

REASON WHY? Due to conflicting priorities, it is challenging to get the right patient in the right place first time which results in increased length of stay and delays for patients leaving the ED footprint. Trust wide, regionally and nationally there is much focus on the through put of acute medical patients and especially on SDEC throughput.



Improve the number of new patients through SDEC with the minimum target of 18/day by the 26th of June 2024 and increasing trajectory beyond this.

PLAN

SDEC pull, though improved with recent improvement work remains still an area with inconsistent decision making, and so there will be additional work to continue to educate all on the SDEC pathways, embed improvement practices with this, aim improve the PULL from ED to the acute medical floor.

It was agreed to run a “Test of Change” week between 17th June and 26th June with two key themes:

1. Relaunch of SDEC access criteria supported by education package to reinforce that "ALL Medical referrals are potentially SDEC patients until proven otherwise".
2. Increase “New” patients to SDEC with implementation of education and SDEC "pull" reinforced as part of Rhythm of the Day.

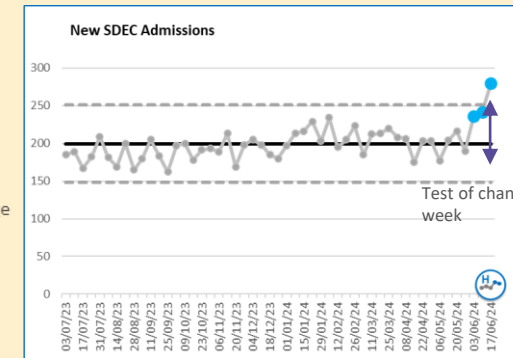
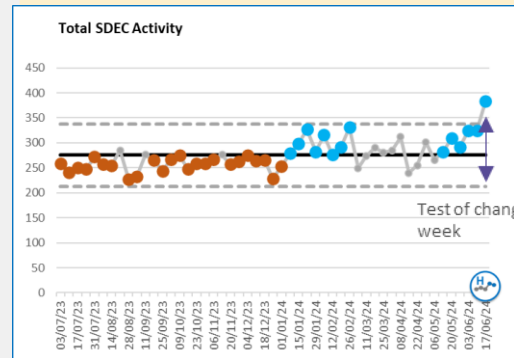
DO

To support the relaunch of the SDEC criteria, a dedicated Test of Change champion team was allocated each day to walk the floor in real time. This was supported by a list of questions to ensure reliability and support a “comprehensive pull” being completed. A comprehensive pull is one that covers all areas of the acute floor including patients that are waiting in ambulances. Data captured during the week shows that a comprehensive pull was carried out 87.5% of the time.

Additionally the teams utilised the whiteboard to flag patients that were suitable for SDEC or Short Stay to reduce delays in pulling suitable patients to the department. This was complete 80% of the time.

STUDY

The test of change week helped to re-educate the criteria for patients who could/should be transferred from ED to SDEC, thereby ensuring improved flow. Feedback on the use of the whiteboard was positive. Additionally, utilisation of the Test of Change champions was beneficial during the week, resulting in patients being transferred more efficiently.



The test of change week made a statistically significant improvement to the total number of new SDEC admissions and the overall SDEC activity. In the two weeks prior to the test of change, total SDEC Activity was 325 patients per week. During the week commencing 17th June 2024, this rose to 385 patients (an increase of 18.46%). An average of 27 patients per site per day. This resulted in a large number of patients being removed from the Emergency Department. Patients were also directly pulled from ambulances, removing the need to attend the Emergency Department completely.

ACT

Colleagues from SDEC will continue to “Pull”, with a particular focus on the first pull at 9 am which will alleviate pressure for ED, while ensuring patients are being treated and cared for in the appropriate area.

During the week, the use of the whiteboard was found to be effective and this process will continue to be reinforced and ADOPTED.

An ongoing rota for test of change champions will be compiled.

Current improvements will be monitored over the next 30, 60 and 90 days.