



Improving the flow of patients to Emergency Department (ED)

Aims and objectives

To improve the performance of ED by managing the flow of walk in patients

Background/Rationale for change

The idea of the QI project (QIP) was conceived in order to improve the service delivery in ED, by streaming the patients who did not need ED services to a place where they can receive treatment better suited to their requirements. Previously all the patients (walk-in patients) presenting to ED were registered and triaged for the ED doctors to attend. My QI project addressed improving this process.

Who was involved

- ✓ Medical Director of the Trust
- ✓ Operations Manager Acute Services
- ✓ Clinical Lead Emergency department
- ✓ Quality Improvement Lead
- ✓ Nurse in charge (Matron)
- ✓ UTC (Urgent Treatment Centre) Coordinator

PDSA outcomes and what did you learn

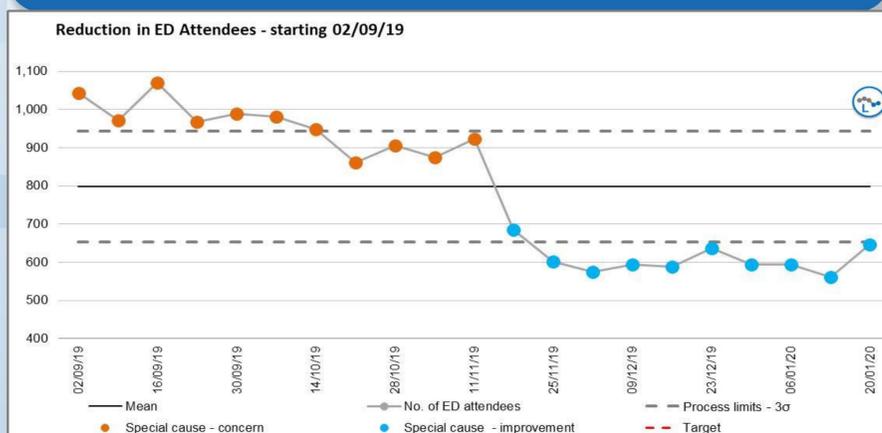
The patient who walks in to ED, after registering, is directed to 'Streaming Nurse', who assesses the patient and then directs the patient to the following places:

To ED: If patient is acutely unwell and needs urgent attention

To UTC: This Service has GP and ENP (Emergency Nurse Practitioner). GP service addresses issues that do not need ED service and ENP address minor injuries. UTC currently functions from 0800 – 2200 hrs

Streaming: Streaming nurse can direct the patient to pharmacy or can advise the patient, where it is deemed that the patient doesn't need any further intervention

Measures



Measures

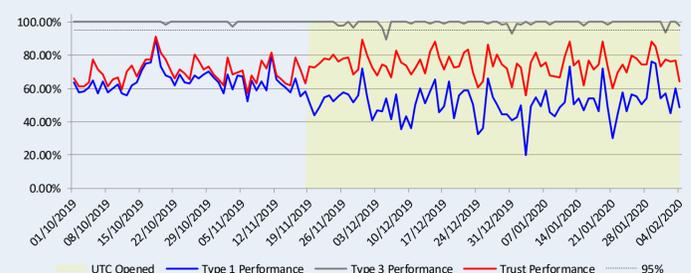
Trust Performance for A&E Type 1 & 3

October 2019 to January 2020

National Target of Total Time in Dept, no more than 4 hours.



Type 1 A&E Dept: Consultant led 24 hour service with full resus facilities
Type 2 A&E Dept: Consultant Led single specialty service (e.g. ophthalmology, dental)
Type 3 A&E Dept: Urgent Treatment Centres/Minor Injury Units/Walk-in Centres



Outcomes

There is visible reduction in the number of patients registered in ED since UTC became operational.

Performance of the A&E and Trust assessed before and after UTC started. With the reduction in the number of the patients in the ED, after the patients with minor ailments and injuries were streamed to UTC, quality of care in ED (and the Trust) improved, with the patients with acute medical needs attending the ED. However, these are still early days of the UTC project, further improvement will be noted in the coming weeks.

Lessons learnt

QI projects involving different departments often become protracted due to complexities involving negotiating with different departments and people. It is best to identify the key stakeholders early, as time spent liaising with the stakeholders can be the key to longevity of the process. QI plans need to be dynamic to adapt to the changing circumstances

Dr Syed Asim Ali Mukhtar, MRCPUK
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