

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 ambulance handover delays <60 mins at RSH by 35% 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 Medical Floor that that will maximise acute medical processes. This will increase the acute medical capacity from 46 beds to 69 beds and trolleys plus 12 assessment chairs.

DO

The Acute med senior team RSH worked directly with WMAS and Welsh ambulance service senior team to create direct pathways of referral into the Acute medical floor and SDEC. Crews have admission criteria and a flow chart to follow and then they can link in directly via phone/ bleep to the Acute medical triage nurse and be directed into AMA or SDEC as appropriate.

We re-purposed the car park area outside the entrance to acute medicine so that ambulances have sufficient space to park and offload patients directly to the acute medical floor.

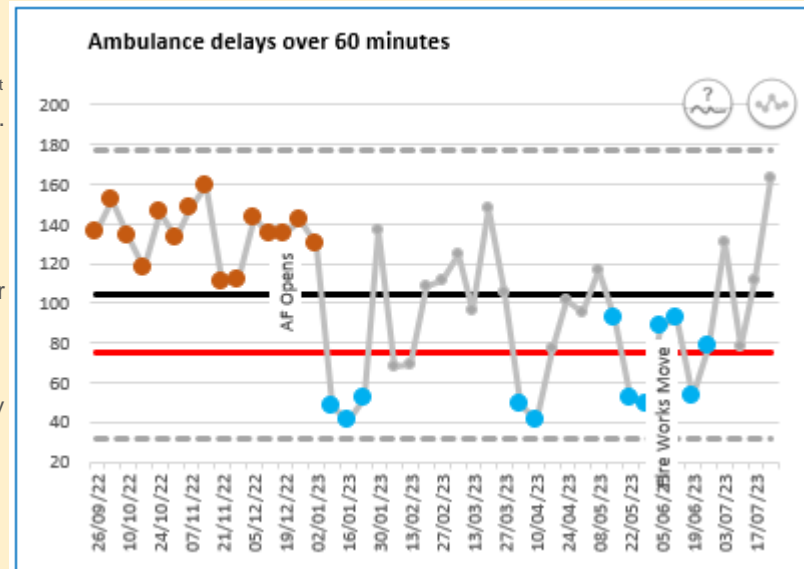
SDEC Nurse in charge regularly liaises with ED coordinator and ambulance crews outside ED awaiting offload to pull patients into SDEC.

SOP developed for the safe monitoring of patient with crews awaiting offload onto the acute medical floor.

STUDY

To reduce the number of ambulances delayed over 60 minutes by 35% by 31st July 2023 a target of 75 a week was set. This is denoted by the red line in the Chart shown.

Within 2 weeks of the acute floor being functional, the weekly number of ambulances being held over 60 minutes improves. Whilst the number then increases again it does not return consistently to pre acute floor levels. We then see further improvement from easter onwards, with an increase in May (it is important to note that there were 3 bank holidays in May 2023). The sustained improvement remains until the week commencing the 26th June 2023. On the 7th June the acute floor was temporarily relocated for fire works to commence until the 22nd August 2023. This move is in line with the increase in ambulances delayed over 60 minutes throughout July 2023. Whilst it cannot be evidenced that the acute floor was the only improvement to take place (due to the pace and size of the UEC improvement programme) the opening of the acute floor has clearly had a positive impact on the number of ambulanced delayed at RSH for over 60 minutes.



ACT

Aim to promote and increase the direct referrals from crews on scene to the Acute medical floor.

Continue to promote the admission criteria for the Acute medical floor and SDEC.

Continue monthly meetings with the WMAS and Welsh ambulance service senior teams.

ACKNOWLEDGEMENTS & REFERENCES | We would like to thank the whole of the Acute Medicine team but also the wider organisation and execs for demonstrating confidence in team to allow the opportunity to expand the acute medicine footprint at RSH and allow Acute Medicine to grow