The AHSN Network

NHS Improvement

Optimizing Initial Assessment

Neil Dawson
ED Consultant

October 2019

Oxford

Patient Safety Collaborative

What we'll discuss

- RCEM guidance on Initial Assessment
- Background to the opening of John Radcliffe Emergency Department Assessment Area (AA)
- Current issues with AA
- Ideas to improve Quality in AA

RCEM guidance on Initial Assessment (Feb 2017)

- “A critical function of all EDs is to have reliable processes that can sort patients, in accordance with their clinical need”
- Aims to improve Safety and Efficiency
- Patients should be registered within **five** minutes of arrival and should be streamed within **15** minutes of arrival.
- “Capacity must be planned to meet variation in demand, not average demand”

Definitions

- NAVIGATION- the process of referring patients to appropriate services prior to a formal process of clinical assessment
- STREAMING: allocating patients to different physical areas, pathways or processes in order to improve efficiency and effectiveness, following brief clinical assessment
- **Simple** Streaming: based on clinical assessment alone, with basic first aid, simple analgesia and simple tests (urinalysis, BM stix)
- **Complex** Streaming: initiation of Ix such as requesting blood tests and radiological tests that aims to bring the clinical decision making process forward

Rapid Assessment Systems

- SEE AND TREAT- directly seeing patients presenting with minor illness or injury, without further triage or assessment (should not wait longer than an hour to be seen)
- SENIOR DOCTOR TRIAGE (SDT), RAPID ASSESSMENT AND TRIAGE (RAT), EARLY SENIOR ASSESSMENT (ESA) all describe the same processes, where a senior clinician is based as far forward in the patient's care and can make care and disposition decisions much earlier. Requires a team individuals and space to work, and is DEMANDING and PHYSICALLY TIRING to undertake
- Lack of evidence of effectiveness of RAT

Simple streaming

Presenting Complaint

- ○ Airway / breathing
- ○ Circulation / chest
- ○ Gastrointestinal
- ○ Neurological
- ○ Skin
- ○ ENT
- ○ Eye
- ○ Trauma / musculoskeletal
- ○ Genitourinary
- ○ ObGyn
- ○ Environmental
- ○ Psychosocial / Behaviour
- ○ General / minor / admin

Reason for Visit

Safeguarding Concern

- ○ Yes
- ○ No
- ◉ N/A For Child

Pain score

- ○ No Pain = 0
- ○ Mild Pain = 1
- ○ Moderate Pain = 2
- ○ Severe Pain = 3

Stream

- ○ ED Resus
- ○ ED Majors
- ○ ED Minors
- ○ ED Paediatric
- ○ Urgent Care
- ○ Inpatient
- ○ Outpatient

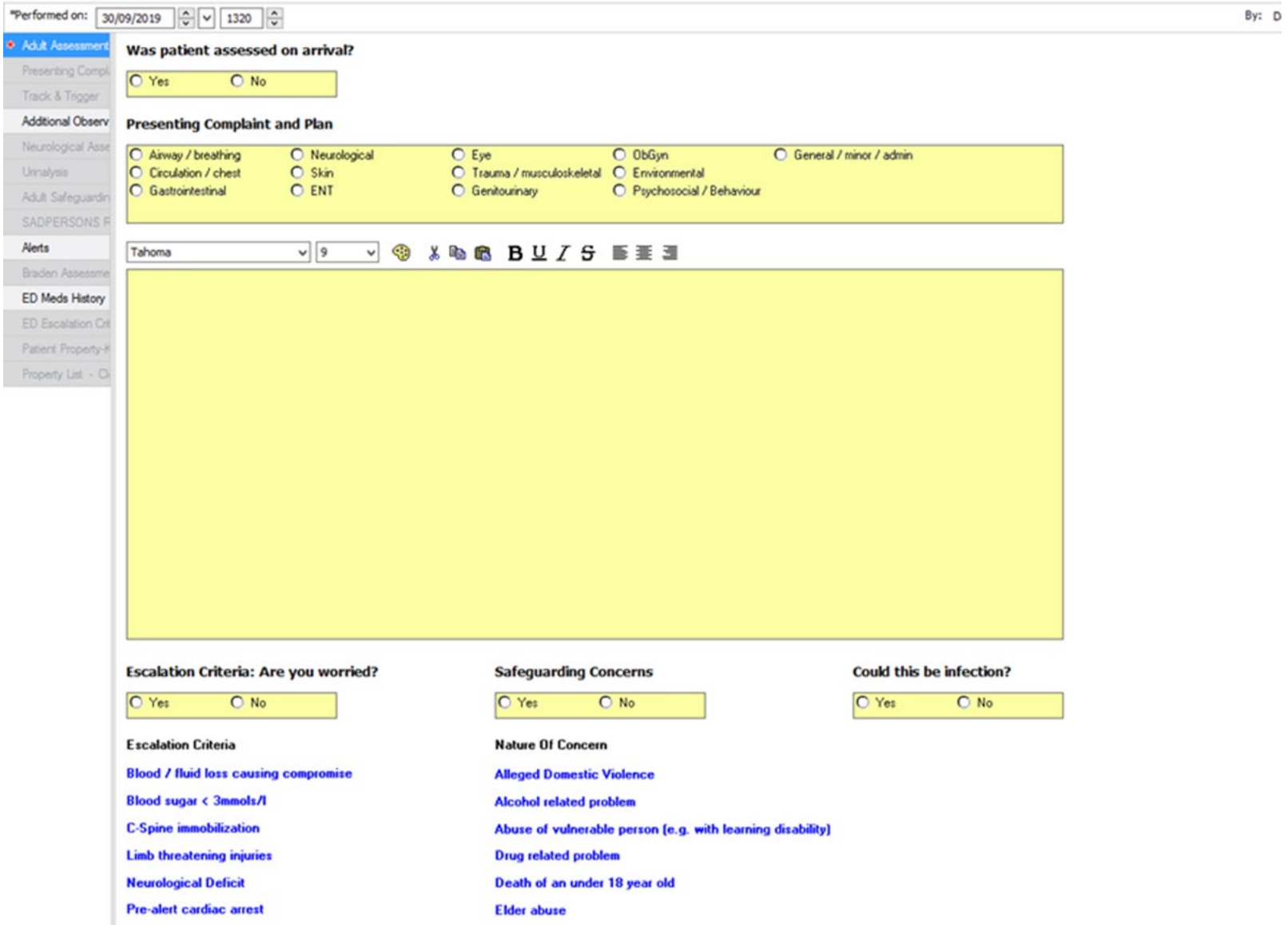
Complete DTA and ED Depart form for the following locations:

- ○ Ambulatory Assessment Unit
- ○ AGM/Emergency Assessment Unit
- ○ Gynaecological Ward
- ○ Urology
- ○ Surgical Emergency Unit
- ○ Other:

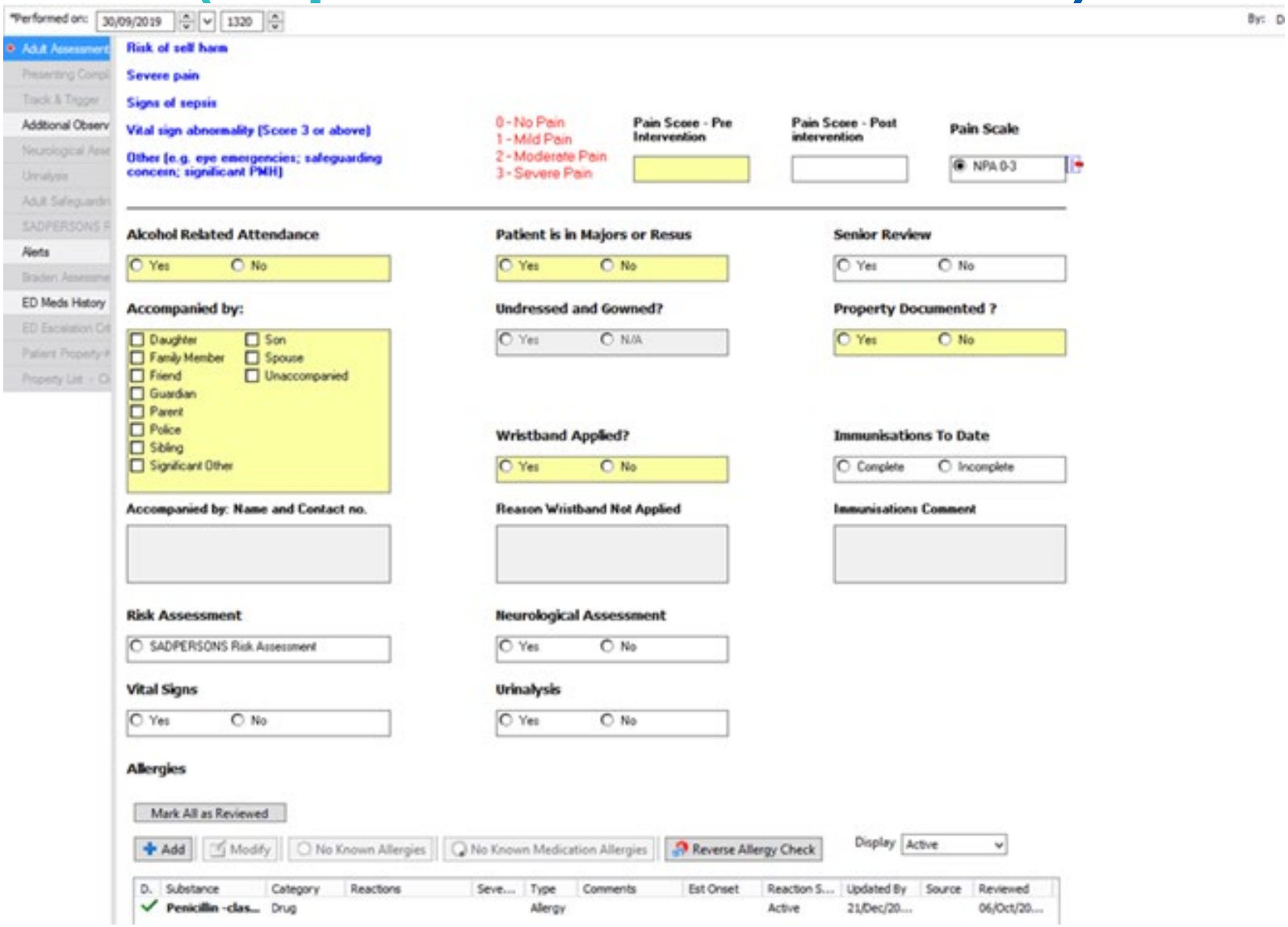
Complete ED Discharge process for the following locations:

- ○ ENT GPRU
- ○ Eye Casualty
- ○ Maternity Assessment Unit
- ○ Maxillary/Facial SSIP
- ○ Plastics SSIP
- ○ Urgent Gynaecological Clinic (EPAU)
- ○ Other:

RAT (Rapid Nurse Assessment)

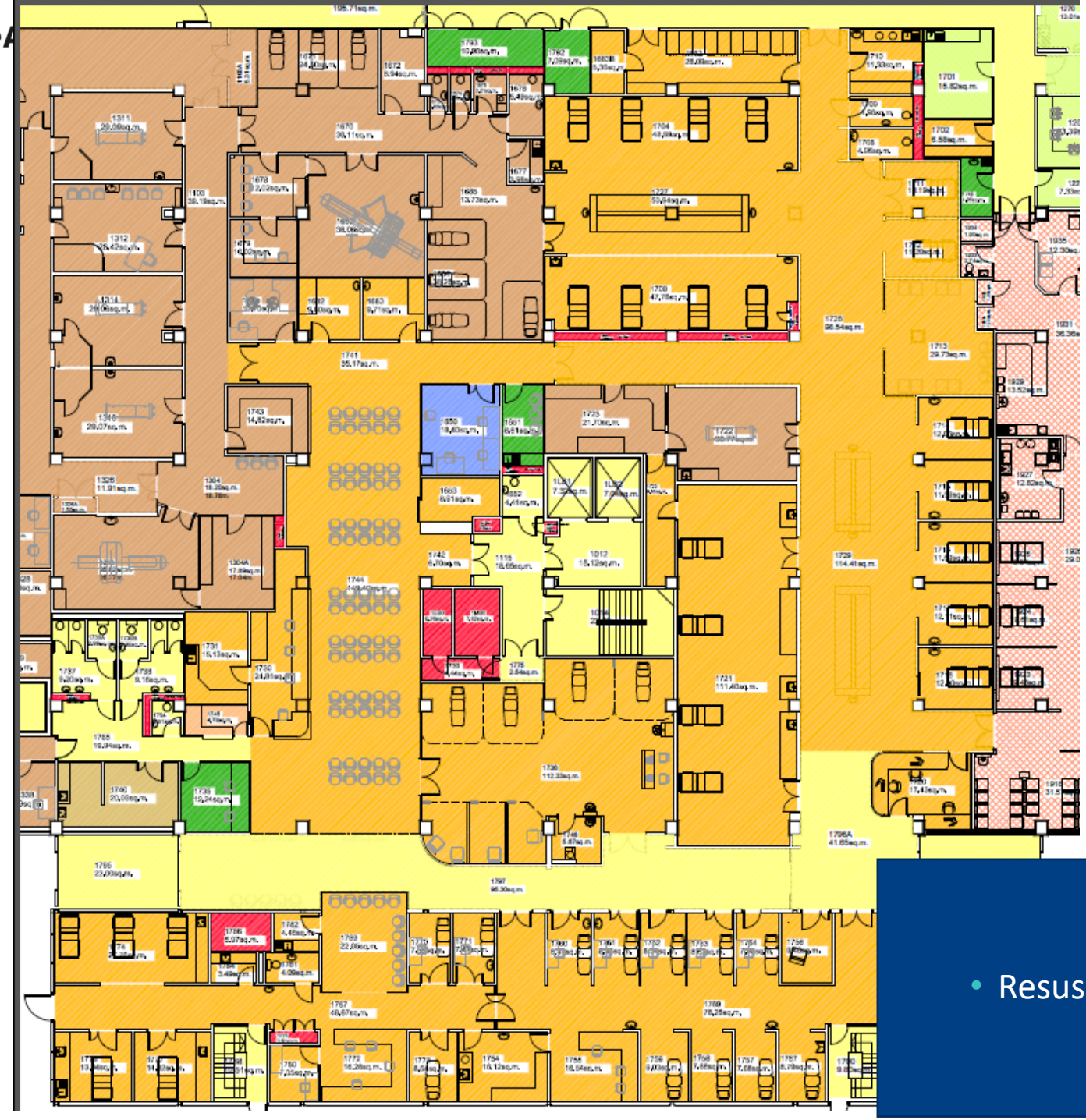


RAT (Rapid Nurse Assessment)



Opening of John Radcliffe Emergency Department Assessment Area (AA)

- The AA was built as a solution to reduce overcrowding in Resus during the interim period of the rebuild over 'Winter 2018/19'. This was at the behest of the National Director for Emergency Care Pauline Phillips with the agreement of the Trust Board.
- Phase 1 of AA opened 3rd December 2018
- Previously we had 1 Nurse Streaming cubicle and 3 RNA trolley cubicles.
- Nurse Streaming cubicle/Old Research Offices were converted into new AA with 3 ambulatory Nurse Streaming cubicles and 4 RNA Trolley cubicles.
- The old 3 RNA cubicles became a Psych cubicle and 2 Resus step-down bays



- Resus Rebuild Active


To Majors
Chairs
Resus
Amb handover
Resus
Rebuild
Active

Initial Operating Policy

- All adult patients (16 and over) to go through AA for streaming, regardless if they self present or come via ambulance. They should be seen within 15 minutes of booking in
- Minors patients streamed by the Minors Nurse
- In the Trolley Bay, a combined team of a Doctor and a Nurse will assess each patient with support from a CSW. They will determine what investigations and treatments need to be carried out immediately and where the onward destination should be
- Patients should spend no longer than 30 minutes in AA Trolley Bay

Destinations after AA

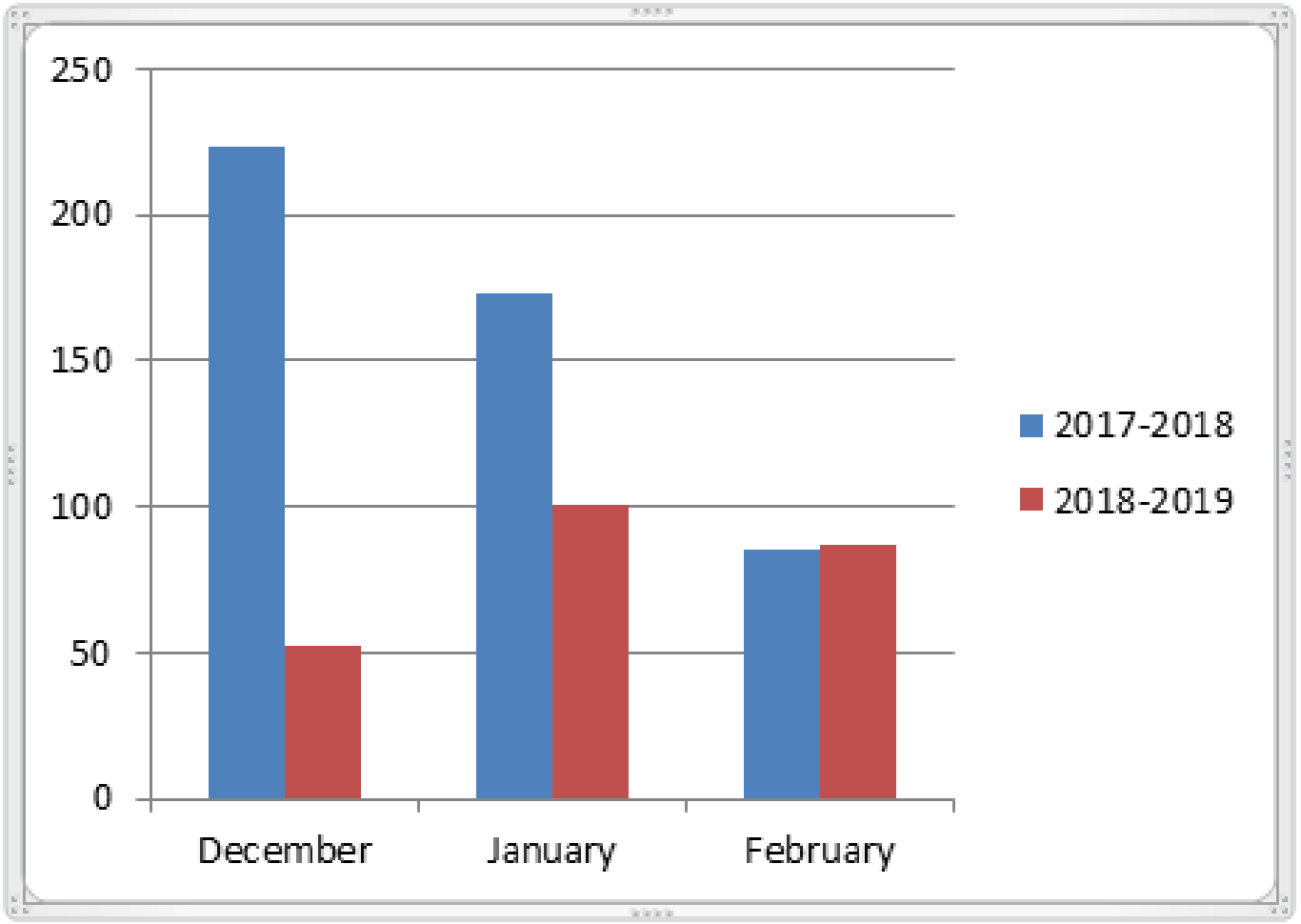
- Surgical Emergency Unit (SEU)-phone referral from nurse
- Acute Ambulatory Unit (AAU)- 8-17:00 up to 10 electronic referrals can be made direct to AAU
- Urgent Care Centre (part of ED)
- Majors Trolleys
- Majors Chairs
- Minors (waiting room)
- Other destinations within hospital (GP referral unit, Gynae Triage, Surgical Specialties InPatient)

Initial impact of AA

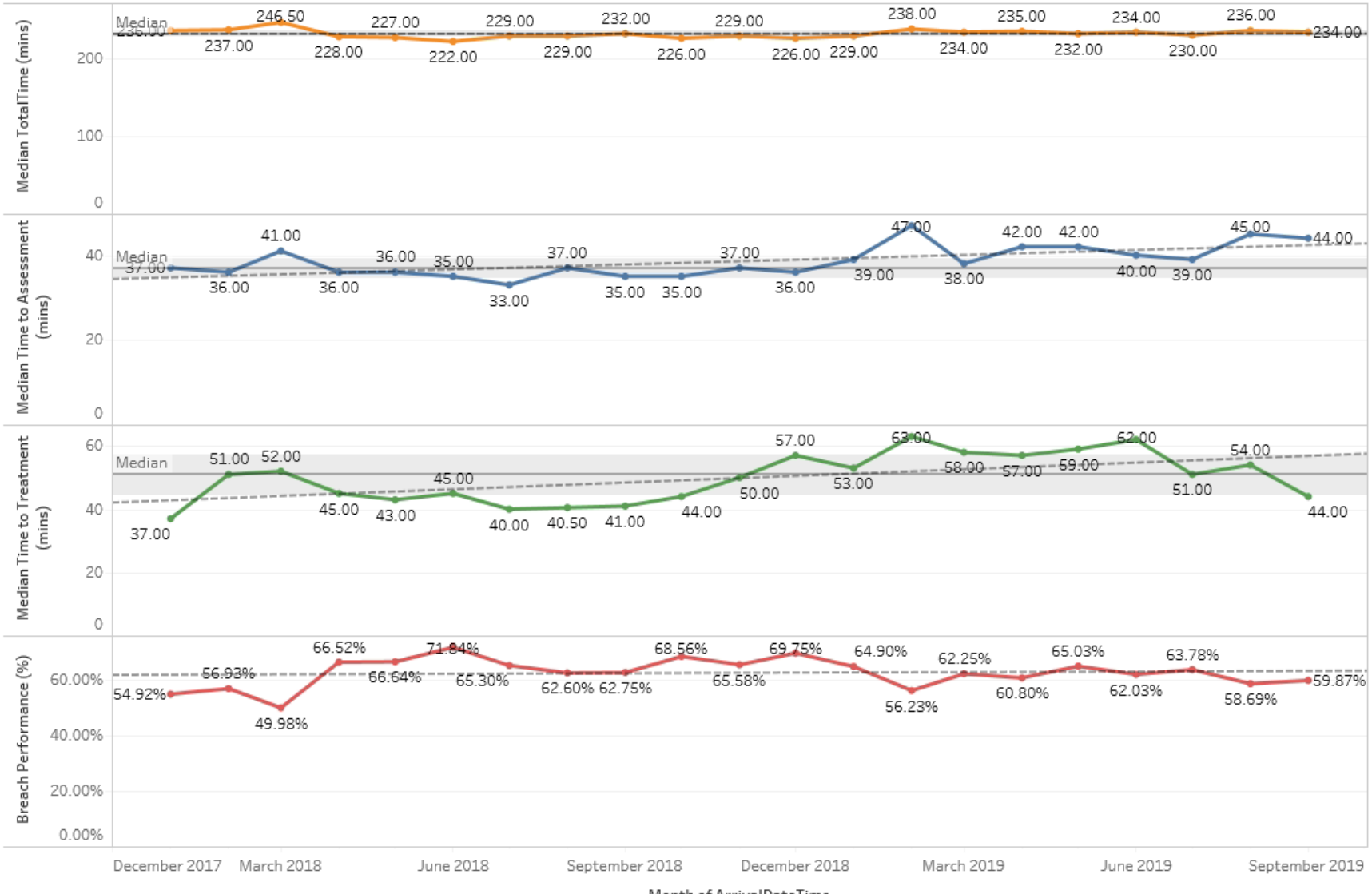
- The new process SLOWED things down initially as rather than 1 nurse doing streaming, doctors were also reviewing and moving over into full clinical assessment.
- The medical staffing was inconsistent and the role of the doctor was inconsistent
- **The availability of the old 3 RNA bays as Resus Step down bays decongested resus**

100% or more occupancy in Main department meant that the Assessment cubicles were being used as Majors bays, delaying new assessments being done.

Hours the Resuscitation room had four or more patients in



Ambulance pts over the last 2 years



Adapting to improve performance

- **15th March 2019-** changes made to reduce the number of investigations (Bloods/non time critical ECGs) due to backlog building up in Waiting room. There was also a lack of nursing assistants and nurses in AA to do these investigations.
- **28th June** -Ambulatory patients brought in by Ambulance now go straight to Majors Chairs and are assessed there, bypassing AA . The nursing team in chairs was increased back up to 2 nurses and 1 CSW to accommodate this. The chairs nurses then do the full assessment with investigations as necessary.

Feedback from staff

- A reduced feeling of autonomy from the nursing staff, having a Doctor there made some people doubt their decision making and they felt a constant need to have the patient reviewed before they are sent to AAU for example.
- The need for a navigator/co-ordinator to have an overview…a rebrand of the Ambulance nurse role to be renamed “Assessment Area Co-ordinator” and include an overview of the activity in AA and help facilitate flow by not getting involved in individual assessments but prioritising patients and helping with the organisation of the area.

Potential solutions going forward

- Innovative Operational Review of system required- huge QIP- this needs to be supplemented with stakeholder 'buy-in' the main- FLOW priority
- **Review of AA SOP to include Consultant operation to ensure a degree of standardisation- this needs to include 'SCAS Ambulance Handover' particularly in times of surge**
- Support from IT to ensure EPR can support Consultant decisions prior to booking in
- **Consider Receptionist built into process in AA to enable rapid check in and therefore prescription delivery**
- 'Assessment Area Co-ordinator' has been created
- **Nursing team in Majors Chairs has been augmented to enable to be able to directly accept streaming of patients from AA (2 RN/ 1CSW)**
- New Infrastructure support is to be made available in March 2020 (the old resus room) and this needs to be carefully considered in view of the proposed process

Name: Dr Neil Dawson
Title:Emergency Medicine Consultant
Organisation:OUH

- Contact Details
- Neil.dawson@ouh.nhs.uk