

Same day emergency care (SDEC) in-reach team to Improve patient flow Elizabeth Hale, Senior Nurse Leader, Same Day Emergency Care



| | | NHS Trust |
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| Introduction | Leadership Learning | |
| Problem: In Same day emergency care (SDEC), we want to ensure patients are seen in the right place at the right time. The numbers of patients coming through the Emergency Department (ED) at present are extremely high. Flow from ED – SDEC can be slow due to wait times. Beds are not available for patients to move into so the patients in ED are continuing to rise. Rationale: Being able to move suitable patients quickly over to SDEC it will help reduce the number of patients sitting in ED, improve the patient's journey through the hospital, and reduce some of the strain on staff in ED. Also, by keeping AMU/SDEC un-bedded we can increase flow. Ultimately, delivering improved patient care. | Important to engage the teams from both ED and SDEC to generate new ideas, for change which may lead to improvement. I had to communicate a clear vision and aim, that it was achievable and would build excitement and engagement and encourage them to work differently. Adapting to changes throughout the process and striving to keep the stakeholders engaged, valuing their contributions, to ensure we continue to deliver along the improvement journey. It was important to be open and talk about any barriers I was faced with. Learning from what we can control, and how we can develop from those events in which we cannot. I realised it was about balancing the positives and negatives, taking those small wins, and monitoring what may not be working so well, so was key to regularly reflect on the data. Regularly checking in with the team Consider what matters to them! Keeping them up to date with how the change improvements are going. | |
| Aim | Barriers Staffing- both Doctors and Nurs SDEC being bedded ED staff pushback (Initially) | Enablers Having a room assigned in ED EMT assigned to the in-reach nurse Teamwork- from both ED and SDEC teams |
| To increase the number of patients picked up in ED by the SDEC-in-reach team to 20 per day by December 2023. | | High levels on engagement Executive support from our Chief operating officer Clear pathways for appropriate patients |
| Driver Diagram | Next steps | |
| To increase the number of patients picked up in ED by the SDEC interest the number distribution of ED staff Attend ED team time-to talk about the service- what to expect To increase the number of patients picked up in ED by the SDEC interest the number distribution in ED by the SDEC interest the number of patients picked up in ED by the SDEC interest the number of patients picked up in ED by the SDEC interest the number of patients picked up in ED by the SDEC interest the number of patients picked up in ED by the SDEC interest the number of patients picked up in ED by the SDEC interest the number of patients | SDEC has moved to new area- so there is potential to improve our numbers further. On-going collaborative work with SDEC and the ED team, to enable us to reach our aim in DEC 2023. Continue to gain knowledge from other SDECs across the country, either through NHS Collaboration or visiting different trusts, to share ideas and learn, so we can look at further improvement ideas. Seek to improve patients understanding of the In-Reach role further, create a poster to share with teams and patient alike, of the role and processes of the in- reach team, & continue to gain patient feedback. To continue to try and have an EMT assigned to the In- Reach nurse to enhance the flow. Utilise ED for EMT assistance where possible. | |
| Impact Outcome measure | | |
| SDEC in-reach QIP: Numbers pulled daily from ED July 2022- March 2023 C Chart Target Previous mean | | |
| PDSA2 EMT win RN trialed OIP started GIP started Hean= 7 Mean= 13 patients No in-reach RN Discreted No in-reach RN Discreted Discrete | | |
| | <u>NHS England » Quality, servic</u> Acknowledgements: | ources: Leadership skills Royal College of Nursing the improvement and redesign (QSIR) tools IC in reach team, Dr Groom and the medical team, the a Cull), the QI team and leaders and Lucy Davies our |