

Digital Hospital- Emergency Department Transformation

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Outline

- Challenges
- Advantages of DH ED
- Disadvantages of DH ED
- ED Digital Transformation

Challenges

- ED is a complex system
 - Touches on almost every aspect of the hospital system
 - Highly dependent in technical and clinical interfaces
- Highly Measured
 - NEAT, benchmarked, executive KPI's
- High profile
 - Media, ambulance, rest of hospital
- Large numbers of staff
 - Multiple disciplines
 - High turnover
 - Staff from other areas in the hospital involved
- EDIS was pretty good

So why do it?- Advantages

- “i” is the critical letter
- Integration
 - With the rest of the patient’s record- locally and statewide
 - Between nursing and medical management and documentation
 - With ordering and results
- No doubt it is a better system for looking after an individual patient in ED already
- Richness of data being collected will transform the way we do clinical redesign.
 - eg 300000 sets of observations
 - Integrated data, so not just ED research

Disadvantages

- Not as good for overall department flow management (yet)
 - Failure if just considered an EDIS replacement
 - Data and reporting is different and challenging
- Different
 - From previous
 - From other sites
- Multiple ways to do the same thing (also an advantage)
 - Makes training and consistency difficult
 - Hard to know the “best way” initially
- We aren't doing this to allow us to do the same things the same way faster or cheaper

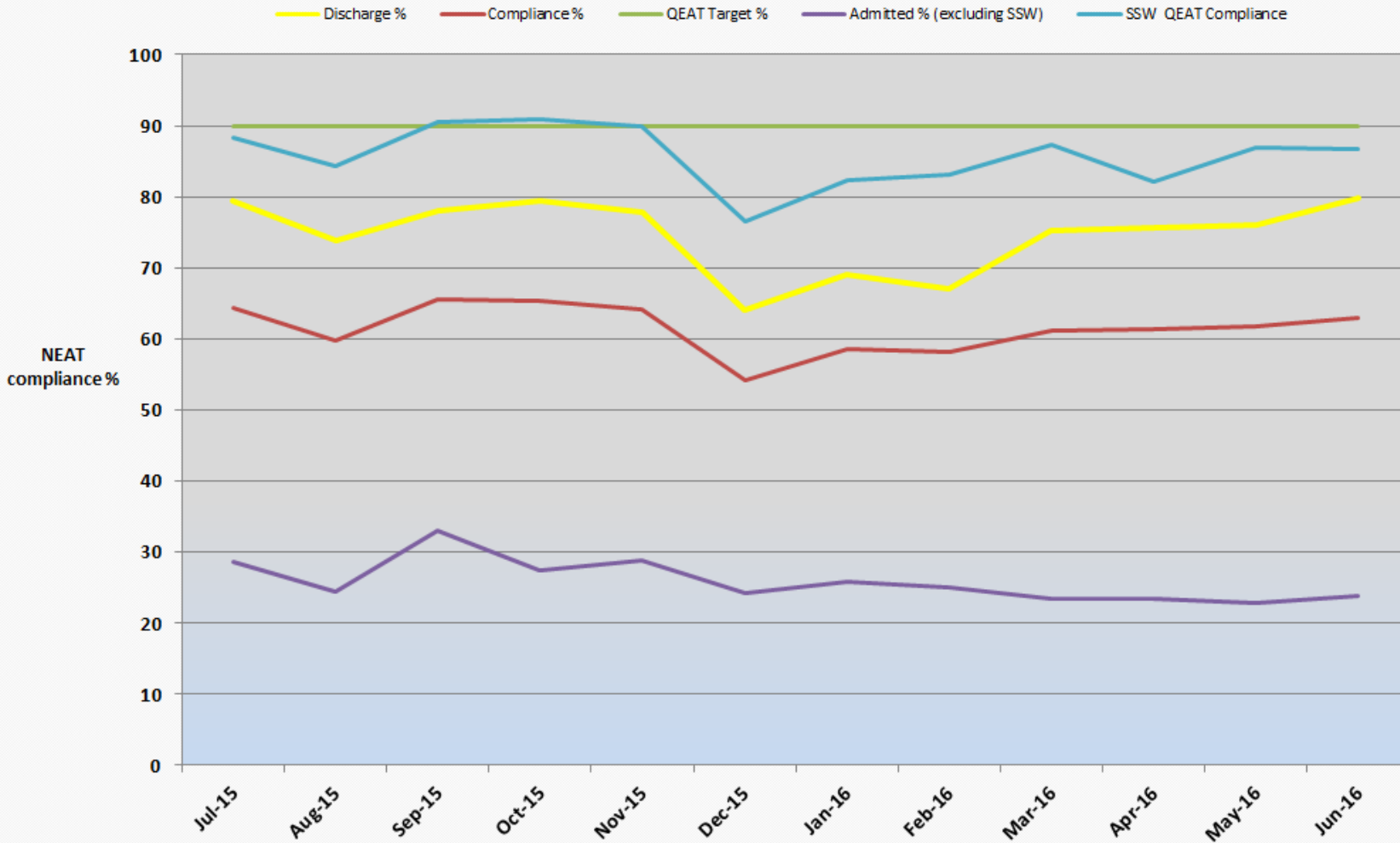
Requires significant change leadership

- This is not controllable in every aspect
- This is not an EDIS replacement project
- This is not a static target- the product, environment and staff are changing at the same time
- So here's what I think are the 5 main points

1. Accept that you will be slower and less efficient for a while

- Digital deceleration is
 - Normal
 - Temporary
 - Necessary
 - To bed in new processes safely
 - To avoid frustration
- Articulate this as part of the vision- both to staff and management.

PAH Emergency dept. Monthly QEAT Compliance July 2015 - June 2016



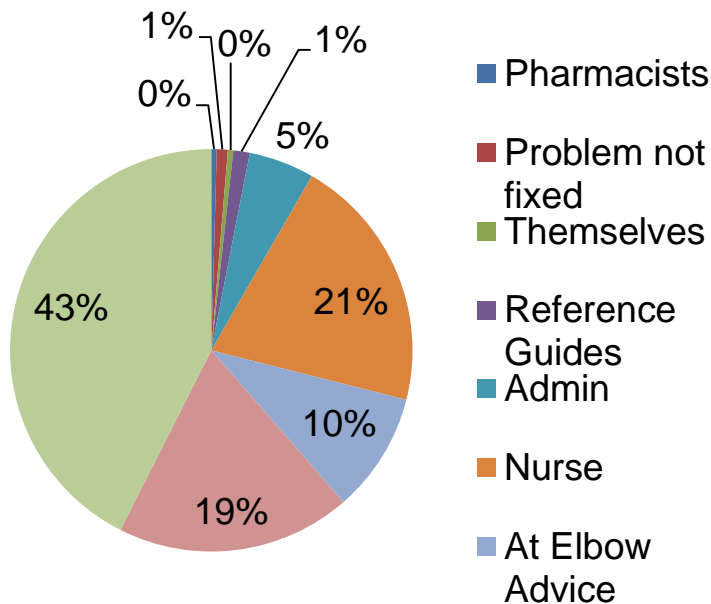
2. Traditional training will not be enough

- Need extra specialised training
- Simulation training
 - For specific tasks (eg blood collection)
 - For routine processes (end to end in your own environment)
- Disaster exercises
 - External and internal (eg downtime)

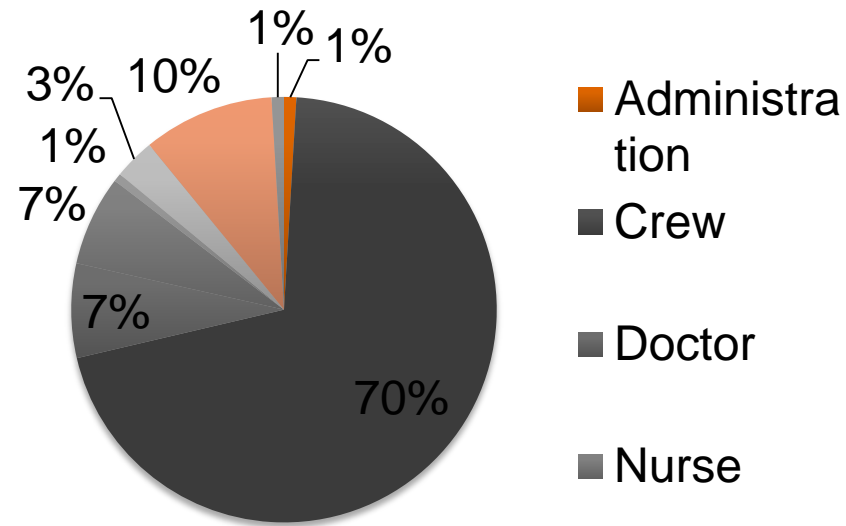


3. Go-live Support

- Local at the elbow support by your people who work in your department is key.

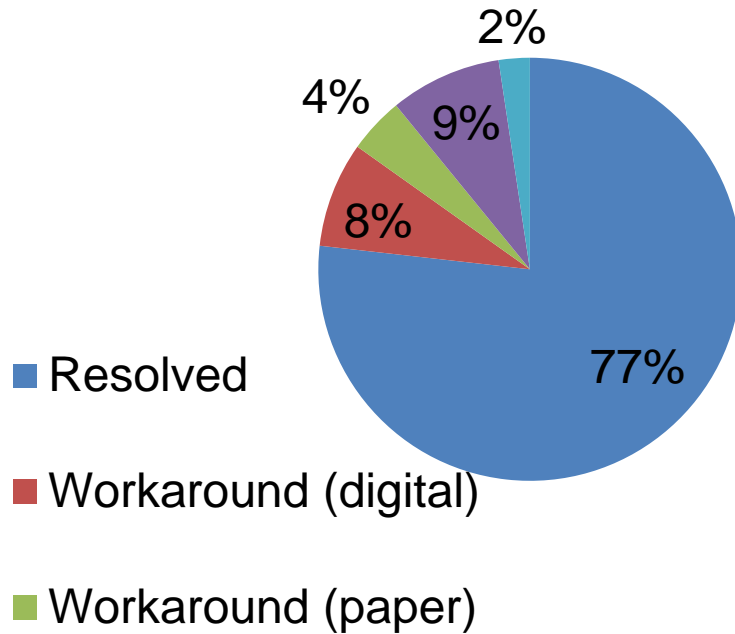


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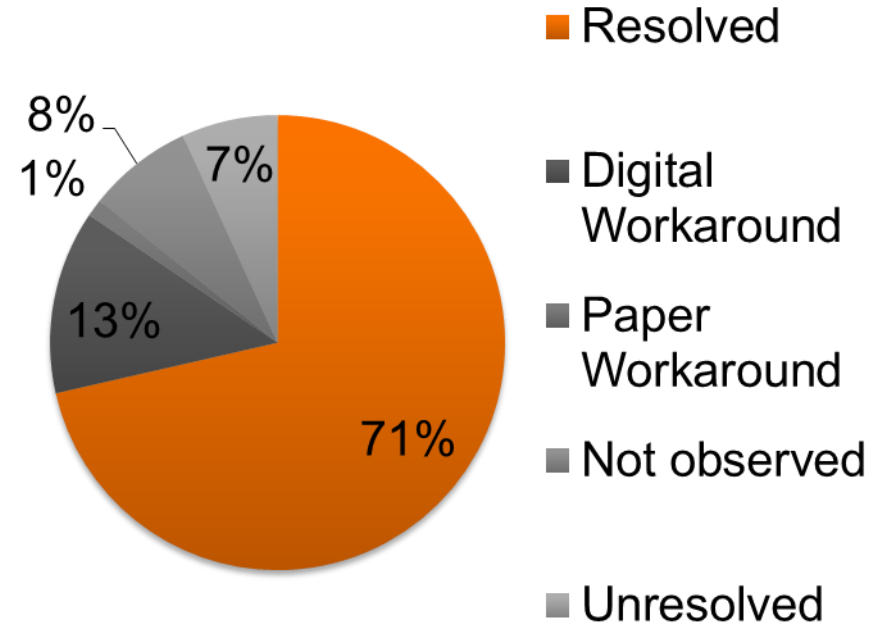


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Going back to paper is rarely necessary



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4. Go-Live is just the beginning

- Post go live change management
- Local, across sites, development of work arounds
- Dealing with fragmentation

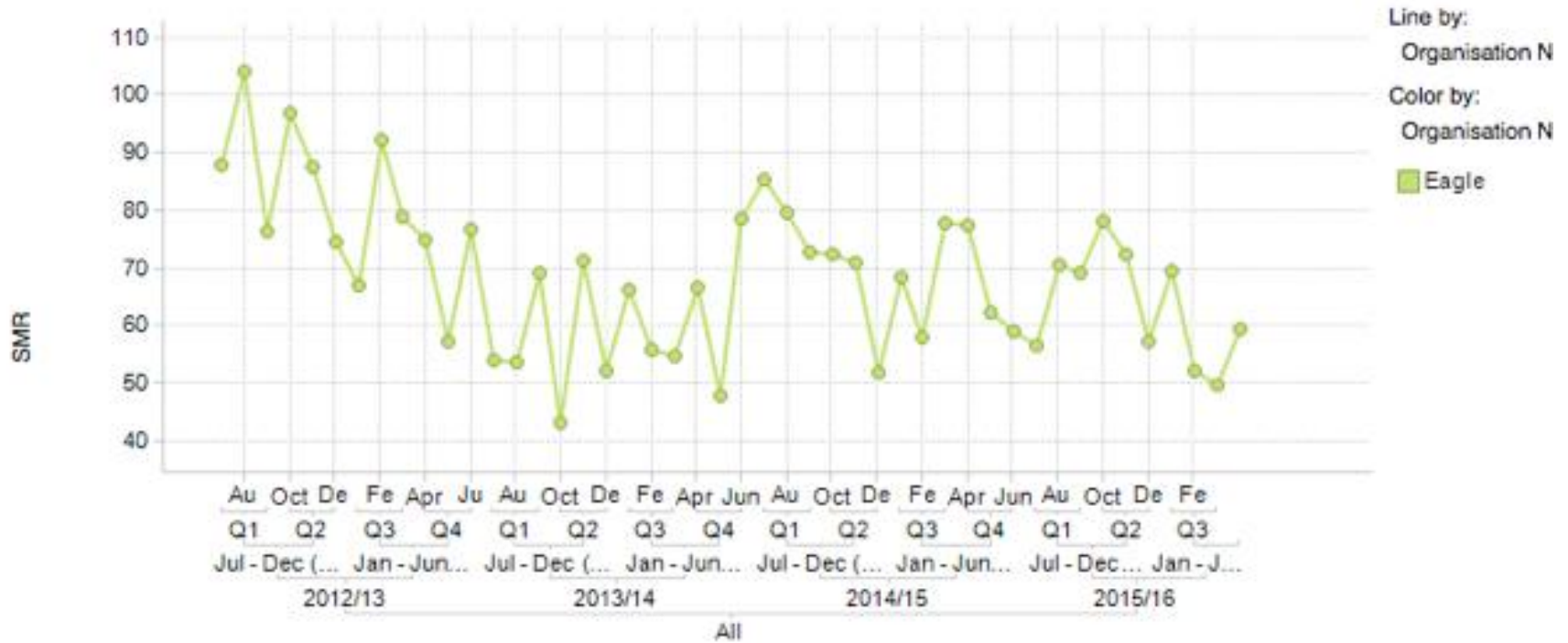
FirstNet/ED relevant groups

- Local
- Statewide user group
- Firstnet Sub CAG
- QEDSAP

5. Most importantly, keep patients at the centre of all

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Figure 2: Time Series



Requires Significant Change Leadership

1. Acceptance that we will be slower and less efficient for a while.
 - Articulate as part of the vision about why we are doing this and create the expectation that this is normal and OK
2. Traditional training methods not enough
 - Extra training
 - Simulation training- tasks and processes
3. Go-live support
4. Management of post go-live change
5. Keep patients and patient outcomes at the centre of everything

Thank-you

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