

Rediscovering the service aim

Southend University Hospital

The challenge

Due to pressure on ED flow the SDEC area was often used to for patients who were highly likely to require admission and for who SDEC was unlikely to change this disposition. This function was also compounded by a physical environment that was bed based and the presence of a number of “short stay” beds. The aim of SDEC had become unclear in trying to meet conflicting priorities and staff were becoming increasingly frustrated with the pressures they faced and often staying late to manage workload.

What they did

The SDEC team used the Accelerator Programme as a lever for change with their key stakeholders. The initial analysis demonstrated the scale of misaligned patients in the unit and the Patient Selection workshop offered a number of approaches to managing this. This allowed conversations to take place about the aim of the service and methods of patient selection. The team were keen to try using the GAP score to help in patient selection from ED and one of their ANPs undertook an audit to understand the outcomes for patients with different scores. Using this they were able to establish both a lower and upper GAP score for their intended patient cohort and create a process for rapid streaming.

Estates work was also undertaken to remove a number of beds and create a seated treatment area that enabled more patients to be managed and encouraged a more same day mindset.

What they found/achieved (the outcomes/data)

There was initially some anxiety that utilising the GAP score might mean that fewer patients would be accepted and so ED flow would be compromised, but this was not evident in the PDSA cycles that were completed. The streaming process was simplified, and a similar number of more appropriate patients were managed in SDEC. The change in the physical space also meant there were fewer instances of refusing referrals due to capacity. Staff experience has improved as workload is much more predictable and felt to be more appropriate to staffing levels and environment.

Next Steps

Follow on work to formally look at patient and staff experience is planned as well as further refinement of the patient pathway.

For further information, please contact:

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