EXECUTIVE SUMMARY

In Chapter 1, we set out the purpose of this Progress Report, which is to improve emergency health services in British Columbia (BC). Pressures in Emergency Departments (ED) are due in part to demands upon the service, the supply of resources to meet the demands and the way in which supply and demand are managed. At times, these pressures create serious problems and may even result in unsafe patient care situations. Staff working in the ED experience frustration as they struggle to provide a safety net for more systemic problems. **We acknowledge the significance of these problems and the urgent need for remedies.** The work presented here will only partially address these very grave concerns. This Progress Report focuses on immediate actions that can be implemented without delay for modest costs. Therefore we have concentrated on those actions most likely to create the greatest impact. Recognizing both the pressures and the urgency, we have tried to identify “leverage points” where strategic actions can have big effects.

Chapter 2 sets out the Background for the Provincial Emergency Services Project (PESP), including the project structure with a Steering Committee, Short Term Task Group (STTG) and Long Term Task Group (LTTG). We describe briefly the activities that led to this Progress Report, including a survey, a workshop and review meetings. Time did not allow us the opportunity to interview patients or their representatives about their experience of emergency health services in BC; we plan to remedy this in the next phase of work.

Chapter 3 is a brief summary of published research that illustrates some of the “Better Practices” used around the world to address ED pressures. The most useful published references from the international literature are described briefly. We also note relevant reports from other Canadian jurisdictions and summarize recommendations from the 1998 report of the Lower Mainland/North Shore/Fraser Valley Emergency Services Coordinating Committee. Two principles emerged from this literature review:

1. The **co-ordination of emergency care services** is as important to the outcome of emergencies as the individual components.
2. The notion of inappropriate or unnecessary attendance at any point in the health care system is being superseded by the idea that **services may be inappropriate, rather than the individuals seeking care**.

In Chapter 4 we present information used by the STTG to assess the situation. The first section provides some quantitative information about BC’s EDs. This shows the great variation in utilization and some of the differences between rural and urban settings. **The greater concern though, is that data are gathered inconsistently or not at all, so it is impossible to analyze problems such as waiting times.** The STTG identified data integrity and information development as a major area for improvement.

Also in this chapter, the second section presents results of a survey about pressing issues affecting EDs in each Health Authority. Many concerns were identified, but **nurse staffing was by far the most serious. Issues related to ambulance services also ranked highly, as did through-put in the ED, and availability of specialists and diagnostics**. The STTG then validated the top issues from the survey as shown below (Exhibit E1).

Exhibit E1 Priority Issues Identified by Short Term Task Group

Issues from survey
Nurse staffing
Prehospital transport
Specialist availability
Interhospital transport
Diagnostic facilities
Emergency physician availability
Ambulance service regions
Throughput through EDs
Lack of available beds
Overcrowding

Chapter 5 identifies opportunities for improvement in BC emergency services. It is based on three sources: a survey of Better Practices already used in each HA, a workshop with an outside expert that generated many suggestions, and a prioritizing process with the STTG. "Short-term" opportunities were defined as

- reasonably expected to be substantially implemented by March 31, 2004,
- within a health authority's mandate,
- reasonably manageable in the context of the many competing priorities,
- less dependent on recruitment of skilled staff.

Our survey revealed that **many excellent innovations are already underway around BC.** Again, we referred the survey findings about the HAs' Better Practices to the STTG for validation. They identified several priorities for applying these good ideas more consistently:

Exhibit E2 STTG Priority Improvement Opportunities

Canadian Triage Acuity Scale
Educating staff and patients re. community services
Community care staff support specific populations
Standard protocols
Specialized clinics especially in ambulatory areas
Advanced practice nurses
Daily bed meeting with all managers
Utilization management and bed allocation policies
Overflow beds ("flex")
Discharge planner based in ED
Home-care support to transition patients

Later in Chapter 5, we present the **main themes for improvement** that came out of the workshop and subsequent STTG discussions:

1. **Improve information management.**
   The one issue that dominated discussions with STTG members was information management. Consistent data collection, meaningful performance indicators and information management systems are important for quality monitoring and planning, as much as for improving individual patient care.

2. **Use the Canadian Triage and Acuity Scale consistently and appropriately in all EDs.**
   CTAS is a tool for providing and monitoring patient care as well as for planning. Presently CTAS is used inconsistently in BC EDs.

3. **Identify within each HA a senior executive to lead system-wide planning for emergency services.**
   Such a role will ensure that emergency services issues are addressed holistically at a strategic level in the organization. This executive would lead the organization in linking key concerns and issues with appropriate management action. To be successful, the STTG recommends that this role would require organizational supports.

4. **Develop systems to coordinate and manage access to in-patient and diagnostic resources.**
   At the policy level, this might include, for instance, the ability to admit or discharge patients at all appropriate times. From a structure perspective, this might involve hiring bed utilization managers or hospitalists.

5. **Develop processes for community co-ordination and planning.**
   Success in the Lower Mainland suggests wider use of regional plans for ambulance diversions. Community co-ordination may also lead to expanded home care support or home nursing services delivered from EDs.

In Chapter 6, the Progress Report first provides general recommendations with some ideas that could be used at the HA level. These ideas will require local adaptation so we have provided only high-level guidance rather than concrete details.

Second, each theme results in some "immediate actions", those steps that can be implemented at once. All of these are measurable and specific, with action statements and timeframes.

Third, recognizing that many of the problems require system-wide changes, **some issues will be referred to the Long Term Task Group**. We have provided some supporting information for these to assist the LTTG to build its work-plan. Even these have some immediate action steps identified so as to ensure continuity in taking this work forward.

Recommendation 1 HAs should develop better information that can contribute to better performance

1.1 Create **a plan for a province-wide information management program** for EDs.

1.2 Ensure that appropriate **patient care protocols are available in all EDs** for high-risk or high-volume care. Adherence to protocols should be part of the monitoring system.

1.3 **Create indicators of performance for emergency services.**

1.4 **Use CTAS consistently and appropriately in all EDs.**

1.5 **Assess feasibility, success factors and other requirements for the information system.**

1.6 **HAs should analyze their EDs using the CAEP framework**, as a helpful basis for tailoring policies and redesign activities to local needs.

1.7 Undertake periodic **patient satisfaction surveys** within EDs.

Recommendation 2 A senior executive should lead system-wide planning for emergency services within each Health Authority

2.1 HAs should appoint **an executive lead for emergency services** by June 1, 2003.

2.2 HAs should identify or confirm by June 30, 2003 the resources required in each HSDA for **clinical leadership in emergency services**.

2.3 HAs should work with PHSA to **develop appropriate educational sessions for all the executive and clinical leaders in emergency services.**

Recommendation 3 HAs should develop systemic approaches to coordinate and manage access to in-patient and diagnostic resources

3.1 HAs should create the coordinating capability for **facility-wide access to in-patient beds**. This would include the ability to admit or discharge patients at all appropriate times, 24/7. This could include use of hospitalists, linkages to other services, and methods to give patients and care-givers instructions and information.

3.2 HAs should create mechanisms to identify and **release in-patient beds for use of emergency admissions** on a proactive basis.

3.3 HAs should undertake a planning process in each hospital to **identify the daily and seasonal average number of beds required each day for emergency admissions**, and create a proactive process to make these beds available.

3.4 HAs should ensure that every regional hospital (or any hospital with ED visits greater than 20,000 per annum) has **an assigned bed utilization manager or access director and a bed utilization management process**. Where this is

not already in place, this individual should be hired by June 30, 2003 with a mandate to address the recommendations above.

3.5 Discussions should proceed immediately through the LTTG to **create a plan of work related to guidelines and protocols to meet clinical needs in emergency services.**

3.6 PHSA and the other HAs should **develop a plan to build a network of peer-based process improvement resources ("better practice experts") to share information about improving emergency services.**

Recommendation 4 HAs should improve outcomes and access through better co-ordination in planning community services.

4.1 HAS should explore the following **approaches to improve coordination with community services:**

a. **Develop an unscheduled services team** within each community to manage "after-hours" utilization, to include representatives from appropriate community organizations, BCAS and primary care.

b. **Create regional plans for ambulance diversions** to alternate facilities, to avoid inpatient bed congestion as well as ED congestion.

c. Where workload merits, **expand 24/7 home care support and home nursing services delivered from EDs**.

d. Create mechanisms to **supply services into the community for common non-emergent conditions** or care requirements that may result in an ED visit or in-patient hospitalization.

e. Build a "whole systems" approach to partnerships. This requires **a multi-agency planning group that meets regularly** to discuss issues around capacity, demand levels and access.

f. **Create communication plans** that support both strategic goals (e.g. public education) and operational goals (e.g. to link front-line managers).

4.2 Each HA should **appoint a team led by a designated staff person to organize a joined-up planning approach**. The first meeting of this team should occur before June 30, 2003, with preliminary plans completed by September 15, 2003.

4.3 PHSA and the HAs should **develop a planning framework and educational resources to support this joined-up planning work.**

4.4 PHSA will convene a meeting of HAs by September 15, 2003 to **identify any common resource requirements for this work**

5.0 Recommendations for the longer term

5.1 PHSA will continue work with MoH/S staff to **develop data sources** that will build the picture of emergency services in BC.

5.2 Regarding **training requirements for ED clinicians**, PHSA will develop a briefing note and proposal to take to the LTTG.

5.3 HAs should examine whether and how **non-nursing duties in EDs** are affecting access, throughput and performance in their emergency service system.

5.4 Identify structure and resources required to **implement a redirect and critical care bypass system throughout the province.**

5.5 HAs should use a system planning approach to **analyze how access to specialists and specialized facilities could be enhanced**.

5.6 Regarding **public education programs**, PHSA will develop a briefing note and proposal to take to the LTTG.

5.7 Regarding **mechanisms to support unscheduled care of individuals living in residential care facilities**, PHSA will develop a briefing note and proposal to take to LTTG.

5.8 PHSA will develop a briefing note and proposal to take to LTTG about **support mechanisms for those suffering from concurrent serious mental illness and substance misuse.**

Appendices to the Progress Report provide important background material. These include the STTG and committee membership, names of those consulted and those who participated in the survey, data sources, the survey tool, workshop notes, the STTG "Top Five Issues and Solutions" list, briefing note on Winter Action Plans and the Bibliography.

This progress report has gathered the helpful suggestions of many committed individuals dedicated to the improvement of emergency services across BC. **We are confident that the recommendations could make a difference in service delivery, as well as improving patient and staff satisfaction and system effectiveness.** Ultimately it will be up to clinicians and mangers within HAs to determine whether and how to implement any of these suggestions as part of their redesign plans for emergency services. PHSA is willing to support these teams within the HAs as appropriate.

Our aim is to put patients and their families at the very centre of improved emergency health services. They need to have confidence that their problem will be quickly identified by appropriately qualified staff and, if treatment or hospitalization is needed, that this will be delivered quickly and to a high standard.

The LTTG will continue with this important work. As we strive to improve performance in our emergency services, there is much to be done and much to learn. **All agree that we want staff working in BC's emergency services to be able to practice their professional skills in an environment they can be proud of. And we want patients to receive the best emergency services we can provide.**