

## REASON WHY?

Patient referrals are received from GP's and they come to the Acute Medical Assessment area (AMA). This process has helped to divert circa 4000 patients that have then not required admission to the Emergency Department (ED). ED majors patients should be managed on trolleys, however, if they can sit while waiting for a trolley they are managed in the seated assessment area in AMA. This is meant to be an interim solution to avoid ED. When flow is poor, the availability of trolleys is slow and leads to wait times for the patients in chairs.



- Improve the Length of stay (LoS) in the RSH Emergency Department (for medical patients) during the test of change weeks (by 25/10/2024)
- Improve the LoS in the AMA Seated Area at RSH during the test of change weeks (by 25/10/2024)
- Improve the number of discharges (all discharge destinations) from the RSH acute floor during the test of change weeks (by 25/10/2024)

## PLAN

Following discussions and engaging with the teams, it was agreed to carry out a test of change fortnight between 07/10/2024-20/10/2024.

The teams agreed to focus on the following areas:

- Adherence to the AMA Standing Operating Procedures (SOP) (12 chairs and 4 trolleys)
- Consultant cover in the evening (2pm-9pm)
- Nursing cover on AMA
- Medical registrar cover on AMA
- Use of trolleys in Bay 1 for AMA admissions

Additionally the team will be supported by Pharmacy and the Portering team to expedite discharges. Feedback was gathered from colleagues with 75-100% of colleagues reporting that they feel negative/ neutral in their experience of working in the AMA seated area.

## DO

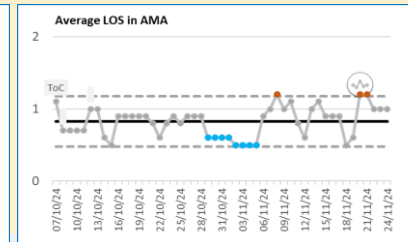
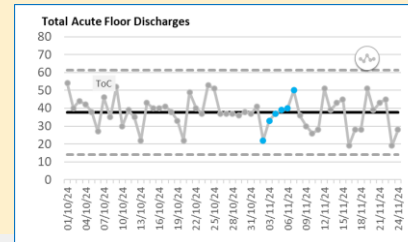
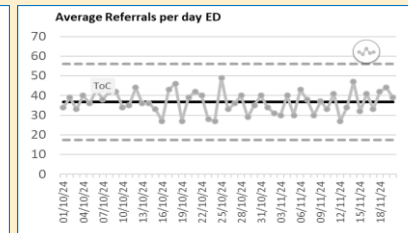
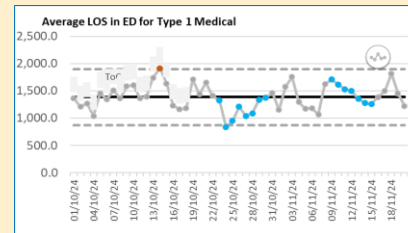
During the test of change an internal critical incident was declared (17/10/2024) due to the reduction in flow and capacity across the trust. The key measures used as PDSA's during the week are below:

- Use of x4 trolleys: 13/28= **46%**
- Use of x2 trolleys: 13/28= **46%**
- Consultant cover: 28/28= **100%**
- Med Reg on AMA: 28/28= **100%**
- AMA SOP Followed: 14/28= **50%**
- Expedited Discharges: 15/15= **100%**
- Pharmacy available: 15/15= **100%**
- Speciality huddles: 15/15= **100%** (However, attendance was variable each day)
- Use of hot clinics: 5/10= **50%**

During the test of change the team met daily (9:00, 11:45 and 15:45) in order to highlight any concerns and unblock any issues.

## STUDY

- The Average Length of Stay in ED for medical length of stay has reduced by an average of 75 minutes per patient (Baseline 1460 minutes). LOS has shown two periods of statistically significant improvement during the period.
- The average number of medical patient referrals in ED has increased by 4 patients per day from an average of 33 patients with the maximum being 49 referrals per day.
- The Average Length of Stay in AMA has reduced from 1.6 days to an average of 0.80 days. A total reduction of 0.8 days per patient.
- Porter transfer time has significantly reduced and is now at an average of 25 Minutes.
- Colleague feedback is extremely positive and teams have worked incredibly hard.



## ACT

The team are keen to ADOPT the principles of keeping the trolleys free for assessment as this supports patients to be assessed and treated promptly.

The test of change will continue where possible for consultant cover and nursing cover.

The speciality huddles will be reviewed as part of the ongoing process.

The team will continue to monitor over 30,60,90 days.