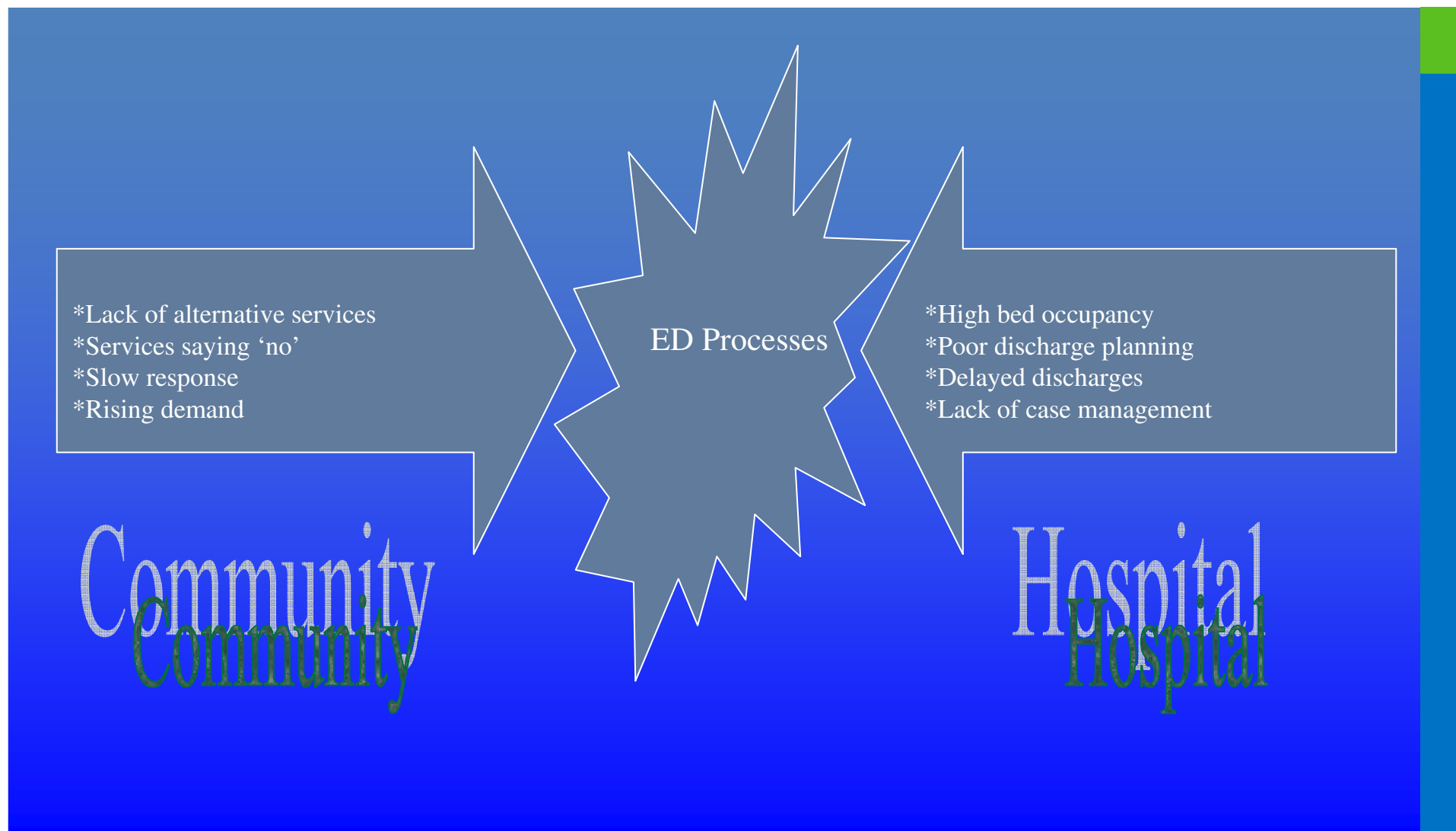


Managing flow through the Emergency Department

Stephen Duncan- National Head of Intensive Support



Emergency Department- Meat in the sandwich



Blame the Patient!



Interim Management and Support

- Map the current flows / presentations of patients
- Design a front end that can respond quickly and flexibly
- Provide all care type in one place where patient can be signposted to appropriate care
- Stop trying to do the impossible
- Accept the reality and deal with it.

Home Truths- ED etc...



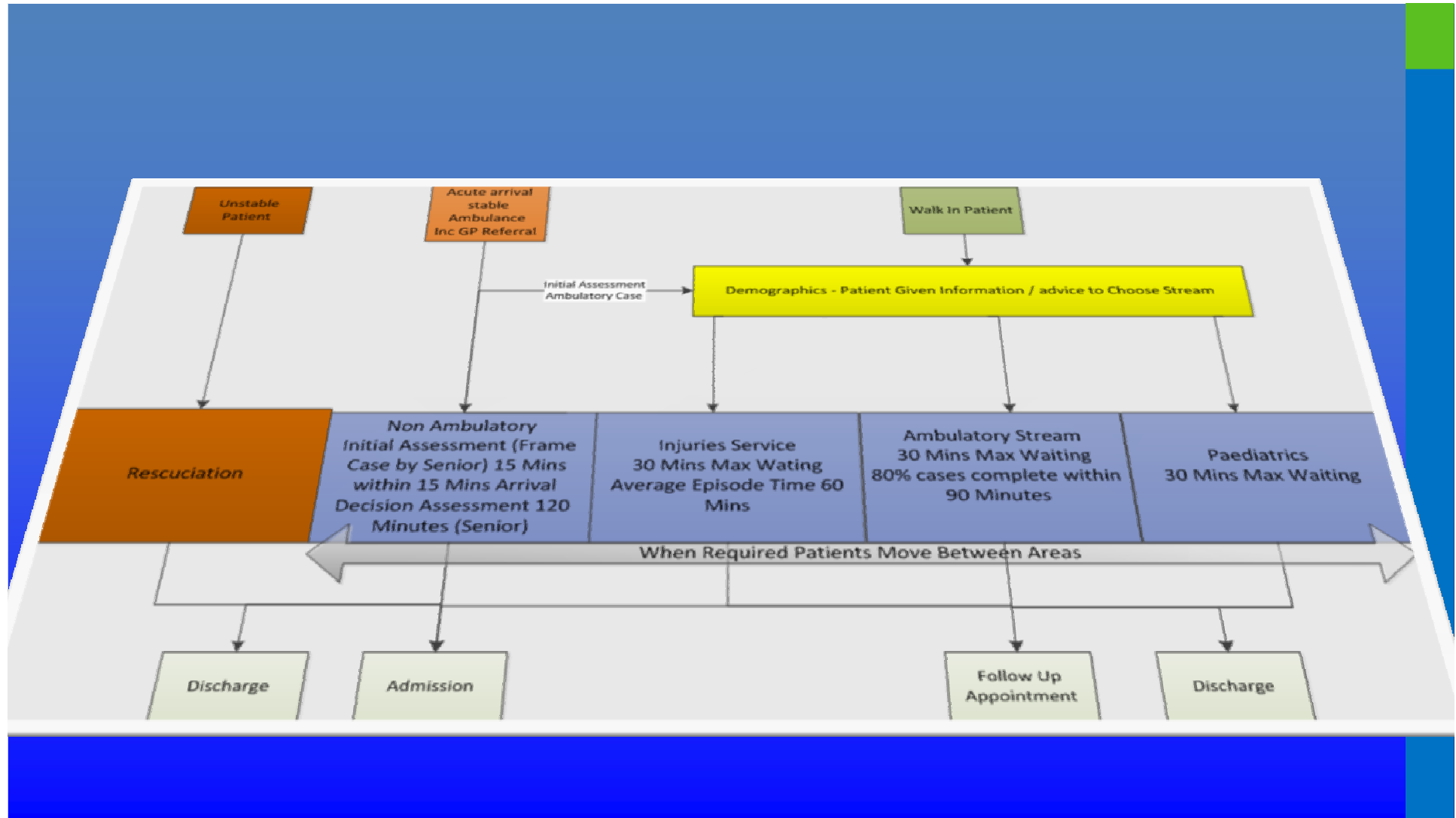
Interim Management and Support

- Professionals and organisations have been competing
 - **GPs - we manage risk better than A&E**
 - **A&E - We deliver detailed and proper assessment**
 - **Etc etc**
- Each group has specific and valuable expertise
- Build a system in which the expertise is complementary and cooperative and not competitive
- Have you ever met a clinician who was admitting a patient because the trust would get more money?

Clinical Streaming



Interim Management and Support



What are we up to?



Interim Management and Support

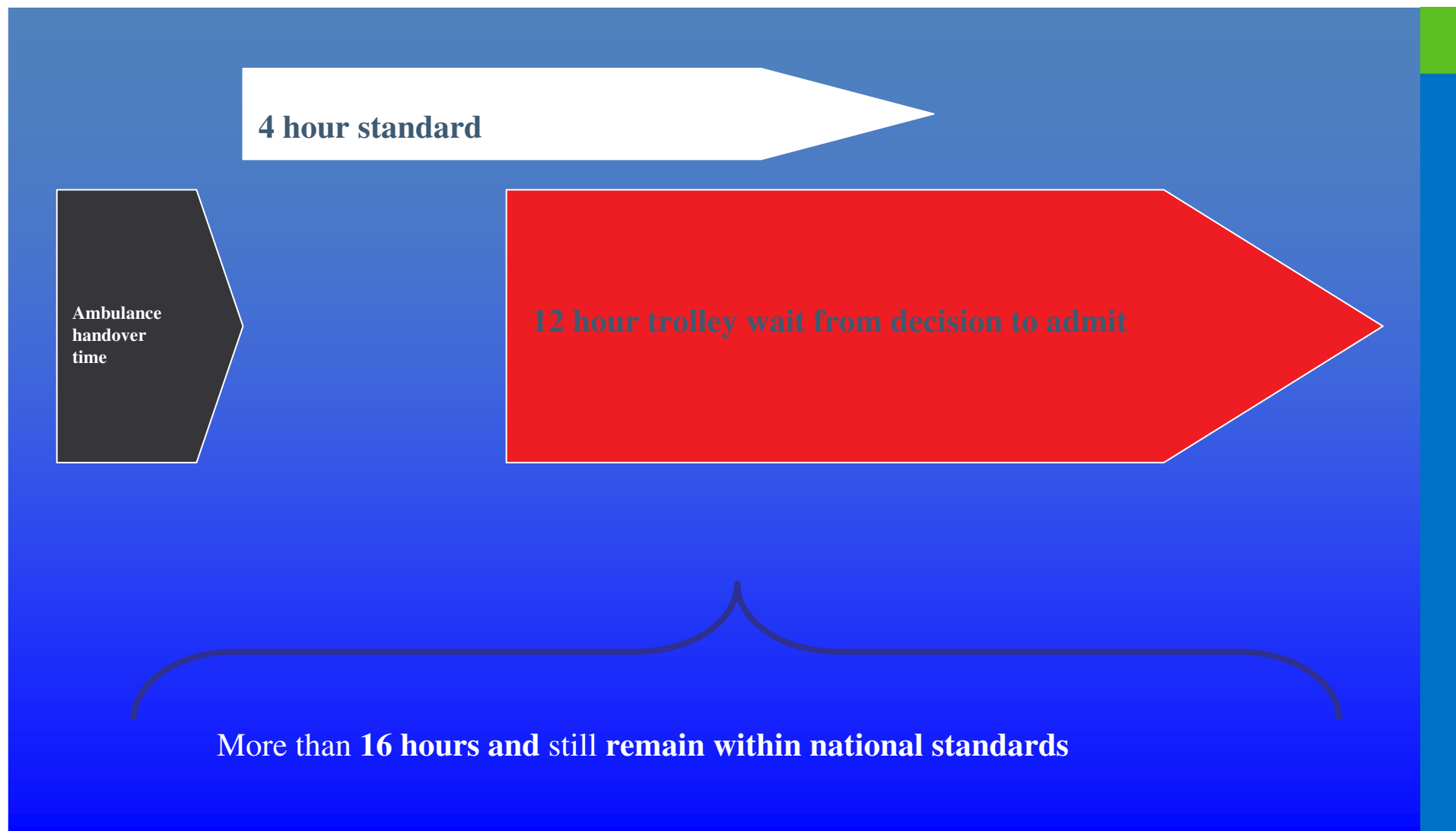
From 1st April 2011

- A suite of eight mandatory indicators
 - *Five equally weighted 'headline' indicators, performance managed*
 - *Three 'supporting' indicators*
- Many different elements, including data items, survey results, audit outcomes
- Time remains important – 6 hours maximum time introduced
- 4 hour 95% still performance managed from centre
- All contractually binding on providers

The old landscape



Interim Management and Support



Clinical Quality Indicators

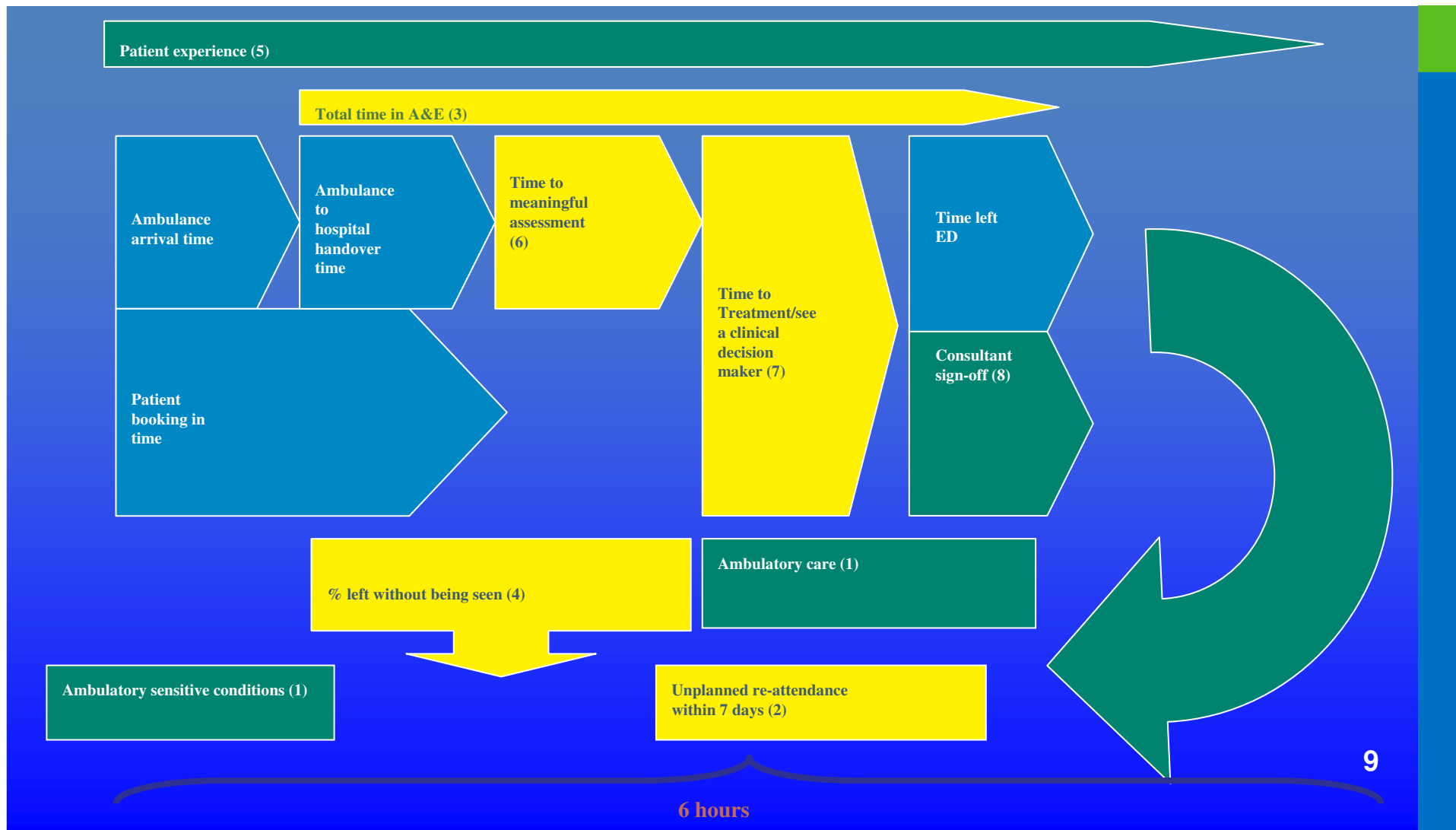


Interim Management and Support

1. Ambulatory emergency care*
2. Unplanned re-attendance rate
3. Total time in the A&E department
4. Left without being seen (LWBS) rate
5. Service experience*
6. Time to initial assessment
7. Time to treatment
8. Consultant sign-off*

*supporting indicators

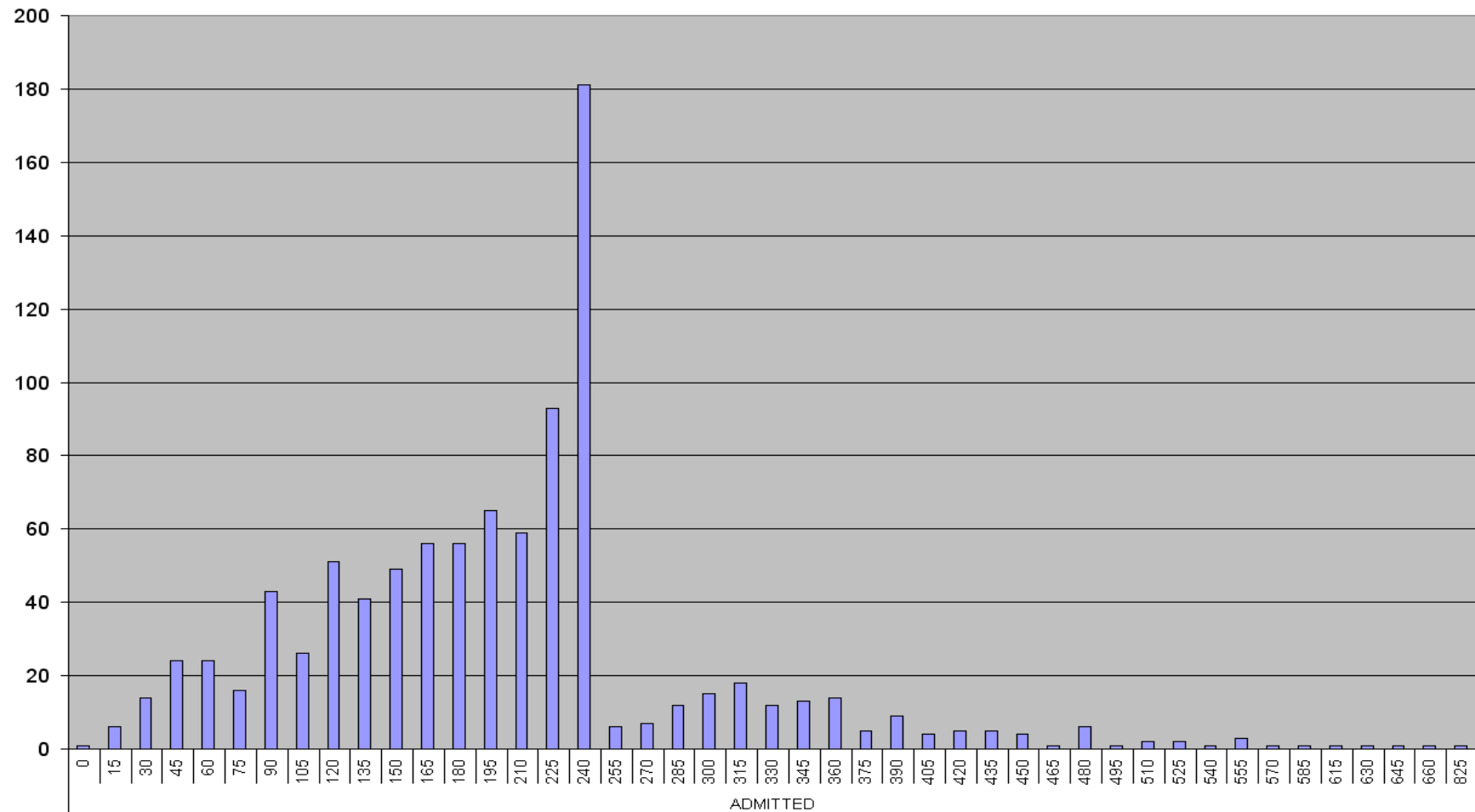
The new landscape



Transactional System (PUSH)



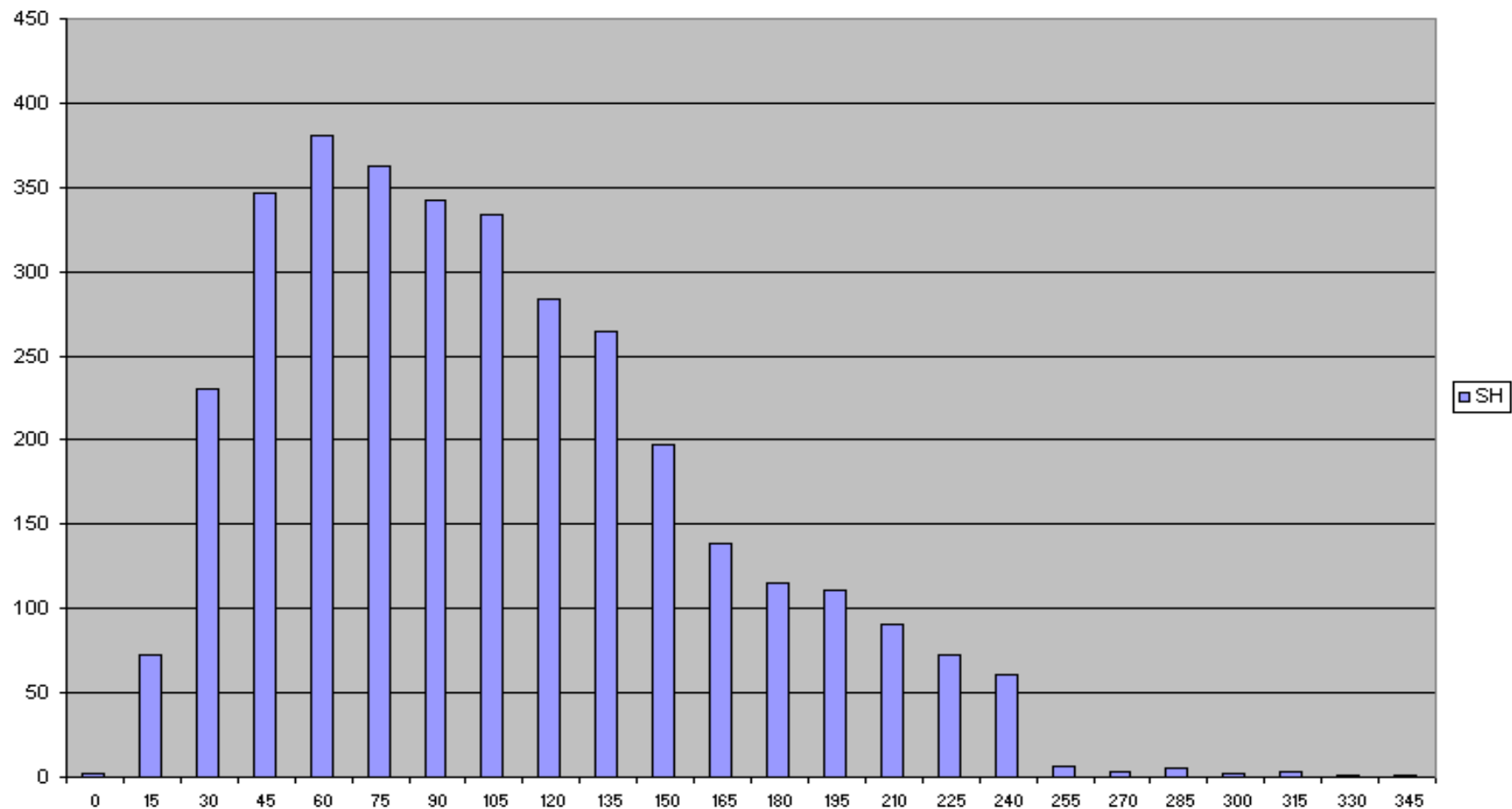
Interim Management and Support



Transformational System (PULL)



Interim Management and Support



ED- Setting the standards



Interim Management and Support

- **Internal clock setting, floor management + visual display**
 - Time to stream/triage
 - Time to medical assess
 - Time to Clinical Decision
 - Time to dispersal – admitting team responsibility
- **Stream management**
 - See and Treat - minors
 - RAT/STARR with SIFT
 - Aiming for single piece flow
- **Treatment unit vs. Triage unit**
- **Referral protocols + Direct admissions**
- **Inward vs. outward looking – integration with community**

Golden Rules...(1)



Interim Management and Support

- Implement RATS / SIFT / Rapid Alternative for ALL majors patients
- Implement See and Treat for Minors
- Reduce or eliminate Triage
- Robust operational floor management and clinical co-ordination 24/7
- Escalation

Golden Rules...(2)



Interim Management and Support

- Establish 'protected streaming
- Avoid acting as the default arrival point for referrals that do not require resuscitation or stabilisation
- Ensure senior decision makers in high volume specialties are available to attend the ED within 30 minutes of referral.
- ED should have direct admission rights using agreed protocols
- Establish ambulatory emergency care streams to avoid unnecessary overnight stays.

What is the Evidence

- It is possible to divert some 999 calls to advice lines but the safety of such systems is still being evaluated.
- The role of paramedics in either discharging patients from the scene or deciding on appropriate destinations has not been adequately studied to confirm its safety and effectiveness in the UK. There is little evidence that this works.
- There is no evidence around the effects on waiting times of general practitioners (GPs) working in emergency departments.
- Primary care gate keeping can reduce emergency department attendance but its safety is unknown. More recently commissioners are accepting this does not work.
- Walk-in centres and NHS Direct have not impacted in ED attendance.

Cont...

- Triage is a risk management tool for busy periods, it will cause delays in care.
- Triaging out of the emergency department can reduce numbers but little evidence and questionable safety.
- Co-payment systems may reduce attendances but may equally reduce attendances by those requiring emergency care. Against NHS Policy
- Fast track systems for minor injuries reduce waits, ideal configurations include senior staff.
- Attendance by the elderly, those with chronic disease and those with multiple attendances may be reduced by various interventions. Trials are needed in this area, including the role of social workers.
- The benefit of patient education is unproven in most areas except chronic disease management.

Establishing RATS / SAT



Interim Management and Support

- Clinical teams should design local model with management support.
- Test your ideas before full role out...PDSA etc
- Standardise documentation
- Measure steps before and after
- Consider options to facilitate rapid diagnosis, Near Patient Testing, Diagnostics, access to medical records etc
- Implement, monitor and act on Internal Professional Standards
- Design a system that can flex (circa 95%) demand
- Roll out to assessment units

Thank You



Interim Management and Support

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