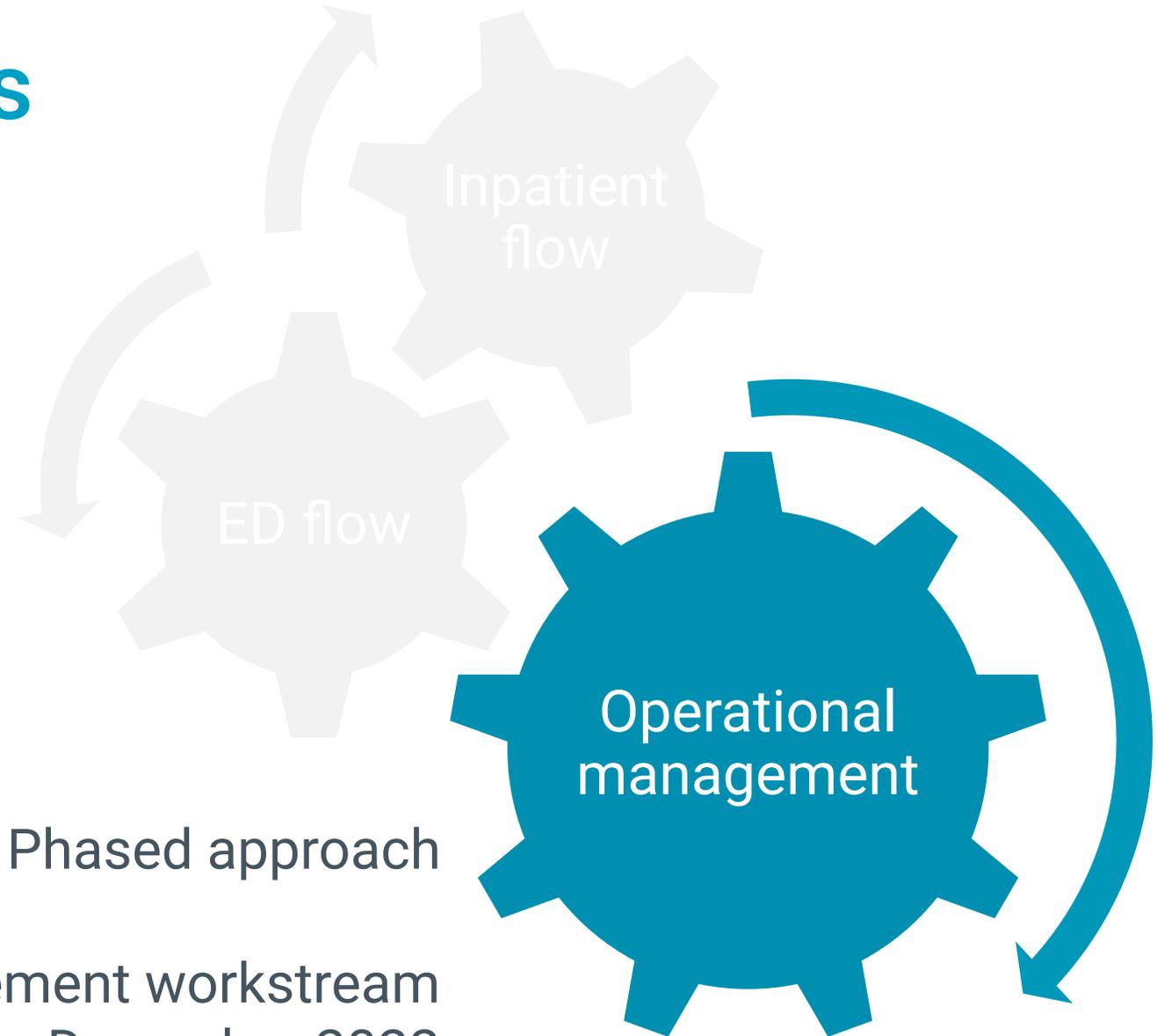
# Three workstreams

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# Three workstreams

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Phased approach

Operational management workstream  
launched first in December 2022



# Improving hospital operational management

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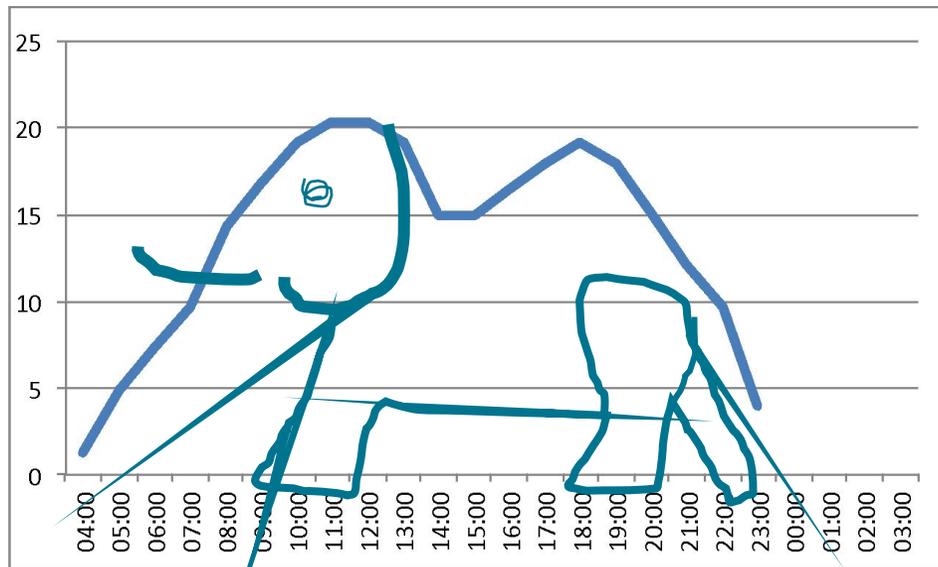
*Daily flow management must focus on aligning to meet patient demand*

**“The drumbeat of a hospital is set by patient demand”**

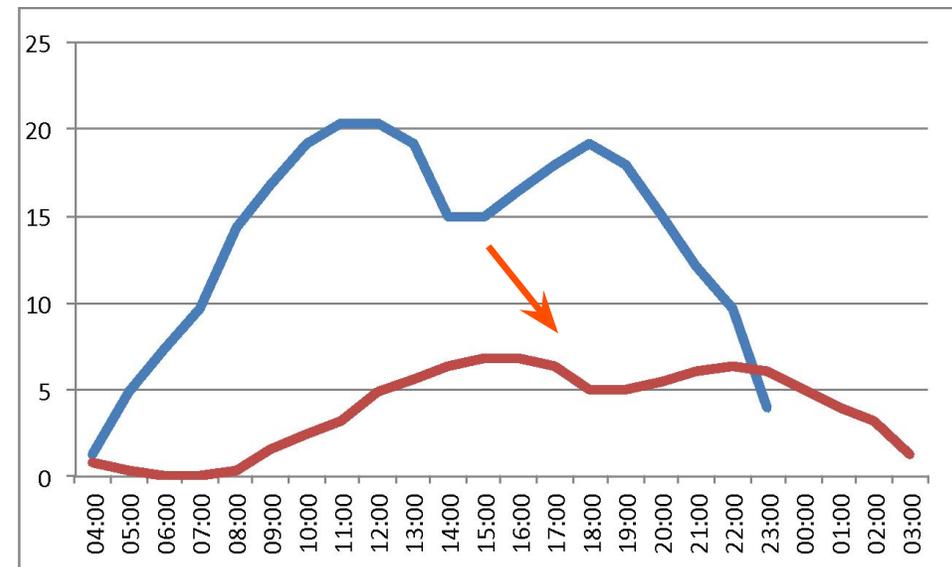


# Demand profile

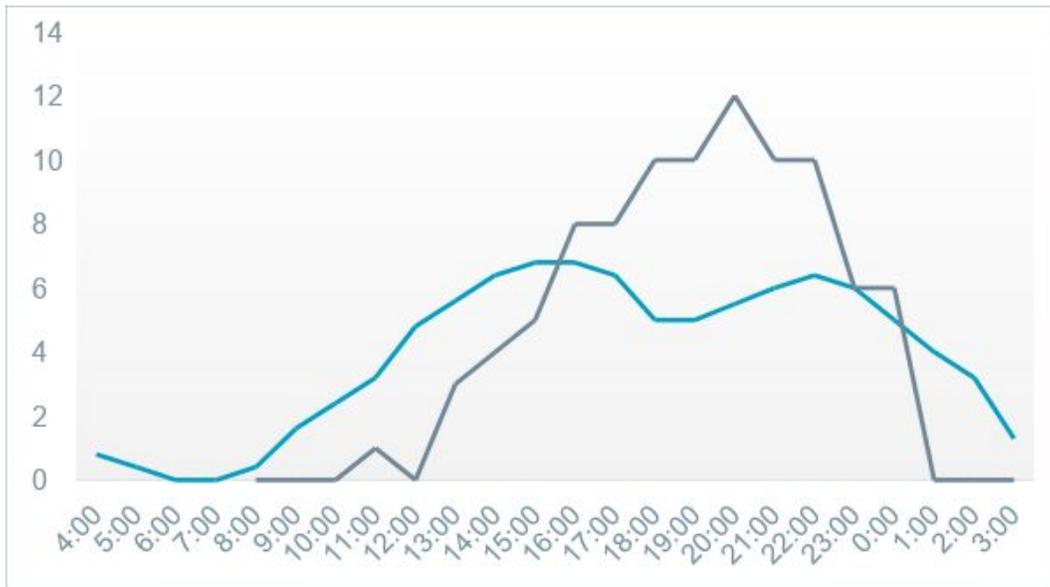
Typical ED attendance profile by hour



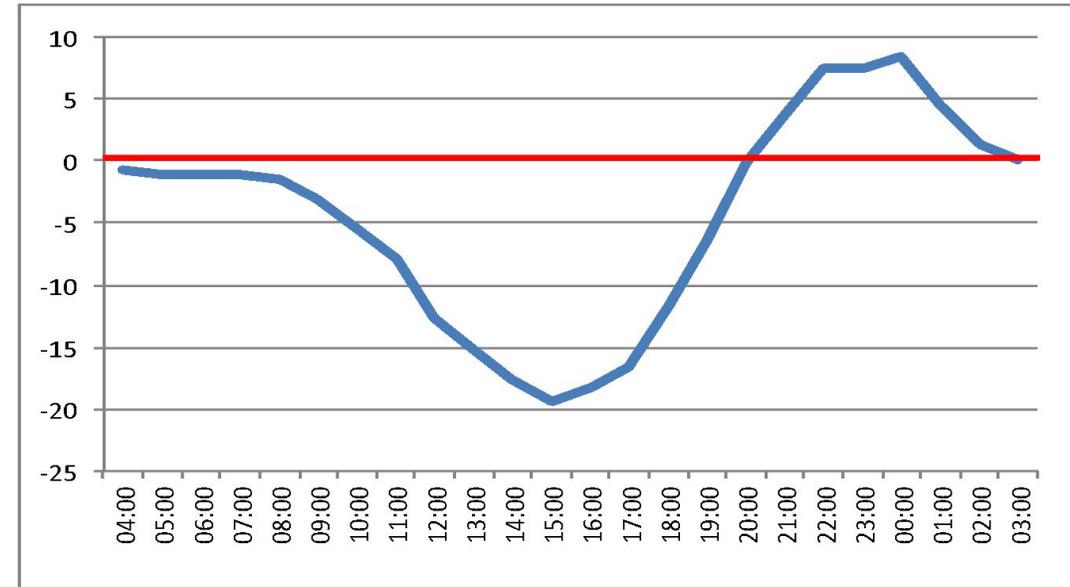
Admissions are typically 4 hours later and about 20-30% of admissions



# Typical capacity profile



Discharges start after the first ward rounds are complete and peak in the evenings



Cumulative bed deficit plays out throughout the day



# Consequences

## Pressure grows in the ED

- Patients waiting
- Staff stretched

## Patients placed in the next available bed

- Under the care of the wrong specialty

## Clinical teams do 'safari' rounds

- Inefficient use of clinical time and delayed decisions
- Patients seen less frequently

## Day-to-day care provided by different specialty

- Reduced quality of care
- Staff feeling 'unsafe' in their practice

## Longer inpatient lengths of stay

- Further reducing bed capacity

Poor outcomes for patients

Stressed staff and reduced morale



# Daily hospital 'bed meetings'

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## What's the purpose?

The bed meeting should provide the organisation with a clear understanding of its **present bed capacity** against **expected demand**, and the **actions required** to ensure that patients can receive the **best possible care**.



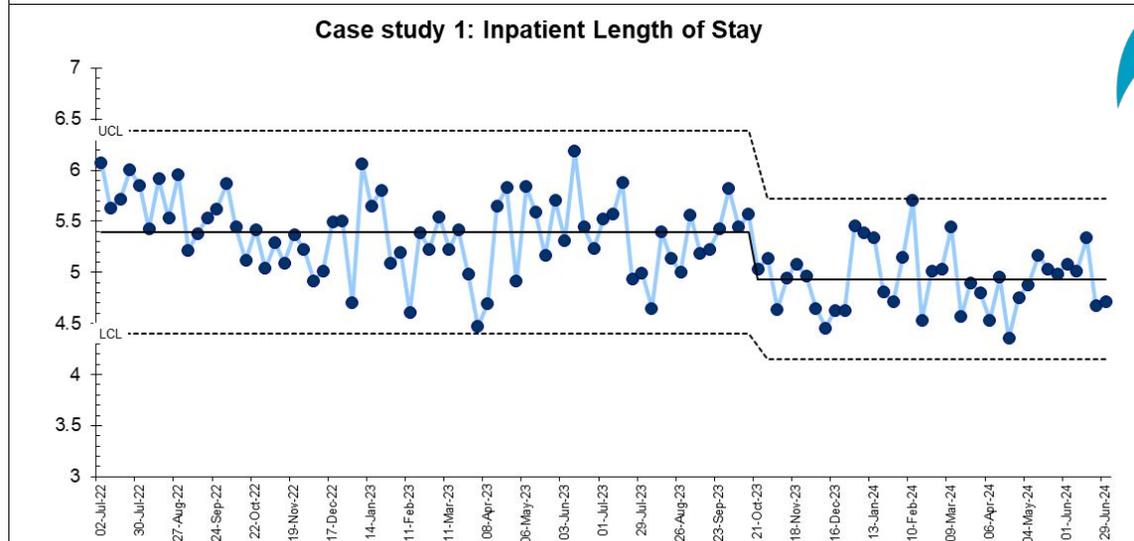
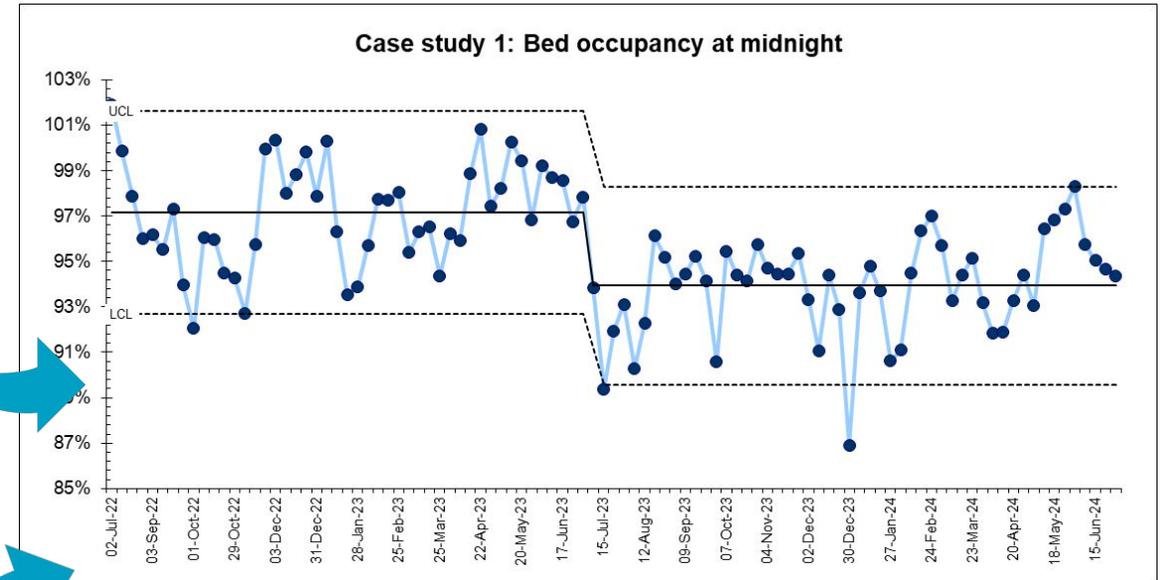
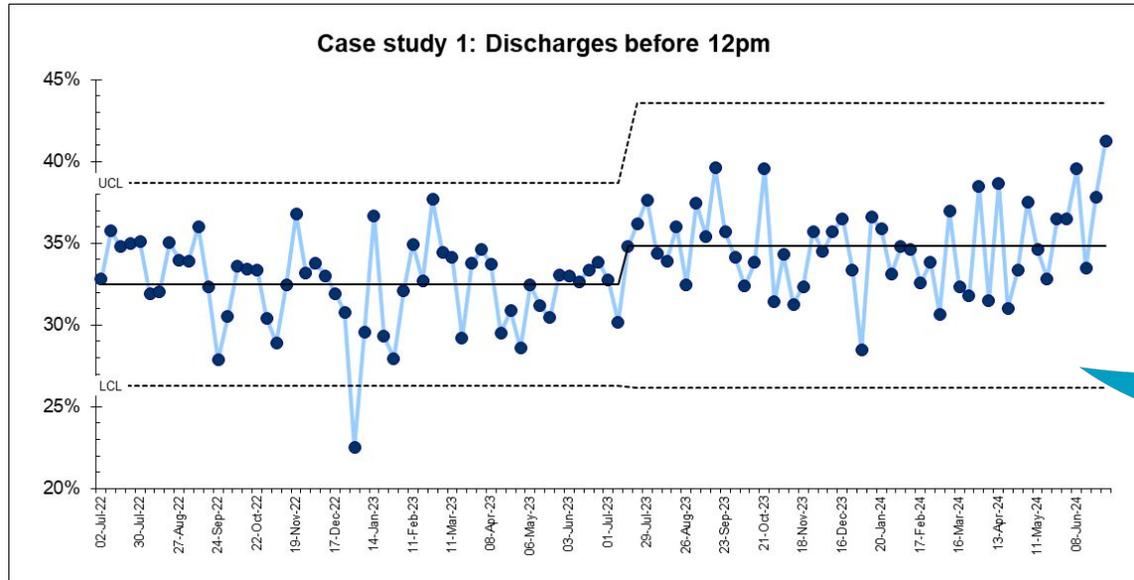
## *Daily bed meetings*

Should be:

- Data driven
- Attended by the right people
- Focused on 'the plan' for today and tomorrow
- Result in clear actions?
- Focused (~15 mins)
- Structured / repetitive



# Case study 1: Operational management



Improved daily operational management using centralised data to plan and co-ordinate patient flow led to:

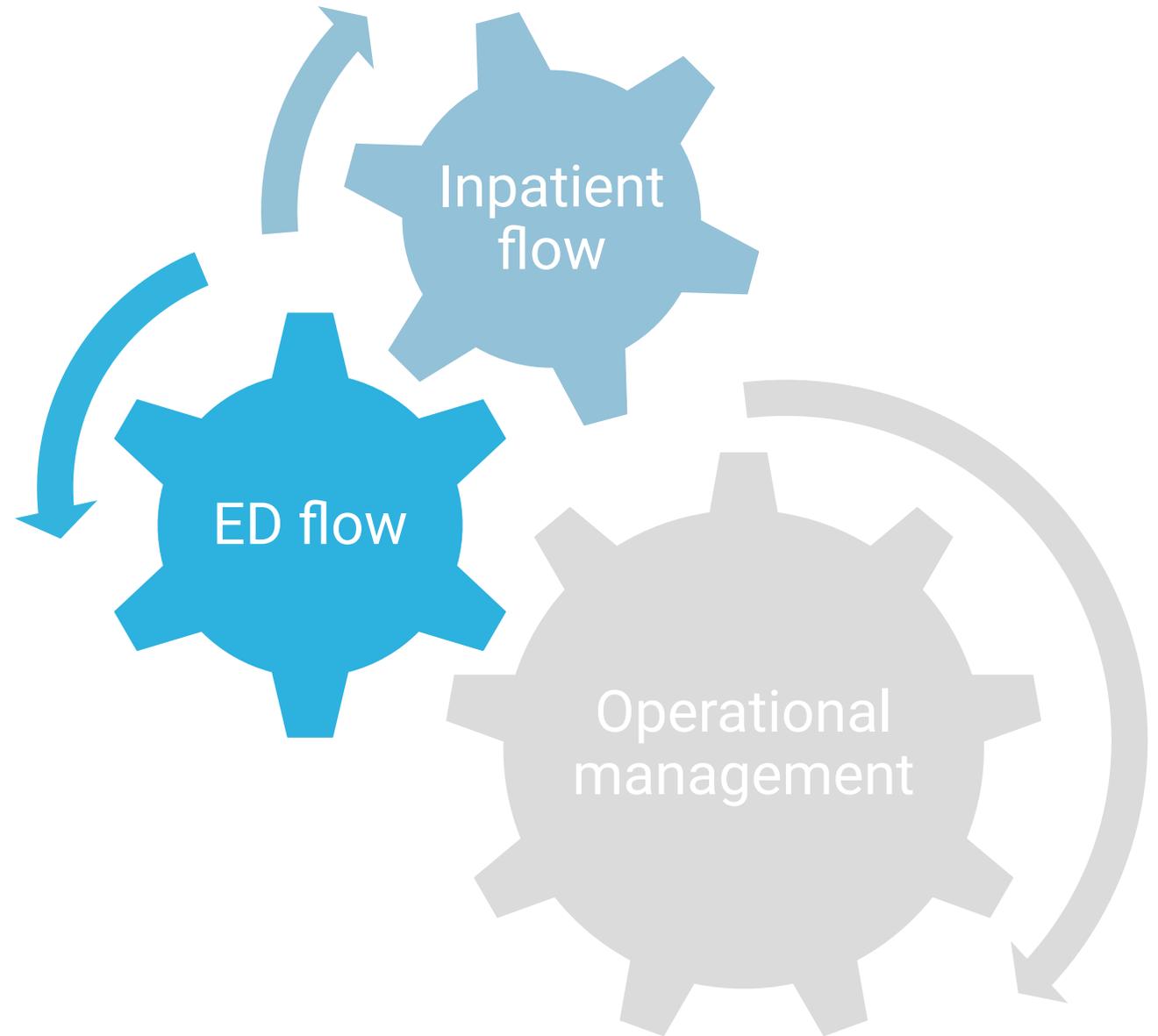
- improved discharges
- reduce inpatient length of stay
- reduced occupancy



# Three workstreams

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ED and Inpatient workstreams  
launched in February 2023



# Focus on what is important – *safe and calm*

IF

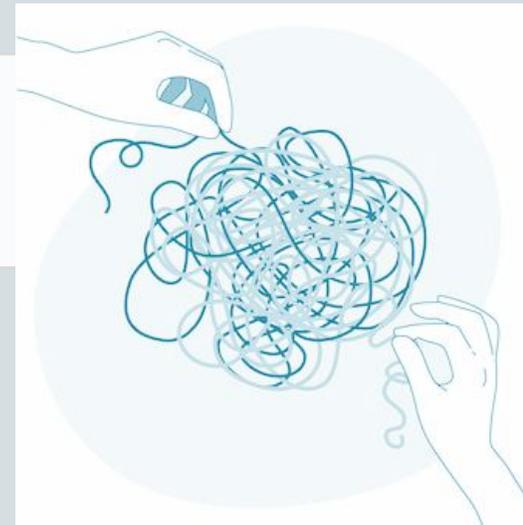
...we improve hospital-wide patient flow

THEN

...we will reduce the capacity pressure on our emergency departments and delays for our ambulances

SO THAT

...staff will be able to work in a **calm** environment  
...and patients will receive **safe** and timely emergency care.



# Inpatient workstream

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Within the hospital, the greatest lever to improve patient flow is to have patients being discharged in a pattern that aligns to incoming admission demand.

*This typically means looking for opportunities to discharge patients earlier in the day.*



# Building engagement

## Explaining the 'why'

When we **discharge**  
a patient sooner,  
we will help **5** people



# Inpatient workstream

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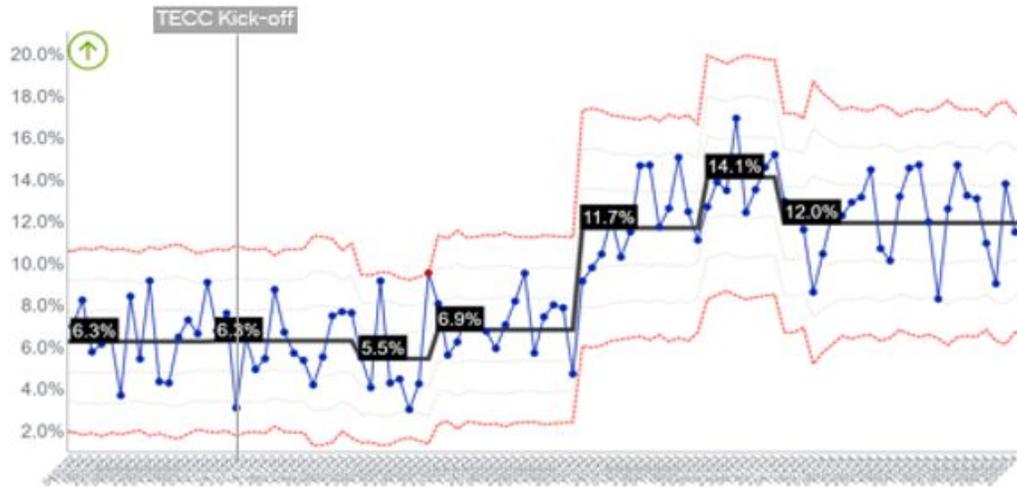
The three most impactful changes were:

1. Planning discharges the day before
2. Prioritising patients for discharge on ward rounds
3. Using a discharge lounge as the default for all patients

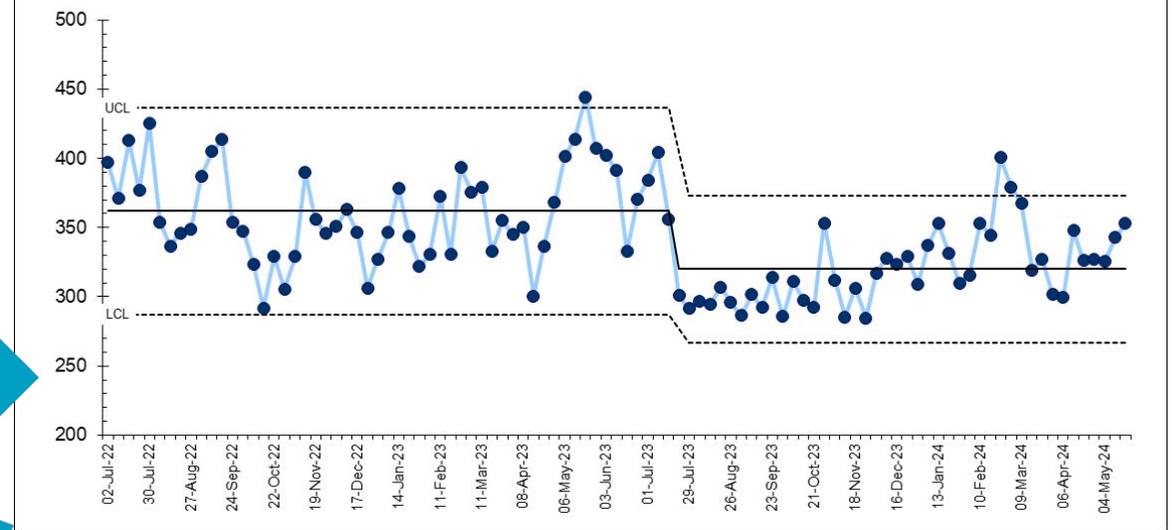


# Case study 2: Inpatient workstream

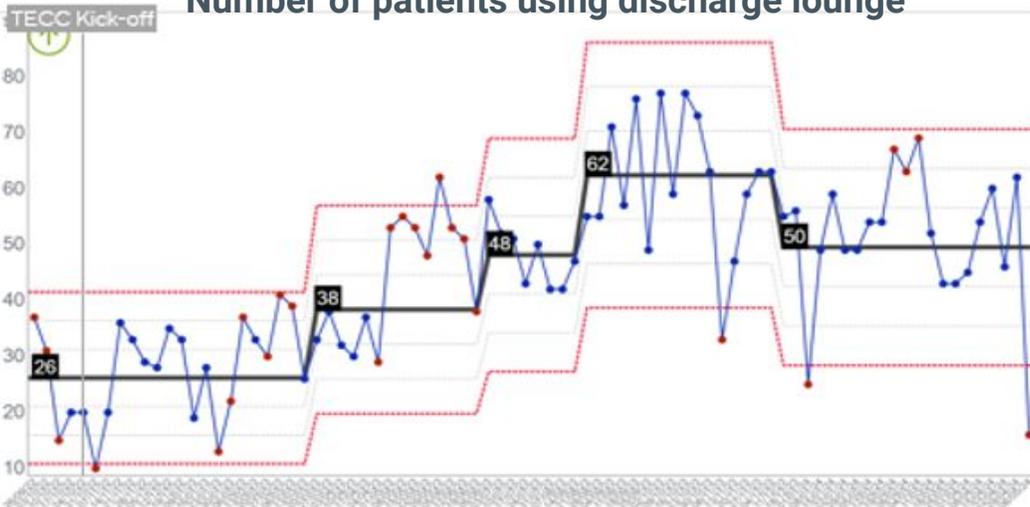
## Discharges before 10am



## ED length of stay - admitted patients



## Number of patients using discharge lounge



Improved planning and prioritization of patients for discharge as well as utilisation of the discharge lounge led to a **40-minute reduction** in the time patients waited for an inpatient bed

# Improving ED flow

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Three most impactful changes were:

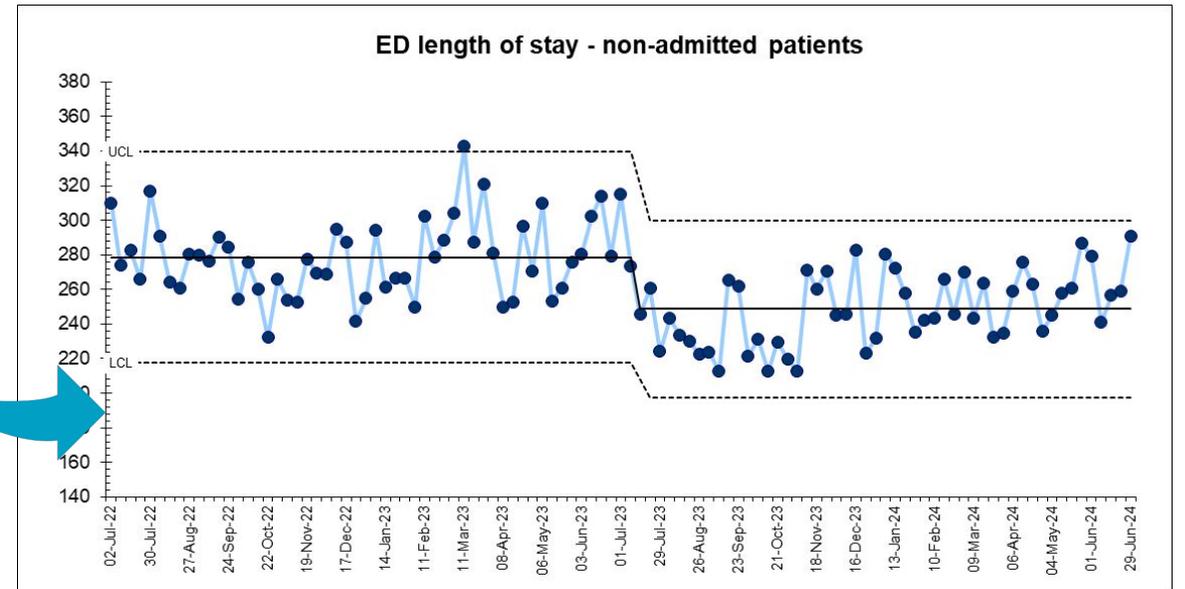
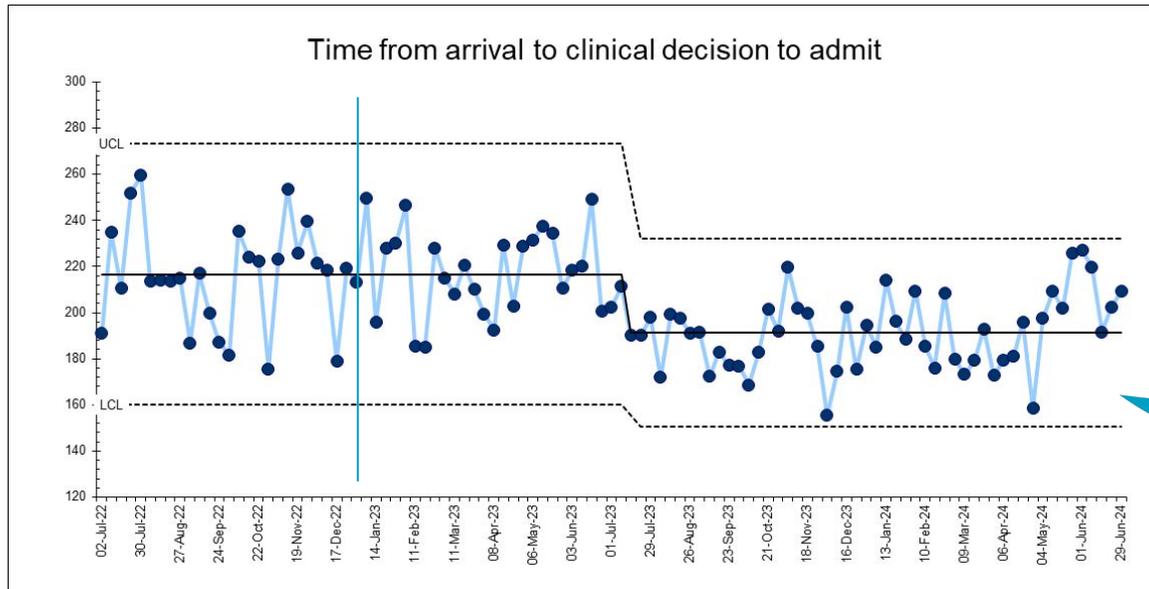
1. Early senior decision making in the ED
2. Implementing or optimising a 'fast track' non-admit patient stream in the ED
3. Optimising use of the ED Short Stay Unit to ensure right patient cohort and regular review and discharge



# Case study 3: ED workstream

Implemented early senior decision maker leading to:

- **25-minute reduction** in time to decision to admit
- **30-minute reduction** in time to discharge (non-admitted patients)



# Results of the Timely Emergency Care Collaborative



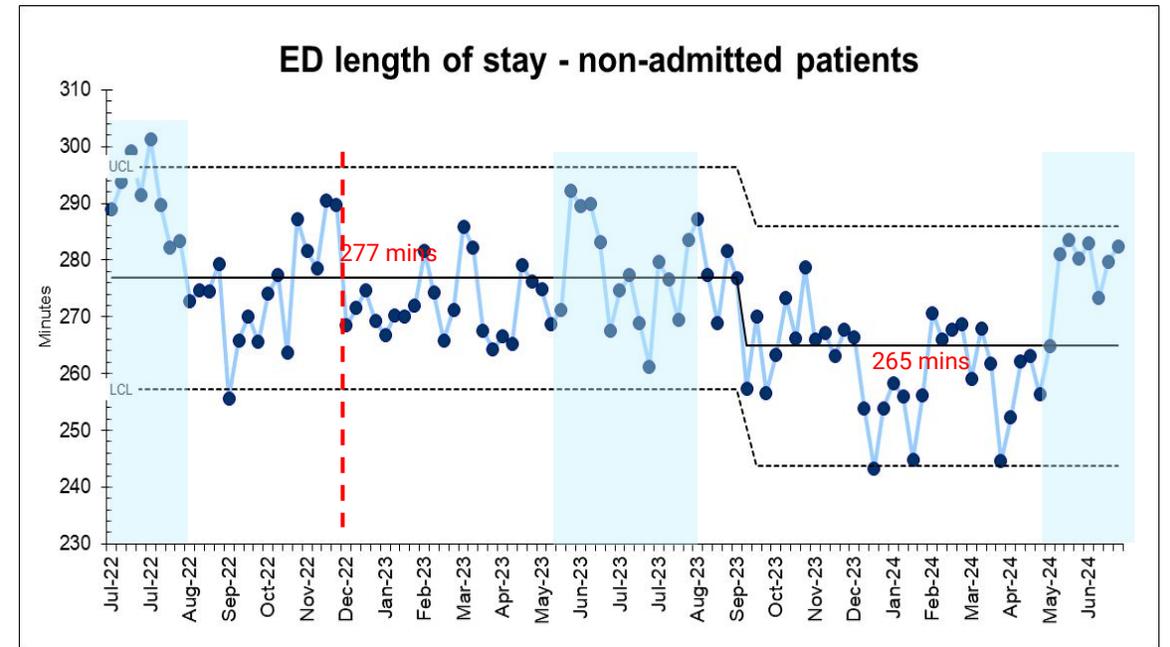
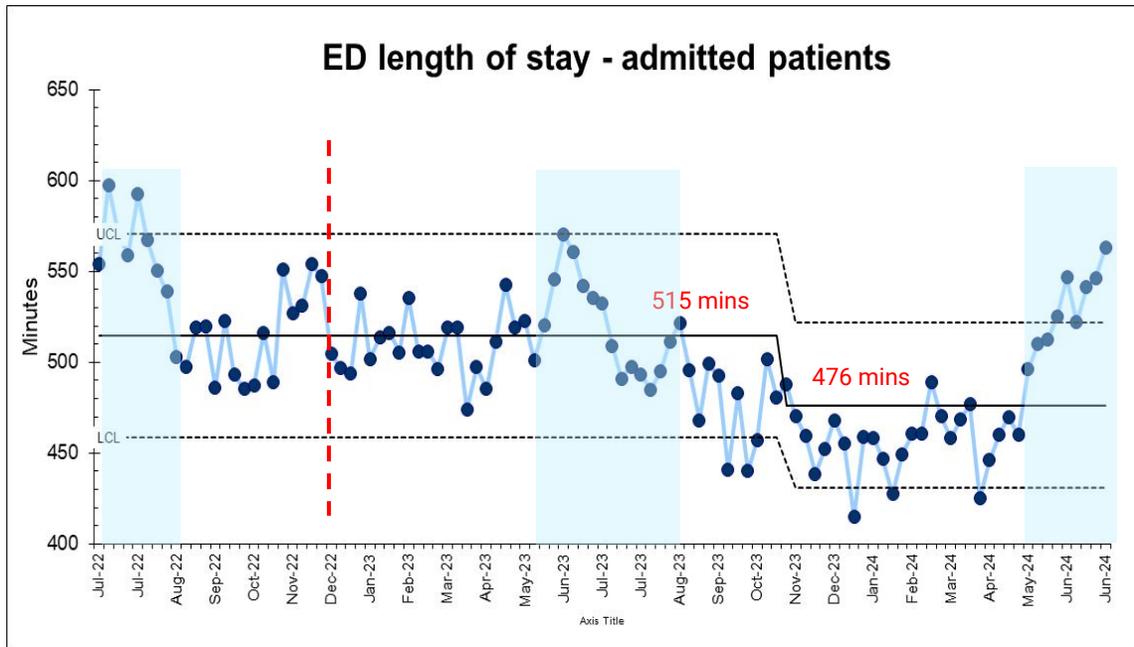
# Progress of all teams

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- **100%** of teams improved ED or Inpatient process measures
- **93%** of teams significantly improved either ED admitted or non-admitted length of stay
- **71%** improved both ED admitted and non-admitted length of stay and sustained improvement in at least one of of them for >12 weeks
- **29%** of teams sustained improvements for >12 weeks in both outcome measures



# Collaborative wide combined results



Significant improvement was demonstrated in both ED admitted (**39 minutes**) and non-admitted (**12 minutes**) length of stay across all participating teams. But winter has seen a return to the performance of the prior year.



# What happened?

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Health services that had tested and implemented a **wide number of changes** and had **sustained them** for several months before winter were able to **hold the gains**.



Health services that had made **isolated improvements** for a short period were **not able to sustain the gains** when the pressure of 2024 winter hit.



# Case study 4: Sustained hospital-wide improvement

The situation in late 2022:

- “Covid tents” still up
- Average of >40 patients per week spending more than 24 hours in ED
- >90-minute patient transfer time from ambulance to ED





# What did they do?

Focused on  
discharge planning  
and discharge flow

## Improved bed management and next day planning

- Structured their daily meetings to focus on plan for today and tomorrow
- Implemented afternoon discharge planning huddles on the wards

## Expanded scope of Hospital In the Home

- Increased clinical hours
- Increased scope for eligibility for patients to access service

## “Home for brunch”

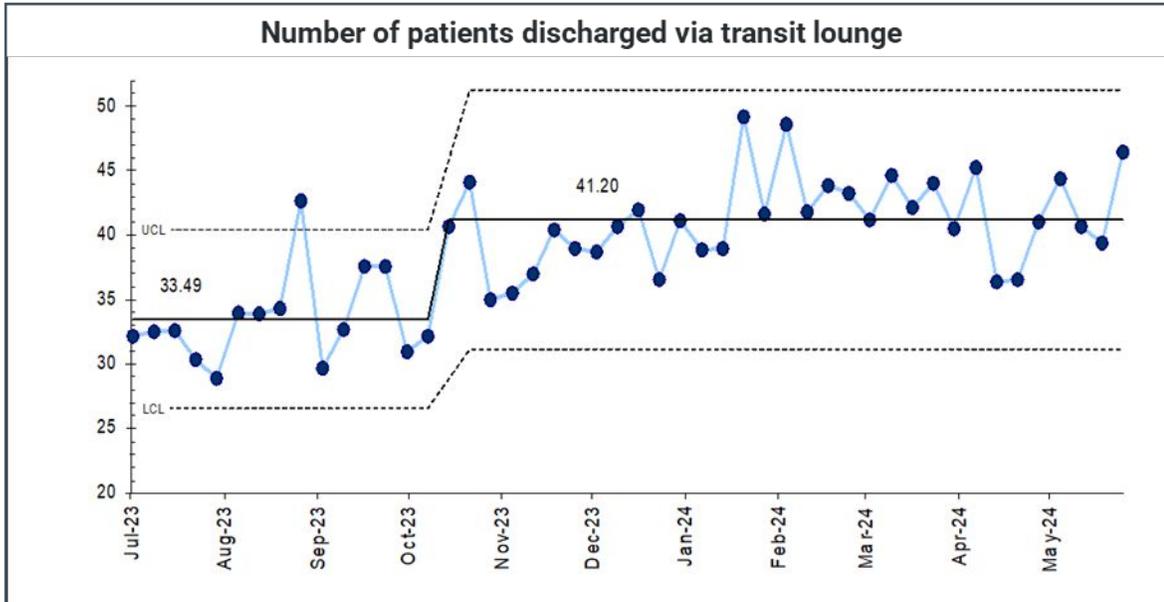
- Engaged clinicians in why early discharges matter
- Set goal of 2 discharges before 10am
- Changed ward rounding to prioritise discharges

## “Leave by lounge”

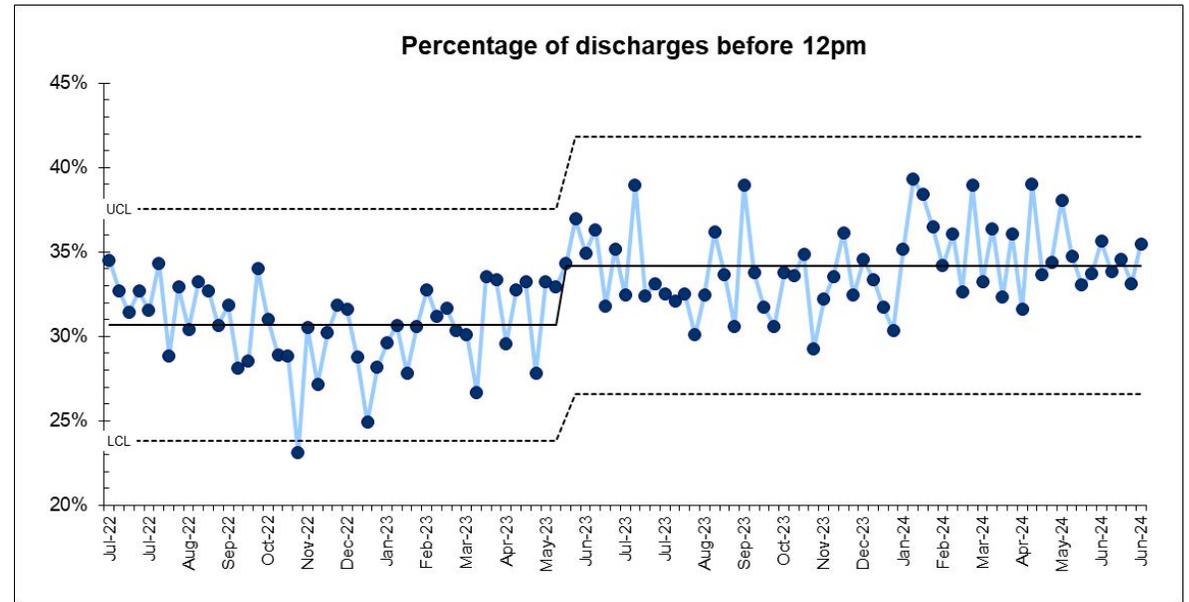
- Set expectation that all suitable patients will be discharged to the transit lounge
- Reviewed criteria and improved the transit lounge model



# Inpatient improvements



Increased utilisation of the discharge lounge



Approximately 2 more patients per ward leaving hospital before 12pm



# What did they do?

Improved streaming  
of care through the  
Emergency  
Department

## Short stay - four by morning tea

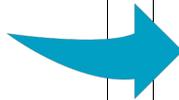
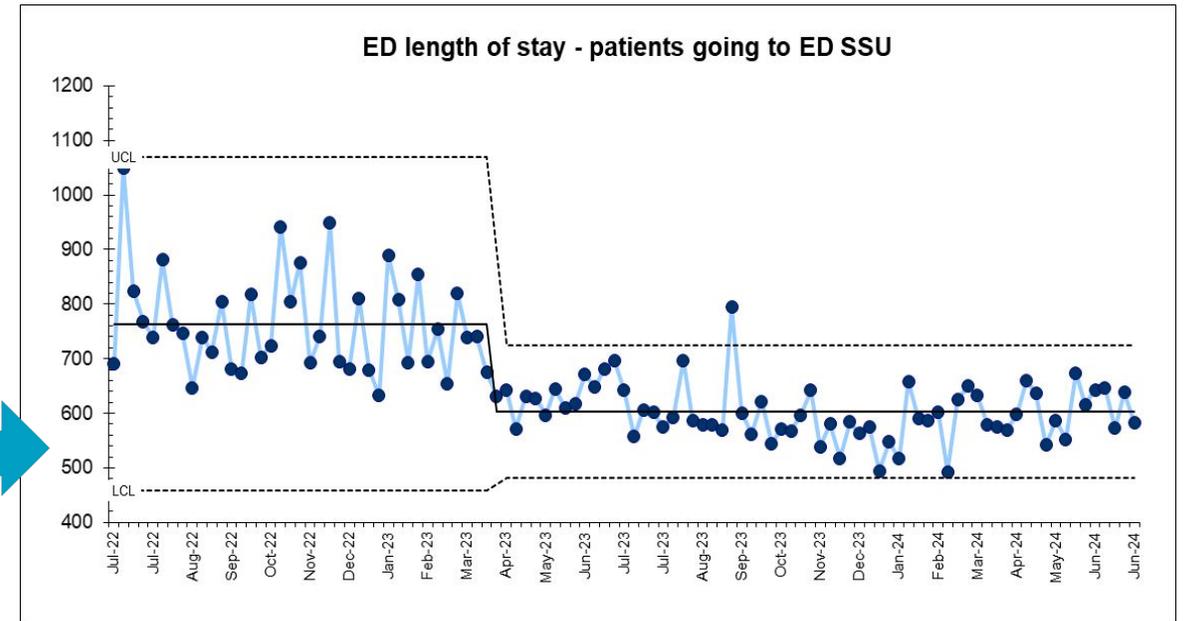
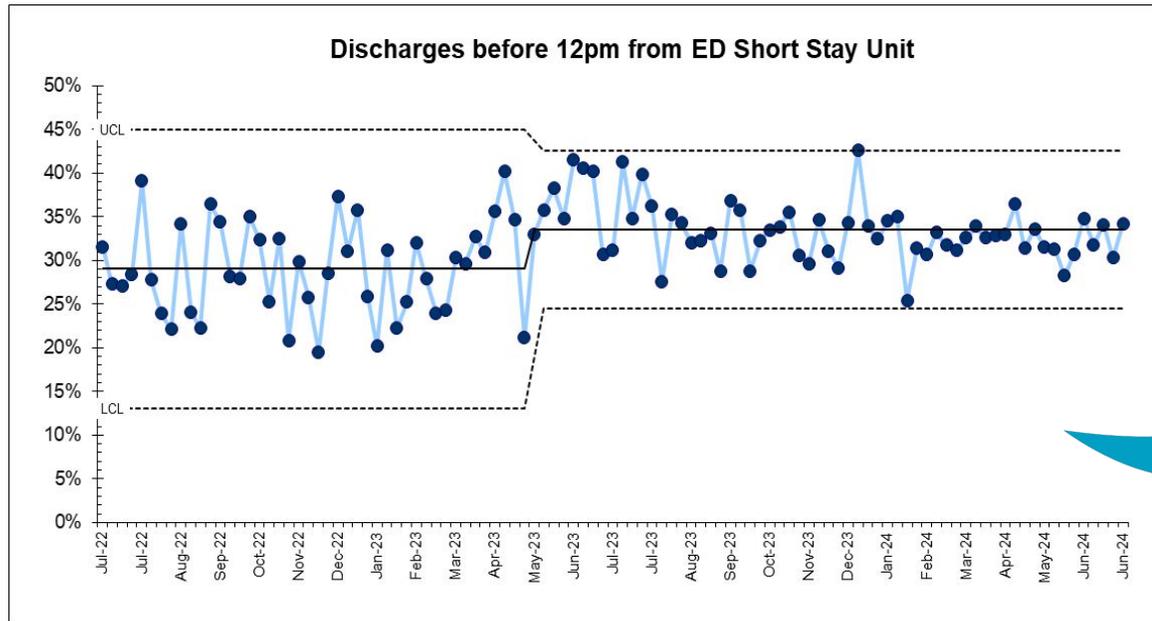
- Improved turnover of ED short stay
- Four patients admitted by 10am to 'decant' ED

## Fast track stream for non-admitted patients

- Refined non-admit / low complexity patient stream
- Protected this stream to avoid patients for admission blocking the non-admit flow



# ED Short Stay Unit improvements

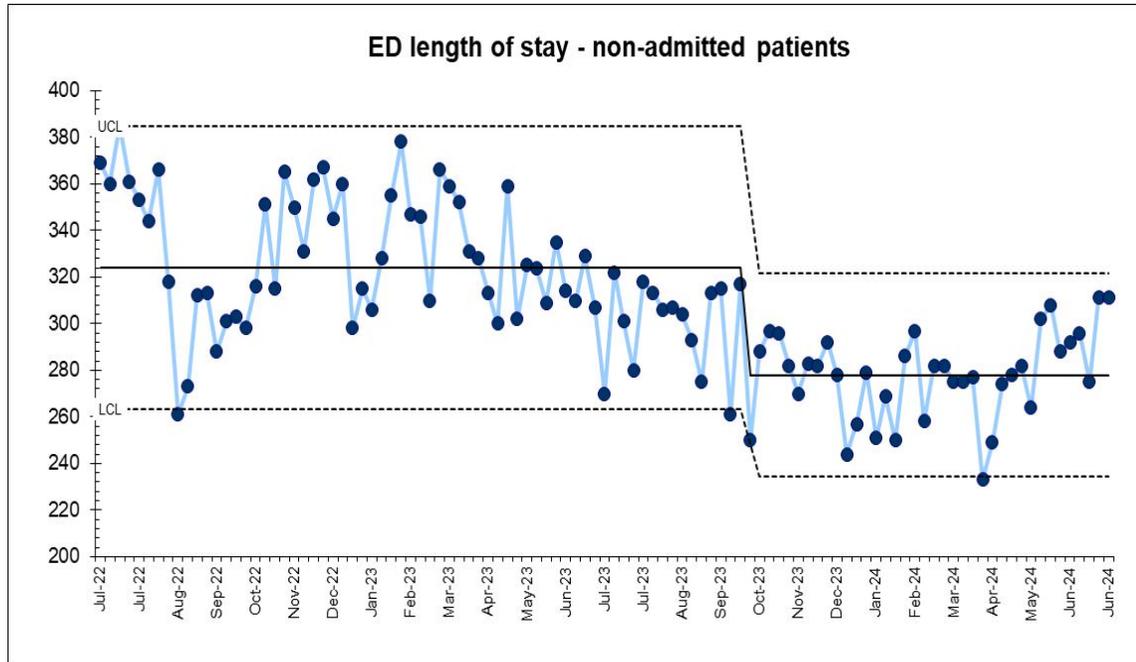


Improved turnover of ED short stay beds

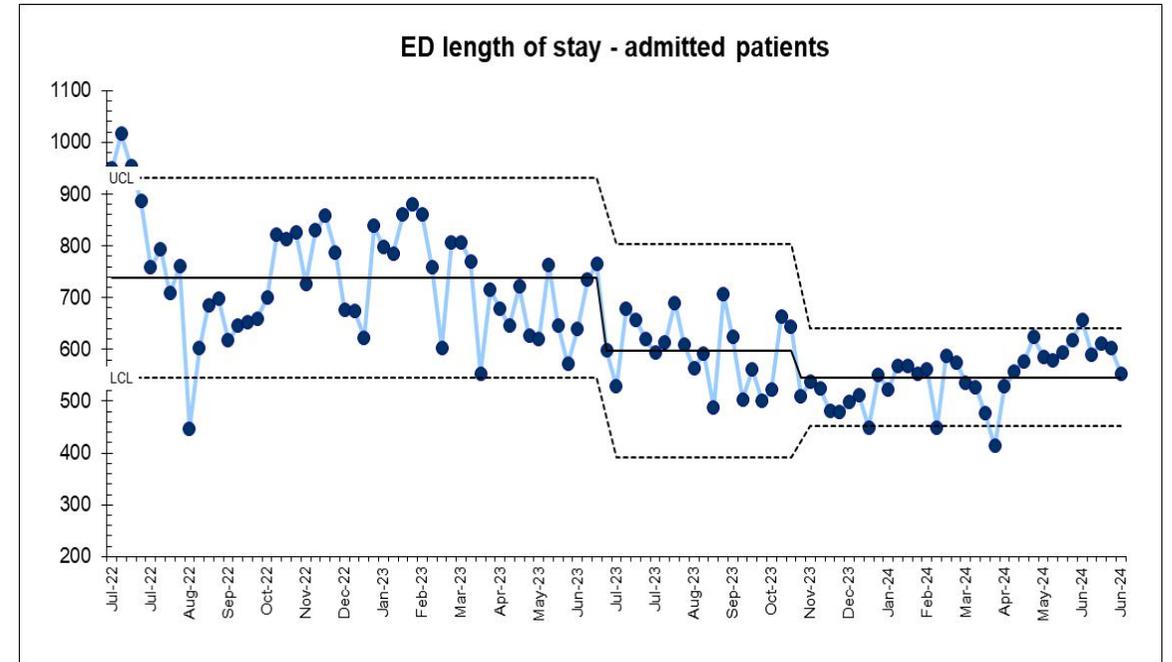
Patients waiting less time in ED for a short stay bed reducing pressure on the ED



# The impact on ED length of stay



Reduction in ED admitted non-admitted length of stay of **>45 minutes**.

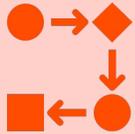


Reduction in ED admitted length of stay of **more than 3 hours!**



# The learning they shared

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Engage staff to see flow as a system (not just an ED problem)



Focus on high-impact changes that are co-designed and led by clinicians



Maintain communication about the improvement work at all levels of the organisation



Make sure new staff are oriented to organisational flow principles

# So now what?

- 1. A 15-month collaborative to build on TECC**  
14 hospitals
- 2. A collaborative focusing on acute care of older patients**  
13 hospitals
- 3. Three innovation focus areas**
  - 7-day patient flow (weekend discharges)
  - Innovating care at home
  - ED performance enhancements
- 4. Enhanced state-wide patient flow performance insights**



# Questions?

Please come to the IHI stand if you would like to know more about the work we are doing to improve hospital flow.

