



PERFECTING HEALTHCARE  
DELIVERY

# The Maggie Program

*It's time for a better system*

## **MATER MISERICORDIAE HOSPITAL EMERGENCY DEPARTMENT PROJECT**

### **Why did we conduct this project?**

Similar to other emergency departments, some patients were experiencing long delays and staff were feeling disempowered and frustrated with complex work processes.

### **About the process**

The Emergency Department was the first unit at the Mater Hospital to review its systems using The Maggie Program methodology.

The project began in July 2003 with a 12 week diagnostic and solution design process.

During this time, a range of analysis activities were undertaken to understand the issues affecting ED patients and staff. These activities included interviews with staff and patients, process mapping sessions, patient tag-alongs, data analysis, and review of external reports and internal reports and surveys.

Once the issues had been identified, multidisciplinary working parties were formed to examine the key problem areas. More than 35 people, including consumer representatives, worked together to design a set of solutions to address the issues and achieve the project objective of improving the patient's journey through the ED by:

- focusing on providing patient centred care
- further improving the quality of service provided
- improving patient satisfaction
- improving staff satisfaction

To ensure the project remained truly patient focused and that patients like 'Maggie' were considered throughout the entire process, the project team and working parties continually came back to the question 'what is best for the patient?'.

The majority of solution recommendations have been implemented.

It is important to note that Access Block (i.e. the speed with which patients are admitted to the hospital through the emergency department) has been identified as a significant impediment to effective ED service provision. The Maggie Program process will be rolling over to the Mater Hospital Division of Medicine, General Medicine, to further address these issues.

## Good news first . . .

- The Mater ED provides good quality, patient focused care in an environment that supports advanced clinical skills
- The staff are a cohesive team whose team spirit drives them forward
- Team members are friendly, approachable and willing to help each other
- The Mater enjoys a strong community spirit and reputation

## Now, what were the issues / opportunities for improvement?

### Presentation and Triage

- Inaccuracies in 'time of arrival' versus 'time of triage' data
- Inefficient triage process and overtasking of triage role
- Increased acts of aggression

### Assessment and Care Delivery

- Access Block
- Delay and impaired access to pathology services
- Slow processing and inefficient work practices within the ED
- Triage category 2 and 3 wait times consistently exceed benchmark times
- Lengthy wait time for a critical care bed

### Discharge / Transfer Process

- Inefficient admission processes, both administrative and medically
- Delays in patients referred to/transferring to other facilities

### Communication / IT

- Inefficient use of and limited access to telecommunication
- Multiple/duplicate clinical information systems

### Human resources and staffing

- High level of junior and inexperienced staff
- Lack of overall co-ordination of the clinical floor
- Some clinical positions have taken on other responsibilities

## What were the solution recommendations and how will they benefit patients and staff?

### Triage Process

- Modifications to Triage area
- After hours Triage buzzer
- Networked computer
- Video link from ambulance bay to Triage
- Incoming patient details relayed to clerical staff
- Dedicated Triage role

**Benefits include:** better management of patient and carer expectations, improved waiting environment, more timely triage assessment, reduction in overtasking, improved patient safety and reduced complaints and aggression.

### Staff Communication

- On duty ED Medical staff listed on whiteboard
- Admitting Medical Officer roster updated daily
- Commander phone system
- Structured ED medical staff clinical meetings
- Conflict resolution training for senior ED staff

### Data collection

- Digital Clocks throughout department
- Implementation of PIMS ED

### Patient Communication

- Admission decision communicated to patient early
- Improved staff identification
- Improved posters and signage in waiting room
- Zero Tolerance signage
- Hospital map and ED handout available
- Standardised communication process for Patient Services Clerk calls
- Customer focus training for all ED staff
- Directional walkway strips to reception from ambulance bay

**Benefits include:** better communication and information for patients, carers and staff, improved patient and staff safety, more accurate data collection.

### Improved Diagnostics

- Lamson tube to transport pathology specimens
- Colour coded pathology specimen bags
- Radiographer to liaise with ED senior staff @ 2300
- Centralised repository box for imaging requests
- 'Airport Terminal' (pathology results notification board)

**Benefits include:** more timely and appropriate testing, improved turnaround times, reduced length of stay, better informed treatment/care decisions, reduction in pathology costs.

## Clinical Care

- Nurse initiated analgesia
- Central repository for ED medical records
- Review medical history form
- Pain score assessment at triage
- Expansion of Clinical Initiatives Nurse diagnostic test ordering
- Rapid assessment triage 2 and 3 patients
- Teaming of junior medical officers with senior ED Staff
- Clinical guidelines for top 3 acute presentations
- Clinical guidelines for top 5 triage 4 and 5 presentations
- ED resource manual for observation and cubicle areas
- Competencies for ED staff in fast track areas
- Competencies for ED staff in acute care areas
- Clinical leadership/Team Leader
- After hours ED physiotherapist to fast track cubicle patients

**Benefits include:** more timely and appropriate care and treatment, improved patient outcomes, greater continuity of care, timely analgesia, reduced length of stay, support and supervision of junior staff, empowered staff, opportunities for professional development, increased teamwork and job satisfaction.

## Discharge / Transfer Process

- ED General Medicine rounds at 1200 & 1500
- Early admission flagging by Triage
- Guidelines for early referral to inpatient teams
- Removal of paper based admissions book
- Resource flowchart for inpatient handover/transfer
- Standardised discharge proforma
- Revised discharge education for patients
- Resource algorithm for patient transport options
- PIMS generated GP notification of patient presentation

**Benefits include:** patients/carers provided with appropriate discharge education and information, GP aware of ED presentation and treatment, timely discharge/ transfer management, transport needs addressed early, reduction in clerical duties for clinical staff.

## Improved Quality and Safety

- Over-capacity ED Management plan
- Implementation of peer review process
- Expand night cleaner role
- Policy review

## Management

- Support and training for ED management team
- Review/realign Clinical Coordinator position
- 2nd-In-Charge position for NUM
- Realign Staff Specialist allocation of duties
- Recruit two Staff Specialists

**Benefits include:** improved patient safety and satisfaction, a more coordinated approach to clinical care, reduced staff frustration, improved staff satisfaction.

## How will we measure success and sustain the change?

As Hunter Health's major patient care reform program, the Area Executive Team are monitoring The Maggie Program closely through regular briefings and presentations, and rigorous project reporting requirements and timeframes.

### Key Performance Indicators (KPIs)

The Mater ED reports a set of core key performance indicators (KPIs) to the Area Executive Team on a monthly basis. These indicators are:

- Access Block (% of patients not admitted to a ward bed within 8 hours)
- Initial assessment of all patients within National Triage Scale benchmarks
- % of patients who did not wait

Our managers are encouraged to take a proactive approach by reviewing performance to KPI targets on a regular basis throughout the month, not waiting for end of month results. This information provides an ideal opportunity to identify potential problem areas, evaluate current practice and develop strategies to improve performance in these areas.

### Achieving and sustaining improvements for patients and staff

In order to make sure that all the solutions that are implemented are continued and monitored into the future, Practice Improvement (PI) teams are formed. PI teams use The Maggie Program process to continually review the success of the solutions, make further improvements, and monitor performance to KPI targets.

The Area Executive Team use the information provided in monthly status reports to ensure that, where issues or difficulties arise, managers are supported in overcoming these barriers to gain successful implementation of solutions.

## Want to find out more?

### **Contact**

Tracy Muscat

Nurse Unit Manager

Mater Emergency Department

Email: [tracy.muscat@mater.health.nsw.gov.au](mailto:tracy.muscat@mater.health.nsw.gov.au) or ph: (02) 4921 1482