
Pull from Emergency Department

Initiative Type

Model of Care

Status

Deliver

Added

19 July 2017

Last updated

15 January 2024

URL

<https://test.clinicalexcellence.qld.gov.au/improvement-exchange/pull-emergency>

Summary

The Pull from emergency department (ED) model refers to the concept of patient flow based on the 'downstream' units (i.e. wards) asking for patients rather than the 'upstream' unit (i.e. ED), pushing patients to the units or wards. Key principles This model prescribes a pull not push process for internal hospital transfers. Units should:

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- actively pursue the transfer of an incoming patient
 - build strong communication links between inpatient and ED staff
 - complete a comprehensive handover that enables smooth admissions and discharges
 - have key person responsible for ensuring a coordinated patient transfer
 - adopt this model as standard hospital practice.

Key dates

Nov 2016

Implementation sites

Queensland Health Emergency Departments

Key Contacts

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Aim

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- To have a proactive system of patient flow to reduce delays with admission
 - Enhance capacity of emergency departments
 - Maximise optimal bed management
 - Reduce need to put patients in wards as an outlie separate from home wards and eliminate inefficiencies caused by distributing admitted patients to other wards

Benefits

- Reduced ramping in the ED
- Reduced length of stay in the ED
- Reduced length of stay in inpatient areas
- Reduced access block
- Reduced risk of adverse events

Background

The Australian National Emergency Access Target (NEAT) was introduced in 2011 in response to mounting evidence and public concern about the quality and timeliness of care provided by hospital emergency departments (EDs) across Australia. A substantial literature review has shown that ED overcrowding in Queensland has long been associated with sub-optimal clinical outcomes and patient dissatisfaction. In the last ten years various governments have been politically pressured to introduce solutions that respond to increasing ED demand and worsening ED overcrowding. The Pull from Emergency Model of Care is one of these solutions.

PDF saved 22/12/2024