Emergency Medicine Programme

IAEM Update

October 2011

EMERGENCY

Working through and beyond ED overcrowding.

Monday 14th November 2011,

Royal College of Surgeons in Ireland

ED Overcrowding in Canada and the UK – Lessons Learned
- Prof Michael Schull
- Mr Stephen Duncan
- Dr Martin Connor

Innovative and Effective Practice in Irish Emergency Medicine
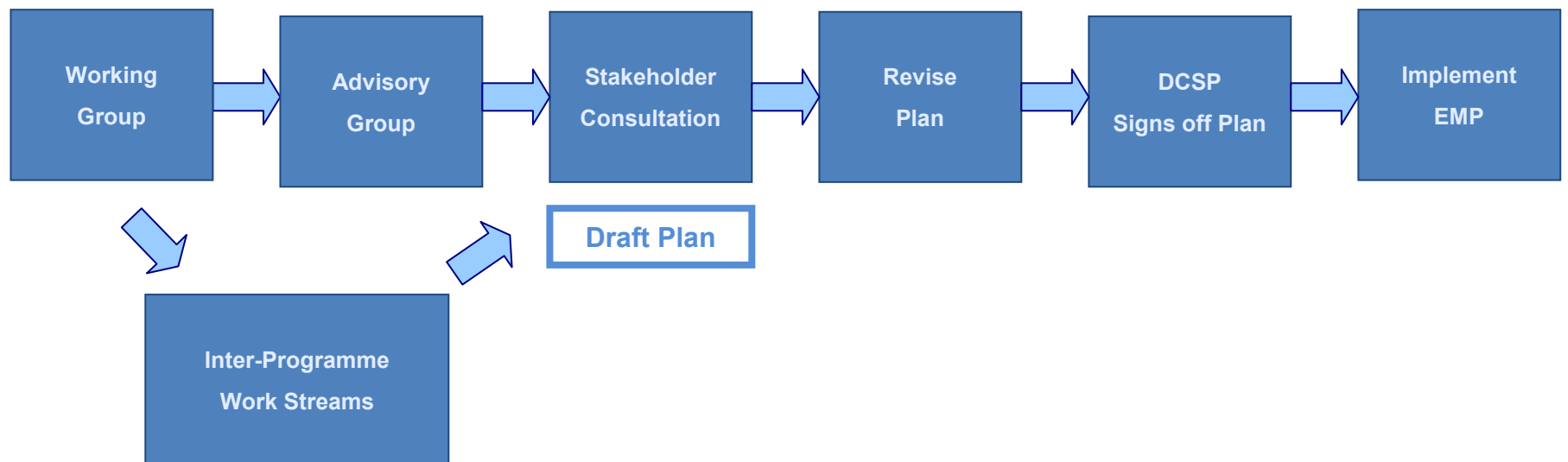- Consultants in EM from Ireland

What's new?

Recent developments:

- Support for Programmes by new Minister

- Uncertainty across health service

- Special Delivery Unit

- Strategy for small hospitals

- EMP: Programme manager; Emergency Nursing Interest Group; moving to implementation

What's not new?
- ED overcrowding
- NCHD shortage
- NCHD suppression & Contract Issues
- HSE 'capability' and team
- Lack of funding

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Time Line for EMP Report

| Working Group | → | Advisory Group | → | Stakeholder Consultation | → | Revise Plan | → | DCSP Signs off Plan | → | Implement EMP |

Inter-Programme Work Streams

Draft Plan

Emergency Medicine Programme

EMP – what's imminent

EMP First Steps

SDU approach integrated with EMP (& AMP) – sitrep/real-time data/feedback from EDs

Management focus on Total ED Time & systems-wide initiatives

ED Management Team meeting – Clinical Operational Group / Network COG/
? Hospital Unscheduled Care Governance Group

EMP Implementation team in each ED
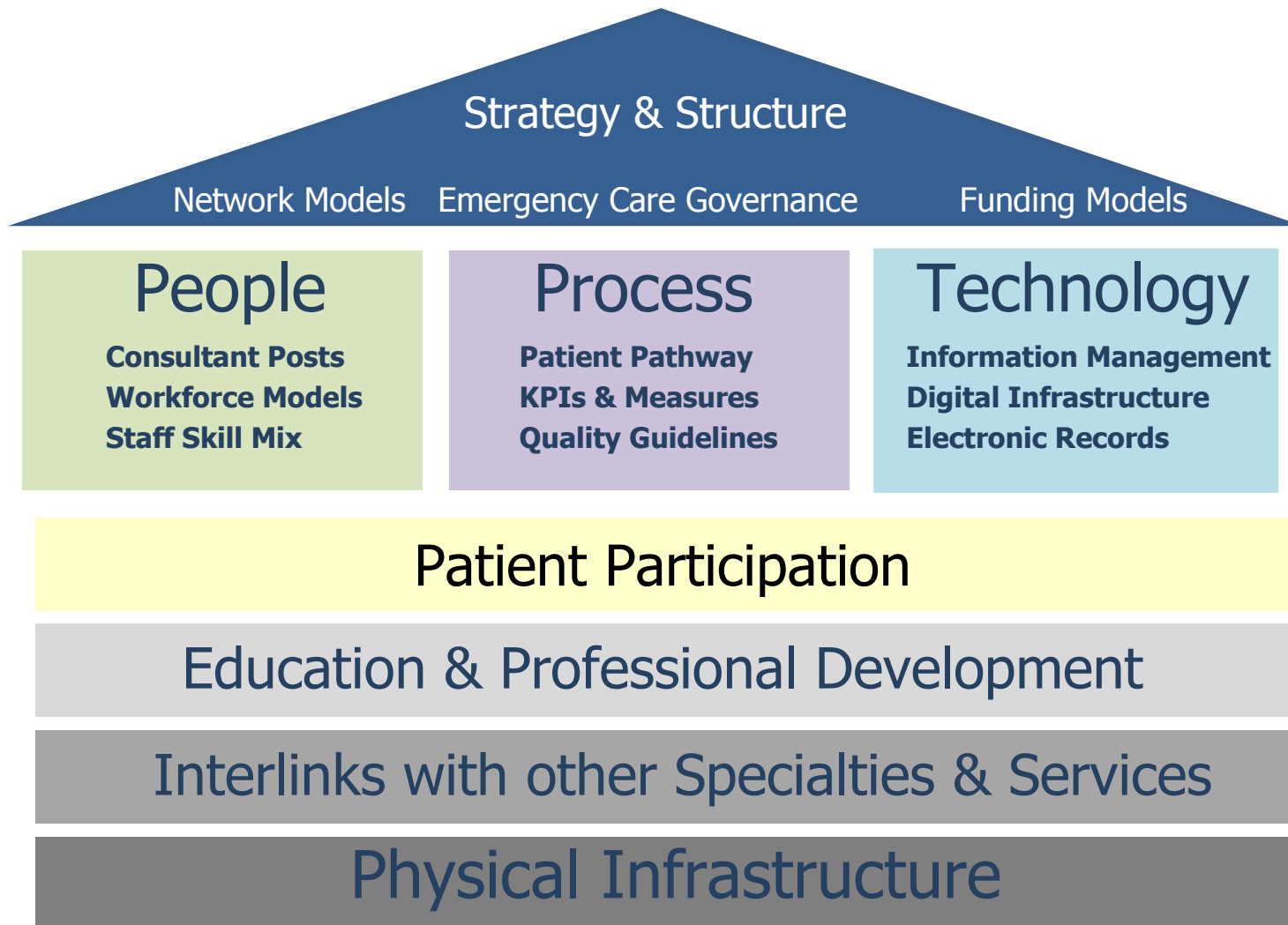
ICT Development

New posts

Clinical Guidelines

EMP website

ED Staffing and Infrastructure surey 2011

EMERGENCY

What is the Emergency Medicine Programme?

A Programme to improve quality, access and cost in Emergency Medicine in Ireland.
It identifies changes across all elements of the care model to transform the service:

Strategy & Structure

Network Models   Emergency Care Governance   Funding Models

People
Consultant Posts
Workforce Models
Staff Skill Mix

Process
Patient Pathway
KPIs & Measures
Quality Guidelines

Technology
Information Management
Digital Infrastructure
Electronic Records

Patient Participation

Education & Professional Development

Interlinks with other Specialties & Services

Physical Infrastructure

EMP implementation workstreams

The recommendations of the programmes have been grouped by type of change activity and organised into a number of sub programme workstreams that will become the elements in the implementation plan.
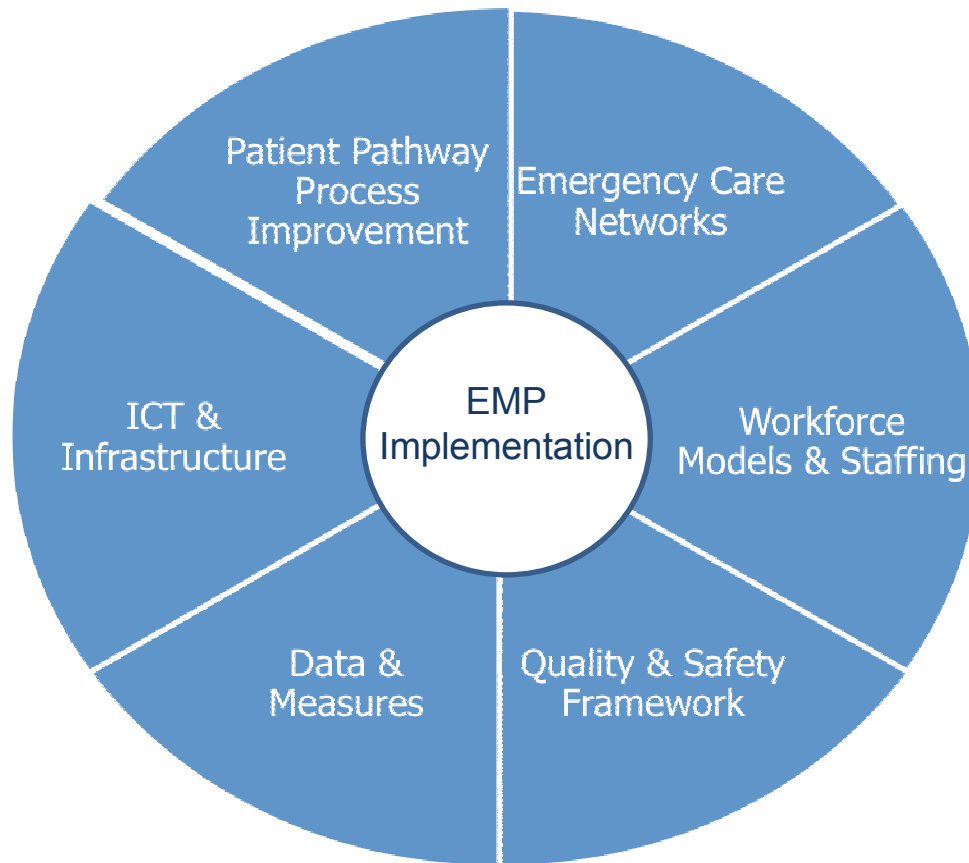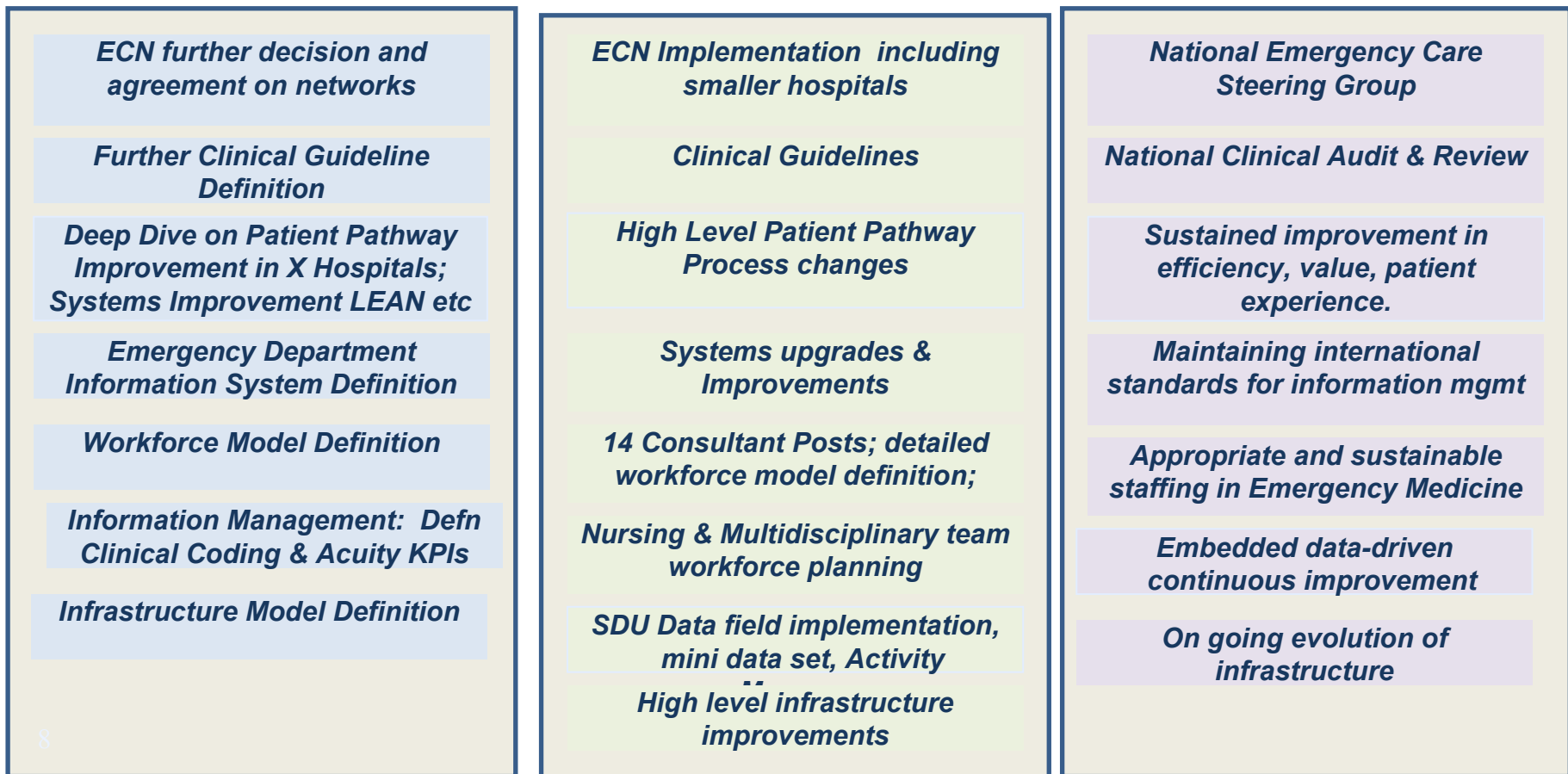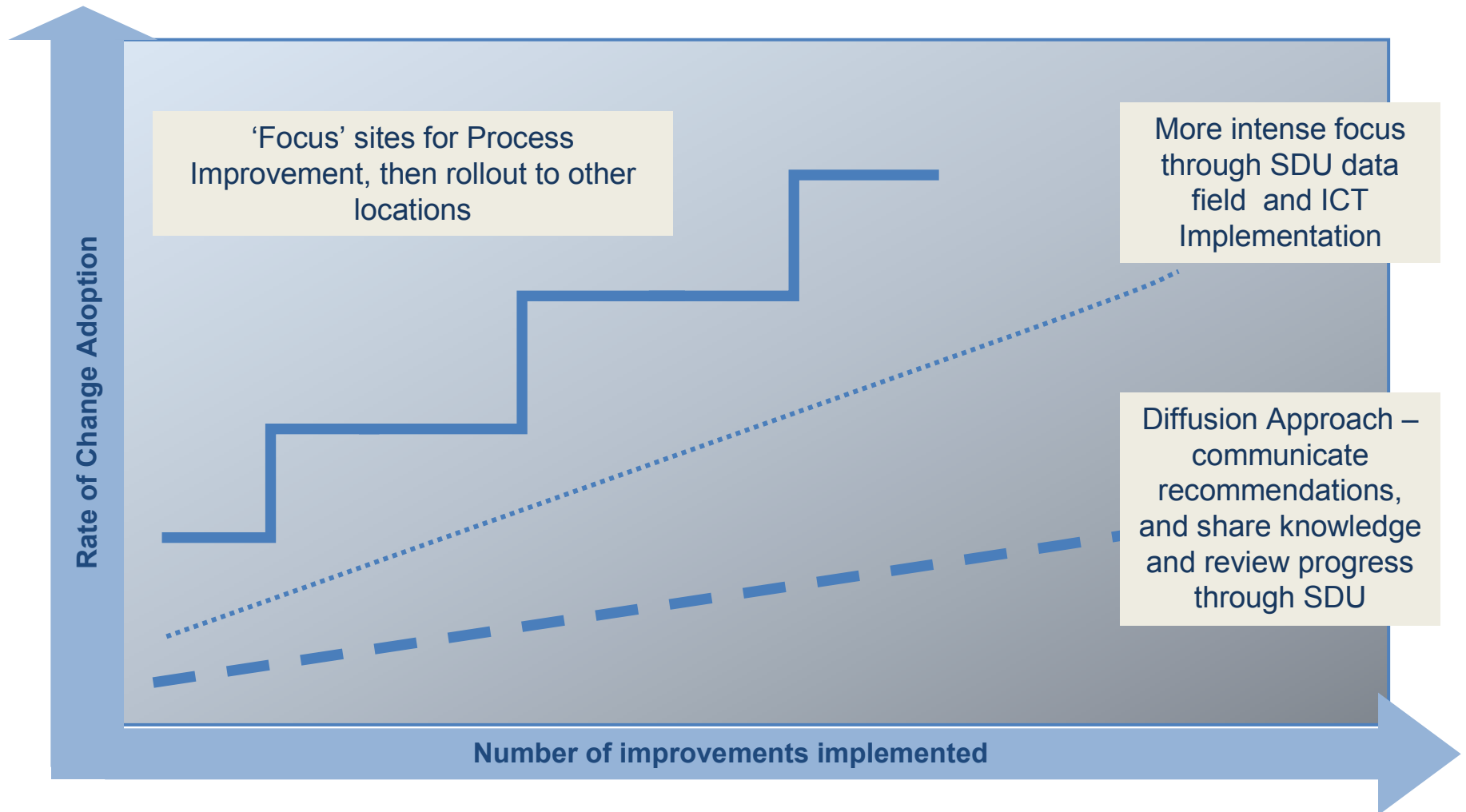
Methodology to Transforming Emergency Care

Phase 1 – Analysis & Recommendations → **Phase 2 – Change Implementation** → **Phase 3 – Sustaining Change & Continuous Improvement**

Planned activities for Quarter 4 2011

Phase 1	Phase 2	Phase 3
ECN further decision and agreement on networks	**ECN Implementation including smaller hospitals**	**National Emergency Care Steering Group**
Further Clinical Guideline Definition	**Clinical Guidelines**	**National Clinical Audit & Review**
Deep Dive on Patient Pathway Improvement in X Hospitals; Systems Improvement LEAN etc	**High Level Patient Pathway Process changes**	**Sustained improvement in efficiency, value, patient experience.**
Emergency Department Information System Definition	**Systems upgrades & Improvements**	**Maintaining international standards for information mgmt**
Workforce Model Definition	**14 Consultant Posts; detailed workforce model definition;**	**Appropriate and sustainable staffing in Emergency Medicine**
Information Management: Defn Clinical Coding & Acuity KPIs	**Nursing & Multidisciplinary team workforce planning**	**Embedded data-driven continuous improvement**
Infrastructure Model Definition	**SDU Data field implementation, mini data set, Activity**	**On going evolution of infrastructure**
	High level infrastructure improvements	

Parallel Tracks for Adoption of Recommendations for Patient Pathway

Rate of Change Adoption

Number of improvements implemented

'Focus' sites for Process Improvement, then rollout to other locations

More intense focus through SDU data field and ICT Implementation

Diffusion Approach – communicate recommendations, and share knowledge and review progress through SDU

ED Implementation Team

- Implementation coordinators nominated at all sites (e.g. CNM2, CNM3, Business Manager or equivalent)

- Works with Consultant in EM Lead

- Links in to Hospital Operational Group through COG

- Links to EMP Working Group / ENIG

Programme Risks & Issues

- Timeline for change
- HSE in flux
- Loading-on workload on ED teams
  - Moratorium
  - January NCHD handover
  - EMP WG members' time

- Scale of change
  - Number of other Change Programmes
  - SDU priorities
  - Interdependencies with AMP & Primary Care

- Progress on core issues important to ED
  - Trolley waits
  - Recruitment
- Buy-in from rest of hospital
  - Engagement with hospital CEOs
- Funding & uncertainty on funding