

CLEAR Urgent and Emergency Care 2021

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 with SDEC services being underused, delays in discharging frailty patients and a large number of patients with chest pain

KEY CHANGES

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

FORECAST BENEFITS

Increased efficiency and capacity in ED, reduction in overcrowding and avoidable admissions and a saving of up to 9,254 bed days and £2.5m

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 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 attending 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 was 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.

CLEAR RECOMMENDATIONS

Three new models of care were recommended including a new SDEC for patients with chest pain. These patients could be referred directly to the ACU after a brief assessment by the streaming nurse and an ECG, carried out 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 could be appointed to take overall responsibility for the ED clinical environment, lead and motivate the team, and support triage staff referring patients to alternative services.

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

EARLY IMPACT

The trust's new frailty SDEC - Frailty Elderly Assessment Unit (FEAU) - opened on 26 April 2023 with eight beds (48 hour stay) and eight assessment chairs. Staff have stated that the new unit is working well. In July 2023, the Chief Executive reported to the Trust Board that it had successfully discharged more than 500 patients since opening saving over 2,500 bed days with the trust attracting interest externally and asked to showcase their work regionally.

Other early data shows that the opening of the unit has led to significantly fewer older patients going to the ED and alongside the opening of an extended hours SDEC has contributed to reduced waiting times and improved performance. It's among a number of initiatives that the trust is doing to decrease long lengths of stay, in July 2023 it reported that the average LOS had reduced from 11.5 days in October 2022 to under nine days in June 2023. A benefits review is planned for later in 2023.

A new band six discharge facilitator has also been appointed.

Early data shows the opening of the frailty SDEC has led to significantly fewer older patients going to ED