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The Royal Hobart Hospital Emergency Department: Your Local ED

Dr lestyn Lewis – Emergency Physician

How the ED Works

- Open 24/7/365
- Anyone can walk in through the door
- Free at point of service
- We assess & treat a wide range of acute presentations
- We admit acute patients who need inpatient treatment
- Also provide a portal of entry for patients requiring inpatient care

Who Works in the ED?

H EMERGENCY

CLEARANCE 3.3m

The ED Workforce

- 35 Staff Specialists covering 21FTE
 - Most are Part Time with Sub-Specialty Interests
- 45 Registrars covering 32 FTE
- 26 RMOs
- 250 + Nursing Staff
- 24 hour Radiography Service
- 7 day a week Allied Health Team
- Orderlies, Aides, Cleaning & Security Staff

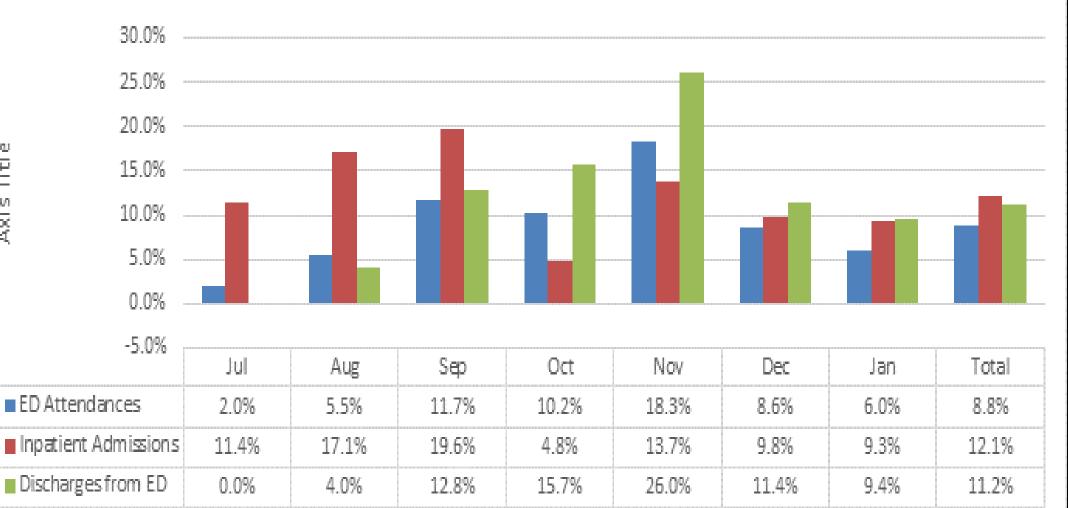
General Facts about the RHH ED

- Current Department was opened in March 2007
- It was built for 35,000 presentations per year
- 25% Paediatric Presentations
- 20% Geriatric Presentations
- Patients Triaged with Australasian Triage Scale on Arrival
- Streamed into Main area, Minors, Mental Health or Paediatric
- In Response to the Pandemic we opened a Respiratory ED (ARIA)

Increase in ED Workload 20/21

- This year 2020/21 it is likely that we will hit 70,000 + presentations
- Approx 200 presentations a day
- Presentations to EDs nationwide increase 6% per year
- In the last year our admissions have increased 9% overall
- > 65yo increased by 12% to 25% of all presentations
- 12% increase in hospital inpatient admissions
- 11% increase in ambulance arrivals

% change in ED Attendances 19/20 to 20/21



Patient Flow at the RHH

Surge and Escalation Level	Definition		
Level 1 Normal Operating Activity	Capacity is such that the campus is able to maintain patient flow and is able to meet anticipated demand within available resources.		
Level 2 Increased Pressure on Flow Activity	The campus and systems are showing signs of pressure. Focused actions are required to mitigate further escalation. Enhanced coordination will alert the campus to take action to return to green status as quickly as possible.		
Level 3 Severe Effect on Flow Activity	Actions taken in Level 2 have failed to return the system to normal operating activity and pressure is increasing. The campus and local health care systems are experiencing major pressures compromising patient flow resulting in bed block. Further urgent actions are required across the system by all areas.		
Level 4 System Severely Compromised in relation to delivery of Safe Patient Care	All actions initiated have failed to contain service pressures within agreed timeframes, local health care systems are unable to deliver comprehensive emergency care. There is a high potential for patient care to be compromised. Decisive action and decision making must be instituted to recover capacity using a health system wide approach.		

Patient Escalation Plan: ED Triggers

Trigger	Score	0 Points	5 Points	10 Points	20 Points	
Pts in ED Waiting Room		<2	2-4	5-6	≥7	
Ramped patients (greater than 30 min)		0	0	1	≥2	
Patients ready for ward transfer but beds unavailable for > 60min		<2	2-4	5-7	≥ 8	
Patients requiring isolation		<2	2-4	5-7	≥8	
Resuscitation bays available		4	3	2	1 or 0	
≥ 60 pts in ED with ≥ 15 pts bed requested & unallocated		AUTOMATIC LEVEL 4 INITIATION – COVID-19 requirement				



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Ambulance Ramping This is now a quiet day at the Royal !

Conditions the ED is Resourced to Manage

- Acute Illness
 - Chest Pain, Infection, Bleeding, Shortness of Breath, Acute Neurology
- Acute Exacerbations of Chronic Disease
 - CCF, COPD, Renal Failure, Sepsis,
- Trauma
 - Minor Sprains, Strains, Fractures, Lacerations
- Psychological Emergencies

Conditions the ED is Not Resourced to Manage

- Chronic Disease
- As a Short Cut to Specialist Out-Patient Clinics
- Ongoing Patient Care

Referring your Patients to ED

- You Don't Need to Phone for Striaght Forward Referrals
 - Please Write a Referral Letter
- Please Phone for Advice or if Patient is Unstable MOIC 6166 6101
- General Enquires 6166 6100
- Admin Consultant Monday to Friday 0800-1700 6166 0180

What to Expect from the ED when your Patient is Seen

• A Discharge Letter – Explaining the patient presentation, our investigations, treatment and recommendations

Questions?