ECTP- RSH ED Push/ Pull criteria

Theme | ECTP

Produced by | Rebekah Tudor

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SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Recent improvement work highlighted that a number of patients attend the Emergency Department (ED) that could be directly pushed/ pulled into Same Day Emergency Care (SDEC). Improving this process helps support patients to be treated in the right place at the right time which can help reduce patient mortality.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

Increase the number of patients being "pulled/ pushed" from ED by 25% by 15th December 2024.

PLAN

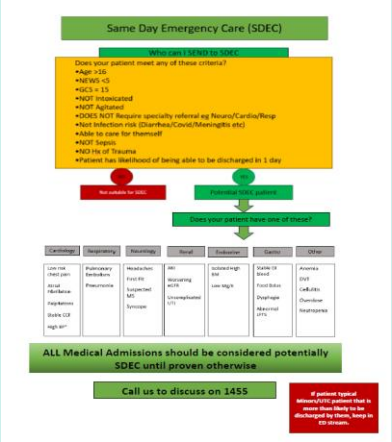
The plan was to review the current process for the push/ pull criteria for medical patients from ED into SDEC.

The aim of improving this process is to increase the number of patients pulled and pushed from ED so that they can be seen in the right place, reducing the time spent in ED and enabling patients to be treated quicker.

The plan was to engage with colleagues and relaunch the push/ pull criteria to coincide with the test of change in the Acute Medical Assessment (AMA)- start date 7th October 2024.

DO

Work has previously been carried out to support education on the criteria for patients presenting into ED for SDEC, a poster was created as part of the improvements. The poster was reviewed, changes made to conditions and patients suitable for SDEC and agreed. These were placed in key areas within SDEC, ED and AMA.

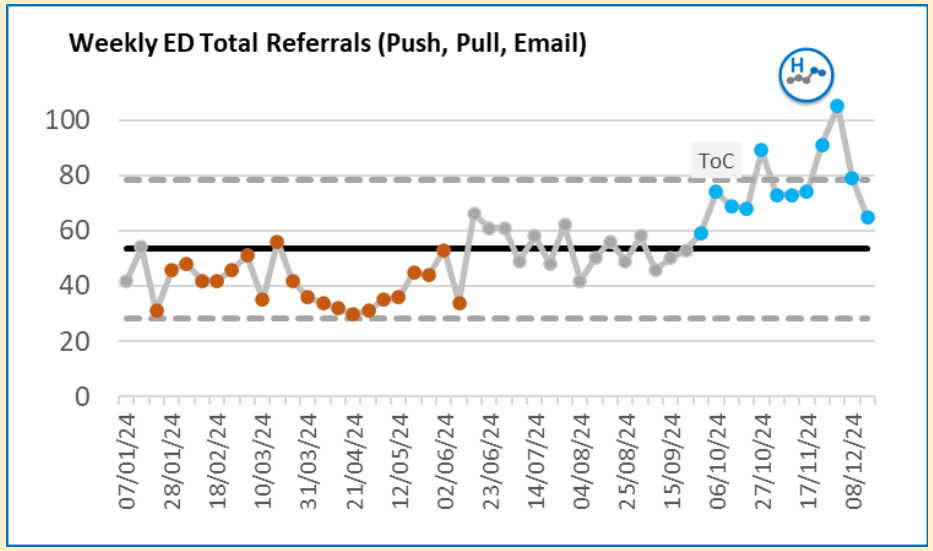


Chest Pain • Non -traumatic, pleuritic sounding • Cardiac sounding chest pain – brief not at rest • Heart score 4 to 6 • No dynamic T wave inversion or ST depression (fixed old changes acceptable) • No ST elevation	**GI bleed** • BP> 100, Pulse <100 • Active large volume hematemesis or melena • Please tell the patient that they are nil by mouth!
Atrial Fibrillation / Palpitations • HR <130 (if trolley available and hemodynamically stable) • HR <120 (hemodynamically stable) • No evidence of Heart failure • No ongoing chest pains	**Anaemia** • BP>100, Pulse <100 • Will take with mild symptoms of anaemia • No active bleeding LARGE volume bleeding • Hb <60 • No PV or PR bleedings
Pneumonia • BP > 100, HR <110, SpO2 > 93% at RA • Good social support at home • No evidence of effusion or bilateral consolidation on CXR (if available)	**AKI / Failing eGFR** • Potassium < ? on VBG • pH normal
Headache • No Hx of Recent Trauma • Sudden onset/thunderclap • No focal neurological deficit • Not like patients' usual migraine • Patients with headache and fever or neck stiffness or altered consciousness are not suitable for SDEC	**High BP** • No altered consciousness • No ongoing ischemic chest pain **First FIT** • No neurological signs
Syncope • Normal ECG or old fixed ECG changes (not dynamic) • No preceding chest pains • No focal neurology	**Electrolyte abnormalities** • Low Mg/K (with no ECG changes) • Uncomplicated Hyperglycaemia (pH = 7.35 to 7.45, no ketones)
Overdose • If expected to be MFFD and MHT agreed to see patient there within SDEC Opening hours	**Neutropenia** • NEWS <5
DVT • Off pathway DVTs only	**Uncomplicate UTI** • Well patient, no social needs •

The morning 8:30 pull from ED is supported by the acute medicine consultant with the SDEC coordinator and appropriate patients are pulled to the SDEC footprint. Additionally, the team have acute medicine clinic follow ups which have helped to create extra capacity, increasing the output through SDEC from all sources of emergency admission.

STUDY

Following the education of the teams, the number of patients that have been pushed/ pulled and referred from ED via email to SDEC has shown a statistically significant improvement. Numbers have increased from an average of 46 patients per day to an average of 78 patients per day (an increase of 70%). The highest number of patients pushed/ pulled in one week was 105 (an increase of 128%). SDEC activity continues to show statistically significant improvement.



ACT

The use of the poster for push/pull criteria will be ADOPTED. The increase in the number of patients has been significant.

This process will continue to be monitored over 30,60,90 days and the team will ensure that this process is communicated to all new colleagues working in the areas.

ACKNOWLEDGEMENTS & REFERENCES | The SDEC/ ED and AMA teams for their contribution and willingness to improve.