CELEBRATING PATIENT FLOW

SUCCESS

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# Emergency Department

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# Previous Situation

- The department was run as a whole – STAT, Resus, Majors, Observation ward, Minors and Paediatrics
- Average daily attendance 270 – 370
- Consultant and nurse in charge (band 7 or 6)
- Worked out of one box to get patients seen and saw the sickest patients first
- Long delays in minors
- All patients arriving in ED in one queue to be seen

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# Model design:

- To have clear pathways of care to stream patients into appropriate care providers
- Partnership working with primary care
- Frailty Front Door
- To segregate the department into manageable components
- To staff each area appropriately both medically and nursing with admin support
- To ensure flow for minor illness injury when department  was full with high acuity patients
- To align shifts to meet demands in the 24 hour period
- Onward pathway referral


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# Implementation

- Primary care unit on site so we can stream patients presenting to ED with primary care conditions directly to the GP
- Co working with assessment units - Surgical and Ambulatory care to redirected expected patients to appropriate care setting
- Two nursing optimise rosters for Major and Minors teams 24/7 with appropriate senior cover at band 6 and 7
- Medics to allocate to the teams to ensure flow is maintained
- Re-design of minor layout
- Introduction of Fit to Sit Area
- Clear processes to move Minors to majors and Ambulance arrivals to Minors
- Redesign of roles (none clinical band 2 project search support)

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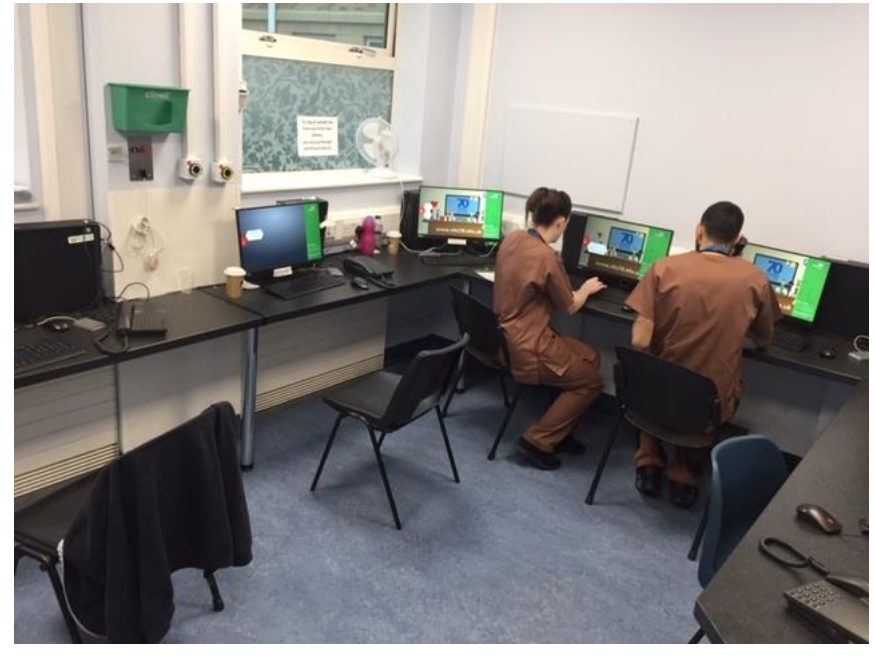
Benefits Seen:

- Staff experience – more manageable task
- Improved patient flow through minors – not blocked by major patients
- Improved patient experience to ensure that care delivery is delivered by correct practitioner first time

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## Next Plans

- Workforce planning and redesign to ensure all staff work at top end of licence
- Create new posts to fill non clinical gaps and or lesser clinical gaps
- Redesign of new department to ensure design is fit for purpose and process