
2 May 2017

REPORT ON 2017 OPEN ACCESS BOARD ACTIVITY – “IF PATIENTS RAN OUR EMERGENCY DEPARTMENTS”

BACKGROUND

In order to support Board facilitated consumer and community consultation on significant Western Health projects and to comply with the DHHS open access board meeting guidelines for issuing a public invitation for discussion with the Board, it was agreed that one publically advertised meeting is held per year that aligns with an identified project/area of focus for community consultation.

With funding from Better Care Victoria to support system and process redesign that will enhance access and patient flow, we flagged emergency care related patient experience as our focus for the publically advertised open access meeting. The meeting was scheduled for April 2017.

As well as publicising the meeting in local newspapers (to meet DHHS requirement), the event flyer was sent to the members of the CDCAC (with a request to attend with additional consumer representatives), the people on the WH consumer register and our volunteers. A3 copies of the flyer were also put up in our emergency departments and sent to members of our Primary Care & Population Health Committee. The aim was for the full Board to attend this event which would also serve as an informative activity for Board awareness on the consumer perspective of emergency care.

STRATEGIC FIT

Open access board meetings aim to provide the public with an opportunity to participate in decision-making processes and to gain an understanding of the rationale, context and environment for board plans and decisions.

The 2017 open access board activity on improving the patient experience in our emergency departments was held on Wednesday 5 April between 5.30 – 7.30pm at the WCHRE. The event commenced in the WCHRE Atrium on the 1st floor.

PROMOTION

The open access event was:

- Advertised in the Weekly series of local papers to provide good coverage of the Western Health catchment.
- Promoted via engagement of CDCAC consumer members to attend and bring consumer representatives with them
- Promoted via personal invitations to:
 - Consumers on the WH Consumer Register
 - WH Volunteers
 - Members of the Primary Care & Population Health Committee
- Promoted via posters in our emergency departments

MEETING AGENDA

The agenda for the open access board meeting incorporated listening and consultation components. The agenda included:

- Informal discussion between attendees and Board Members over refreshments at the commencement of the event.
- An introduction by the Board Chair
- A presentation by the Chief Executive on care in our emergency departments
- Group discussions facilitated by Board Members on questions covering emotional support in the ED, communication about waiting times, what is important about ED care, and managing health & care following discharge from the ED
- General question and answer session



MEETING PRESENTATION

The following slides on care in WH's emergency departments were presented to attendees by the Chief Executive.




"If Patients ran our emergency departments"



Open Access Board Forum (5 April 2017)

Our Emergency Departments

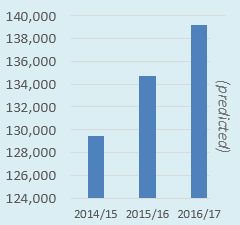
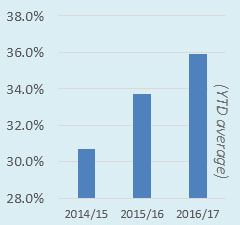
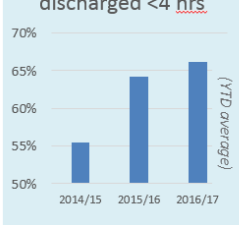
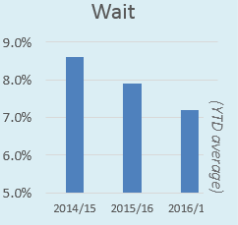
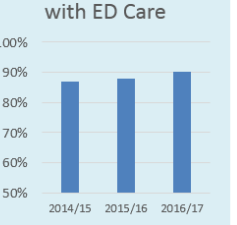


Footscray	Sunshine	Williamstown
		
Annual patient presentations = 39,000 <i>(based on predicted total 2016/17 activity)</i>	Annual patient presentations = 84,000 <i>(based on predicted total 2016/17 activity)</i>	Annual patient presentations = 16,000 <i>(based on predicted total 2016/17 activity)</i>

Key Messages

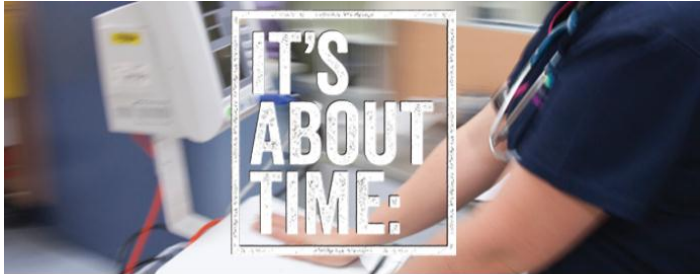
Key Messages cont ...



<p>Patients Presenting</p>  <p>Our emergency departments are busy and increasingly getting busier</p>	<p>Patients Admitted</p>  <p>More emergency department patients have conditions that require inpatient care</p>	<p>Patients discharged <4 hrs</p>  <p>We have made inroads into treating patients more quickly</p>	<p>Patients Failing to Wait</p>  <p>Fewer patients are leaving our emergency departments before they are seen</p>	<p>Patient Satisfaction with ED Care</p>  <p>Patient overall satisfaction with overall care remains positive <small>(source: Victorian Health Experience Monitor Oct-Dec)</small></p>
---	---	---	--	---

DESPITE THIS

This performance has been supported by ...



Clinicians, senior managers and executives right across our health service working together to look at how we support and improve patient flow.

This has included reviewing the literature and experiences of other health services, and talking to patients and staff to find and implement solutions to reduce waiting times for our patients.

...we want to do better

for our patients, for our community, for our staff

We want to provide best care for every patient seeking emergency care, every time.

This means providing care that is:

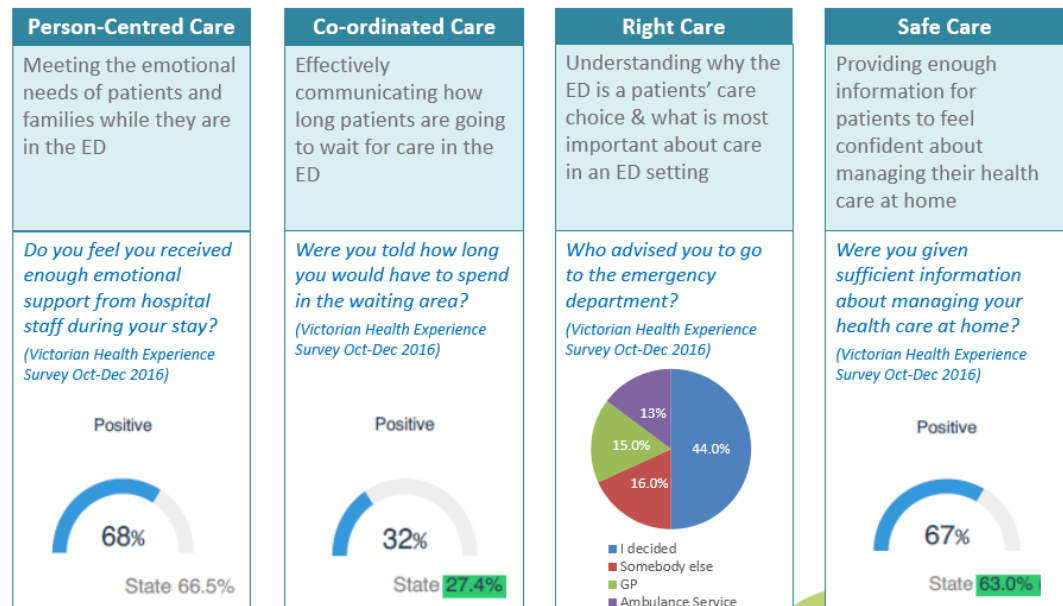
- person-centred (“I am seen & treated as a person”)
- Co-ordinated (“I receive help, treatment & information when I need it & in a co-ordinated way”)
- Right (“I receive care that makes me feel better”)
- Safe (“I feel safe”)



However ...

Patient Informed Focus Areas

Patient feedback tells us that we can do better in the following areas:



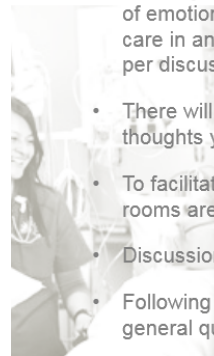
Patient Informed Focus Areas



To address some of these themes we are currently working on a number of initiatives, including:

- A strategy to provide a large LCD screen providing estimated waiting times & communication in several different languages in relation to frequently asked questions at triage & inviting patients to approach the Triage desk with concerns
- Providing a GP Booking Kiosk in the waiting room to allow patients alternatives for their care
- Reviewing how Volunteers can best support patients and families in the emergency departments
- Developing elderly friendly spaces within the emergency department at Footscray Hospital
- Providing magazines and books for patients/families to read during their emergency stay
- With the support of Better Care Victoria, looking at new ways to remove barriers to care and management in the emergency department, with the patient journey and experience being the main focus

Discussion Groups



- Please join Board Members for a discussion on the themes of emotional support, effective waiting time communication, care in an ED setting and discharge information (one topic per discussion group)
- There will also be an opportunity for you to share any other thoughts you have on care in the emergency department
- To facilitate discussions, four rooms are provided. These rooms are in the corridor to the right as you leave this room.
- Discussions are to conclude just after 7pm.
- Following discussions, please return to this room for a general question and answer session.

MEETING ATTENDANCE



Fifty-nine people attended the event. The breakdown of attendees was as follows:

- Consumers – 30 (including 4 from community groups)
- WH Board Members – 8
- WH Staff Members – 21 (including 6 ED representatives)

The number of consumers attending was reasonable, however the majority were attracted from invitation via the WH Consumer Register. As has historically been the case, little interest was attracted via promotion in local newspapers and promotion in WH patient care areas. Interestingly, in general conversations

with WH staff prior to the forum, several noted that their relatives living in the West had noticed the flyer in the local papers.

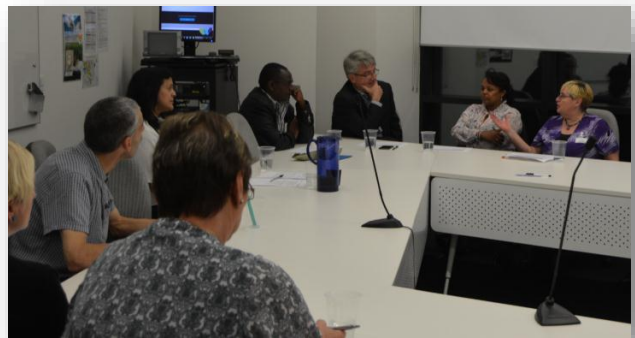
The majority of CDCAC members attended the forum, however only 2 members brought requested additional consumer/community representatives with them.

GROUP DISCUSSION

The following is a summary of the group discussion covering emotional support in the ED, communication about waiting times, what is important about ED care, and managing health & care following discharge from the ED. The themes include additional comments in the feedback surveys completed on the night.

Person-Centred Care: *Coming to an emergency department can be quite frightening for patients and families. Besides the anxiety that comes with feeling unwell or being injured EDs are busy, unfamiliar places which can add to the unease about seeking healthcare ...*

- *If we were providing good emotional support for patients and their families in the emergency department, what would this look like?*
- *What is the single biggest way we could improve emotional support for patients and families in the emergency department?*



Responses to these questions can be summarised under the following headings:

- **Patients with disability** ... the importance of seeing the person in the patient with a disability was highlighted. Staff can have a negative attitude regarding quality of life for patients with a disability and make assumptions about their needs. It is important for staff to talk to the person, not a patient with a disability. Increasing education to staff on patients with disabilities was suggested as a way to improve emotional support in the emergency department setting.
- **Cultural diversity** ... accessibility of language services for those with English as a second language was noted to be a challenge, particularly after hours, with family members often being used as interpreters. A challenge was also noted with the culture of patients born outside Australia of attending hospital for non emergency health issues. There is a view that if you go to hospital, you get better care. It was suggested that staff need to adjust for patients with English as a second language, checking in with the patient that they have understood the conversation and decreasing/eliminating the use of acronyms and medical jargon. It was suggested that increasing the cultural diversity of our volunteer program would be of benefit, so the community can 'see themselves reflected'.
- **Mental Health patients** ... the challenge of providing timely care for mental health patients when we don't control inpatient beds within WH was noted. Improving co-ordination between WH and Werribee Mercy and Melbourne Health mental health services was suggested. Having a separate mental health entrance/waiting area was also suggested as a method of improving emotional support for this patient group and others attending the emergency departments.
- **Communicating with empathy** ... the importance of creating a culture where the patient experience of presenting to the emergency department is going to be easy, pleasant and helpful was highlighted. The impersonal nature of the triage set up was noted, with staff behind screens and a perception of patients being ignored while staff are 'chatting' behind the screen. The lack of privacy as to the communication of

details of presenting health issues at the triage desk was also noted. Inconsistency between staff / shifts of talking to patients with courtesy, kindness, empathy and respect was highlighted. A focus on good customer training for staff and recruitment that focuses on emotional intelligence as well as clinical skills were suggestions for improving emotional support for patients and families. Incorporating a process for a nurse to 'vet' the queue was raised as a more personal and efficient approach to triage that would remove the 'staff behind the screen' concern.



Co-ordinated Care: *Patients and families often tell us they understand that they may have to wait a long time in the emergency department. What they find frustrating is that they are not told how long they will have to wait ...*

- *What could we do to better communicate waiting times in the emergency department?*
- *Apart from providing information about waiting times, what could we do to make the waiting period more tolerable for patients and families?*

Responses to these questions can be summarised under the following headings:

Communication ... receiving information on the reason for delays was highlighted as important to patients and families. This includes delays following the decision to admit. As patients are unable to see what happens beyond the waiting room, they make assumptions on how busy the ED is and the level of acuity of patients seen coming through the entrance. The adequacy of signage to direct patients to the emergency department at Footscray from different points of entry to the hospital was questioned.

Care ... receiving information on a patient's diagnosis as soon as possible was highlighted as important to patients and families, as well as being asked how you are while in the waiting room. It was queried whether basic clinical care could commence in the waiting areas. The use of cubicles as an 'alternate waiting area' was raised, with attendees noting that cubicles are sometimes occupied by patients who are not receiving treatment. The presence of doctors at the 'front of house' was also raised as a way to alleviate patient concerns.

Environment ... the capacity for different design for a comfortable wait for long stayers in the waiting room was queried, with the use of recliner chair raised (including for those patients awaiting inpatient beds). Having Wi-Fi access, reading material and access to (healthy) refreshments was also raised. It was suggested that a mobile tea/coffee & biscuit car in the EDs run by volunteers would be of benefit. Identifying alternate waiting areas for patients with behavioural concerns was also suggested. It was noted that a business case for Sunshine Hospital redevelopment has been put forward to Government.

Right Care: *Patients come in to the emergency department for a huge range of healthcare needs. It helps us to provide the best care possible if we understand why patients choose to seek care in an emergency department setting ...*

- *What do you think contributes to a patient's decision to come to the emergency department, rather than seeking care from other health care services in the community?*
- *What is most important to patients with regards to their care when they come to an emergency department?*



Responses to these questions can be summarised as follows:

Decision to come to the ED ... although the decision to come to the ED may be informed by convenience, lack of access to GPs and lack of knowledge and information, the ED representative on this group expressed the view that the vast majority of attendees appropriately come to an emergency department for care. Depending on the site, the total triage category 1-3 (requiring treatment within target 30 minutes) can now approach 60%. This is a significant increase on what was the case in the past. It suggests a higher proportion of sicker patients.

A range of factors informing presentation at an emergency department were shared by attendees and included:

Out of hours care: Time of day – lack of access to GPs; May feel unable to wait until the next day; After hours doctor may take a long time; May be a time convenience issue; Fear of overnight waiting – uncertainty what if?

Cultural factors: Multi-cultural concern – feel safe at hospital; Family/peer advice; Migrants may lack knowledge and information

Specialist care: Access to equipment & care at hospital; May be fearful for their lives; Access to better treatments/Drugs in hospital; GP practice may advise them to go if signs and symptoms appear; May be sent by GPs; Patient dis-satisfaction with GPs decision / treatment / advice, come to ED for second opinion; Nursing home calling aged care provider to send to EDs – IRS, Aged Care Nurses; GPs not suturing/managing minor injuries as much as previously - ? lacking confidence; For specialist opinion / treatment – less interventions; GPs challenged navigating the hospital systems to get to specialist Doctor; GPs unable to access health information about patient – held by hospital

Cost: Cost issue – may not bulk bill at GPs

Lack of knowledge/options: Inadequate promotion of alternative services; Chronic disease management options within the community may be inadequate

It was noted that the GP booking option highlighted in the pre-discussion presentation could be a good alternative to ED care. It was noted that implementing a GP clinic in the ED is problematic due to funding guidelines but we are still working on how we can work with private providers to support emergency care.

What is important to patients? ... attendees shared the following points about what is most important to patients about their care in an emergency department:

- Pain relief
- Waiting time information – upfront and updated
- Diagnosis/prognosis
- Consistency of care - minimal variation about what happens during the day and what happens in the evening and one weekends
- Reassurance – feeling safe
- Early intervention – ongoing contact and information
- Feeling cared for
- Good communication – listened to / informed
- Only have to tell story once
- Lay language – information they understand
- Empathy from front of house staff – expression of concern

Several of the above points were raised as discussion points in the other groups. It was suggested that Volunteers could potentially have a stronger/more defined role in providing support for patients waiting in the emergency department, including providing information on health promotion ... perhaps applying the Patient Information Centre concept to the emergency department setting.

Safe Care: *While patients are in the emergency department, they receive care from health professionals. Often, when they are discharged from this care, patients and families can feel anxious about looking after their health at home ...*



- *What information do you think is most important to patients and carers about managing their health and care at home?*
- *What could we do to improve the information we provide to patients and carers about managing their health and care at home?*

Responses to these questions can be summarised under the following headings:

Communication ... communicating directly and honestly was viewed as solving the majority of problems. It was queried whether there are opportunities for nurses to provide information rather than doctors. Communication was also noted as important to help patients and families get a better understanding of what creates the delay between discharge being ‘granted’, and discharge happening. Clarity on when it is appropriate for patients to be admitted to hospital was also cited as of benefit.

Written information ... it was noted that on occasion, time works against staff being able to provide written information. Basic written care plan / care information would be of benefit however as verbal information is often forgotten by the time patients get home. It could be useful to explore information packs collated by volunteers (as happens in DPU).

Contact details ... it was noted that one of the most useful pieces of information is a contact number / details for any queries/concerns following discharge from the emergency department. It was suggested that an “on-call” contact person for queries would be of benefit.

Assessment of at risk patients ... the importance of “at risk” patients being assessed for safety before being discharged home was highlighted, noting that current care co-ordinators are currently only available until 8.30pm. The challenge of appropriately managing people who present at an ED and have no-one to go home to was raised.

Cost ... the need for more sensitivity around communicating cost for non-medicare care holders was highlighted, as well as sensitivity to Centrelink implications.

It was noted that the EMR should support improved discharge planning.

ATTENDEE FEEDBACK



Attendees were invited to complete an evaluation questionnaire before leaving the meeting.

28 attendees completed the questionnaire. This included 22 consumers, 2 community organisation representatives, and 4 staff.

There was a positive response on the value of the meeting as demonstrated by the following results:

- 28/28 (100%) of respondents thought the focus of the meeting on care in WH's emergency departments was good or excellent
- 26/28 (93%) of respondents felt that the way the meeting was structured (presentation, group discussions, general Q&A) was good or excellent.

- 26/28 (93%) of respondents rated their opportunity to contribute to discussions or share their thoughts as good or excellent
- 26/28 (93%) of respondents felt that the time of the day we held the meeting was good or excellent
- 28/28 (100%) of respondents felt that the venue we used was good or excellent.

The surveys included a section on comments or suggestions on how we can keep consumers and the community informed about activity and improvements to care and service delivery in WH's Emergency Departments.

The following were suggested:

- Twitter/facebook
- Provide updates in local media and newspaper and webpage
- More use of local papers
- More use of key people in the community to spread information
- Have information available in local GP waiting rooms, specialist rooms, WH EDs
- Use CDCAC membership to support messaging in the community

Author of paper:

Alison Rule, Director Corporate Governance and Planning