

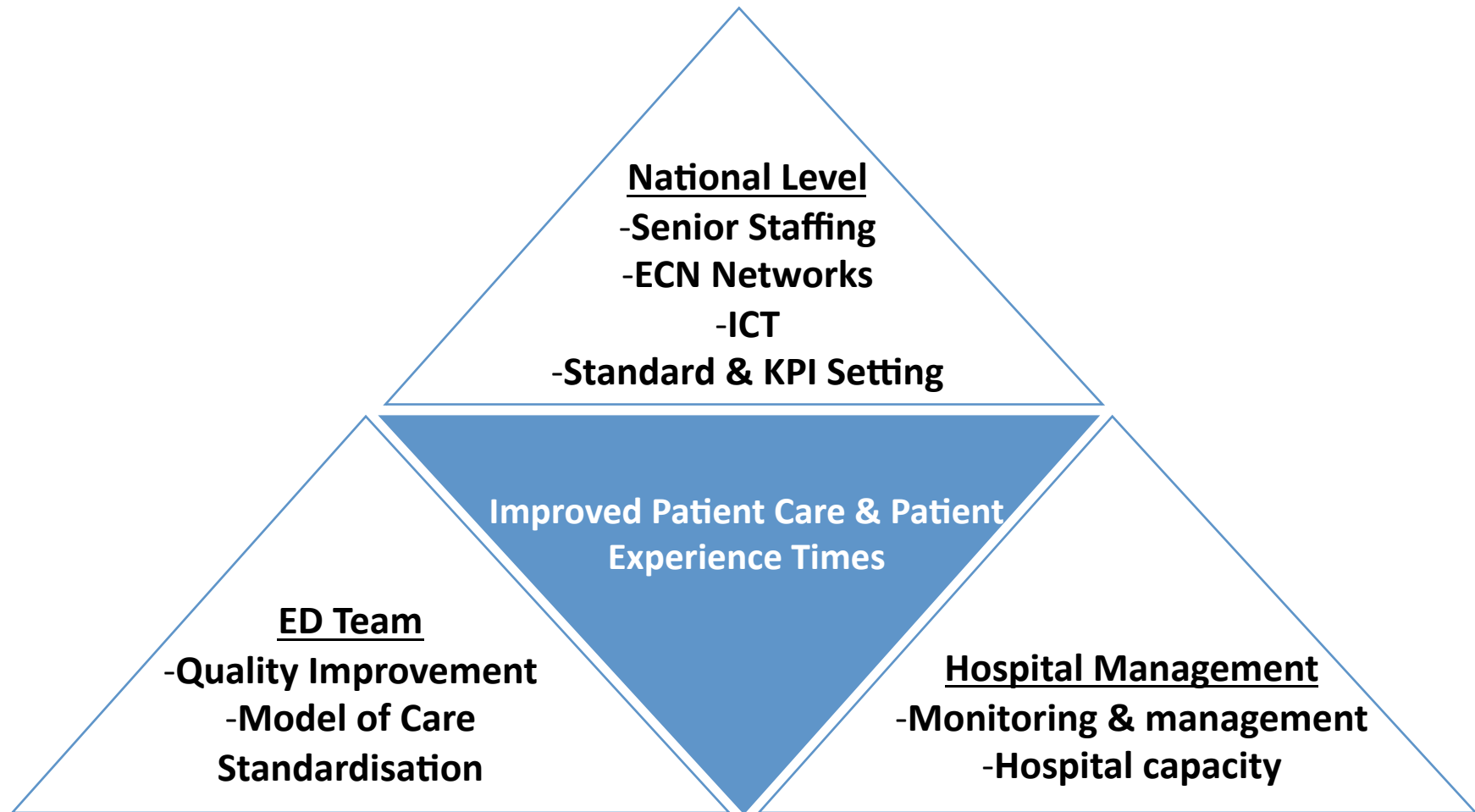


EMERGENCY
MEDICINE

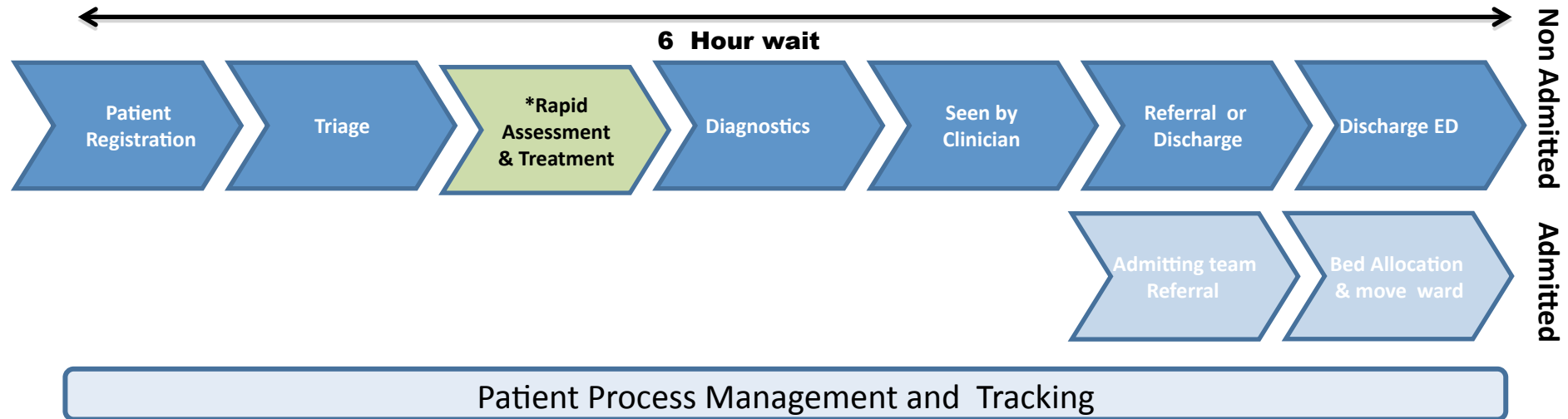
Emergency Medicine Programme

Overview of Interventions to Improve Access to
Achieve the 6-hour Standard

Three side solution to improve Emergency Care



ED Patient Pathway Dependencies



Causes of Delays

- Numbers reception Staff
- Lack of PC Terminals

- Nursing resource assigned elsewhere in ED
- Infrastructure layout

- Cubicle Access
- Numbers of Consultants

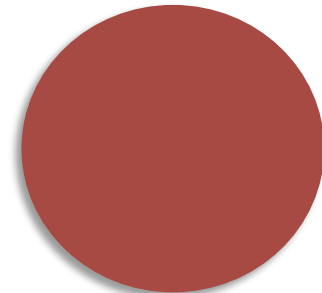
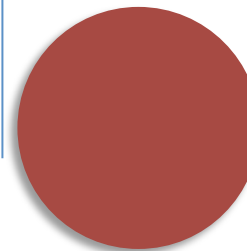
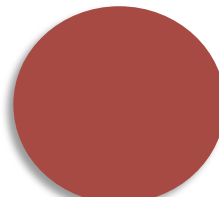
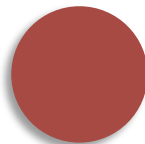
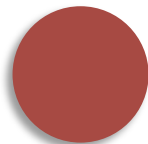
- Process & Capacity Diagnostics
- Numbers of Nurses

- Cubicle Access
- Numbers of Doctors
- Numbers of ANPs

- Delays Admitting team to come to ED

- Shortage Beds
- Delays in process to allocate beds

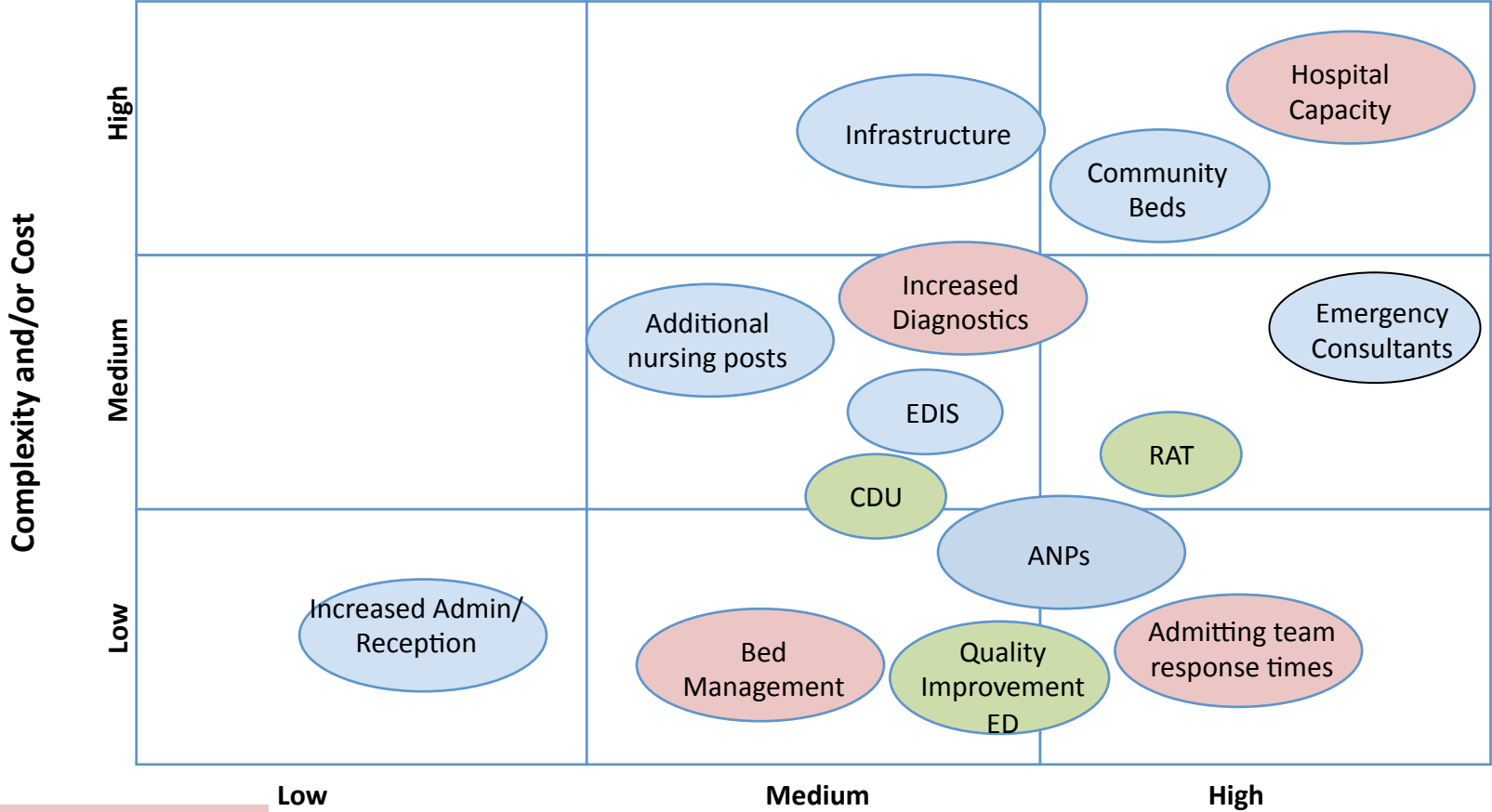
Impact of intervention



* RAT is an optional step that can reduce times if in place with sufficient senior staff

6-hour ED Time Standard Interventions

Cost, Complexity or Difficulty of Implementation vs impacts on patient waits



- Actions at Hospital Level
- Actions at National Level
- Actions at ED Level

Impact

Actions to achieve 6-hour standard

Action plans for 6 hour wait and overcrowding at hospital level should be drawn up and freely available. These should show the breakdown of initiatives, timelines and names of responsible assigned for each intervention. Currently only a small number of hospitals seem to have a documented action plan.



Examples of interventions to address hospital overcrowding:

- ✓ Robust capacity management
- ✓ Activities to reduce ALOS
- ✓ Day case rates
- ✓ Bed management turnaround
- ✓ Weekend discharges
- ✓ 7 day ward rounds
- ✓ Protocols for common presentations
- ✓ Day of surgery admission
- ✓ Transition care / Community beds
- ✓ Admitting & Discharge lounge
- ✓ Access to Diagnostics
- ✓ Pathways for specific cohorts such as older patients & Mental Health
- ✓ ETC. (should be defined by hospital teams)