CLEAR
Empowering staff to innovate care

CLEAR UEC case study 2022

# Mid Cheshire Hospitals NHS Foundation Trust

New roles and models of care to solve ED overcrowding, speed up safe discharges and reduce avoidable hospital admissions

## AT A GLANCE

### CLEAR CHALLENGE

Overcrowding and long waits in the Emergency Department at Leighton Hospital, Mid Cheshire Hospitals NHS Foundation Trust (serving 300,000 population).

### KEY CHANGES

Faster treatment for patients - a new chest pain pathway, the creation of an ambulatory frailty SDEC and discharge coordinator.

### FORECAST BENEFITS

Increased capacity in ED and up to 9,254 bed days freed up, saving £1.9m.

## THE CHALLENGE

Leighton Hospital's ED was facing an increasing problem of overcrowding, many patients were experiencing long stays in the department and there were avoidable hospital admissions. Same Day Emergency Care (SDEC) services were being underused and there were delays in transferring and discharging patients, particularly those with frailty. Overcrowding was causing staff burnout and having an adverse effect on morale. There was a significant number of patients presenting to ED with chest pain and discharged within one day.

## WHAT THEY DID

Two trust clinicians supported by the national CLEAR faculty conducted 45 interviews with ED colleagues and staff in services working closely with the department including the Reactive Emergency Assessment Community Team (REACT) and Ambulatory Care Unit (ACU). Qualitative analysis of observations, interviews and focus group discussions were combined with an examination of clinical and workforce data from June 2020 to May 2021 (more than 284,000 clinical records analysed). During this period, the average daily number of ED attendances was 220.

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## CLEAR RECOMMENDATIONS

Three new models of care were recommended including a new SDEC for patients with chest pain. These patients would be referred directly to the ACU after a brief assessment by the streaming nurse and an ECG, undertaken by a technician.

Frailty patients meeting specific criteria to be referred directly to a new Ambulatory Frailty SDEC for assessment and treatment by a multi-disciplinary team with the aim of same day discharge.

A discharge facilitator should be appointed to take overall responsibility for the ED clinical environment, lead and motivate the team, and support triage staff in referring patients to alternative services.

Revised criteria should be introduced and used to promote more direct access to SDEC and a new long stay nurse to highlight patients who have spent more than eight hours in the department to ensure appropriate care plans are in place and implemented.

2,280 hours of clinical time freed up in the ED every month from new ambulatory frailty SDEC and chest pathway

## FORECAST IMPACT

Patients having an ECG on streaming would lead to faster assessment, reduce overcrowding and increase efficiency. This could release 8,397 hours per year, equating to 23 hours a day of clinical time, which would increase the ED's capacity by eight patients per day. It would also reduce avoidable overnight admissions, saving up to £662,000.

The ambulatory frailty SDEC, with early specialist review, would lead to improved patient outcomes, reduced ED overcrowding and the potential to discharge patients sooner. This would also prevent admissions later in the day and reduce the risk of rapid decline. The service has the potential to save 52 hours a day of patient time in ED and 9,254 bed days per year, based on avoidable admissions and the evidence that a frailty unit can reduce length of stay by an average of 1.5 days, potentially saving up to £1.9m.

Overall the measures would reduce ED demand, easing work pressures contributing to staff burnout and increase staff retention.