

Same Day Emergency Care – Power of Improvement

Background & Reason for Project

What is SDEC

A department that provides same day assessment and treatment, referred patients from ED and GPs; removing the need for most SDEC patients to be admitted.

Why has this project been chosen

- Feedback from patients, friends and family consistently saying that the wait times are too long.
- When looking at the figures, chest pain patients from ED and GP had to wait the longest on SDEC.

Quality Improvement Team

Khadijah Esat – SDEC Admin Co-ordinator
 Karen Salcombe – W&C Ward Clerk Supervisor
 Sarah Masters – Site Team Admin Co-ordinator
 Fatuma Ali – SDEC Sister

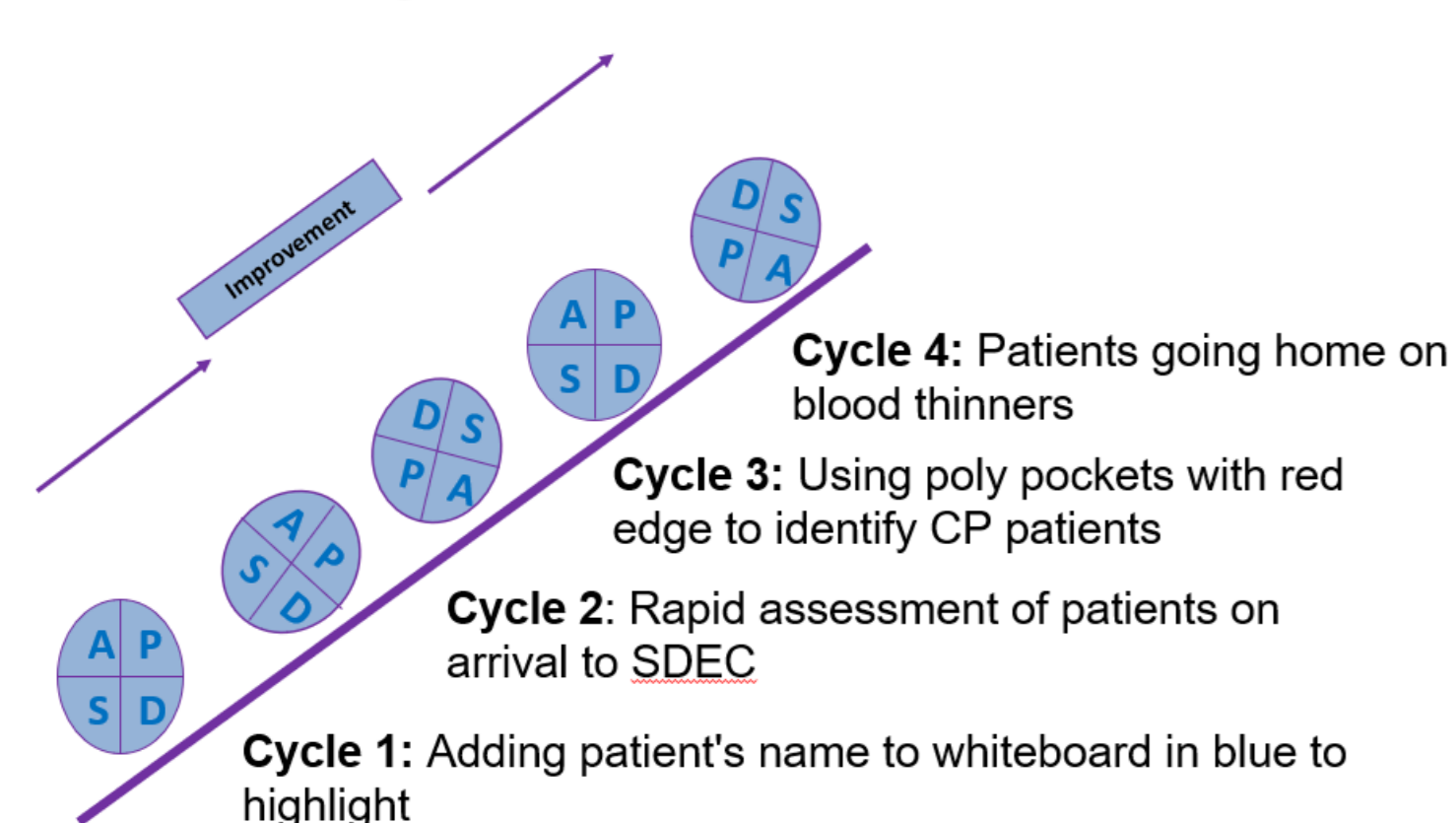
Aim

To reduce GP and ED chest pain patient wait times on SDEC by 20% in 12 months; reduce patient waiting time

Measures

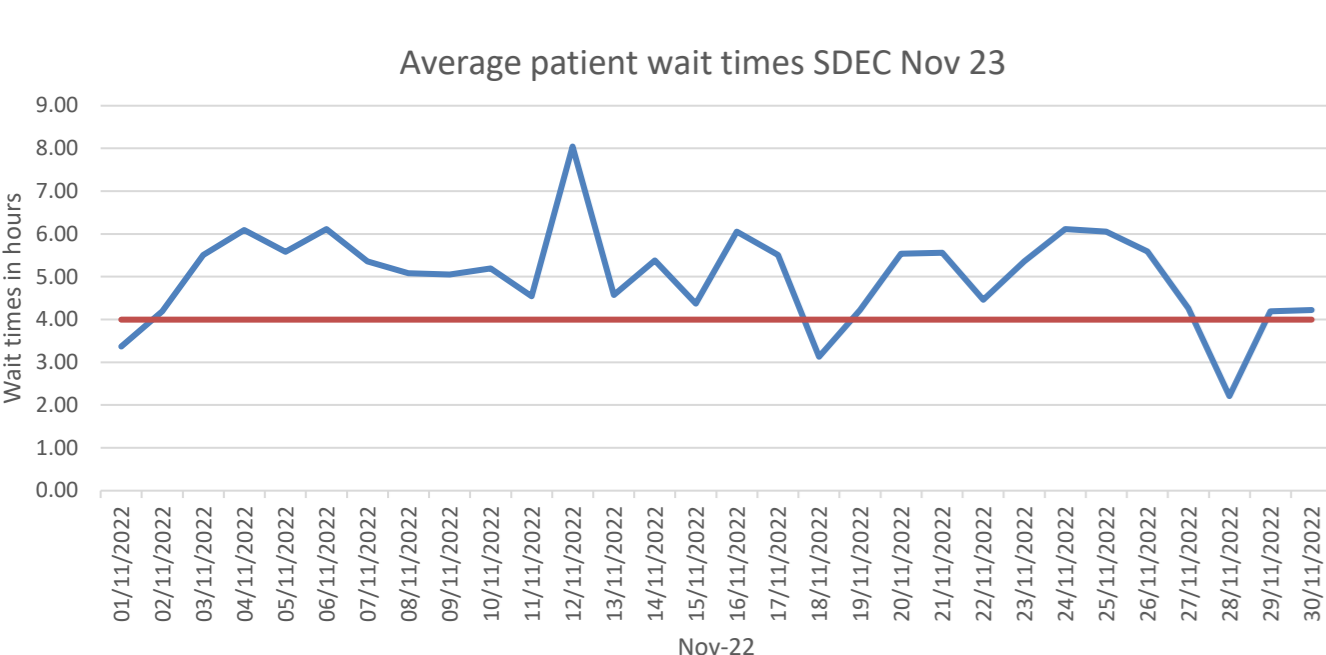
- **Outcome Measures:**
 - Patient wait times
- **Process Measures:**
 - Number of ED/GP referrals each day
 - Red folders usage
 - Dr availability and queue for rapid assessment
 - Dr availability and number of patients waiting for each Dr
 - Equipment
 - ED/GP communication
- **Balancing Measures:**
 - Staff triage times
 - Blood and ECG reporting timings

PDSA Cycles



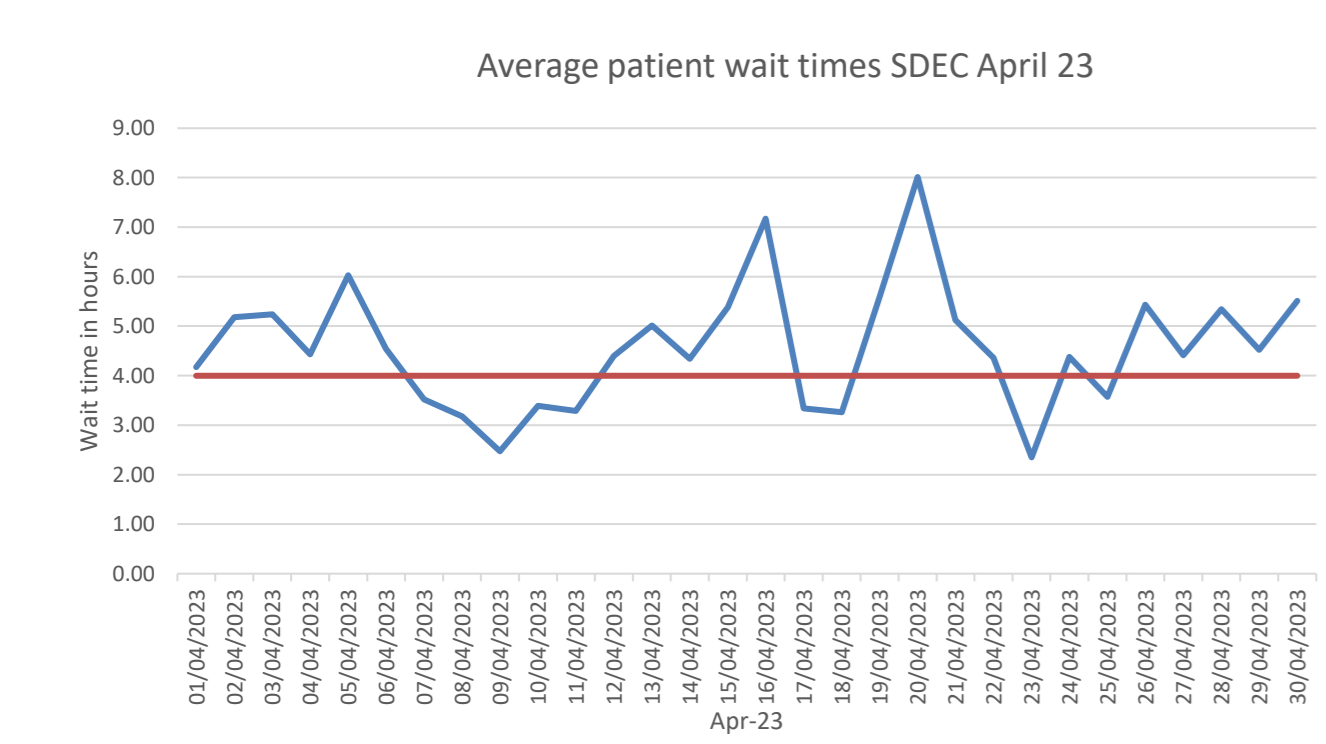
PDSA 1 – Adding patients name to whiteboard in BLUE

- Ask all staff not to use BLUE for any other reason
- Not all staff complied with request to use BLUE for chest pain patients
- Not all staff using the same system
- 198 chest pain patients arrived onto SDEC
- % over 4 hours **87.10%**



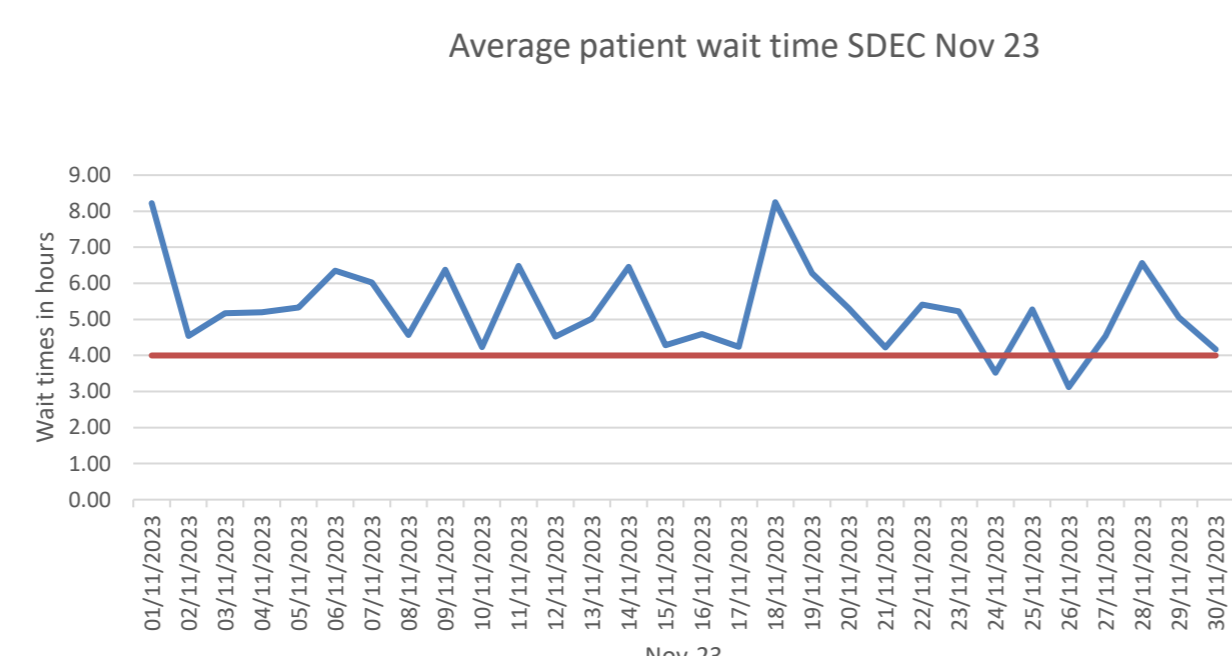
PDSA 2 - Rapid assessment of patients on arrival to SDEC

- Dr availability not consistent; needs to be standardised
- Each patient history not the same; therefore time taken differs
- Allows patients to be moved quickly
- Triage nurses spend less time with patients
- Patient scans/requests ordered quickly
- 283 chest pain patients arrived onto SDEC
- % over 4 hours **70%**



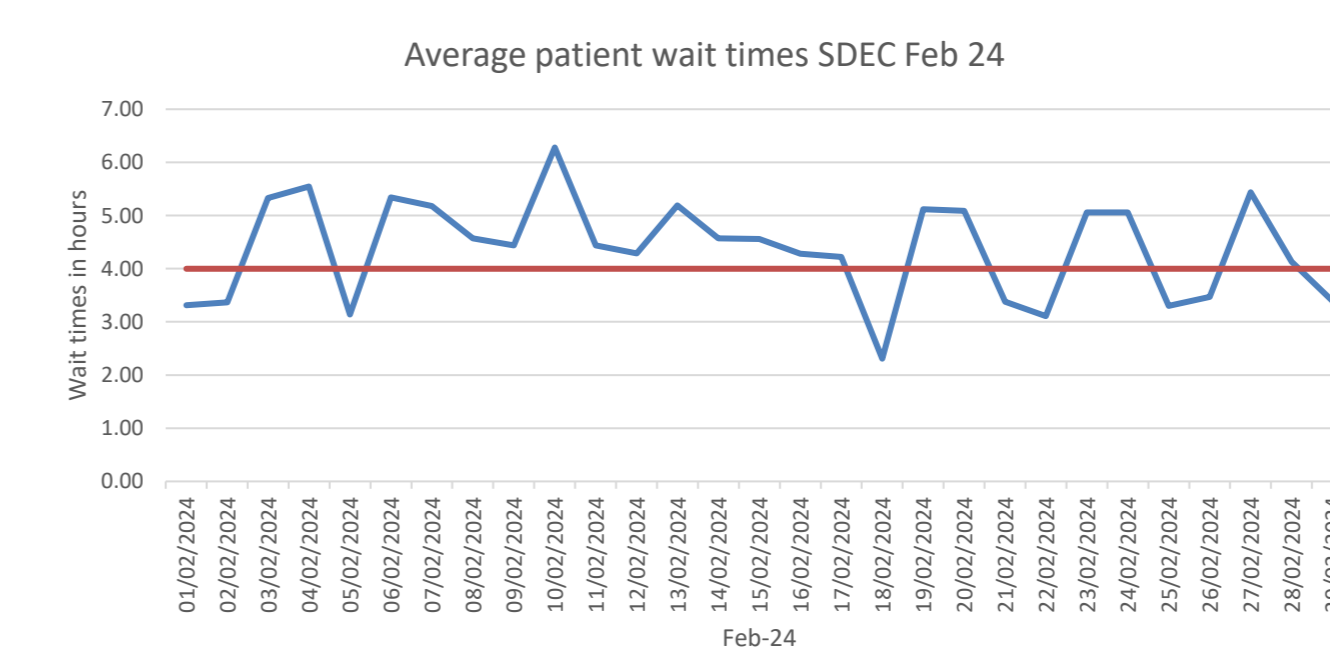
PDSA 3 – Use poly pockets in notes trolley

- Poly pockets with red edges in put back into circulation each day
- Not all admin staff complying with request
- Not all staff using the same system
- Unable to identify CP patients using this system alone
- 284 chest pain patients arrived onto SDEC
- % over 4 hours **92.86%**



PDSA 4 – Patients going home on blood thinners

- Limited scans available each day
- CXR necessary for all patients needing a CTPA
- Only Drs able to order CXR
- Necessary to see a Dr x 3 before sent home on blood thinners
- 291 chest pain patients arrived on to SDEC
- % over 4 hours **69.87%**



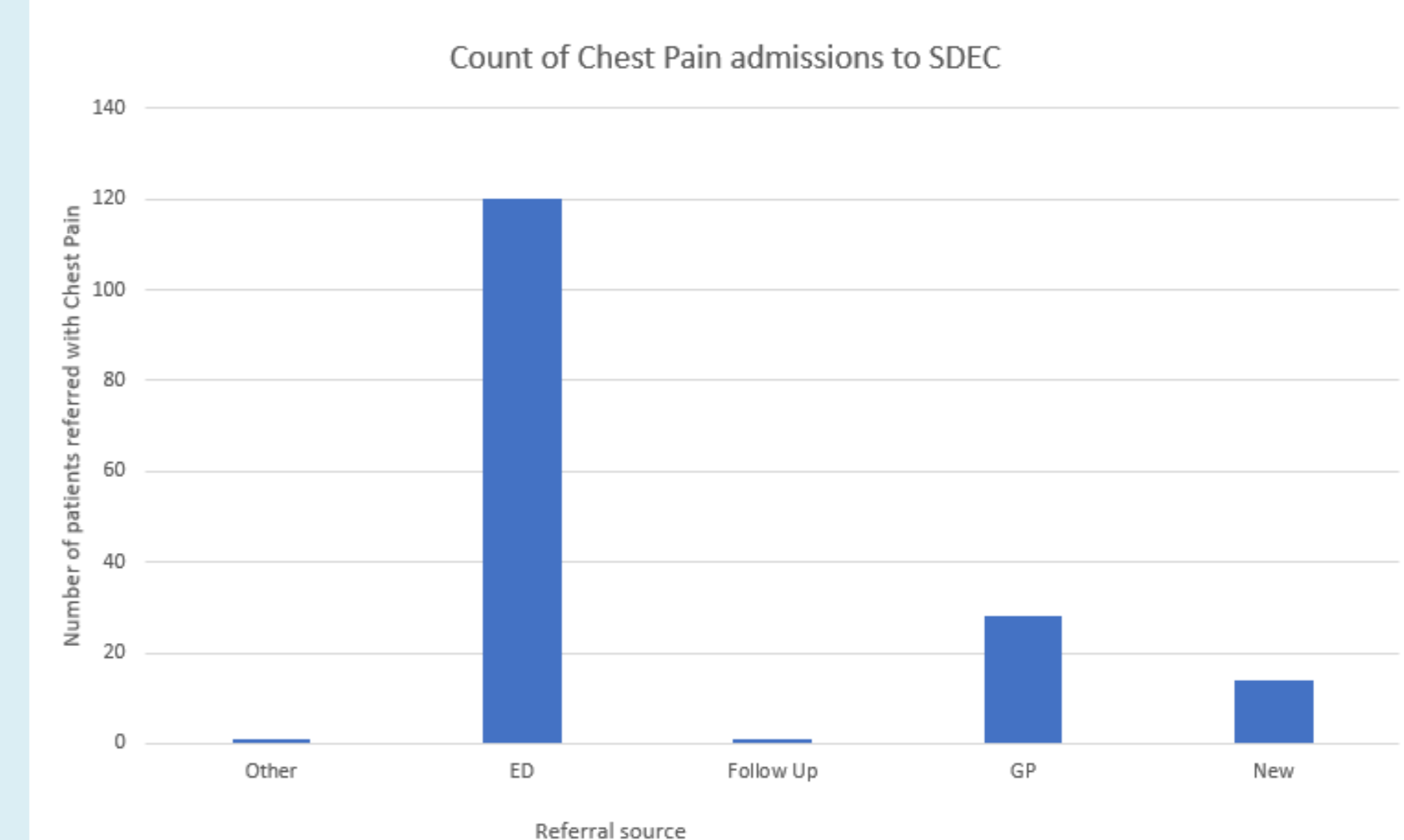
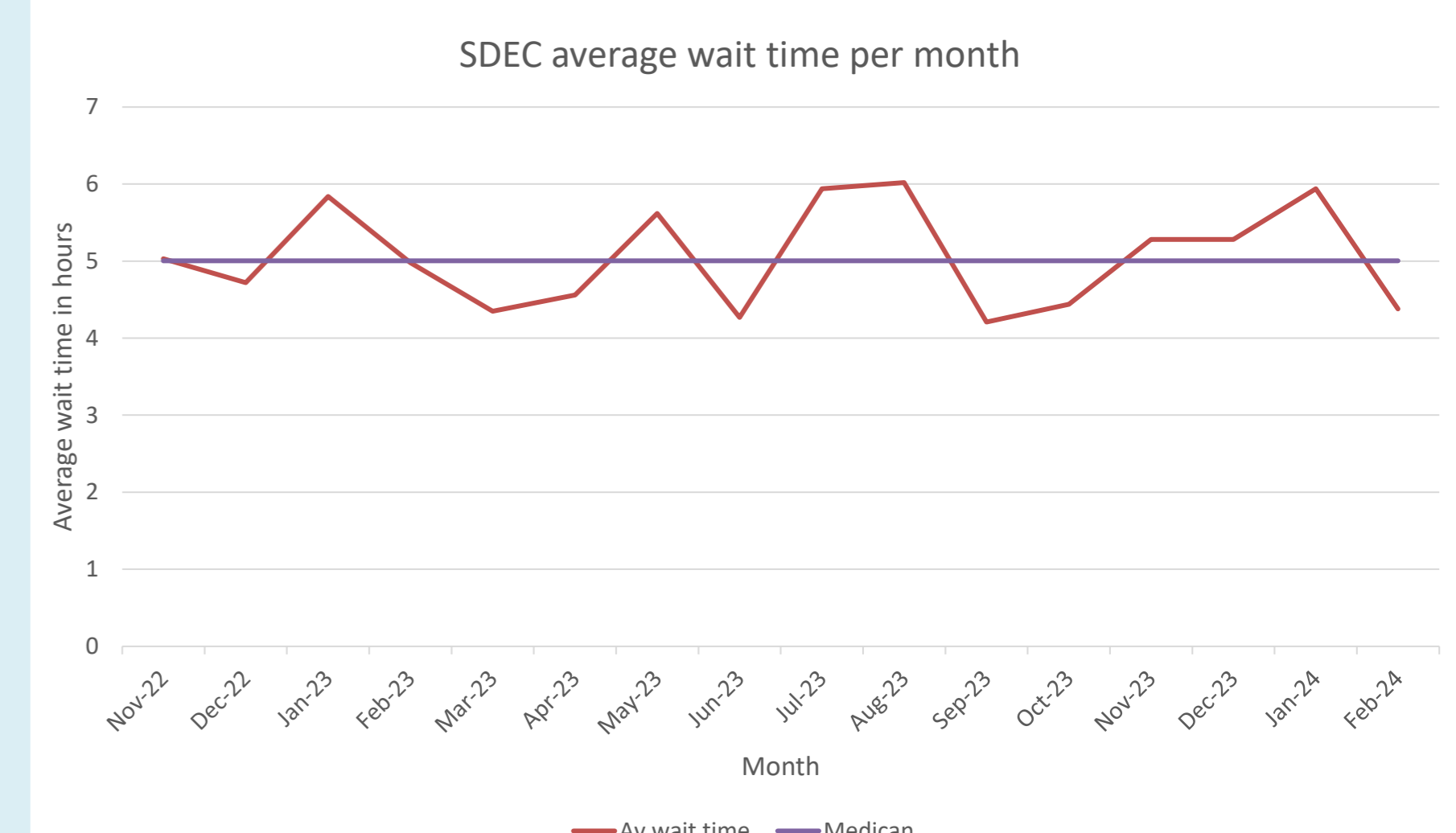
Aim	Primary Drivers	Secondary Drivers	Change Ideas
To reduce GP and ED chest pain patient wait times on SDEC by 20% over a 12 month period	Referrals	Appropriateness	Clear referral processes agreed and adhered to for referrals by both ED and GP Improve communication between departments Identify patients at risk
		Technology	Cinapsis reporting – is this in real time? Develop guidelines for use
		Arriving to dept	Pts to arrive in department with appropriate paperwork and referrals.
	SDEC staff	Education	Increase staff patient ratio with appropriate skill mix Develop flowchart of processes Triage and prioritisation
		Staffing/shortages	Pharmacist to visit SDEC to speed up TTO Offer team building training events
		Communication	Daily team huddles to ensure team members are kept up to date of new referrals and current waiting times; Review of delays at each staff huddle
			Team members to understand each others' roles Team members to work with clear, mutual, agreed visions and goals
	Communication	GP/ED	To have a better understanding of how SDEC runs and the effects their patients have on the dept
		Radiology	Increase slots; create spreadsheet to share Increase communication to reduce patient dead time; Provide information for patients about SDEC
		Visual	Provide patient activity checklists Highlight CP patient on whiteboard
		Verbal	Explain to patients multiple arrival issues Better communication with patients
		Work with staff to ensure correct equipment is in dept	
Environment	Equipment	Consider waiting room graphics	
	Waiting area	Provide current/estimated wait times Improve signposting documents	

Baseline data

GP – removing outliers we found that patients were in the department on average from 4 to 8 hours.

ED – removing outliers we found that patients were in the department on average from 3 to 9 hours.

Average of 166 chest pain patients per month -- **86%** of chest pain patients were in the department for more than 4 hours.



Lessons Learned

- Need to standardise working practices for all admin and clerical staff
- Get sufficient team members on board from the outset
- GP referrals need to be in real time and Consultants using Cinapsis should do so in real time
- Rapid assessment allows chest pain patients to be reviewed and moved more quickly; this needs to be standardised
- Takes 1 minute to request CXR in ED
- CT higher radiation; radiologist to approve
- Majority of chest pain patients need a CXR
- Cinapsis unable to book CXR until patient arrives in department

Results

- There was a minor reduction in wait times
- Patients to SDEC from ED need to be prioritised and notified by ED staff to SDEC staff
- 46.97% increase in patients arriving onto SDEC from Nov 22 to Feb 24
- Communication between staff improved
- Need for rapid assessment Dr to be identified
- Ordering CXR for each CTPA patient needs to be through Triage nurses; ANPs and Pas rather than just doctors.

Next Steps

- Admin Co-ordinator to be employed to main desk to free up NIC
- Develop procedure SOP for both ED and GP; contact policy team
- Develop focus group of current SDEC staff for further ideas
- Increase clinical staffing and standardise
- GPs book CXR so patient goes direct to radiology
- ED Drs to book CXR before patient comes to SDEC; use ED plan