

Hospital achieves wait loss

Physicians have more 'hands-on' time with patients

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Patients are moving faster through the Emergency Department of the Alberta Children's Hospital thanks to the success of a recent pilot project.

Nearly 2,800 patients will be seen by a physician almost 30 minutes quicker this year compared to last year.

Staff and physicians have been working together since January to implement the project as part of the Region's GRIDLOCC (Getting Rid of Inappropriate Delays that Limit Our Capacity to Care) initiative.



Scott Jalbert, left, explains the new Emergency Department 'zone' system to his fellow Alberta Children's Hospital nurses, Jodanna Frebrowski, centre, and Katharine Rymes.

By changing how patients move through the department, they've succeeded in reducing the amount of time it takes for patients of moderate acuity (sickness) to be seen by a physician.

The amount of time between triage and physician assessment for these patients is now a median of 111 minutes, down from 140 minutes before the pilot changes — a decrease of 29 minutes.

"I believe the department really rose to the challenge," says Debbie Boudreau, Quality Improvement (QI) consultant for the project.

"Even though it wasn't always smooth, everyone was willing to try it."

The pilot has ended but the changes are here to stay.

The ED is now divided into three colour-coded zones: Zone A for higher acuity, Zone B for moderate acuity and Zone C for patients with minor injuries and illnesses.

A doctor is assigned to each zone, limiting the travel time between patients and creating a team approach with the nurses in that zone.

"We found our nurses and physicians had to communicate much more and are now better at communicating," says Dr. Vincent Grant, interim division chief of pediatric emergency medicine.

A survey of ED staff showed a positive reaction to the changes.

"Over 80 per cent of our staff thought it made communication better, so that's a positive no matter what," says Grant.

A snapshot of how physicians spent their time before the pilot showed they were possibly spending half their time travelling around the ED to reach patients. Now that snapshot indicates previous "travel time" has become hands-on time with patients and families.

ED staff and leadership will continue to work on fine-tuning the zone concept.

"This was a significant change for our department and had the ability to negatively impact staff," says Grant. "But one thing about staff at ACH is that they're open to change."