Enhancing Emergency Department Care for Adults Living with Sickle Cell Disease

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Overview

The project, titled "Enhancing Emergency Department Care for Adults Living with Sickle Cell Disease," was launched to address disparities in emergency department (ED) care for adult patients with Sickle Cell Disease (SCD). These patients often present during vaso-occlusive crises and experience delays in pain management and inconsistent care. The multi-phase quality improvement (QI) initiative focused on improving timely access to evidence-based pain management, standardising triage and care protocols, and enhancing staff education on SCD. The primary aim was to reduce the time to first-dose analgesia, ensure more consistent and compassionate care, and improve patient satisfaction and clinical outcomes. The initiative aligns with provincial and organisational commitments to equity, patient-centred care, and timely access.

Key Elements of Initiative

Change Ideas Tested or Implemented

- Implemented a standardised triage protocol to flag SCD patients for high-acuity assessment and prompt analgesia (within 30 minutes of arrival).
- Introduced a Sickle Cell Care Pathway, including a physician's order set in the ED, supported by Plan-Do-Study-Act (PDSA) cycles and SBAR communication for handoffs.
- Involved emergency physicians, nurses, quality improvement specialists, ED administration, triage leads, patient partners, and the Business and Analytics team.
- Target population: Adults (18+) living with SCD presenting to the ED with vaso-occlusive pain episodes.
- Objective: Improve time to effective pain management, reduce ED wait times, and enhance care experience through standardised, evidence-based practices.
- Progress measured via a daily scorecard tracking:
  - Average Physician Initial Assessment (PIA) time

- Average time to first-dose opioid administration
- SCD Physician Order Set Utilisation rate
- ED length of stay for SCD patients
- Percentage of patients arriving as CTAS-1 and CTAS-2.

Implementation Experience: Successes & Challenges

Successes:

- Reduced PIA time from 119 minutes to 51 minutes within the first month.
- Reduced average time to first-dose analgesia from 136 minutes to 49 minutes within the first month.
- 98% of nursing staff educated on the SCD pathway and order set.
- CTAS 2 assignment for vaso-occlusive pain episodes increased from 67% to 100% within the first month.
- SCD physician order set utilisation rose from 17% to 64% within the first month.
- Improved staff confidence and consistency in SCD care delivery.
- Positive patient feedback, with patients feeling more “heard” and “prioritised”.

Enabling Factors:

- Strong interdisciplinary collaboration and engagement.
- Daily scorecard tracking for real-time feedback and adjustments.
- Targeted staff education and leadership support.

Challenges:

- Early inconsistent adherence due to variable staff awareness and competing priorities.
- Delays in PIA during high-volume periods.
- Data limitations for real-time performance metrics.
- Initial scepticism from some staff about the need for a dedicated pathway.

Solutions:

- Reinforced education through shift huddles, quick-reference guides, and orientation for new staff.
- Flagged SCD patients at triage for prioritised assessment.
- Partnered with analytics to develop a daily scorecard.
- Used empathy-building sessions, patient stories, and data to address scepticism.

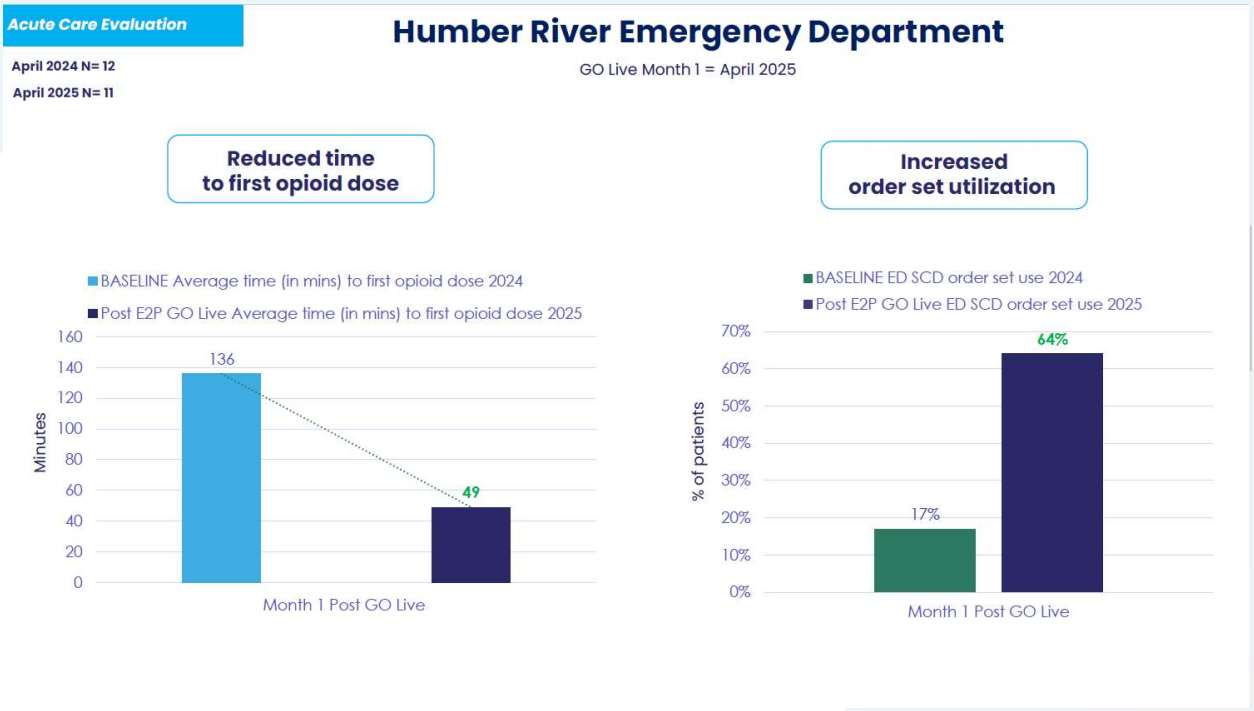
Advice for Other Teams

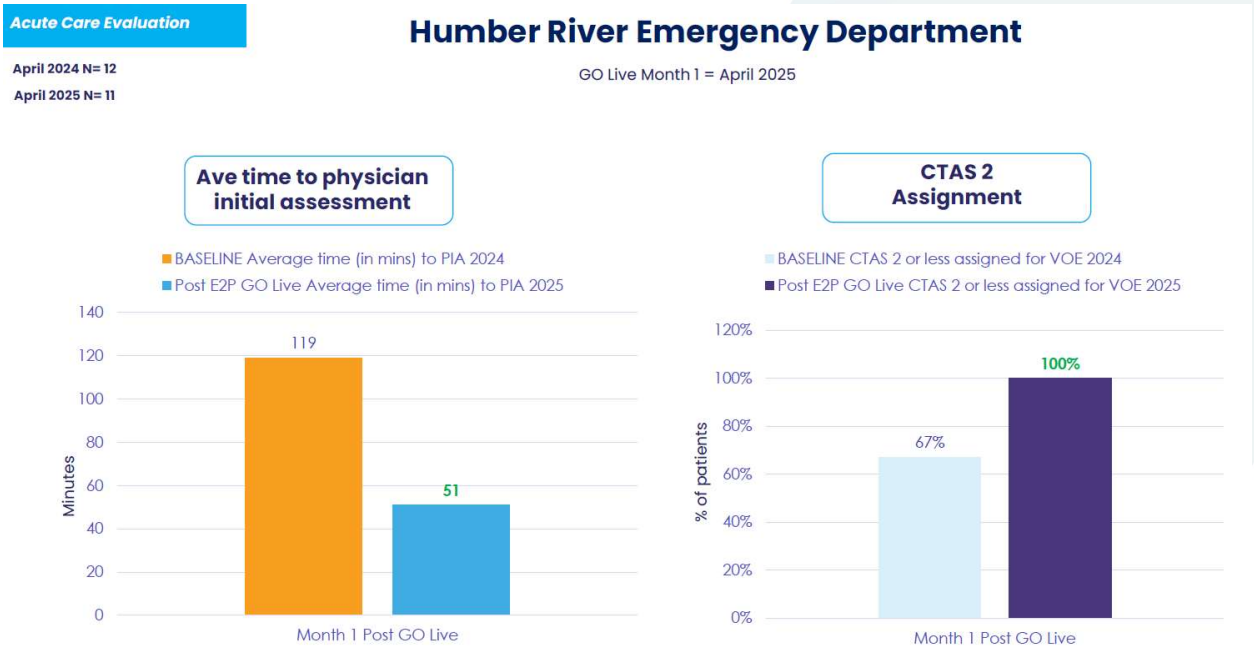
- Prioritise staff education and empowerment.
- Use data to drive change and share metrics regularly.
- Build strong interdisciplinary partnerships.
- Start small, pilot, and iterate before scaling.

Future Steps & Sustainability

- Expand the SCD pathway to include paediatric patients in the ED.
- Adapt the pathway with input from paediatric emergency physicians, child life specialists, and paediatricians.
- Continue refining daily scorecard metrics for real-time improvement.
- Integrate the pathway into ED workflows, including order sets and electronic triage prompts.
- Share learnings across departments and with external partners.
- Maintain staff engagement through refresher training, case reviews, and feedback sessions.
- The SCD triage protocol is now part of the ED Standard of Care document.
- Annual refresher modules and ongoing training embedded in staff orientation.
- Clinical order set for SCD crises is embedded in the EMR.

The Data





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