

## REASON WHY?

Patients who present to the Emergency Department (ED) are typically seen within arrival time order. One of the quality indicators in the ED is the percentage of patients that did not wait. Patients that leave the department without being seen have the potential to pose a great clinical risk.



To reduce the number of walk in patients that leave without being seen by 20% by 24/05/2024.

## PLAN

The Emergency Care Transformation Programme (ECTP) aims to improve services across the Emergency Care Department. As part of these improvements the teams reviewed the process for paediatric patients who leave the department without being seen. This is a concern for both RSH and PRH ED's.

The plan was to review the current process and gain feedback from colleagues around the reasons why parents or carers leave the department without being seen.

Patients who leave without being seen are planned to have a follow up by the paediatric senior sister where required within 48 hours of leaving the department.

## DO

The team engaged with key stakeholders a report was created to highlight all patients that had left without being seen. The report is then reviewed by the Paediatric Senior Sister (Monday to Friday) and a review of patients notes carried out. An action log was created to capture key elements of the patients journey prior to contacting the patient. Patients that require further treatment are called back into the department and the remaining patients are then reviewed and signed off by the Paediatric Senior Sister and Consultant for discharge.

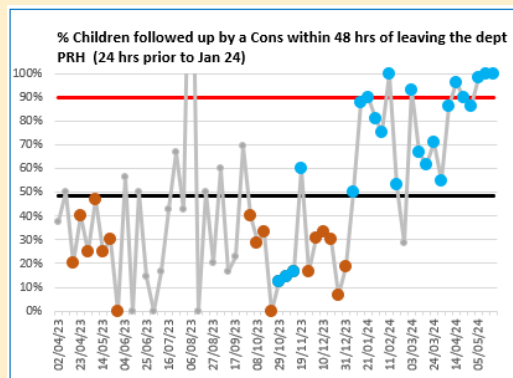
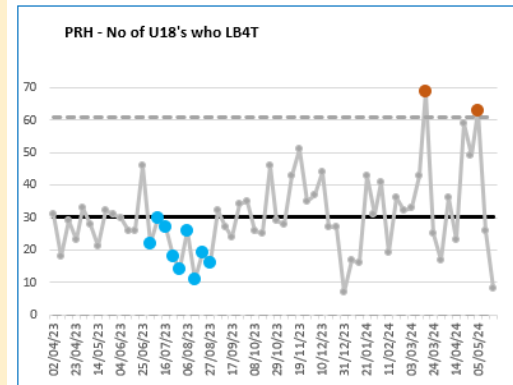
PAEDIATRIC LWBS ACTION LOG						
PT DETAILS	DATE & TIME ARRIVAL	DATE & TIME PT LWBS	ACTION & DATE ACTIONED	DID PT COME TO HARM	PT NOTES UPDATED	NAME & PPI#
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## STUDY

This intervention began prior to the paediatric "Perfect Week" which aimed to ensure all children under 18 were triaged in 15 minutes.

During the "Perfect week" there was a statistically significant reduction in patients who left without being seen from an average of around 30 patients to 8 (73.3% reduction). This reduced the workload for patients that required follow up.

Additionally, the action log enabled 100% of patients that had left the department to receive a follow up from the consultant within 48 hours, reducing the clinical risk that arises with this group of patients.



## ACT

The process will be ADOPTED.

The report highlights all patients that have left the department while the action log enables detailed information to be able to be reviewed and get signed off by both nursing and consultant teams.

By utilising both an increase in the number of patients receiving an initial assessment within 15 minutes and the report and action log, the number of children leaving the department has reduced. Clinical risk has been reduced and patient experience has increased.