

HPA

HEALTH POLICY ANALYSIS



IHPA

No time for Backslapping!

*Estimating patient attributable clinician time in
emergency departments by consensus
ABF/PCSI 2017 conference – Sydney, Australia*

Authors and acknowledgements

Authors:

- Joel Tuccia, Health Policy Analysis
- Jim Pearse, Health Policy Analysis
- Prof. Peter Sprivulis, Fiona Stanley Hospital and University of Western Australia
- Deniza Mazevska, Health Policy Analysis
- Prof. Patrick McElduff, Health Policy Analysis
- Aaron Balm, Independent Hospital Pricing Authority

Acknowledgments:

- Expert advisors Dr Ralph Hanson, Dr Sue Ieraci
- ACEM, CENA and the Allied & Scientific Health Office, SA Health

There is No time...

- ...for Shaking Heads
- ...for Backslapping
- ...for Marching Bands
- ...for Optimism
- *...no time for Endless Thought*

The overall project

- *Commissioned by IHPA*
 - *to develop a new classification system for emergency care.*
- *Costing study*
 - Improve understanding of costs at the patient level.
 - Collect information on patient characteristics that have a potential impact.

What and how?

- Needed to measure clinical time
 - Required clinicians to record time and procedures with barcode scanners
 - Some sites also used observers for some specific roles or areas

Clinician time collection

Example barcode scan card:



Scan Procedure(s) - Continued 2/4		
Regional Procedures		
 Abscess/collection aspiration or drainage	 Nasal packing/cautery	 Suprapubic catheter
 Advanced patient cooling/ warming setup	 Nasogastric/PEG tube insertion	 Urethral catheter/IDC
 Bandaging/Strapping sprained joint	 Peritoneal Aspiration	 Vaginal speculum examination
 Chest tube/catheter/thoracostomy	 Peritoneal Dialysis	 Walking aid dispensation(incl. patient education)
 Eye irrigation	 Plaster(POP)/backslab application	 Wound cleaning & dressing
 Foreign Body Removal	 Pleural aspiration	 Wound gluing
 Fracture/dislocation reduction	 Rectal examination	 Wound suture/stapling - complex
 Joint aspiration	 Splint or sling application	 Wound suture/stapling - simple
 Lumbar puncture		
Patient mobilisation assistance and positioning		
 Airway management	 Log roll spinal assessment	
 C-spine collar application	 Nursing escort to an investigation procedure or on disposition	
 Heavy patient positioning	 Positioning of patient to avoid pressure injury	
 Heavy patient toileting		
Management of Acute Behavioural Disturbance		
 Administration of Chemical/Mechanical Restraint	 One-to-one Nursing for distressed/confused/agitated patient	
Referrals		
 Referral aged care assessment	 Referral other	
 Referral for mental health legal status assessmnt		

This is no time for Shaking Heads

Clinical concerns Re: barcode scanning

- Scanning process is discrete and linear
 - EDs are not discrete and linear
- Scanning required work on a single patient
 - EDs are not single patient treatment areas
- Scanning planned and methodical
 - EDs are fast paced

This is no time for Shaking Heads

Needed to:

- Process to validate the results of the empirical study
- Plug any gaps

First consensus:

We need a Consensus study

No time for Backslapping

Methods:

Nominal group

- Establish a list of ED activities/ procedures
 - Medical
 - Nursing
 - Allied health
- Establish and define a number of presentation types

No time for Backslapping

Activities included:

- Endotracheal intubation
- Procedural sedation
- Arterial cannula
- ECG
- Chest tube/catheter
- IV medication dispensing and administration
- Fracture reduction
- Triage
- Treating clinician bedside evaluation
- Senior review – verbal
- Clinical observations
- Nursing summation and disposition

130 activities / procedures

No time for Marching Bands

Presentation types:

- ***Simple case:***
 - e.g. a generally well patient with a limb injury or a well child with a fever.
- ***Complex case illness:***
 - e.g. a person with multiple co-morbidities presenting with shortness of breath.
- ***Complex case injury:***
 - e.g. a frail patient presenting with a hip fracture following a fall.
- ***Cooperative mental health case:***
 - e.g. depressed person presenting with suicidal ideation seeking help
- ***An aroused/aggressive case requiring sedation:***
 - e.g. a methamphetamine user with intoxication or post-use psychosis.

No time for Marching Bands

Methods:

Delphi technique

- Time estimation:
 - against the listed activities
 - for the given presentation type

Survey distributed to

- Medical, nursing and allied health
- Performed over two rounds
- Final review by nominal experts

Time for Optimism?

Medical

Medical designation	Round 1 Respondents	Round 2
Registrar	4 (3.0%)	n.a.
Career medical officer	2 (1.5%)	n.a.
Specialist consultant	126 (95%)	6
Total	132	6

Emergency department type	Round 1 Respondents
Paediatric only	9 (6.8%)
Mixed adult and paediatric	104 (79%)
Adult only	19 (14%)
Total	132

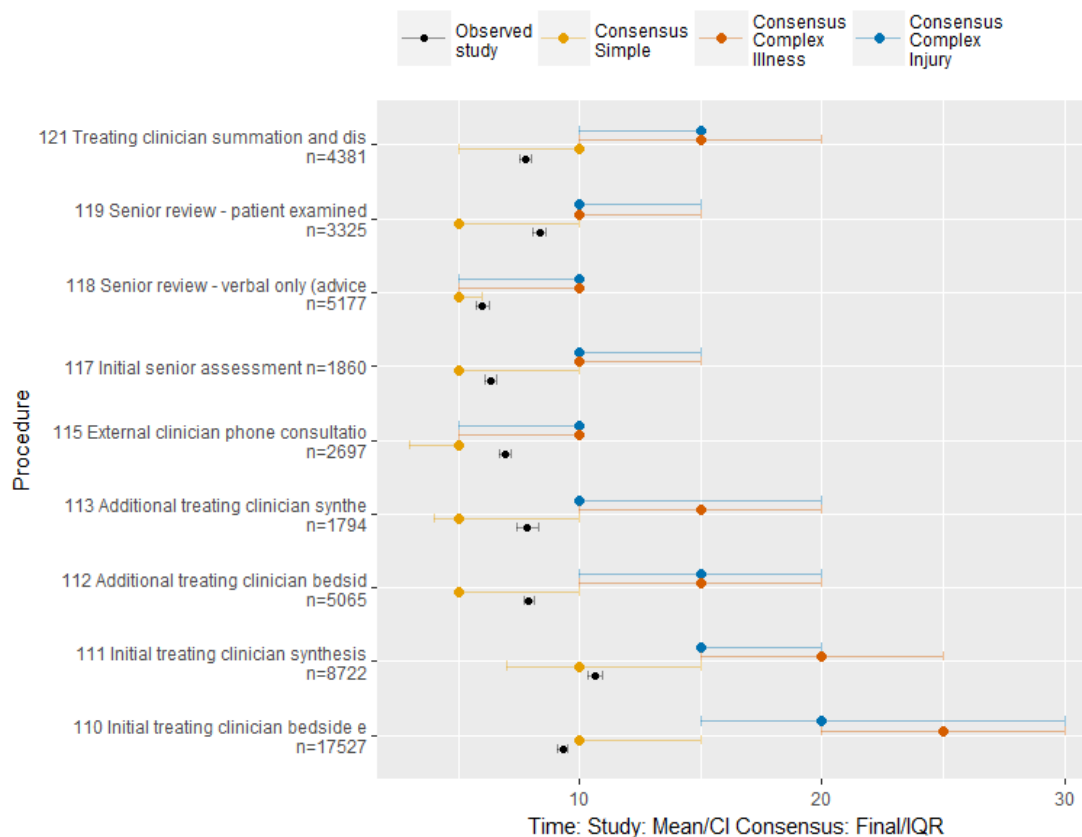
Nursing

Nursing designation	Round 1 Respondents	Round 2
Nurse practitioner	4 (5.8%)	n.a.
Enrolled nurse	1 (1.4%)	n.a.
Clinical nurse consultant	4 (5.8%)	8
Clinical nurse educator	9 (13%)	
Clinical nurse manager	6 (8.7%)	
Clinical nurse specialist	12 (17%)	
Other registered nurse	33 (48%)	
Total	69	8

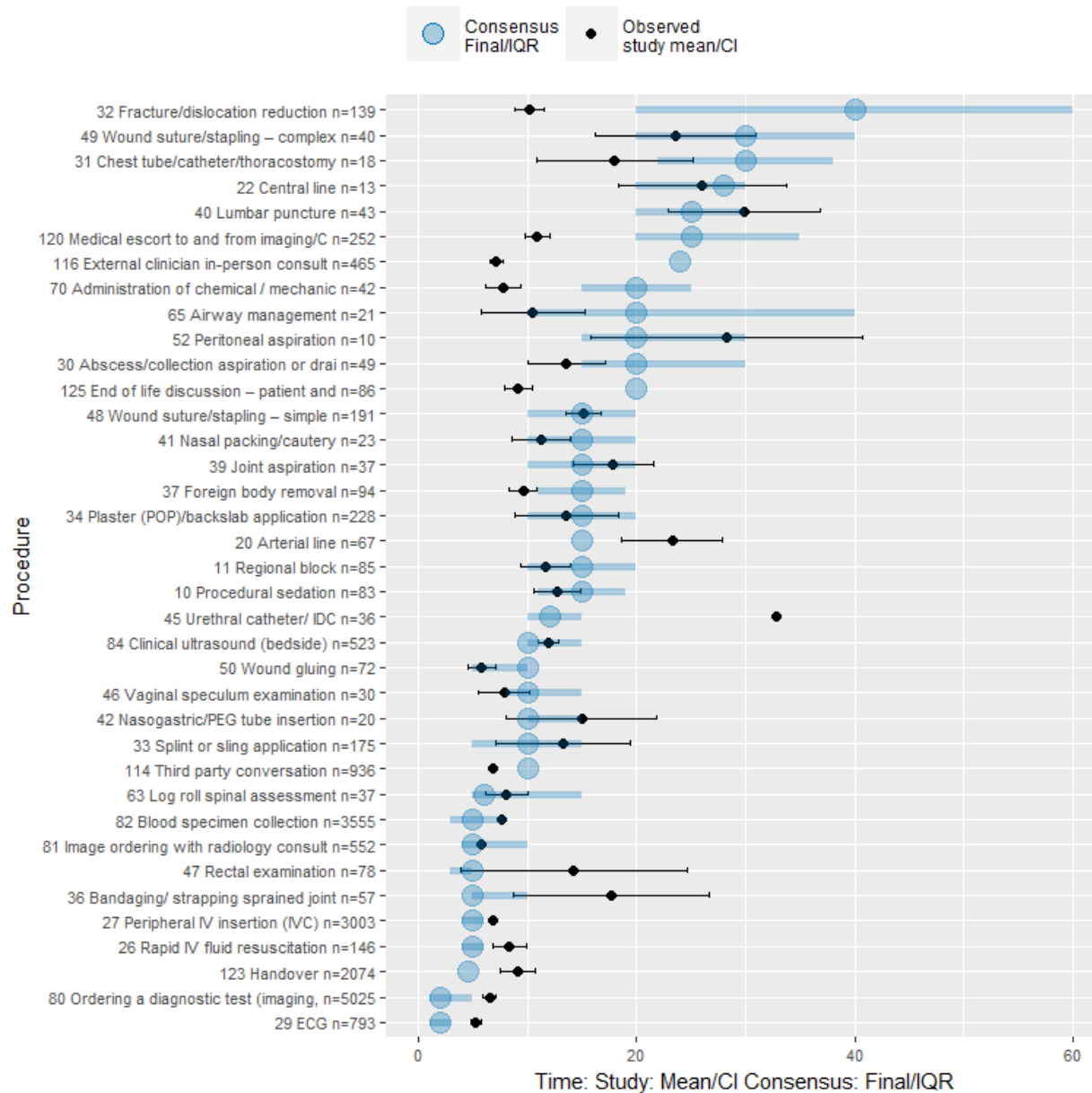
Emergency department type	Round 1 Respondents
Paediatric only	3 (4.3%)
Mixed adult and paediatric	59 (86%)
Adult only	7 (10%)
Total	69

Time for Optimism?

Comparison of times (in minutes) for medical standard workflow activities

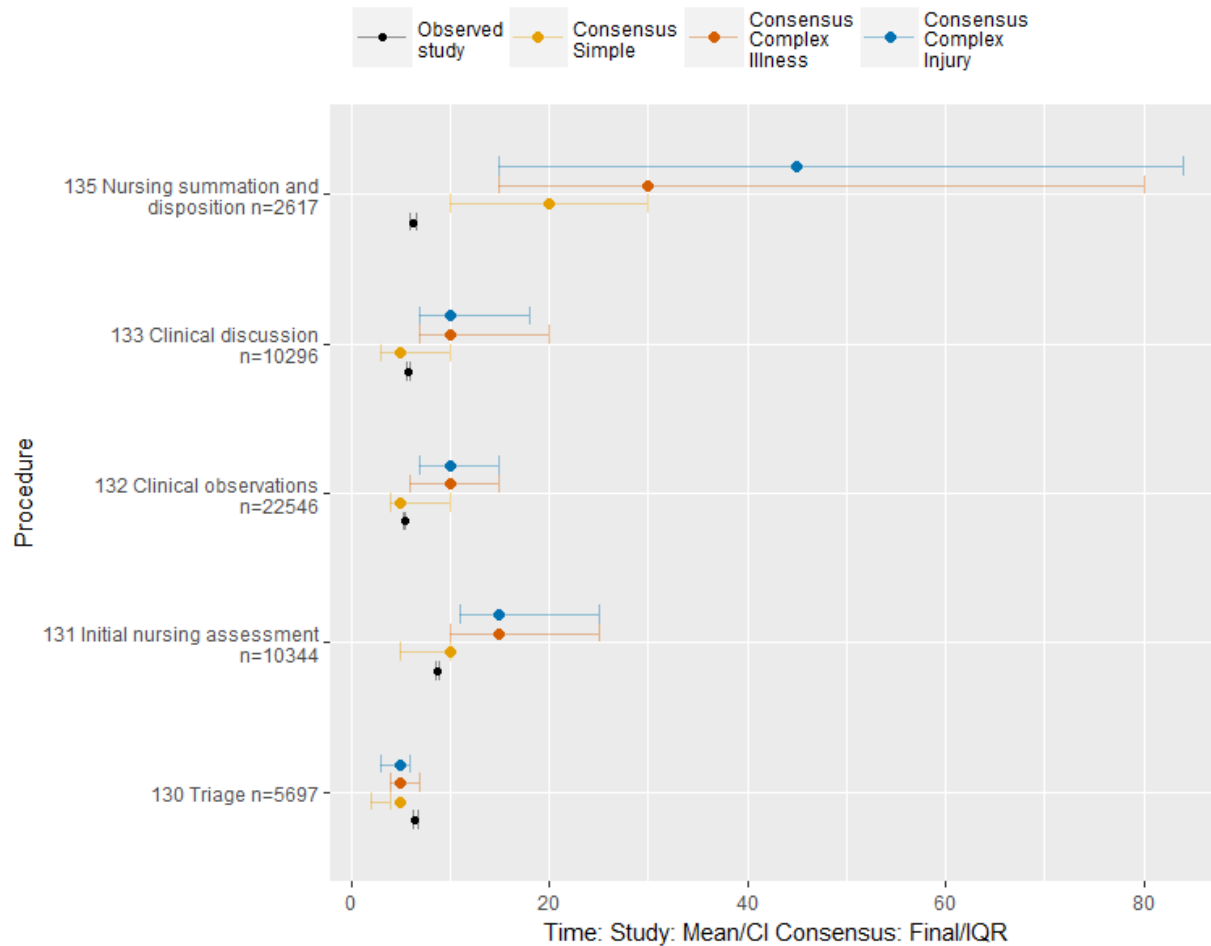


Comparison of time (in minutes) for medical procedures

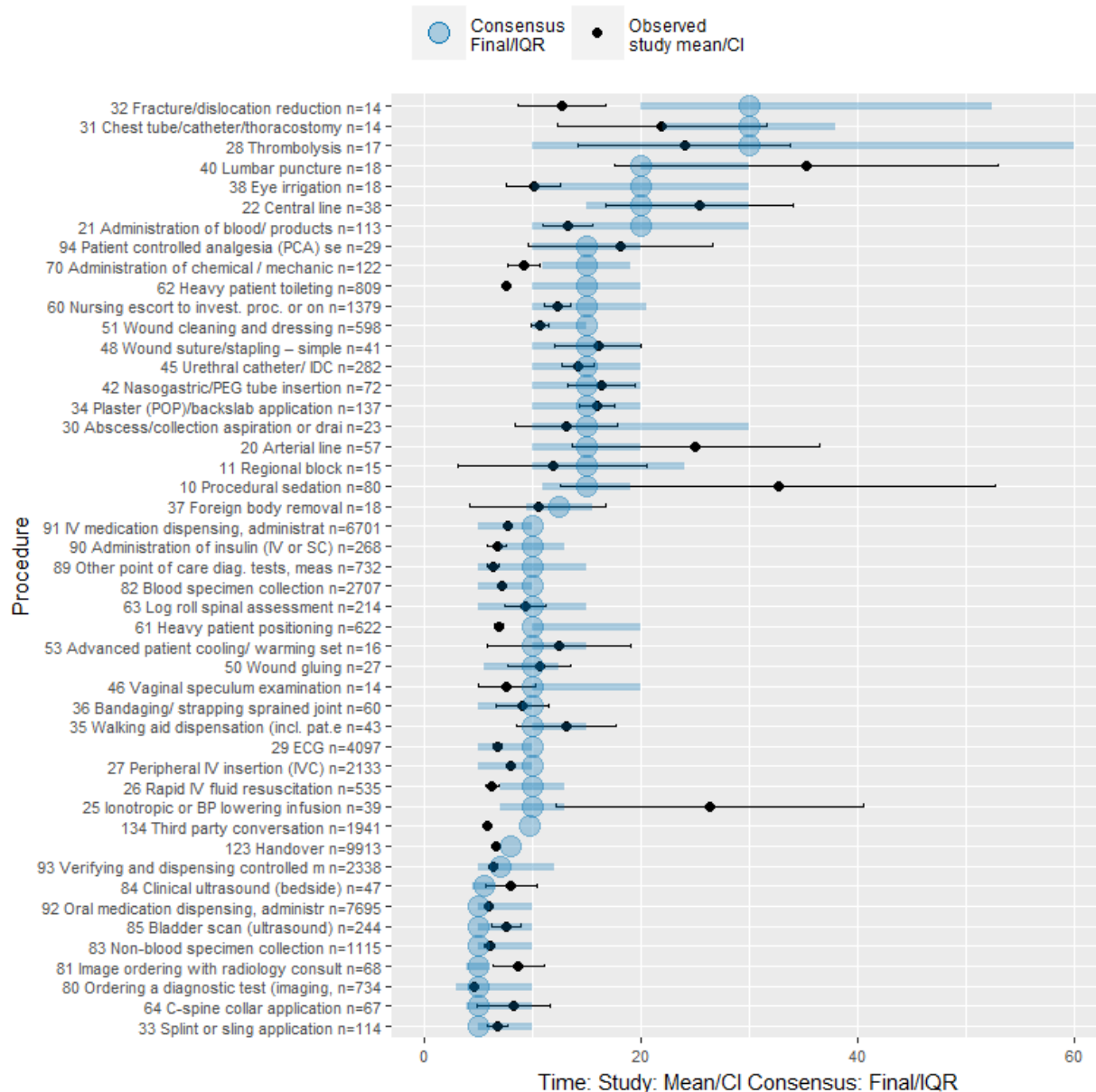


Time for Optimism?

Comparison of times (in minutes) for Nursing standard workflow activities



Comparison of time (in minutes) for nursing procedures



...no time for Endless Thought

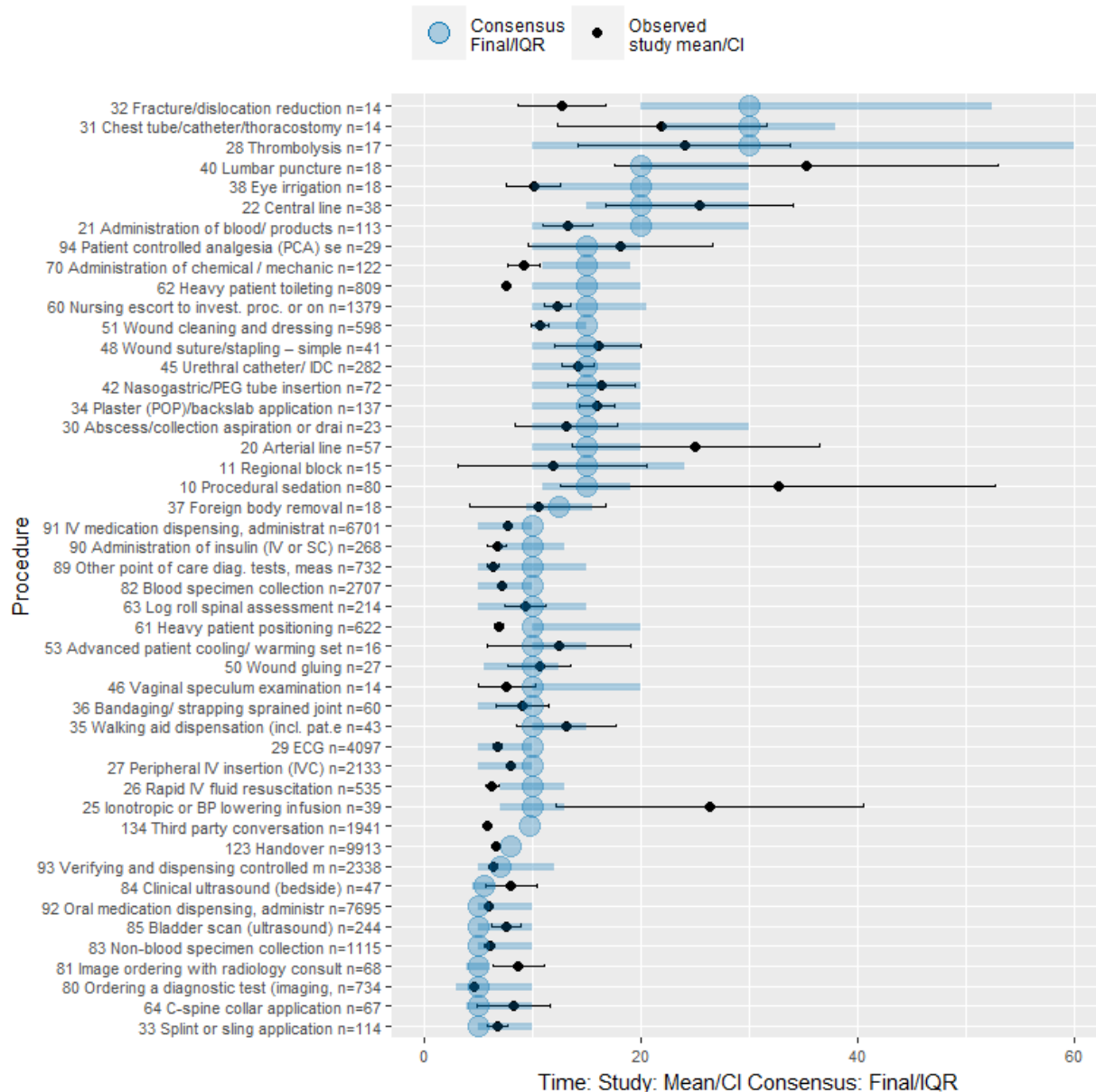
- Alignment between Consensus and Empirical
- Also differences...
- Generally, observed time was lower

...no time for Endless Thought

Lower observed time

- Reality of a busy ED
- Simple cases dominate
- Not possible to collect all of the time, all of the time
- Multi tasking clinicians
- Rounding

Comparison of time (in minutes) for nursing procedures



...no time for Endless Thought

Significant differences

- Model of care
- Role delineation
- Individual procedural policies

...no time for Endless Thought

Concluding

- Consensus study has provided confidence in empirical observations and classification
- Provided triangulation especially for low volume procedures

When clinicians say they have no time...

Be careful, they tend to round.