Enhancing Emergency Department Care for Adults Living with Sickle Cell Disease

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Overview

Humber River Health's Hennick Humber Hospital launched Enhancing Emergency Department Care for Adults Living with Sickle Cell Disease to address delays and improve the consistency, equity and quality of emergency department (ED) care. The initiative focuses on adults presenting with vaso-occlusive pain episodes, using a standardized sickle cell disease (SCD) pathway, physician order sets, staff education and workflow improvements to support timely assessment and pain management. The work addresses equity, access and flow, patient and provider experience, and safety. The organization reports reductions in time to physician initial assessment and pain intervention; however, numerical results were not provided, and improvement targets have not yet been achieved.

Key Elements of Initiative

Change Ideas Tested or Implemented

- Analysed workflows across ED zones to identify opportunities to improve efficiency.
- Implemented a standardized SCD clinical pathway.
- Educated ED staff and implemented SCD physician order sets.
- Included identification of a process to flag patients with SCD and finalization of the ED SCD referral process in the change approach.
- Incorporated standardized Canadian Triage and Acuity Scale (CTAS) level 2 assignment for vaso-occlusive pain episodes into the ED Standard of Care.

Objective of Change Ideas

- Reduce delays in assessment and pain management.
- Improve the timeliness, consistency and quality of care through standardized, evidence-based practices.
- Improve ED flow, patient experience and health outcomes.

Team Members Involved

- ED leadership, staff, chief and physicians.
- Quality and Patient Safety.
- Analytics and Business Insight.

Target Population

- Adults aged 18 and older living with SCD who present to the ED experiencing a vaso-occlusive pain episode.

Measurement Progress

- A daily scorecard shared with ED leadership tracks average time to physician initial assessment, average time to first-dose opioid administration, SCD physician order set utilization, ED length of stay, 72-hour return visits, and patient feedback on timeliness, prioritization and overall care experience.
- The initiative also identifies QIP indicators covering physician initial assessment wait time for patients triaged CTAS 1 or 2, 30-day repeat ED visits, and the percentage of SCD visits triaged CTAS 1 or 2.
- Baselines, numerical targets and quantified outcome changes were not provided.

Implementation Experience: Successes & Challenges

Results/Early Wins

- The organization reported ED-wide engagement in adopting the SCD pathway.

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- Reported improvements included reductions in time to physician initial assessment and pain intervention.
- More than 98% of ED nursing staff received education on the pathway and order set.

Enablers of Success

- Interdisciplinary collaboration across ED, organizational and operational teams.
- A standardized, evidence-based pathway and physician order set.
- Staff education, engagement and integration of the pathway into daily practice.
- Clear clinical expectations, including standardized CTAS 2 assignment.
- Regular performance-data review and patient feedback to guide improvements.
- Operational support during periods of high ED volume.

Challenges and Solutions

- Increasing ED volumes, higher patient acuity and rising emergency medical services transfers created operational pressures.
- The team emphasized full implementation and monitoring of change ideas, supported by ongoing collaboration and operational support, to maintain improvement efforts despite these pressures.
- Targets remain unmet, indicating a continuing need to address gaps in care.

Advice for Other Teams

- Fully implement and monitor change ideas; partial implementation can limit impact.
- Engage frontline staff early and maintain ongoing communication.
- Review key metrics regularly to identify trends and respond to emerging challenges.
- Maintain leadership support and a structured improvement approach during high-volume periods.
- Reassess workflows across the ED, recognizing that changes in one area may require adjustments elsewhere.

Future Steps & Sustainability

Next Steps

- Continue improvement work to close remaining care gaps and achieve targets.

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- Use ongoing performance monitoring to identify opportunities for further improvement.

Embedding into Practice

- Established the SCD pathway as standard ED practice.
- Incorporated the SCD triage protocol, including standardized CTAS 2 assignment, into the ED Standard of Care.
- Embedded the physician order set in the electronic medical record.
- Integrated SCD education into new staff orientation, ongoing education and annual refreshers.
- Continued monitoring of pathway and order set utilization to support sustained adoption.

The Data

NA

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