



St. Michael's Hospital Emergency FAST TRACK

Mary Dimeo RN(EC) Adult

St. Michael's Hospital Emergency Department

Toronto, Ontario

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ER NURSES HELP PATIENTS GET SEEN SOONER

Mary Dimeo is a nurse practitioner who works in a dedicated Fast Track area of St. Michael's Hospital's Emergency department. Fast Track, which is supported by donor Marjorie Waters, is staffed by two nurse practitioners.

"Nurse practitioners are independent nurses who can use their knowledge and skills to provide timely and effective care to patients," says Ella Ferris, executive vice president, Programs, and chief nursing executive. "They help direct people with minor injuries and illnesses through the system faster, removing stress on the system, and importantly improving patients' experience."

This area is also proving to be an effective wait-time strategy. "With the Fast Track area, we are now able to double the number of patients we can see," says Mary, "and the majority can be treated within one hour."

"Offload nurses" like Annette Garland are also speeding up care. Annette is a registered nurse who meets the emergency team at the ambulance bay to evaluate an incoming patient's condition and prioritize his or her care. This means quicker attention and care, while freeing up paramedics to answer other emergency calls. 



Mary Dimeo (left) treats a patient in St. Michael's Fast Track system. Mary, and fellow RN Annette Garland, showed the Ontario Minister of Health during a recent visit to St. Michael's how they are improving patient wait times and care in the Emergency department.

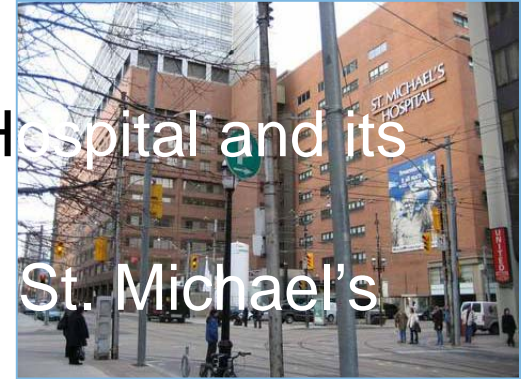
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Presentation Overview

- Provide a brief history of St. Michael's Hospital and its Mission and Values
- Describe the distinguishing attributes of St. Michael's Hospital Emergency Department
- Explain how things work in an Emergency Department
- Detail who Nurse Practitioners are and what they do
- Outline the driving forces for a change in care in the ED
- Discuss Ontario Emergency Fast Tracks
- Describe St. Michael's Hospital Fast Track vis-à-vis planning, implementation, and evaluation



St. Michael's Hospital

- Founded 1892
- Catholic Teaching Hospital in downtown Toronto
- In 2008 named one of Greater Toronto's Top Employers
- In 2009 honoured as best employer for New Canadians
- Specializes in
 - ... Trauma + Neurosurgery
 - ... Coronary Care
 - ... Cancer Care
 - ... Care of our vulnerable populations...Inner City Health

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St. Michael's Hospital Mission & Values

- Human Dignity
- Excellence
- Compassion
- Social Responsibility
- Community of Service
- Pride of Achievement



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St. Michael's Hospital Mission & Values

STATEMENT	SMH PHYSICIANS VOTING AFFIRMATIVELY	DIFFERENCE FROM NATIONAL AVERAGE
I believe the hospital is great to work for	56.4%	+26%
I am willing to put in more effort than expected	64.5%	+19%
I am proud to be part of the hospital	70.4%	+30%
The hospital and I share similar values	62.4%	+28%
The hospital inspires the best in me	51.5%	+26%
I am glad to have chosen the hospital over others	61.8%	+24.4%
I care about the fate of the hospital	51.3%	+25.1%

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St. Michael's Hospital Emergency Department

- Inner City population
- Annual Visits
- Daily Visits
- Weekly Volume Pattern
- Daily Volume Pattern
- Regional Stroke Centre
- Regional Trauma Centre
- Pregnant Trauma Specialists
- Quaternary Neurosurgery Referrals
- Rotary Transition Centre



Canadian Triage and Acuity Scale

CTAS Score	Time to Nurse	Time to Physician	Proportion of SMH ED Volume
1	Immediate	Immediate	<2%
2	Immediate	15 minutes	20-25%
3	30 minutes	30 minutes	40-45%
4	60 minutes	60 minutes	25-30%
5	120 minutes	120 minutes	5-7%



St. Michael's Hospital Emergency Department

- Triage
- Trauma Room
- Major
- Intermediate
- Minor
- Fast Track

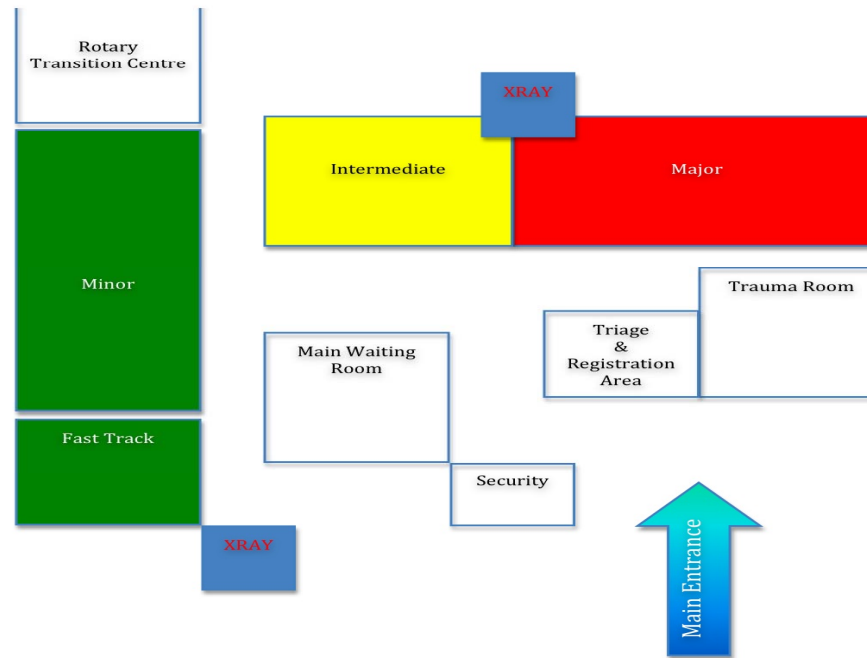


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St. Michael's Hospital Emergency Physical Lay-out



History of NPs in St. Michael's Hospital Emergency Department

- ✓ First NP hired in 2001
- ✓ Double NP coverage since 2006
- ✓ Fast Track established in April 2008
- ✓ Third NP hired - starting July 2010



Nurse Practitioner (NP) Definition

A Nurse Practitioner is a Registered Nurse with additional education and experience who is able to order and interpret diagnostic tests, communicate diagnoses, prescribe drugs and perform specific procedures.



Nurse Practitioners in Ontario

	RN(EC)Adult/ Pediatric <i>Previously known as Acute Care Nurse Practitioner</i>	RN(EC)Primary
Scope of practice	Medical directives → transitioning into the same 3 additional controlled acts of the Primary RN(EC)	3 additional controlled acts under Ontario's RHPA and the Nurses Act <ul style="list-style-type: none"> ■ communicate a diagnosis; ■ prescribe drugs from a limited list; ■ order forms of energy, such as ultrasounds
Provincial Licensing exam	Yes	Yes
Educational preparation	Masters degree	BScN + PHCNP program → Masters degree
Usual practice setting	Acute care setting i.e. hospital	Primary care setting i.e. community



Nurse Practitioners in Ontario

	RN(EC) Adult/Pediatric	RN(EC) Primary
Patient Population	<ul style="list-style-type: none">■ Acutely ill■ Unpredictable■ Complex	<ul style="list-style-type: none">■ Well, stable chronic and complex conditions



Nurse Practitioners in Ontario

- NPs in Ontario: 1000 RN(EC) Primary + ~500 RN(EC) Adult + Pediatric
- Most GTA hospitals have 30+ RN(EC) Adult
- At SMH, we have 30-35 Adult Nurse Practitioners, working in a multitude of areas including diabetes, nephrology, trauma, ICU, cardiology, CVICU, NICU, CF, pain service, RGP, wound care, psychiatry



Impetus for Change in Care Delivery

- NP Role Delineation
- Department Needs Assessment
 - Majority of daily volume is Minor, CTAS 3-5
 - Continuity of care
 - Consistency of applying clinical guidelines
- Job Satisfaction



Planning for and Developing St. Michael's Hospital Fast Track

- Literature Review
- Site Visits
- Departmental Review
 - Needs assessment
 - Added value



Fast Track Triage Criteria

Health System	Patient Presentation (*Criteria for NP care)	
ENT	Ear pain *no dizziness, no vertigo Ear FB Impacted cerumen	
Environmental	Burns * <10% BSA	
General + Minor	Abnormal results lab/radiology – well pt. Extremity swelling/infection Minor assault wound r/a) Needlestick/body fluid exposure	Post-op wound complaints Prescription request *no narcotics Reassessment/returning for medication (antibx, INR, Suture/staple removal
GU/Perineal	Dysuria/possible UTI Labial/external vaginal complaints	
Gyn/Ob	FB vagina Labial/external vaginal complaints	Vaginal discharge
Infectious Disease	Cold + flu symptoms – no fever Cough – no fever Sore throat *no stridor, no drooling	
MSK	Acute extremity injuries *no chronic pain, no deformity, no neurovascular compromise Acute minor back strain *able to ambulate and sit in chair Animal or human bite *first day of bite only Subungual hematoma * < 50% nailbed hematoma	
Respiratory	Cold/flu symptoms – no fever Cough – no fever Difficulty swallowing/dysphagia/sore throat *no stridor, no drooling	
Skin Complaints	Abrasions Abscess Animal or human bite * first day of bite only Burns * <10% BSA Fingernail/toenail complaints	Laceration/puncture *no deep lacerations Needlestick/body fluid exposure Post-op wound complaints Subungual hematoma * <50% nailbed hematoma

Driving Forces for Maintaining Fast Track

MOHLTC Emergency Wait Time Strategies

Targets

- Minor/uncomplicated conditions; maximum ED LOS 4 hours. Starting point: ED LOS 4.6 hours
- Complex conditions +/- admission; maximum ED LOS 8 hours. Starting point: ED LOS 13.5 hours

Means of meeting those goals

Pay for performance funding

- \$7.5 million for ER Process Improvements
- \$6.5 million to enhance community services
- \$5 million for off-load nurses
- \$4.1 million to trial Physician Assistants



Evaluation of St. Michael's Hospital Emergency Fast Track

Outcome measurements

- Number of Patients Seen
- Time to being seen
- Length of Stay
- Patient Satisfaction
- Colleague Satisfaction
- Meeting MOHLTC Targets



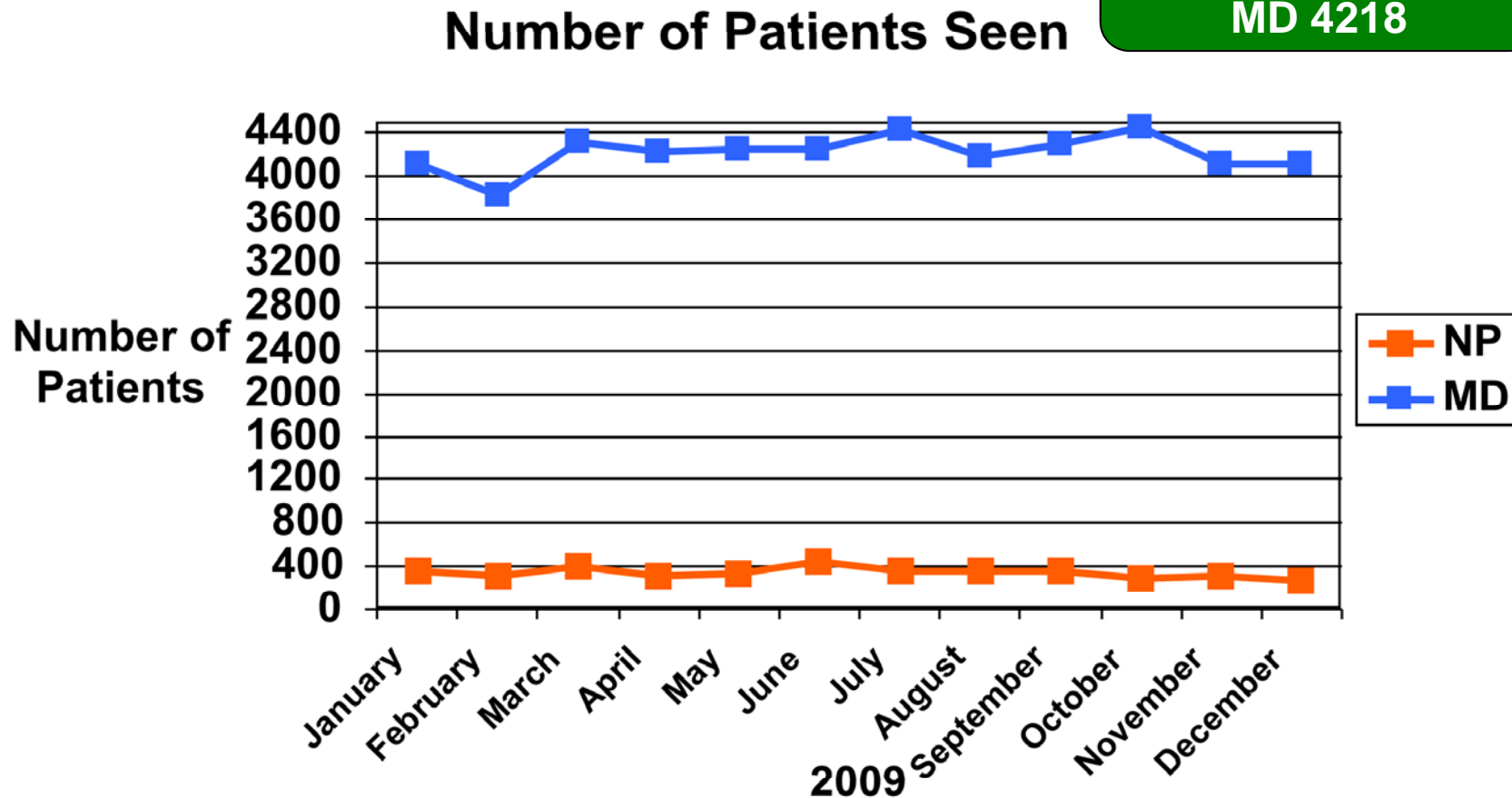
Number of Patients Being Seen by NP with Old Model Versus Fast Track Model

	May 2007		May 2008	
	Number of Patients Seen	Average Length of Stay (hrs)	Number of Patients Seen	Average Length of Stay (hrs)
Resident	255	6.99	195	7.88
Emergency Physician	3,761	6.29	3,669	6.49
Nurse Practitioner	214	3.90	377	1.98
Trauma	47	2.62	34	3.52
Direct	171	6.85	156	7.62



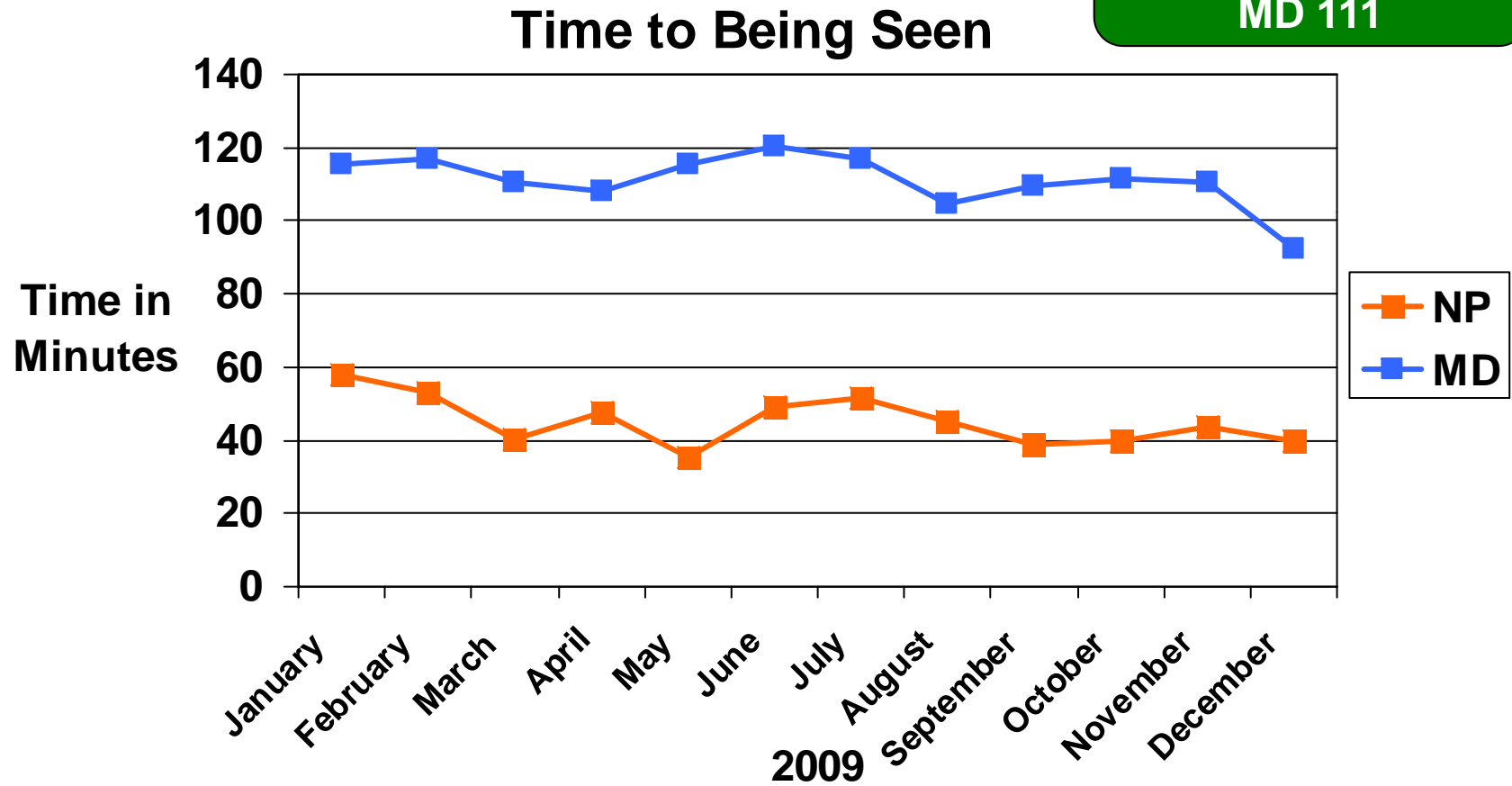
Number of Patients Seen

Average per Month
NP 346
MD 4218



Time to Being Seen

Average in Minutes
NP 45
MD 111

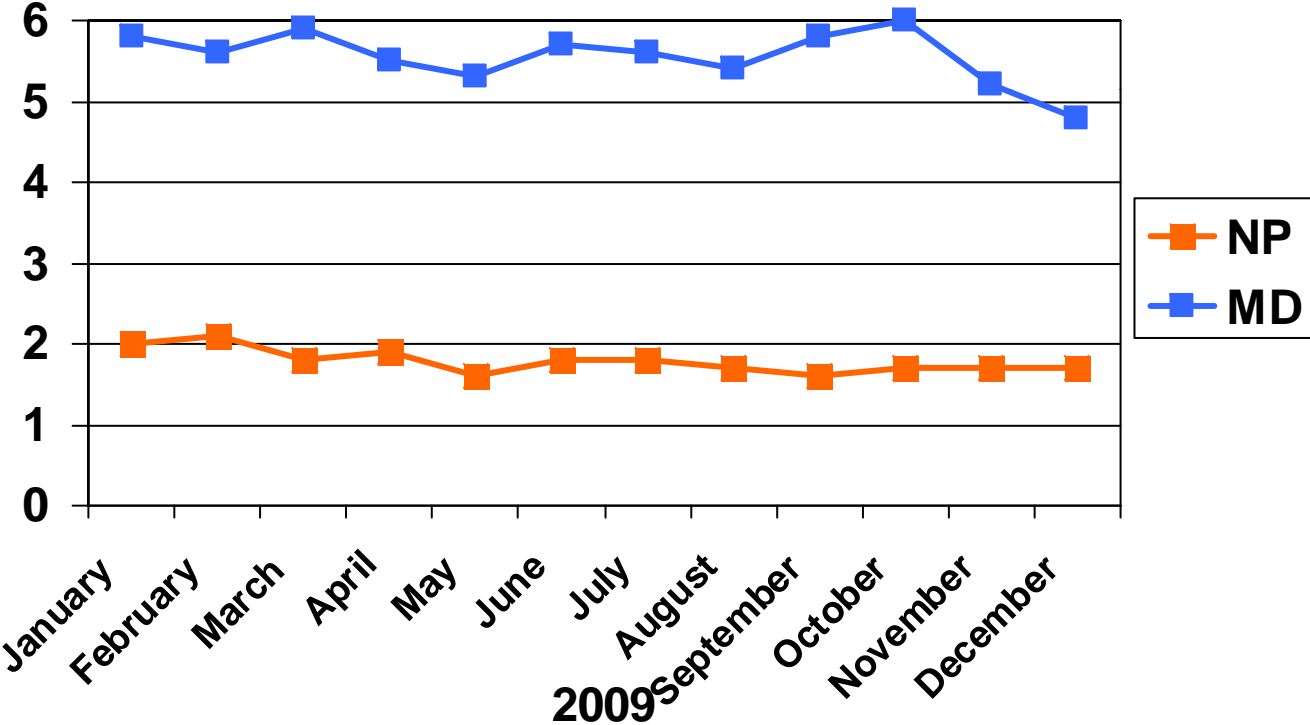


Average Length of Stay (LOS)

Average LOS in Hours
NP 1.8
MD 5.6

Length of Stay

Time in Hours



Patient Satisfaction Survey

- 1) How thoroughly did the NP ask about your symptoms and your health concerns? *97% rated excellent or very good*
- 2) How well did the NP listen to what you had to say? *97% rated excellent or very good*
- 3) How well did the NP put you at ease during your physical examination? *100% rated excellent or very good*
- 4) How much did the NP involve you in decisions about your care? *83% rated excellent or very good*
- 5) How well did the NP explain your problems or any treatment that you need? *90% rated excellent or very good*
- 6) The amount of time the NP spent with you today? *86% rated excellent or very good*



Patient Satisfaction Survey

- 1) I feel I understand my health problems or illness more than I did before my visit. *80% rated as strongly agree or agree, 20% n/a*
- 2) I feel I am able to cope with my problems or illness more than I did before my visit. *77% rated as strongly agree or agree, 20% n/a*
- 3) I felt the NP understood my health concerns. *97% rated as strongly agree or agree, 3% n/a*
- 4) I still want to seek further care for my health concern(s). *77% strongly disagree or disagree, 20% n/a*
- 5) Overall I am satisfied with the health care I receive today. *97% strongly agree or agree*



Colleague Satisfaction Survey

- 1) I feel comfortable when the NP is the first-line practitioner for the patients *93% strongly agree or agree, 7% undecided*
- 2) I believe that the NP provides safe quality of care *100% strongly agree or agree*
- 3) I believe that the NP is effective in planning the care and treatment goals for the patients *100% strongly agree or agree*



Colleague Satisfaction Survey

- 4) I believe that the NP offers acceptable technical quality in implementing procedures *86% strongly agree or agree, 7% blank, 7% undecided*
- 5) In my judgment, the Minor Treatment Area runs more smoothly and efficiently since the NP Fast Track Area has been implemented *100% strongly agree or agree*
- 6) What do you believe to be the most beneficial aspects of the NP Fast Track Area that adds value to the ED +/- or your own practice? *enhances "flow" 93%, nursing expertise 21%, additional nursing care 21%*



Meeting Ministry Targets

March 2010

- Minor/uncomplicated conditions; maximum ED LOS 4 hours. Starting point May 2009: ED LOS 4.6 hours



Going Forward...

- Areas of success and development
- Role of the third NP

Questions? Comments?

