

## REASON WHY?

There are currently a number of direct referral speciality patients within the Emergency Department (ED) that spend extended periods of time within the ED before being transferred to the correct place of care. There is variation in the process across specialities and patients are experiencing unnecessary delays.

## PLAN

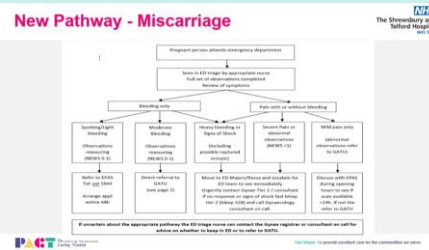
Patients are often referred from their General Practitioner (GP) directly into the hospital. These patients can sometimes present to ED, however, it would be more appropriate that they are transferred to the right place of care.

The plan was to design a process to enable patients to be screened during initial assessment, enabling direct referral to The Gynaecology Acute Treatment Unit (GATU) or Early Pregnancy Assessment Service (EPAS) where appropriate. This would reduce the time spent in ED, removing the ED assessment step within the process.

## DO

The teams engaged with both ED and GATU colleagues to understand the current process for referral and what it would look like.

A flow chart was created for colleagues to use.



During the week this flow chart was able to be used for 9 GATU patients and 2 EPAS patients.

## S M A R T AIM

To increase the number of patients being seen within the 4 hour target for early pregnancy complications by 7<sup>th</sup> June 2024.

## STUDY

Colleague feedback for the process was very positive, with all colleagues utilising the flow chart and providing feedback that the process was effective.

During the week there were very small numbers of patients that presented that met the required criteria, however, patients that were referred were able to be transferred effectively, reducing the time spent within the ED. Total patient numbers can be seen below.

	GATU	EPAS
Monday	0	0
Tuesday	2	1
Wednesday	3	0
Thursday	1	1
Friday	1	0
Saturday	2	0
<b>Total</b>	<b>9</b>	<b>2</b>

Gynaecologist feedback was that the process was working well, however, additional support is required for the GATU nurses in place. Registrar and Junior Doctors require more engagement to support the pathway. Educational and Clinical leads to support.

Further measures will be reviewed to understand if there is a statistically significant improvement in the changes made,

## ACT

The flow chart is proposed to be tested for a further 4 weeks with a full review to be presented to Gynaecology Governance.

Following further testing, the process will be reviewed and monitored over 30,60, 90 days to ensure sustainability.