

REASON WHY?

SaTH ED performance currently sits at 55% with majors' performance at 25.55%. The time to initial assessment is on average 47 minutes against a quality standard of 15 minutes, with the total time in the department (admission or discharge) on average being 438 minutes (7.3 hours) against the quality standard of 4-hours. The average time a patient who needs to be admitted stays in the department is 699 minutes (11.65 hours), including 226 minutes from "decision to admit". There are routinely more than 10 patients waiting in ED waiting for a medical bed at any one time.



The acute medical floor (AMF) will reduce 12-hour breaches by 55% by 31st July 2023

PLAN

To create new pathways and capacity at the front door to support early speciality assessment and direct admission pathways for medicine, orthopaedics and oncology. The proposal creates the following:

- A co-located Acute Medical Assessment area (AMA), a larger Acute Medical Unit (AMU) and short stay unit
- A co-located trauma assessment unit and orthopaedic ward
- A co-located oncology assessment area within the oncology ward

Utilising ward 22 to create a co-located Acute Medical Assessment (AMA) area with 18 spaces, a 35 bedded Acute Medical Unit (AMU) alongside the 26 bedded short stay unit in a horse-shoe shape will create an acute floor that will enable patients to be cared for effectively. This will increase the acute medical capacity from 46 beds to 69 beds and trolleys plus 10 assessment chairs

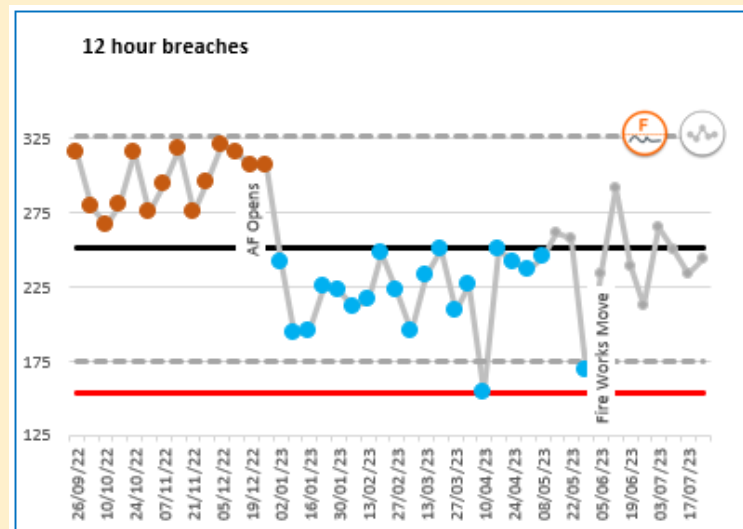
DO

With the opening of the floor, there was an incremental improvement in the 12hr breach numbers, and this improvement has persisted despite the ebb and flow of the surges in patients related to busy times of the year.

This is entirely related almost all the medical accepted GP patients no longer being seen via the ED department.

For this benefit to be increased there must be more medical patients referred by ED Clerked in the AMF, and this will only be achieved by removal and reduction of exit block from the department, and there be a recognition that patients being clerked in the AMF is the right thing for the patient journey and for flow and the organisation as a whole.

STUDY



To achieve the ambitious target of reducing 12-hour breaches by 55%, there would need to be a reduction of 55 12 hour breaches a week. This would make the aim to reduce 12-hour breaches to 154 a week. We can see from the data that immediately after the acute floor opened the 12-hour breaches decreased and sustained, even achieving the aim in the week commencing the 10/04/2023. Unsurprisingly there was an increase in May 2023 (there were 3 bank holidays in May 2023). The number of patients waiting to be seen for 12 hours recovers for a week but does not remain at this lower level. This is in line with the temporary relocation of the acute floor beginning the 5th June 2023 until the 22nd August.

ACT

The only thing practical is to continue to try to optimise the use of the AMF for all aspects of the medical patient's journey.

As an acute medicine team, we are reviewing our internal processes and relaunching actions that improve assessment and discharge process, so that hopefully beds/trolley spaces come available sooner in the day.

The DTA target of 55% mark will only be realisable if exit block is minimised from the acute floor and for this, we need the ongoing support of the medical divisional team and capacity.