**Problem and Goal Statement:**
Sept 15 – Dec 15, 2018

**Goal Statement:**

1. 80% reduction of GIM ward physicians pulled away from the ward to attend ED consultations
2. 80% increase in ward physician rapid round attendance
3. 30% reduction of ED consultations
4. 30% reduction of Emergency inpatients (EIPs)

**Goal:**
Lead to GIM physicians working longer ward hours while consistently getting paged for ED consultation, multiple inter-ED physician handovers, poor physician attendance to ward rapid rounds, increased ED consults, EIPs, wait times, delayed discharges, and both poor patient and physician experience.

**Background, Problem and Goal Statement:**

- The Grey Nuns Community Hospital (GNCH), with nearly 75,000 ED visits annually and the GIM physicians assigned to both the ward and ED consultation services, resulted in GIM physicians caring for both ward and ED patients at the same time. This has led to GIM physicians working longer ward hours, poor GIM physician attendance to ward rapid rounds, increased ED consults, EIPs, wait times, delayed discharges, and both poor patient and physician experience.

**Goal Statement:** Develop a GIM ED triage and consultation service to achieve the following:

- 80% reduction of GIM ward physicians pulled away from the ward to attend an ED consultation
- 80% increase in ward physician rapid round attendance
- 30% reduction from consult request to decision to admit closer to the 2h goal established by AHS
- 30% reduction of Emergency inpatients (EIPs)

**Process Assessment:**

- Multiple physician engagement sessions with both medicine and emergency physicians were held, identifying current hurdles faced. EZ Benchmarking with Sturgeon Community Hospital and the University of Alberta Hospital along with a brief literature review provided background for GIM ED service development.
- The project team reviewed EDIs data, conducted a Gema walk and a pre-survey. Key process issues identified include but are not limited to: GIM physician required to be in 2 places at once, increased inter-ED physician handovers, ED physician’s waiting on GIM physician, poor rapid round attendance and patients are waiting either on the ward or in the ED to be seen by GIM.

**Improvement Selection and Implementation Plan:**

**Sept 15 – Dec 15, 2018**

**Pre and Post-Survey Results:**

- Open process to internal medicine from the ED
- ED delay to handoff increasing patient lengths of stay

**SUSTAIN RESULTS**

**Reinforce Ownership, Measurement & Continuous Improvement:**

- GNCH GIM ED service Project team will continue to address concerns that were identified to give rise to updates for PDSA #2. The project will continue exploring the cohorting of GIM patients on one ward along with developing a GIM ED service therefore improving interdisciplinary communication both on the ward and in the ED.

**Arisin PDSA Model #2 Potentials:**

- Physician schedule will remain the same as PDSA #1, with a GIM ED Physician from 7:00am – 5:00pm
- A PDSA #2 time frame recommendation of 6 months to view shifts in data are statistically significant
- Continual exploration of change management approaches to support all staff through the interventions
- Support the proportion of FM cases seen in the ED maintaining the FM and ED physician connection and to not disrupt FM patient flow
- Cohort a GIM ward-right bed for the GIM physician the first time: limit off service GIM patients
- GIM physicians attend ward rapid rounds and at Bed Management meetings (9:00am)
- Track the number of Admission avoidance
- Review the cap of EIPs by benchmarking with other local hospitals therefore updating this intervention
- PDSA time frame recommendation of 6 months to view shifts in data are statistically significant

**Lessons Learned:**

- Separating out the GIM ward and GIM ED service has hospital wide flow benefits; however the GIM ED service is physically challenging therefore physician scheduling is critical to prevent burn out
- Consider how to best maintain quality trainee experience when implementing GIM ED service
- GIM ED service provides a predictable, standardized handover between ED & GIM physicians and strengthened this relationship
- Implementation of a standard admission order set supported streamlined admissions
- Cohort GIM wards can further support hospital wide patient flow and allows higher acuity patients to gain access to beds in a more timely manner

**Why this QI Change Matters:**

- To Patients: Let’s return them to their families sooner
- To Alberta: Let’s be leaders in challenging the status quo and improving how we deliver care
- To the Healthcare System: Let’s improve our ability to collaborate interdisciplinarily

- “This trial is a step in the right direction” – ER Physician