Conceptual framework for qualitative analysis of the 4HR/NEAT project

**Impacts of 4HR/NEAT on EDs**

- **Pre NEAT**
  - Staff shortage
  - Access Block
  - Poor hospital management/CEO
  - Push-back from specialties/wards
  - Workload too 😩
  - Wait times too 😩

- **Post NEAT**
  - Strained relationships between nursing and medical staff
  - Less interpersonal communication between ED staff and patient
  - Patients generally happy with service
  - Patients not aware of NEAT

- **NEAT & changes in practice**
  - IV Qs 2, 3
  - Needs to be whole-of-hospital approach
  - Engagement/collaboration (local) with all staff
  - Needs good management/leadership
  - "One size does not fit all"
  - Needs to be more data/feedback/measurement
  - Resources to support changes
  - Understanding that quality of care trumps target
  - SSU

- **NEAT, stress and morale in ED**
  - IV Q6
  - Stress/morale proportional to workload & Access Block
  - Morale improves with increased presence and interest from management on floor
  - Morale improves with increased presence and interest from management on floor

- **Changes to ED**
  - IV Q5
  - Policies, processes, physical, staffing, incentives

- **Patient-staff relationships (NEAT)**
  - IV Q6
  - Strained relationships between nursing and medical staff
  - Less interpersonal communication between ED staff and patient
  - Patients generally happy with service
  - Patients not aware of NEAT

- **Recommendations**
  - IV Q7
  - Buy-in at the management & leadership levels
  - Education/pre-education of staff about NEAT
  - Getting biggest ‘bang for your buck’ (strategies to improve flow)
  - Need right staffing mix on floor
  - Quick registration (pre-triage)

**Research Question**

**Domain**

**Sub-domain**

**Key concepts**

- Staff role/rostering changes
- Team-based care
- Floor re-design projects
- FirstNet
- Nursing roles changed
- SSU

**PILOT ANALYSIS:**

RF, BL & SN collaboration
7 IVs across managerial, medical, nursing and data staff

**Emergency Physicians:**
- Started to put own performance data
- Generally practice hasn’t changed
- Note that there is an abuse of the SSU by others

**Nursing:**
- More focus on time and flow
- Increased documentation
- Improvement in time management
- ‘Big Brother’ focus on ED
- Need to cope with pressure around flow and NEAT
- Quality of care compromised
- Data:
  - Issues with data entry by ED staff
  - Spending more time reviewing data
  - More data corrections

- Stress as result of NEAT to meet time targets and move patients – morale lowered in ED
- Stress worried about compromising quality of care
- Staff are getting “burnt out”
- Struggle to perform role properly