A discussion on the future of the National NEAT targets

Mark Monaghan
The intended outcomes of the NEAT reform

- Improved patient outcomes by improving hospital processes
- Improved consumer experience
- More efficient hospital systems

- Why is this reform ongoingly essential?
Outcomes associated with increased ED LOS and access block

Clinical outcomes associated with outlying patients


The key principles to success in this work

- Consistent political commitment and drive

- A stretch target

- A comprehensive, simultaneous program of reform within individual hospitals and across all sites
The key questions being discussed today

- Is a 90% target safe?
- Is a 90% target worth the investment it will require?
- Is a 90% target achievable?
Is there a safety/ quality issue with the current target?
State performance data – comparison of S/Q at baseline v Peak performance of 85%

<table>
<thead>
<tr>
<th></th>
<th>May 2011</th>
<th>May 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEAT peak</td>
<td>peak</td>
<td>46%</td>
</tr>
<tr>
<td>Mortality</td>
<td>2.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Unplanned re-presentations</td>
<td>3.8%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Complaints</td>
<td>5.1%</td>
<td>6.1%</td>
</tr>
<tr>
<td>MRSA rate</td>
<td>3.5%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Summary – adult tertiary hospitals
Is there a safety issue with the current target?
Is there a safety issue with the current target?

![Graph showing NEAT performance vs. number of complaints (per 1000 presentations) at WA adult tertiary hospitals.](image)

Delivering a Healthy WA
Is there a safety issue with the current target?
Unadjusted Mortality for RPH

<table>
<thead>
<tr>
<th>Hours in ED</th>
<th>Cases</th>
<th>Avg Hosp LOS</th>
<th>%Thirty Day Mort</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>56,247</td>
<td>4.2</td>
<td>2.4%</td>
</tr>
<tr>
<td>4-8</td>
<td>49,566</td>
<td>4.7</td>
<td>3.6%</td>
</tr>
<tr>
<td>8-12</td>
<td>12,145</td>
<td>5.0</td>
<td>4.5%</td>
</tr>
<tr>
<td>12+</td>
<td>12,145</td>
<td>5.1</td>
<td>3.8%</td>
</tr>
<tr>
<td>Total</td>
<td>130,103</td>
<td>4.6</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

30-day inpatient raw mortality and Emergency Department LOS (minutes) WA tertiary adult hospital July 2009 - June 2013
Our conclusion on the safety/quality issue

- We have seen no evidence of an adverse trend in safety and quality as NEAT performance has improved.
- We have seen a significant association between reduced ED LOS and decrease in mortality.
- A target of 90% is likely to result in performance in the mid to high 80s.
- This performance has been achieved in WA without a negative impact on S/Q.
- We can see no case to be made for reducing the target on these grounds.
The Cost v Benefit question

- Difficult to extrapolate to an aspirational target

- The corollary to this question however is that inefficient hospitals with increased access block and outliers have increased LOS and patient complication rates that increase costs. The NEAT reform directly addresses these issues.
Investment

- In most cases well considered redesign does not rely on significant economic investment to be successful.

- The bulk of investment should be in resourcing change management skills, not capital works or FTE creation.
Can states realistically expect to meet the 90% target?

- WA currently around 82.5% (tertiary sites 78-80%)

- Bell UK team recently identified 6-8% easily achieved with attention to detail.

- So, yes, absolutely.
What do the staff think?
Site Briefings Exercise

Summary of 4 visit sites responses to group exercise asking: “What is the impact on the system when 4 hour performance is at...?” Approximately 200 staff completed the exercise with multiple responses. Red Comments tend to denote negative, amber neutral and green positives. It is particularly important to pay attention to staff comments in red above 85%. The rationale and reasons behind these should be explored with relevant individuals or staff groups.

80% 85% 90%

• Impact on system?
  - Poor quality of care
  - Less safe
  - Poor patient satisfaction/ frustrated patients/complaints
  - Ramping
  - Blockages/ breach reports
  - Inefficient/ Misdirected
  - Low staff morale
  - Under pressure/ Disappointed
  - Frustrating
  - Busy
  - Usual
  - Balanced

• Impact on system?
  - Improved outcomes and experience
  - Improved quality of care
  - Safe
  - Satisfied patients
  - Streamlined/Good flow/Efficient
  - Calm
  - Proactive
  - Rewarding for staff/increase morale
  - Teamwork
  - Lucky/good day - doesn’t happen often
  - Increased clinical risk
  - Risk of Increased admission rate
  - Busy/ Stretched staff
  - Patients may be moved too quickly

17 March 2014

DRAFT Western Australia Emergency Care Report - UK Audit Team Visit
Summary of responses to group exercise asking: “What is the impact on the system when 4 hour performance is at...?” Approximately 20 staff completed the exercise with multiple responses. Red Comments tend to denote negative, amber neutral and green positives. It is particularly important to pay attention to staff comments in red above 85%. The rationale and reasons behind these should be explored with relevant individuals or staff groups.

- Patient care compromised
- Variable
- Waste of time
- Disempowered/ Dissatisfied
- Chaos
- Under scrutiny/ Relentless pressure
- Stress
- Frustrated/ De-valued/ low morale
- Ineffective/ Slow
- Tribal warfare – teams at war
- < 75% very worrying
- < 75% uncomfortable
- < 75% frightening
- 80% School zone – speed limits
- < 75% where is the problem
- < 75% why

- Quality/ Good care
- Safe
- Effective/ Efficient/ 
- Should feel automatic streamlined
- Consolidating improving outcomes
- Functioning at maximum efficiency
- Sweet spot
- Elation
- Job satisfaction
- Good communication
- Encouraging – builds on positive environment
- 85% - Cruising speed limit
- 85% - Gains being made
- Don’t know!
- Internally stressed/ stress shifts to hospital workflow

Delivering a Healthy WA
District Hospitals Exercise

Summary of responses to group exercise asking: “What is the impact on the system when 4 hour performance is at...?”. Approximately 20 staff completed the exercise with multiple responses. Red comments tend to denote negative, amber neutral and green positives. It is particularly important to pay attention to staff comments in red above 85%. The rationale and reasons behind these should be explored with relevant individuals or staff groups.

80%  85%  90%

Impact on system?
- Poor patient care
- Poor patient outcomes
- Dangerous
- Inequitable access
- Busy/Chaos/Confusion
- Inefficient/Block/Going in circles
- Waiting
- Frustrated/Disappointed
- Stressful
- Ok patient care
- Starting to move

Impact on system?
- Efficient/Smooth
- Safe
- Eureka
- Achievement/Successful
- Satisfied/Rewarding/Positive place to work
- Free to value add
- Easy day
- Getting by
- Coping ok
- Rushed
- Struggling

March 2014

Delivering a Healthy WA
Where do we go with this reform?

- Why has the improvement slowed in WA?

- The big difference between the UK approach and ours.

- This is the next difficult step and opportunity.
Should the target be smarter?

- Could NEAT be measured differently, particularly with reference to the admitted stream?
- Should different hospital peer groups have different targets?
- This would be the important work of a NEAT review panel. It is timely for this work to begin now.
Summary

- Don’t drop the target, but let’s make it smarter and better distinguish between admission and discharge streams.
- Considering the national performance, it is also reasonable to consider reviewing the current incremental target ‘slope’ linked to reward funding if there is the political will to continue to incentivise this work.
Summary

- There is still a huge reform opportunity here to create true whole of hospital accountability for access to care and capacity generation.
- This is only really starting now in WA after five years of 4 hr rule/ NEAT reform.