PRH ED Offload to Assess

Theme | ECTP

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REASON WHY?

The national guidance states that patients arriving at an emergency department (ED) by ambulance must be handed over to the care of ED staff within 15 minutes. Handover delays can potentially cause harm to patients and the ED team are keen to reduce this risk.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

Improve time to decision to admit, or discharge for ambulance attendances at PRH arriving between the hours of 8am and 10pm by 28th February 2025.

Reduce overall time for patients in department, due to awaiting initial tests (bloods/ECG) before next stage of the process by 28th February 2025.

PLAN

Following observations at PRH emergency department (ED) the ED team wanted to review how ambulances are offloaded, in an attempt to improve waits for patients to enter the department and be 'streamed' to the correct locations.

Due to work being undertaken on the Trust's Ambulance Receiving Area (ARA) on the w/c 17th Feb 25, it was a good opportunity to test a new way of working in Bay C of the Day Surgery Unit (DSU). It was felt to test of change could be undertaken 'in hours' (8am to 10pm) due to the short notice of the test.

The plan was that this would improve time to decision to admit, or discharge for ambulance attendances.

DO

The team reviewed the current use of space and utilised Bay C of the DSU as the ARA.

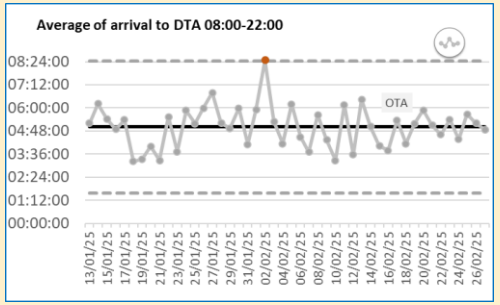
A dedicated "Offload to Assess" (OTA) assessment space was created for the team to assess the patient, take bloods and carry out ECGs (where required) for patients arriving by ambulance. This space is private, allowing for confidential conversations to take place.

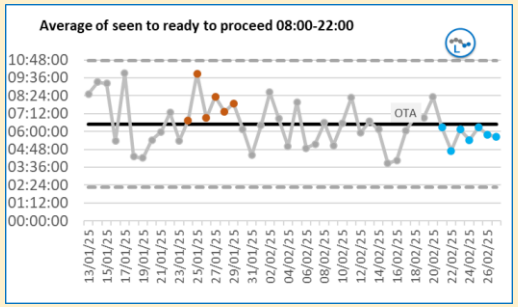
Patients arriving to the department were offloaded from the ambulance into the assessment area and follow on tests carried out.

During the period 17/02/2025-26/02/2025, the OTA space was utilised 103 times. 67% of these patients went to Majors/ ARA.

STUDY

Data suggests that the average time of arrival to DTA continues to demonstrate normal variation. However, the average time between patients being seen and ready to proceed has shown statistically significant improvement.





Initial feedback from both ED colleagues and WMAS colleagues has been extremely positive with colleagues commenting that "it feels safer" for patients. The ability for staffing to be flexed to meet the needs of the service has increased as they are now located within the main ED footprint. Requesting patient tests on arrival has enabled a more comprehensive doctor review of the patients earlier in the process.

Additionally, the use of OTA has increased patient safety with one patient receiving tests that enabled a transfer to Stoke. This process would otherwise not have occurred as the ECG carried out in OTA highlighted changes in the patients physiology.

ACT

The team are keen to maintain the current use of OTA within the revised space due to the increased benefits to patient safety and additional benefit to clinicians.

This process will be ADOPTED and additional monitoring over 30,60,90 days will take place.

Further supporting metrics will be captured to identify additional areas of improvement.

ACKNOWLEDGEMENTS & REFERENCES | Matron Deb Archer/ Senior Sister Laura Wild/ West Midlands Ambulance Services (WMAS)/ ED Navigators.