



Emergency Department Working Party Driving Quality Improvements

Central Coast Local Health District

Presenter: Emma Watson

HRT 1602 Financial Performance Improvement Group

3-4 March 2016

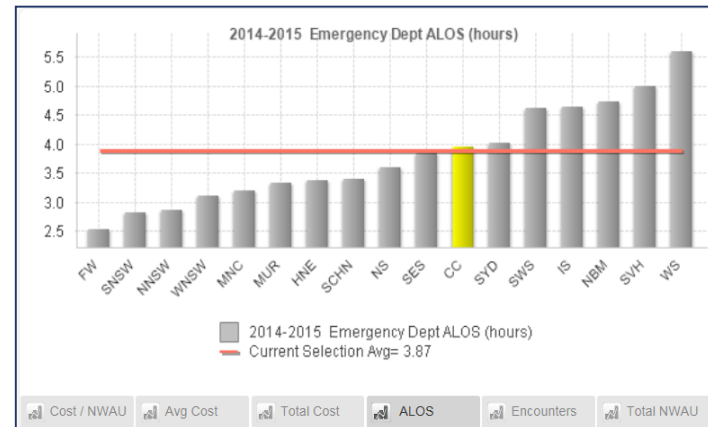
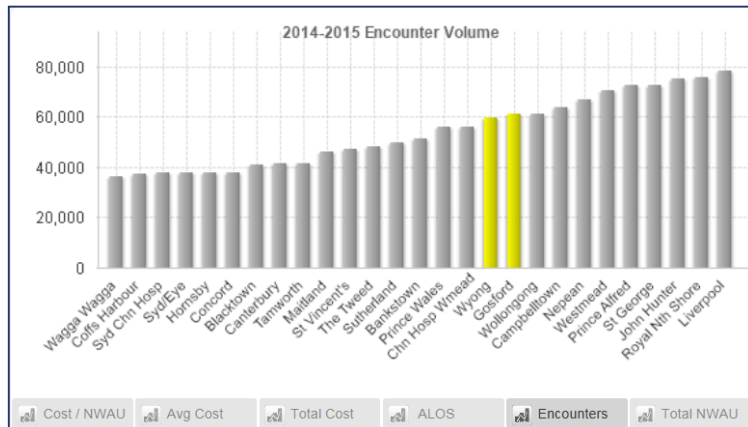
Sydney

CCLHD Background

- Gosford and Wyong Hospital Emergency Departments (EDs) are the 10th and 11th busiest in NSW, each with around 60,000 encounters per year
- Complexity:

| | Gosford | Wyong |
|----------------|---------|-------|
| Average Triage | 3.3 | 3.6 |
| Average NWAU | 0.14 | 0.12 |
- Current real growth in ED demand of approximately 6% compared to population growth of less than 2%
- Redevelopment plans underway to increase physical size of the departments

Data from ABM Portal for 2014-2015 Emergency Funding Stream



Key Problem

Key Issues

- Data quality issues in our Emergency Departments were having an impact on our funding and the quality of our costing
- Inconsistent procedures and processes between facilities
- Lack of engagement between our Performance and Casemix Unit and ED Staff

Prompt for change

- Data quality is a focus of the new District and Network Return (DNR) Audit by internal audit. The audit looks at whether there are process and controls for ensuring the accuracy of the ED patient Data Collections.

Aim of this innovation

Aim of the ED Working Party

- Reduce ED Data errors and improve data quality
- Improve engagement with ED staff
- Formalise governance structures for decision making
- Standardise procedures and processes for the LHD
- Improve the quality of the costing
- Ensuring we are receiving the funding for the activity we provide
- Embed the ABM Framework cycle within CCLHD



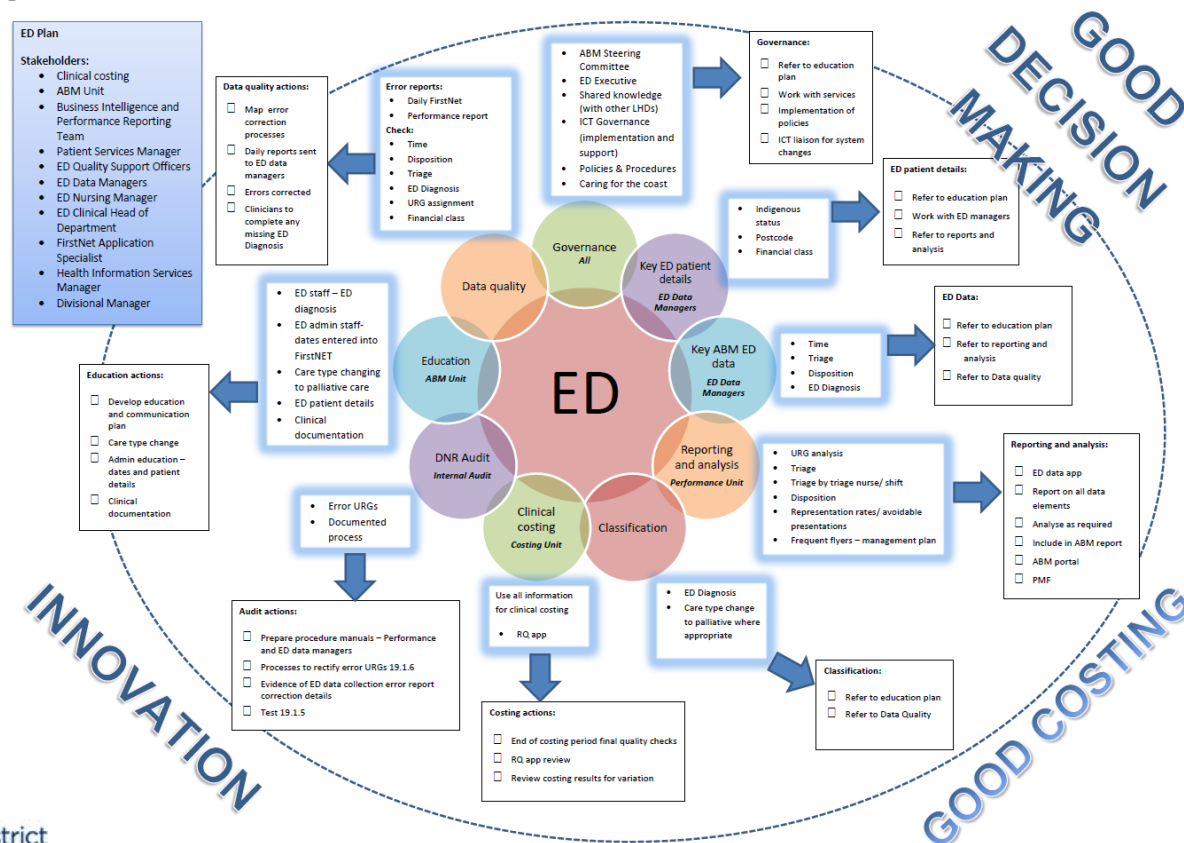
ABM Framework Cycle: ABF Taskforce, 2015,
http://internal.health.nsw.gov.au/abf_taskforce/resources/

Baseline Data

- In 14/15 financial year CCLHD had 607 episodes with an Error Urgency Related Group (URG) at a total cost of \$445,000
- Very little engagement with clerical or clinical ED staff
- Performance and Casemix staff unable to find the cause of the issue without the ED staff
- Performance and Casemix staff unable to effect change without ED engagement

Key Changes Implemented

- Established the 'ED Working Party' in August 2015
- Established an ED Plan and formalised governance structure
- Executive support
- Engaged relevant stakeholders



Outcomes so far

- Improvement engagement with ED staff
- Increased ED staff's knowledge of Activity Based Funding and Management (ABF/ABM)
- Improved the Performance and Casemix team's knowledge about FirstNet and ED processes and procedures
- Addressed key issues related to data quality
- Developed a Diagnosis Error URG correction flowchart
- Reduced the number of inpatient medical staff removing the ED Diagnosis from 14 to less than 5 per month
- By the end of the financial year we aim to have no E3 or E8 Diagnosis Error URGs

Lessons Learnt

- The Working Party works
 - Engaging the people with common goal
 - Don't assume base knowledge of ABF/ABM
 - Be collaborative and listen to people
 - The leaders of the working party need to commit and progress action items
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