

## REASON WHY?

As part of the ED Transformation Project, it has been identified that patients are taking too long in Initial Assessment in ED. This results in a backlog of patients who are delayed in being seen by a Clinician. This delay can result in harm to patients, particularly if they do not receive additional tests, or leave the department without being seen. This also meant that the Key Performance Indicator of being seen within 15mins of arrival was not being met.

## PLAN

Through observations completed by independent staff and feedback from the ED staff it was identified that the process had waste that if eliminated could lead to improvement.

The team did not use any structure to determine which tests needed to be completed and any tests that were completed were done as part of the initial assessment, using the space and time allocated to initial assessment.

The team then developed an investigation sheet, based on the acuity scoring using the Manchester Triage System and planned to launch the "Fit2Sit" model to move the assessment process out of the initial assessment appointment and into a separate pathway when it was required by the patient.

The plan was to test this out for a period 4 weeks at RSH Emergency Department.

To gain colleague buy-in for the test of change, a WhatsApp group was utilised to communicate the reason why, gain feedback and ideas on how to introduce the SOP for Fit2Sit.

Additionally, the test of change was briefed at the start of daily shift huddles.

## DO

The test of change was carried out in RSH ED Triage area for a period of 4 weeks.

The initial assessment investigation sheet was placed in the assessment rooms for use by the initial assessment team.

The sheet was used to identify if any additional tests were required associated with the patient's clinical presentation, such as an ECG, or urinalysis.

If additional tests were required, the patient was directed to the "Fit2Sit" area where they would wait to be called forward for their tests. The aim of this was to reduce the time taken in initial assessment by moving any additional tests to another part of the process

TEST	DATE	TIME	STATUS
ECG			
URINALYSIS			
OTHER TESTS			

## SMART AIM

To reduce the waiting time from presentation in ED to commencement of the Initial Assessment process by 50% by the 15<sup>th</sup> June 2023.

## STUDY

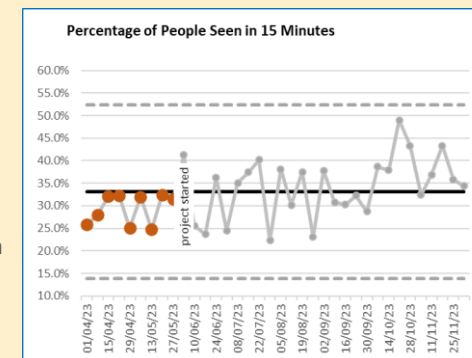
Following the test of change, the initial assessment team now feels more in control of the process and under less pressure to complete all investigations. Additionally, the change has resulted in less interruptions during the initial assessment. It has resulted in an improvement in the time for triage, and although this does not yet show as a special cause, that is due to one point in 9-week run being below average.

The time taken for the Initial assessment has reduced by between 6 and 8 minutes per patient, which has resulted in an overall reduction in the time of patients waiting time to be seen following a "walk-in" to ED. It also means that all patients who have required a specific test, such as an ECG, now receive this test in a timelier manner.

The Graph shows when the project started and for a number of weeks, the test phase produced varying results and it is not until October that the changes begin to yield improvements.

It is important to note that during this time the Hospital has been in critical incident, there has been a system wide critical incident and ED has had high levels of agency staffing during this period.

Overall patient experience and colleague satisfaction have improved, and capacity and flow have increased within the ED. To enable this process to continue, cubicles have been protected in the "Fit2Sit" area.



## ACT

Following the test of change the aim is to **adopt** this change and ensure all colleagues are aware of the new Standard Work.

### Next Steps

The process will continue to be monitored for the next 90 days to ensure it becomes sustained and any amendments to this process can be updated.

The aim is to roll-out the investigation sheet to PRH in conjunction with the re-launch of their "Fit2Sit" model. This follows a review of the PRH ED footprint.

**ACKNOWLEDGEMENTS & REFERENCES** | Thanks to Sister Jo Witt for her work devising the investigation sheet, Senior Sister Lisa Matthews for training and all ED colleagues for engaging in this new process.