

Theme | ECTP

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## REASON WHY?

The target for patients within the Emergency Department (ED) is that that no one should be waiting more than 4 hours from arrival to admission, transfer or discharge. Increased length of stay in ED can lead to increased mortality and increased hospital length of stay. Specifically, this intervention aims to look at the number of "Minors" patients that are seen within 4 hours.

## PLAN

Data suggests that the percentage of minors patients that were seen at PRH within 4 hours was on a downward trajectory from 02/09/2024 despite lower than average attendances.

The team discussed a number of options, however, realised that the current staffing model does not always support the demand within the department.

It was agreed to change the hours of the Emergency Nurse Practitioner (ENP) so that the shifts start at 8AM in line with other clinicians.

The role of the ENP is to assess, diagnose, treat, and discharge patients with minor injuries without the need for a doctor's intervention.



## DO

The team reviewed the current staffing rota and altered the template in order to accommodate the 8AM start.

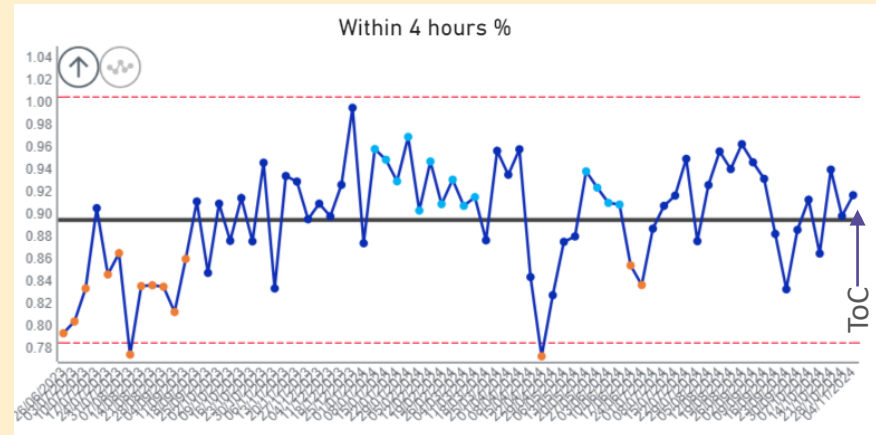
Each shift during the period 4/11/2024 – 10/11/2024 was allocated an ENP to start at 8AM. Prior to the change the team started at 9AM. This meant that there were less ENP's later on in the day when the activity was higher.

Initial feedback from the ENP team was positive and the team were happy to test the changes.

The hope was that this would positively impact the numbers of patients seen within the 4 hours.

## STUDY

Initial data shows that the number of patients that were seen within 4 hours was slightly higher than average at 92% (when compared with an average of 89%- an increase of 3%), however, feedback from the ENP team suggests that the number of patients that attended during the additional hours from 8AM was minimal and unlikely to have contributed to the small increase. A total of 5 patients were seen by ENP's during the week between the hours of 8AM and 9AM.



## ACT

The team do not feel that the change in hours supports a statistically significant impact on the 4 hour target and do not wish to continue. This change will be ABANDONED and alternative changes prioritised and tested. The activity through the department is greater during the afternoon and evening and it is felt that resources would be better provided during this time of day to reduce the number of patients waiting during the evening.

The staffing template was changed for one week 04/11/2024-10/11/2024 and will revert back as of the 11/11/2024.



To improve the percentage of PRH minors patients being seen within 4 hours by 10% by 10th November 2024.