

# For all eligible/suitable non-elective patients to be seen and treated same day, reducing the need for an admission to a hospital bed

## Bedford Hospital NHS Trust

### The challenge

**Bedford Hospital NHS Trust** was part of the Ambulatory Emergency Care Network (AECN), and one of the trusts looking at AEC pathways.

The aim of their AEC project was for all suitable patients to be streamed to SDEC/AECU within first hour of presentation and to move AEC/SDEC from a 1/5 to a 1/3 of all non-elective admissions.

### What they did

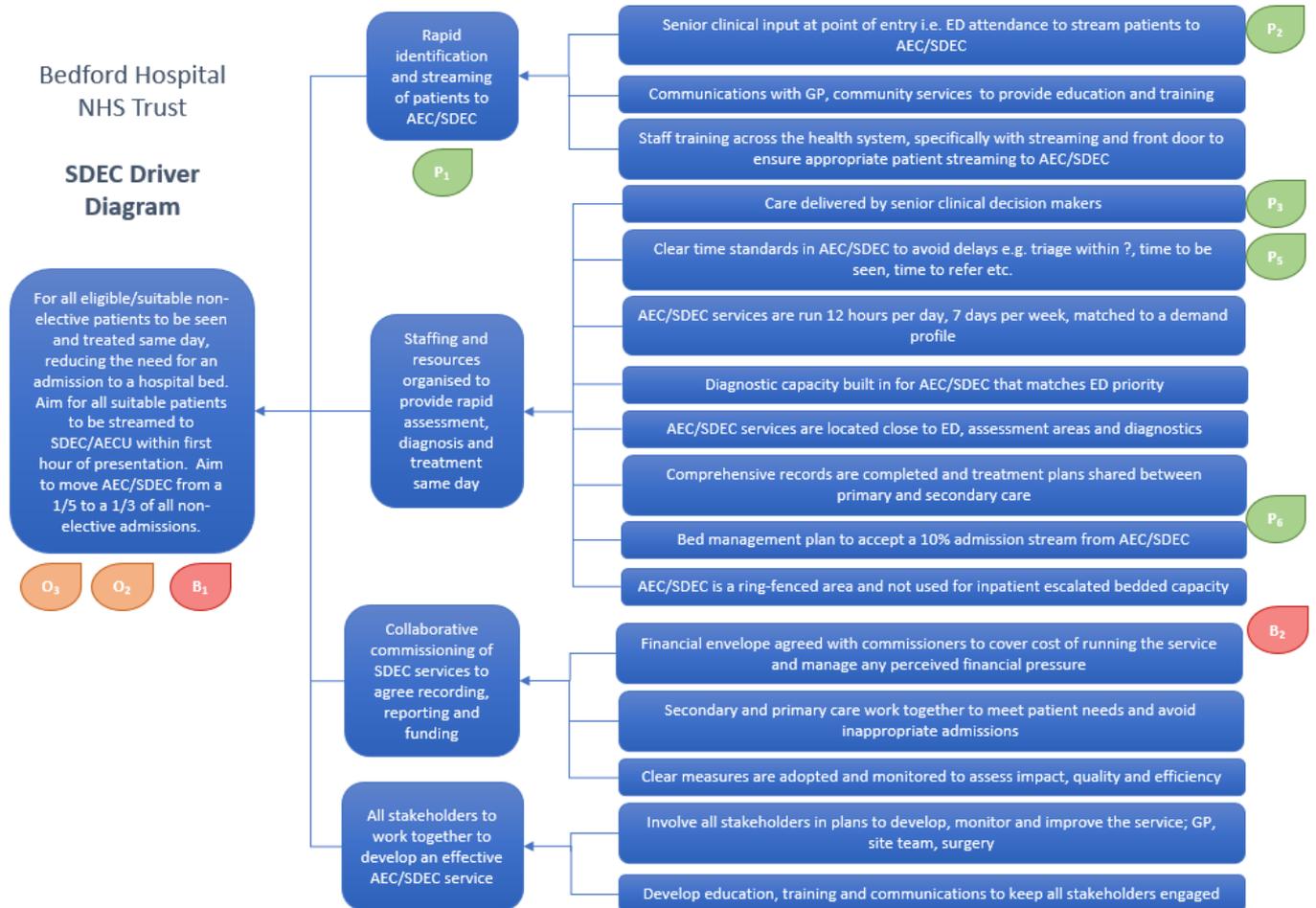
Prior to the programme commencing the unit had just been relocated this increased visibility and oversight of activity, which has led to identifying areas for improvement in the patient pathways across the urgent and emergency care services. The identified areas for improvement are promoting an evaluation of pathways.

One of the main areas of focus was senior decision making and the rapid identification and streaming of patients. They aimed to achieve this by having senior decision makers in ED at the point of attendance.

To support this role and ensure standardisation they were to agree time stamps for the patient process through the AEC pathway.

The team participated in 3 workshops provided by the programme using them to align ideas and inform each other of processes and impacts. The data analysis and casefile review feedback, gave them a firm footing to move forward from a clear baseline.

To give them direction the team developed a driver diagram and measures during the workshops.



Measures

- P<sub>1</sub> % of new non-elective presentations seen and treated in AEC/SDEC
- P<sub>2</sub> Number of new non-elective presentations seen and treated in AEC/SDEC
- P<sub>3</sub> Time from arrival to being seen by senior clinical decision maker
- P<sub>4</sub> Time from arrival to first diagnostic test
- P<sub>5</sub> Total time in the AEC/SDEC unit
- P<sub>6</sub> % of AEC/SDEC patients that convert to an admission
- O<sub>1</sub> Reduction in occupied bed days for those conditions that are treated in AEC/SDEC
- O<sub>2</sub> % of patients reporting good or outstanding care
- O<sub>3</sub> Number of new non-elective presentations who convert to an admission of at least one night
- B<sub>1</sub> Number of unplanned re-presentations of patients who had been managed in AEC/SDEC unit within the previous 7 days
- B<sub>2</sub> Non-elective budget position I&E – Need to measure the cost of operating the service and offset against A&E cost
- B<sub>3</sub> Number of medical outliers
- B<sub>4</sub> ED 4 hour performance
- B<sub>5</sub> % of patients with 1-2 day length of stay or those with a time in the AEC/SDEC unit of less than 2 hours

The team worked on identifying stakeholders and ensuring they had appropriate methods of engaging them. These included informing staff and services across the healthcare system of the AEC process and service. Training staff to be confident in streaming patients to the service and engaging other specialisms such as surgery.

### Next Steps

Alongside improving their own processes, the team are looking to engage with the CCG to secure a financial agreement that will cover the costs of the service improvements and sustain it moving forwards.

### For further information, please contact:

Rebecca Pheby, General Manager, Acute and Emergency Medicine  
[Rebecca.Pheby@ldh.nhs.uk](mailto:Rebecca.Pheby@ldh.nhs.uk)

Adam Weston, Service Manager, Acute and Emergency Medicine  
[adam.weston@ldh.nhs.uk](mailto:adam.weston@ldh.nhs.uk)