RSH 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 RSH arriving between the hours of 8am and 10pm by 24th March 2025.

Reduce overall time for patients in department, due to awaiting initial tests (bloods/ECG) before next stage of the process by 24th March 2025.

PLAN

Following observations at RSH 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.

The team engaged external stakeholders in order to understand what was possible and agreed to utilise a space within the navigation area to offload patients into to provide an assessment if there were capacity issues within the department.

It was felt to test of change could be undertaken 'in hours' (8am to 10pm) due to the current staffing template.

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

DO

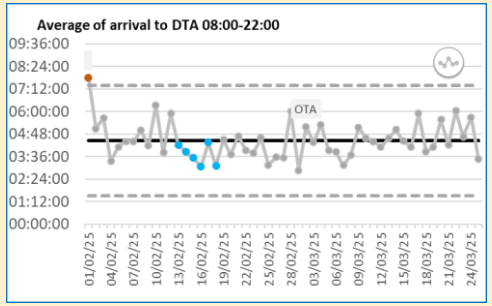
The team reviewed the current use of the space and identified a dedicated "Offload to Assess" (OTA) assessment space within the main navigation area. Screens were put up and the area was created for the team to assess the patient, take bloods and carry out ECGs (where required) for patients arriving by ambulance.

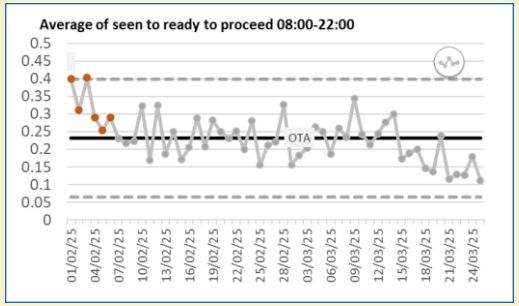
Patients arriving to the department were offloaded from the ambulance into the assessment area and follow on tests carried out.

During the period 02/03/2025-21/03/2025, the OTA space was utilised 161 times. 71% of these patients went to Majors/ ARA.

STUDY

Data suggests that the average time of arrival to Decision to Admit (DTA) continues to demonstrate normal variation. However, the average time between patients being seen and ready to proceed has shown a downward trend.





Initial feedback from both ED colleagues and WMAS colleagues suggests that the utilisation of the OTA would be enhanced with consistent staffing and the use of a more private space. 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 and has allowed the team to function in the way that an ED should.

ACT

The team are keen to maintain the current use of OTA. The hospital transformation programme has resulted in a new ED space which was available from 26/03/2025. The team are keen to utilise a more private space within the new footprint and feel this will be of benefit to patients and colleagues, providing a private space that works within the staffing templates.

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 Nat Rose/ ED Navigators.