

REASON WHY?

Following a local audit, it was identified the current trend is for 36 patients to present to RSH ED (1075) per month, which results in waiting over 12 hours in the department. Additionally, it was noted that 24 patients are over 65 years of age and 7 of the 36 present with circulation, or chest issues, some of which could be seen in SDEC. This data suggests that our patients are waiting unnecessarily in ED, due to our current processes.

PLAN

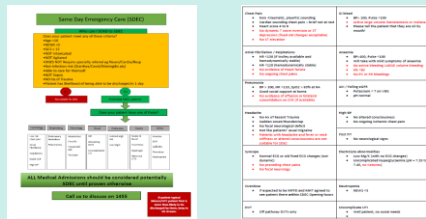
Following a workshop many opportunities were identified and prioritised into a plan of work. It was agreed to run a "Test of Change" week between 27th November and 1st December with three key themes:

1. Push/Pull between ED and SDEC, including education on SDEC criteria
2. Improve process for booking and attendance at SDEC Follow-Up clinics
3. Identify opportunities for utilising "Hot Slots" in Specialty clinics for SDEC patients



DO

To support education on the Criteria for Patients presenting into ED for SDEC, a poster was created and placed at key areas within SDEC, ED and AMA:



To improve the booking of follow-up clinics, a booking form was developed, alongside a step-by-step guide for Ward Clerks to book onto Semahelix. Part of the test was to take into account how much time patients would need, to prevent all coming at once.

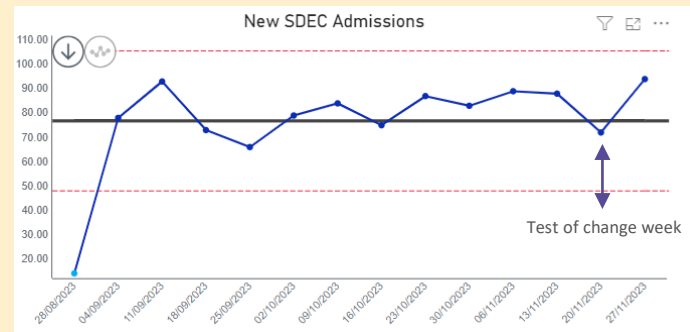
As it was not possible to test out an actual "hot slot", the team collected data on the amount of patients who would benefit from such a clinic slot



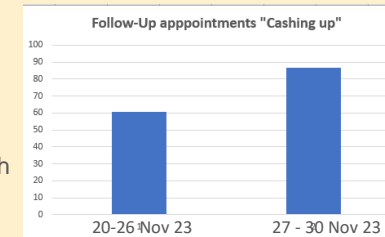
To increase SDEC new admissions by at least 30% of medical take at SaTH per day by 15th December 2023.

STUDY

The test of change week really helped to re-educate the criteria for patients who could/should be transferred from ED to SDEC, thereby ensuring improved flow. Feedback on the posters was very positive, helping ED colleagues to push more patients in a timely manner. Additionally, utilisation of the Nurse in Charge in SDEC and AMA has improved, resulting in patients being transferred more efficiently.



Use of a booking form, alongside education for Ward Clerks has improved the process for booking and "cashing up" of patients who require a follow-up clinic in SDEC. Additionally, the week provided an opportunity to test out utilisation of Virtual Ward, which would reduce the volume of clinics required.



ACT

The criteria posters have been very positively received and therefore, they will remain in situ to ensure the progress made continues and sustains.

Colleagues from SDEC will continue to "Pull", with a particular focus on the first pull at 9 am which will alleviate pressure for ED, while ensuring patients are being treated and cared for in the appropriate area.

During the week, more opportunities for improvement were identified, including utilisation of the portering transfer team, and improvements to coding. These will be progressed, alongside ensure current improvements are monitored over the next 30, 60 and 90 days.