Implementation of the 6 hour ED time target in New Zealand – Insights for Emergency Nursing

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Co-Principal Investigator/Maori Co Principal Investigator

SSED National Research Project

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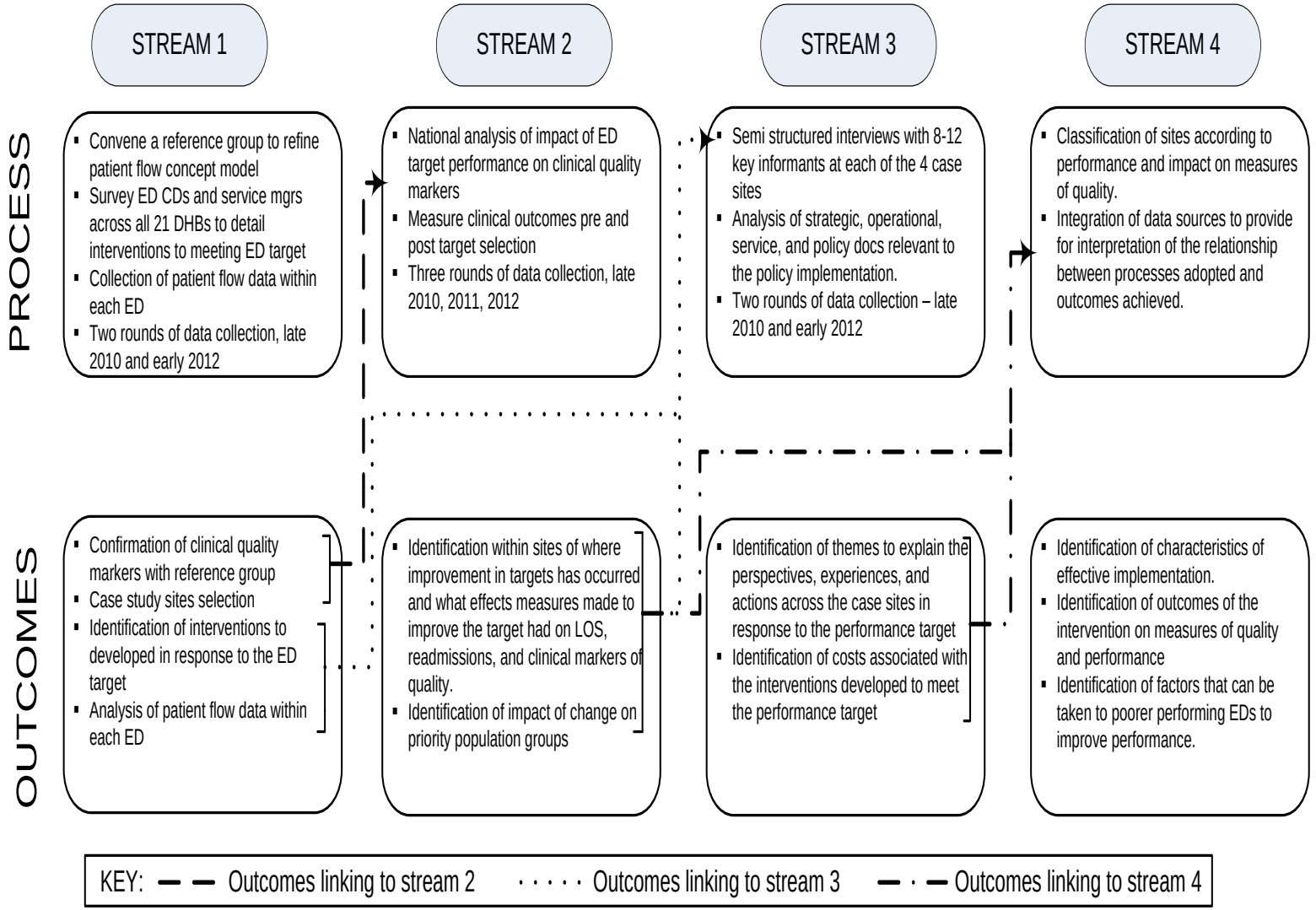
- Oct 2010 – June 2014 HRC funded project
- Co-Principal Investigator/Māori Co-Principal Investigator
- Peter Jones – Co PI
- Mixed methods/ multiple case
- Dynamic systems modelling
- Kaupapa Māori Research umbrella


STREAM 1
STREAM 2
STREAM 3
STREAM 4
PROCESS
OUTCOMES
Convene a reference group to refine patient flow concept model
Survey ED CDs and service mgrs across all 21 DHBs to detail interventions to meeting ED target
Collection of patient flow data within each ED
Two rounds of data collection, late 2010 and early 2012
National analysis of impact of ED target performance on clinical quality markers
Measure clinical outcomes pre and post target selection
Three rounds of data collection, late 2010, 2011, 2012
Semi structured interviews with 8-12 key informants at each of the 4 case sites
Analysis of strategic, operational, service, and policy docs relevant to the policy implementation.
Two rounds of data collection – late 2010 and early 2012
Classification of sites according to performance and impact on measures of quality.
Integration of data sources to provide for interpretation of the relationship between processes adopted and outcomes achieved.
Confirmation of clinical quality markers with reference group
Case study sites selection
Identification of interventions to developed in response to the ED target
Analysis of patient flow data within each ED
Identification within sites of where improvement in targets has occurred and what effects measures made to improve the target had on LOS, readmissions, and clinical markers of quality.
Identification of impact of change on priority population groups
Identification of themes to explain the perspectives, experiences, and actions across the case sites in response to the performance target
Identification of costs associated with the interventions developed to meet the performance target
Identification of characteristics of effective implementation.
Identification of outcomes of the intervention on measures of quality and performance
Identification of factors that can be taken to poorer performing EDs to improve performance.
KEY: Outcomes linking to stream 2
Outcomes linking to stream 3
Outcomes linking to stream 4

Qualitative Research strategy

- Qualitative methods & multiple case design to investigate target implementation
- What was the front line response to target and what were the consequences?
- Four case study sites (4 hospitals in 4 DHBs)
- Interviews with staff in ED and the Hospital
- Nursing, medical, management & others
- 53 participants – 21 ED
- 68 interviews & 16 documents over 2 rounds of data collection 2011 and 2012
- Thematic analysis (inductive & iterative)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Response & Impact Themes

Focus on the Front of the Hospital
Demands on Emergency Nursing & Medicine
Push Through the Hospital
Target Pressure
Target Focus
Dealing with Resistance
Mixed Consequences

Themes

- Demands on Emergency Nursing & Medicine
- Mixed Consequences
- Critical reflections from Māori Health Perspective

Demands on Emergency Nursing

- Responsibility and accountability for the target
- Leading the target – particularly senior ED nurses
- Stepping into new roles
- Target intelligence and accounting for breaches
- Communicating & escalating delays
- Heightened tension with medical & management staff
- Pressure (environment/management)
- Policing the target
- Balancing the clinical & managerial role components
- A little bit of letting go
- Managing competing values and priorities

Intensive pressure

“This year when we were at the end of the quarter…and we were just under the target, like it was just like we were just on the cusp and the pressure was, honestly it was, just, I was coming to work having to really almost meditate in the car on the way here everyday…but the pressure was huge…I’m talking they were down here every day, upstairs management and what have you” (ED Senior Nurse)

Policing the target & conflict

“I’m a firm believer that if the processes aren’t working the patient breaches, then we should expose those for what they are, then we need to investigate them…I had to have some fights with people about not moving patients who weren't clinically ready to go to the ward” (ED Senior Nurse)

Policing & pressure of the target

"I believed in the target and I thought the target was good but I found myself saying things like, stuff the target, I just need this patient to stay here because if they can't go to HDU then they're better off here, they're not going to the wards. So some of that initial pressure was quite difficult to deal with…I never have difficulty in getting my opinion across…for colleagues that weren't quite as forceful in getting their opinions across…that was quite traumatic for them" (ED Senior Nurse)

In return

- More FTE (variable across sites)
- More senior nursing roles/ consolidation of existing roles/ temporary senior roles
- More authority & advocacy
- A better and more controlled environment and better care to patients
- Better team environment in ED
- Learning e.g. quality measures for ED nursing

Authority & advocacy

"I think it's given us permission to practice how we would like to…Like it's given us permission to say, to really stand up for the patient, to be their advocate, because you could ring them [surgical registrar] before and say, you've got 12 patients down here and no one's been seen… Yeah, yeah, yeah we will when we've finished theatre, you know. So they'll rock up 8, 9 hours later. Now I can ring them and I say you've got a patient down here, you want to see them or shall we get your house surgeon, we're happy for your house surgeon to see them. No, I'll be on my way in half an hour, and they are". (ED Senior Nurse)

Better for patients

"…we used to take corridor patients, now we don't. Now we've got these different areas to move people to. So it does, it gives you a bit more freedom to, for your workload to say roughly the same. There were times where you'd run out of rooms, you'd run out of corridor spaces, and you know I remember one time when we just had people standing in the corridor, just lined up, and its, its inappropriate for that to happen, and it's not very comfortable to them and you just need to think about the patient and what's comfortable for them and even if it means that they've moved a couple of times, at least they're in a room, they're in a bed, they are comfortable, they are warm. So that's, that's a good thing" (ED Nurse)

Better teamwork

"The target has certainly allowed us…for a long time, it's my feeling that this ED has been a nurse lead department, and, often on a shift you wouldn't get any sense that the nurse running the shift, and the ED consultant running the shift were doing it together. They were doing it on two convergent – two paths that may or may not converge but generally diverged…there wasn't any real dialogue on the shift. I think that has improved, there's more dialogue between the two, and that's about the target actually, that's about seeing that people aren't sitting languishing without a decision. I think its forced change in the ED consultant role" (ED Senior Nurse)

Demands on Emergency Medicine

- Expansion of role components particularly departmental flow
- Balancing with clinical practice and clinical teaching responsibilities
- Escalating delays and pressure on hospital medical colleagues
- Heightened professional pressure
- Earlier decision making and referral
- Staying focused on clinical quality in the face of pressure

In return

- Additional FTE and new medical roles
- Enhanced authority and status
- Retaining procedural practice

Mixed Consequences

- The positives
- The negatives
- Cautions and criticisms
- Mixed sentiments and descriptions from most of the staff

The positives

- Learning & development
- Change & innovations
- Better flow of patients through ED & hospital
- Better for patients
- Better ED environment - no ED corridor patients
- Reduced complaints
- Focusing resource & efforts
- More efficient discharge process & practice
- Reduced cherry picking

The negatives

- Micromanagement
- Ward chaos & churn
- Staff frustration and loss of morale and motivation (process)
- Intense personal & professional pressure
- Problems with stopping the clock & professional dilemmas

Cautions and criticisms

- Too blunt
- Proxy for quality – but there are better measures to use
- Other more urgent problems (chronic care & demand)
- Don’t change or remove the target
- Push on to wards & clinical risks
- Double edged sword – what has it cost the system elsewhere

Learning & Change

"You know it wasn't easy and we had to have some courageous debates and courageous conversations and it was really really difficult at times but that's part of the learning experience and to do major change you have to go through that and come out the other end. Major change ain't easy, and there are going to be casualties along the way, it is absolutely inevitable and I don't mean casualties in the sense of people losing their jobs. I mean casualties in the sense of how people are impacted by the debates as they go through the process, but I think that's part of the change" (Hospital Senior Manager)

Reduced complaints

"… the fact that patient satisfaction, we know has improved… and how do we measure that, well again it's because the number of complaints have dropped significantly, massive numbers, you know we were getting you know 20, 30 complaints a month whereas, and we'd get one or two compliment letters, and actually it is almost opposite now" (ED Nurse Manager")

Pressure – mixed experience

"So from a personal perspective, I hate the target. The target has brought me nothing but pain, it's ruined, well it's not quite, ruined is an exaggeration, it has turned a job which I previously enjoyed into one that I don't enjoy remotely. It's better now…we've been meeting the target for the last five months that pressure's completely gone…there have been aspects of what's evolved over the last two years that's been good and I can't be churlish to say they haven't been good. But personally, phone calls on my rostered days off, demands that I fix something on a rostered day off" (ED SMO)

Relationship development

“So it made me as the manager review the way we operationlized in those environments and how those environments could come together in a different way… So I got to know very well what was happening there and it has improved my relationships with all the players and the nurses and consultants across all the specialties because I’ve had to understand why they behave the way they do” (ED Manager)

Problems with stopping the clock

“ It does feel like sometimes there is a bit of fudging going on and I’m concerned about that, and I’m always putting people back on the computer who have been taken off prematurely… they will move patients before they’ve actually gone and that will stop the clock, you see. Or, they’ll take people off the computer before they’ve been discharged because they’re intended to go but they’re waiting for an ambulance – but they’re still under our care. And professionally I have a problem with that because we have some accountability issues around that… .it’s not kind of overt; it just kind of sneaks in every so often…so there’s some issues around there” (ED Senior Nurse)

Innovations

“There’s a new position, a liaison between the rest homes and the hospital…specifically there to enable or to just assist with that discharge planning from the hospital and from the rest home side assist with receiving…been a good success actually” (ED Senior Nurse)

Through a Māori health lens

- For these front line staff there are silences concerning the context of the Māori population and Māori health
- Dominance of intrahospital and professional context
- No explicit Māori focused initiatives
- Assumption that what is good for achieving the target, and good for all patients will be good for Māori?
- This qualitative study cannot determine that

Discussion points?

- What is the target pressure like now?
- What are the key ED nursing role changes as a result of the target?
- Can you and should you investigate changes to rates of complaint for ED (cf wards?)
- What learning and development has occurred?
- How can or does emergency nursing contribute to Māori health gain through efforts to achieve the target?

Thank you

- College of Emergency Nurses NZ
- New Zealand Nurses Organization
- 53 participants

http://www.akhdem.co.nz/ssed-research/

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