

CLEAR UEC case study 2022

Hampshire Hospitals NHS Foundation Trust

Reducing admissions and ED waiting times with two new services and upskilling existing staff



AT A GLANCE

CLEAR CHALLENGE

Delays and overcrowding in ED at Royal Hampshire County Hospital, Hampshire Hospitals NHS Foundation Trust (serving 6,000 population).

KEY CHANGES

More efficient service with new minor illness service run by emergency nurse practitioners and a nurse-led older persons' emergency department.

FORECAST BENEFITS

Prevent up to 6,900 admissions of frail older patients and reduced length of stay where admission unavoidable, with savings of up to £3m.

THE CHALLENGE

Patients and staff in the ED were being adversely affected by long waits for initial assessment, partly caused by patients first being screened for Covid-19 at the front door followed by the triage process. Patient referral pathways were fragmented and many frail patients were experiencing unnecessarily long delays in ED and stays as inpatients. There was no dedicated frailty assessment area or early discharge planning and emergency nurses were only trained to deal with minor injuries not minor illnesses.

WHAT THEY DID

Supported by the national CLEAR team, five clinicians gathered insights from key stakeholders from all professional backgrounds and levels of seniority. One-to-one interviews were held with 44 individuals and the team carried out clinical observations within the department. This qualitative analysis was combined with detailed examination of more than 170,000 clinical records to identify trends and patterns which would help pinpoint the specific challenges facing the department, enabling the team to redesign services and workforce roles to provide solutions.

CLEAR RECOMMENDATIONS

A key recommendation was the creation of a minor illness service within the ED and the upskilling of existing emergency nurse practitioners (ENPs), enabling them to treat patients with minor illnesses as well as those with minor injuries.

The establishment of an Older Persons' Emergency Department (OPED) was recommended to improve the care of frail patients over the age of 65, including those with dementia, confusion and at high risk of falling. It would run 24/7, staffed by a registered nurse and healthcare assistant, and be designed specifically for frail and confused patients - for example with low trolleys, grab rails and clear pictorial signs. Frailty teams, nursing staff and doctors would work collaboratively to ensure patients receive a comprehensive rapid assessment tailored to their individual needs. There would be a focus on discharge planning on arrival with the aim of reducing admissions and lengths of stay in hospital.

Other recommendations included walk-in patients being assessed by an experienced nurse, eliminating the need for extra triage.

FORECAST IMPACT

The proposals have the potential to prevent up to 6,900 annual admissions of frail, older patients and reduce the length of stay in hospital (in cases where admission is unavoidable) generating more than £3 million of savings.

The £1.2m cost of the minor illness unit would be offset by giving doctors more than five extra hours per day to treat seriously unwell patients, reducing the overall cost to £200,000. ENPs would have career development opportunities and patient satisfaction would be improved with reduced length of stay in ED.

The South Central Ambulance Service would be able to refer patients directly to both the minor illness service and the OPED, relieving pressure on main ED staff. Ambulance waiting times outside the ED would be reduced, resulting in the faster release of crews.

"Colleagues felt engaged - they had a voice, it highlighted a fundamental aspect of the department and concerns that had not been considered previously."

Senior Charge Nurse Nicholas
Gidley who was promoted
following the CLEAR project