

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 time for medical DTA to transfer from the ED 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

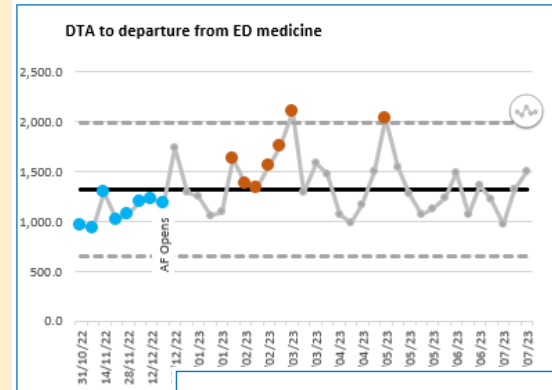
There was an initial upset in the time it took from Medical DTA to Time to transfer to medicine (Med DTA LOS). This may be attributed to the adoption of a new way of allocating beds to ED (1:1 allocation bed front of Med que vs Back of Med que). Of note, as the process got embedded except for the bank holiday in May.

LOS in ED of the medical DTAs has re-settled back to a new baseline approximately 4hrs more than prior to opening.

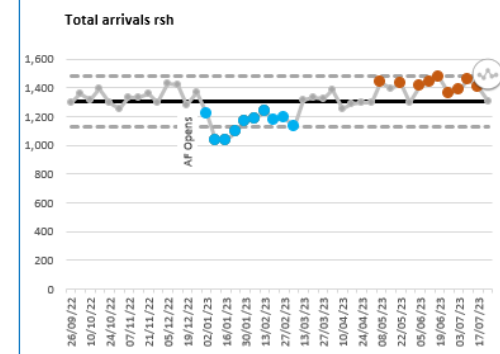
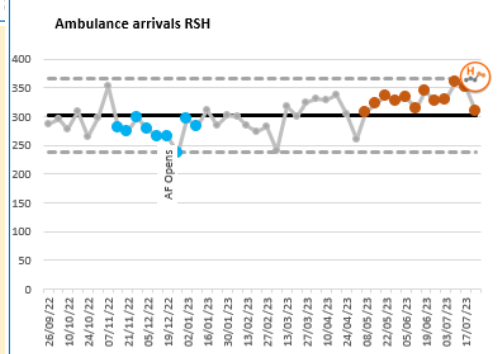
This new baseline has been maintained despite upward trend of number of ambulances coming to RSH and increase in the total arrivals to RSH.

Compared to the total ED bed days saved since opening (over 4700 days if there is an assumption of 24hrs/patient), the beneficial effect of 1:1 bed ratio has not significantly adversely impacted on the LOS of Med DTAs in ED

STUDY



Following the opening of the AMF the time patients spend in ED following a decision to admit to a medical bed has slightly increased to a new baseline (approximately 4hr increase). It is important to note that from May to the 31st July 2023 ED at RSH there has been an increase in the number of ambulances and total arrivals to hospital. Despite this, the average LOS in ED has remained around this new baseline.



ACT

Continue to support a strategy that allows as many medical patients as possible to be clerked in the AMF. This gives the patient the most optimal patient experience at this time and maximised the discharge potential seen when patients are clerked and managed in the AMF.

Opening of the Enhanced care area will allow patients with greater acuity to be managed in the AMF and this will allow some patients who are currently being managed in resus to be moved immediately to the ECA reducing Med LOS in ED.

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