

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 allow increased use in SDEC to 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

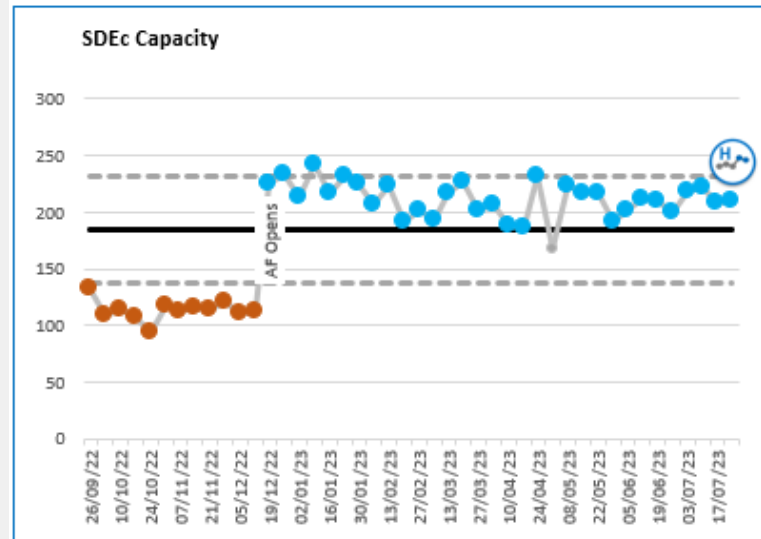
DO

Prior to the opening of the AMF, Medical patients awaiting admission in ED overnight were being pulled to SDEC to be processed, as it was safer and more comfortable in comparison to the ED waiting area.

With the opening of the AMF, this practice ceased and only true SDEC patient are currently processed via SDEC.

The data currently is reflective of new and follow up patients and required more refinement.

STUDY



Since the Acute Floor opened at RSH we can see that the number of patients being seen/treated in SDEC has improved significantly. The data suggests that the numbers are now consistent around the 209 patients a week. Further analysis is required to understand where the spread is consistent across weekdays and weekends to understand where next to focus the improvement. The temporary relocation of the acute floor has not impacted on the SDEC usage.

ACT

Continue to build and pull the correct patients through SDEC. The team is planning to try to see less more routine follow up SDEC patients away from the acute footprint. This will allow greater through put of patients who are of the true admission avoidance patient population. (discharged from hospital in the previous 24 to 72hrs).

The development work will be progressed via the SDEC Task and finish group.

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