

January 21, 2010

## Reducing Emergency Wait Times

### 'Flow Beds' at Alberta Children's Hospital

Last September the Alberta Children's Hospital (ACH) Emergency Department (ED) opened 'flow beds' — a transitional triage area where physicians can quickly assess children and determine the need for further treatment. The results were dramatic: During typical peak times in the past year, more than 200 children a day visited ACH's emergency department, waiting as long as eight hours. "During the busiest point of the H1N1 second wave, we were seeing about 315 patients each day, but on average the wait time was less than four hours," said Dr. David Chaulk, deputy chief of ACH Emergency. The reduced wait times were sustained after H1N1 subsided.

"We have very efficient processes for patients who are very acutely ill and for those with minor illnesses and injuries, like lacerations or broken bones, but we were finding that the patients who come in with middle acuity illnesses were having the longest wait times," said Dr. Chaulk. Youngsters are now spending less time waiting in beds that could be used for sicker patients. This also frees up nurses to tend to those with greater needs.

### QEII Hospital in Grande Prairie – Doubling trauma room capacity

When the QEII Hospital opened in 1984 its Emergency Department was built to handle 22,000 visits a year. The Grande Prairie ED now has more than 50,000 visits a year, a quarter of them trauma-related. Work has begun this month to expand the department and changes will be significant.

The project will double the number of trauma rooms to four and see the trauma area connected by a telestroke system to specialists around the province. The department will grow to 21 stretchers and include a five-bed clinical decision unit, where patients can be cared for without admission. All stretchers will be monitored and a proper urgent care area will be added. The department will also have a larger nursing station with improved privacy measures to protect patient confidentiality. Sight lines from the triage area to the waiting room will improve and the fast-track and urgent care areas will have dedicated space.

### Stollery Children's Hospital – Emergency Department expansion

Last August, funding was approved and work began on expanding and separating the emergency department shared by the University of Alberta Hospital and the Stollery Children's Hospital. In 2008/2009, the Stollery Children's Hospital had more than 24,000 visits to its emergency department – more than twice the annual 12,000 estimated visits when the hospital was officially opened in 2001. The project will increase emergency capacity in the Edmonton area to meet this higher volume of pediatric emergency visits.

The \$23M project involves expansion of the emergency department wing of the Walter C. Mackenzie Centre at the basement and ground floor levels to create 11 adult fast-track and 23 pediatric emergency treatment spaces. Ground excavation has begun and tenders have been issued.

## Rockyview General Hospital – Early diagnosis and treatment

Earlier diagnosis and treatment results in earlier discharge, which ultimately improves overall patient flow in the emergency departments. This is the concept behind a pilot project now underway at the Rockyview General Hospital in Calgary. The pilot involves joint care of a patient by an emergency medical technician and a registered nurse. The inter-disciplinary care team off-loads patients from EMS vehicles so ambulances can return to the road sooner, rather than waiting in the ED hallway for the patient to be admitted to the department. The addition of a registered nurse was critical: Augmenting the team with nursing staff means in-hospital diagnostics and treatment can begin sooner. This pilot project runs through June this year.

## Cold Lake Health Care Centre – Staff-led space planning

Congestion in the emergency department has been a problem in recent years, with patient activity increasing 274 per cent in five years to about 2,800 visits a month. “There were patients sitting in the hallways in the ED treatment area because the waiting room was full,” says Geneva Beck, Director of Community and Rural Hospitals, Northeast. Many of these patients don’t need emergency services; instead, they’re waiting for day surgery in a third-floor operating room. The ED was being used as a space for day surgery preparation and recovery. To improve patient flow, staff relocated day surgery patients to an underused area on the third floor. This has reduced the logjam, eased pressure on ED staff and freed up to five beds.

## Athabasca Anticoagulation Clinic – Partnership with Pharmacists

Work done outside of Emergency often plays a big role in reducing wait times within the department. Specially trained pharmacists like Cindy Jones of Athabasca, with the province’s anticoagulation management service clinic, educate Albertans with blood disorders about their disease and regularly monitor their use of the blood thinner Warfarin to prevent serious complications that require emergency care.

These clinics have been shown to improve patient outcomes while decreasing the visits to hospital emergency departments. “It’s a good use of (pharmacists) in terms of their full scope of practice and it makes sense in terms of solving some of the challenges that we have in health care,” says Gail Hufty, vice-president of Pharmacy Services for AHS.

## Northern Lights Healthcare Centre – Faster triage, more physicians

Staff, management and physicians at the Northern Lights Regional Health Centre have worked as a team to improve access, functionality and patient flow in the facility’s emergency department. “The implementation of a new triage system has increased access,” said Leona Hammond, manager of the emergency department. “One of the main changes was to ensure that a patient’s first contact, upon entering the emergency department, was with a triage nurse. This process was enhanced by the use of an electronic tracking system. A designated triage area was developed and an additional triage nurse was added.”

Compared to two years ago, the number of patients waiting more than 15 minutes to see a triage nurse has decreased by more than 30 per cent. And, the amount of patients waiting more than two hours to see a physician has decreased by 15 per cent. It wasn’t just the emergency department that made some changes to ease the pressure at the health centre.

“A bed utilization coordinator was hired to ensure the best use of beds in the health centre, which has helped tremendously with flow,” said Hammond.

Fifteen new family physicians have improved the number of people having access to a family doctor instead of visiting the emergency department. Another initiative – the hospitalist program – ensures all patients have a designated physician during their hospital stay.

## Misericordia Community Hospital – Linking Seniors + Home Care

Since December 10 last year, a Home Care co-ordinator has been part of the Misericordia ED to work with elderly patients and ascertain if a simple adjustment to their routines, care or medications could prevent repeat ED visits and allow them to stay where they are most comfortable. “We all prefer to be in our homes and we find that people have a better quality of life when they are able to remain in the community,” said Carleen Brenneis, the director of Transition Services, Seniors Health, Edmonton Zone.

In the past year, more than 9,000 seniors visited Misericordia’s Emergency Department. Provincially, seniors account for up to 20 per cent of all emergency department visits. They come in for various reasons – falls, digestive problems, circulatory issues, heart problems and diabetes are among the top complaints. Complications from conditions like these can affect their ability to live at home and often result in hospital admissions.

The addition of the co-ordinator last month has improved the level of care provided to elderly patients; especially in ensuring the safe discharge of patients and follow-up support once they are back home. “Sometimes a simple adjustment to a senior’s routines, care or medications will allow them to stay where they are most comfortable,” Brenneis said.