Emergency Department Audit

Introduction

On 1 July 2015, the Tasmanian Government established the Tasmanian Health Service (THS) by amalgamating the three Tasmanian Health Organisations (North, North West and South), which prior to 2012 were themselves part of the Department of Health and Human Services (DHHS). The establishment of a single state-wide delivery structure was to improve the coordination of services and reduce duplication in both administrative overheads and clinical support services. In late 2017, the government announced further changes to the structure of THS with the public hospital managers now able to directly consult with DHHS.

THS is governed by the *Tasmanian Health Organisations Act 2011* and is responsible for delivering integrated services that maintain and improve the health and wellbeing of Tasmanians in accordance with the Service Agreement (Agreement) between the Minister for Health and THS.

As part of integrated service delivery, THS operates four major public hospitals:

- Royal Hobart Hospital - principal tertiary referral hospital for residents of southern Tasmania which also provides a number of state-wide services
- Launceston General Hospital - principal referral hospital for the north and north west of Tasmania which also provides a number of tertiary services for residents of those areas
- North West Regional Hospital, Burnie - provides acute general hospital services for residents in the north west of Tasmania
- Mersey Community Hospital, Latrobe - provides a mix of general hospital services for residents in the north west of Tasmania.

Sub-acute inpatient care is provided at the major hospitals and through a network of rural hospitals (including multi-purpose services and multipurpose centres).

Emergency Department (ED) care is provided at each of these hospitals. An ED, as defined by the Australasian College for Emergency Medicine (ACEM), is:

> …a dedicated area in a hospital that is organised and administered to provide a high standard of emergency care to people in the community who perceive the need for, or are in need of, acute or urgent care including hospital admission.

Emergency care is also provided by a range of providers, such as rural health facilities, general practice, community based providers and ambulance services.

An ED functions to assess, diagnose and treat patients who suffer from an acute serious illness or injury that would lead to severe complications if not treated promptly. It also functions to rule out patients from further treatment in the ED as not every patient has an acute, serious condition/injury. Patients are treated in order of clinical priority with those

patients requiring urgent attention seen first. Following treatment in the ED, the patient is moved to an appropriate setting for ongoing management.

EDs are a key component of Tasmania's four major hospitals and they impact significantly on the healthcare of Tasmanians. The Tasmanian community expects that government decisions regarding the design and delivery of emergency care (and the wider health system) will ensure that patients receive high quality emergency care now and in the future.

DHHS as the purchaser of health services from THS under the Agreement, is responsible for maintaining the Agreement and for providing recommendations to the Minister for Health on changes to the Agreement. As purchaser and system manager, it is the responsibility of DHHS to ensure THS's performance against the requirements of the Agreement is monitored and managed. Performance measures include:

- Percentage of all ED presentations seen within recommended times
- Percentage of all ED presentations who do not wait to be seen
- Percentage of all emergency patients with an ED length of stay less than four hours
- Percentage of patients admitted through the ED with a length of stay less than 8 hours
- Percentage of all ED patients with an ED length of stay less than 24 hours.

DHHS was provided $41.46b in 2016-17 to fund THS through the purchase of services under the Agreement, of which $119.5m is for ED services.

Pressure on our EDs is increasing and the media frequently reports on:

- increasing periods of high demand leading to higher level hospital escalations
- a pattern of increased mental health presentations
- increased ambulance ramping
- long waiting times for patients to be treated
- persistent hospital access (bed) block and patient flow issues
- overcrowding leading to an increased risk of negative patient outcomes
- insufficient staff, including support services, to provide patient care
- pressure on staff impacting their ability to effectively provide clinical care
- frequent security warnings and attacks on staff
- concerns over governance structures and leadership effectiveness
- questions over the physical capacity of the facilities to meet demand.

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Audit objective

The objective of the audit is to assess the performance of EDs in Tasmania's four major hospitals and to express an express an opinion on whether the EDs and performing efficiently and effectively.

The Parliamentary Standing Committee of Public Accounts also requested that this audit consider:

- the occurrence and frequency of ambulance ramping affecting access to ED service
- factors causing bed blockage in inpatient areas, such as patients awaiting aged care beds.

Audit scope

The scope of the audit is the EDs of the four major hospitals in Tasmania. Data and information will be considered for the period 1 July 2013 to 30 June 2018.

State entities that will be included within the scope of the audit are:

- THS
- DHHS
- Ambulance Tasmania.

Audit Criteria

This audit is being conducted from the perspective of ED patients on their journey through the ED process.

The first three audit criteria have therefore been developed to reflect the questions a patient may ask during the three distinct phases within the ED care pathway — arrival at the ED, clinical treatment and discharge. The audit will assess the performance of the four EDs within each of these phases against established key performance measures. The audit will also examine whether THS has addressed findings or implemented recommendations arising from previous reviews of the EDs to improve the efficiency and effectiveness of emergency medical care.

The fourth audit criterion is to evaluate whether THS is effectively managing EDs.

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Criteria	This will cover
1. What happens when I arrive at the ED?	• Presentations (sources of referral) • Triage • Ambulance arrivals and ramping • Waiting times • Routine and demand (surge) management o Performance measures, such as: o time from arrival to the commencement of triage o time from the start to the end of triage o time to treatment by triage category o ambulance offload delays o number of occasions when ED and hospital escalation plans were activated to support peak periods of demand o analysis to understand the underlying causes of escalation plan activation (for example, growth in ED presentations, downstream system delays) o numbers of patients who leave the ED without being treated.
2. Will I get proper care?	• Factors impacting on patient care including: o health workforce o specialist services availability o ED facilities and resources o communication systems o information systems • Measures of clinical care quality or performance, including: o waiting time for treatment by triage category o ED patient total length of stay

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Criteria	This will cover
	o National Emergency Access Target (4 hour) o other length of stay targets for admitted and non-admitted patients o time to transfer of care o time to specialty consult/review o time to transfer to an inpatient unit o patient outcomes o adverse events in the ED, patient incidents and complaints.
3. What happens after I have received ED care?	• Discharge from ED • Admission to an appropriate ward/unit • Short stay units • Bed management, patient flow and the impact of access block on the function of the ED • Measures of performance, such as: o unplanned return visits o delays in discharge process to community facilities, mental health facilities or home o delays in inter-hospital transfers o times between bed requests, beds becoming available and transfers to beds o information provision by patients and General Practitioners
4. Is THS managing EDs effectively?	• Governance (culture, leadership, direction, strategy) • Accountability for performance • Escalation processes • Clinical redesign and models of care • Complaint management

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Criteria	This will cover
	• Monitoring and management reporting systems • Progress made on implementing the recommendations of previous reports • ED physical environment • ED role in training and education of staff