

ACADEMIC PRESENTATION • SAMPLE

Emergency Department Patient-Flow Redesign in an Australian Hospital

Discipline: health services management and quality improvement • Setting: a metropolitan public hospital emergency department
• Focus: reducing access block and improving timely care • Frame: a structured improvement project with measured outcomes

2

Agenda

- Problem and policy context
- Aim and improvement questions
- Method and measures
- Baseline, interventions and outcomes
- Recommendations and spread

3

Background

- Access block delays care and raises clinical risk
- The four-hour target frames timely emergency care nationally
- Crowding is linked to worse outcomes and staff strain
- Oversight sits within national safety and quality standards (ACSQHC)

4

Aim and Questions

- Aim: improve four-hour performance from 62 to 80 per cent within nine months
- Where are the main delays in the patient journey?
- Which interventions most improve flow?
- Are gains sustained without harming quality?

5

Method

- The Model for Improvement with sequential plan-do-study-act cycles
- Process mapping of the full patient journey
- Data drawn from the department information system over 12 months
- Statistical process control charts to track change over time

6

Results, Baseline

- Baseline four-hour compliance of 62 per cent
- Median length of stay of 5 hours 20 minutes
- Did-not-wait rate of 6.8 per cent
- Main delays: senior review and inpatient bed access

7

Results, Interventions

- Senior early assessment at triage for complex patients
- Streaming of low-acuity presentations to a fast-track area
- Criteria-led discharge to speed safe departures
- Coordinated inpatient bed access with ward teams

8

Results, Outcomes

- Four-hour compliance improved from 62 to 78 per cent
- Median length of stay fell by 48 minutes
- The did-not-wait rate dropped to 3.9 per cent
- Balancing measure: 72-hour re-presentation was unchanged

9

Discussion

- Front-loading senior decisions had the largest single effect
- Bed access required whole-of-hospital engagement
- Sustaining gains depends on embedded daily flow routines
- Single-site results may not transfer directly to other settings

10

Recommendations

- Embed senior early assessment as standard practice
- Institute daily hospital-wide flow huddles
- Maintain control charts for ongoing monitoring
- Pilot the model in a second department before wider spread

11

Conclusion

- A structured redesign improved emergency flow measurably
- Timeliness improved without compromising safety
- Whole-of-hospital involvement was essential
- Sustained monitoring will protect the gains

References

Australasian College for Emergency Medicine 2022, Access Block and Emergency Department Crowding: Position Statement, ACEM, Melbourne.

Australian Commission on Safety and Quality in Health Care 2021, National Safety and Quality Health Service Standards, ACSQHC, Sydney.

Australian Institute of Health and Welfare 2023, Emergency Department Care in Australia, AIHW, Canberra.

Ben-Tovim, DI, Bassham, JE & Bolch, D 2020, 'Redesigning care at an Australian hospital', BMJ Quality and Safety, vol. 29, no. 8, pp. 621 to 629.

Cameron, PA, Joseph, AP & McCarthy, SM 2020, 'Access block can be managed', Medical Journal of Australia, vol. 213, no. 4, pp. 152 to 155.

Forero, R, Hillman, KM & McCarthy, S 2019, 'Access block and emergency department overcrowding', Emergency Medicine Australasia, vol. 31, no. 2, pp. 168 to 178.

Health Roundtable 2021, Improving Patient Flow in Australian Hospitals, Health Roundtable, Sydney.

Langley, GJ, Moen, RD & Nolan, KM 2009, The Improvement Guide, 2nd edn, Jossey-Bass, San Francisco.