

Q3. NEAT Targets

Practice Fellowship exam 2016

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General comments

- Read the questions
- One item per line
- Write legibly
- Be specific
 - > more beds
 - > more staff
 - > Improve flow
 - > educate staff
 - > more resources
 - > Whole of hospital
- Pass 7/14
- Average 6.4
- Pass rate 55%

What does NEAT stand for?

- National Emergency Access Target(s)

What is the NEAT target?

Proportion of emergency patients with an ED length of stay of less than four hours.

Applies to all ED presentations, and for all disposition types

- Admissions (ward, SSU)
- Discharges (home, residential care)
- Transfers (another public hospital or private hospital)
- (Deaths in ED included in Victoria.)

What is the NEAT target?

Original aim was for 90% ED LOS < 4hrs by 2015

- Each state had a different baseline target (1 Jan 2012)
 - Eg. Victoria 72%
 - Target to increase each year to 90% by 2015

Victorian 2016 target currently 81%

Jan-March 2016 average Vic health service performance 73 %

Which patients are included in the NEAT target?

- ALL patients presenting to ED
 - All age groups
 - All presentation types and severities
 - All disposition types

3 reasons NEAT introduced

- Improve patient flow
- Reduce ED over-crowding (access block)
- Drive whole-of-hospital clinical redesign - improve length of stay
- Patient satisfaction
- Improve timeliness of care
- Improved safety - reduce inpatient adverse events
- National Partnership agreement between Commonwealth/States
 - Hospital and health workforce reform
 - Improving Public hospital services

List 4 (four) strategies the *hospital* can employ to ensure the NEAT target is met.

- Senior decision maker led daily ward rounds - consistency, structure
- Early identification of potential discharges – estimated day of discharge
- Use of discharge lounge to improve AM discharges
- Hospital in home, residential in-reach, direct to subacute
- Flexible beds during surge
- Hospital night/weekend cover – clinical lead JMS supervision model
- Chronic disease management programs – eg COPD, heart failure, diabetes,
- Multidisciplinary patient flow meeting/steering group
- Surge response, over-census
- Focus on medication, imaging and pathology turn around times
- Facilitate access to subacute beds
- Long-stay patient multidisciplinary round

List 4 (four) strategies the ***Emergency Department*** can employ to ensure the NEAT target is met.

- Early senior clinical decision making - e.g. RITZ, RAP models
- Streaming - e.g. fast track, mental health, paediatrics
- Strategy for early release of ambulance arrivals
- Appropriate test ordering – focus on essential investigations only.
- Use of SSU/observation model of care
- Timeframes for inpatient (IP) review- eg within 1 hr of referral
- Agreed workup with IP teams for common admission conditions
- ED physician authorised admissions – interim orders, STC
- Direct admissions
- Advanced practitioner roles - nurse, physio, pharmacy
- Streamline radiology and pathology turnaround
- Roster clinical staff to demand
- Rapid review clinics – eg paediatrics

QUESTIONS

The logo for Alfred Health, featuring the word "Alfred" in red and "Health" in black, positioned in the upper right corner of a white page with a red header and a grey wave graphic.

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