Here to improve patient safety, post discharge in ED

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Introduction

In the emergency department, when patients are fit for discharge, they are removed from the system and can no longer be seen. Patient's can deteriorate while waiting to go home and this deterioration is being missed.

We recently had a Serious Incident (SI) involving a patient seen in ED and discharged home. Whilst waiting for a lift home, the patient deteriorated and subsequently died. A system needs to be in place for these patients to be moved to, so they are still monitored until they have left the department waiting area.

Project aim

To reduce the number of Serious Incidents (SI's) to 0 for patients discharged in A&E main wait area by spring 2023

Measures

Outcome
The number of serious incidents surrounding post discharge in the emergency department

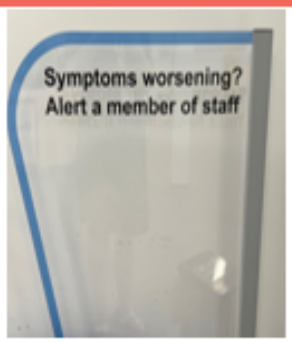
Process
The number of patients who remain in the waiting area post- discharge

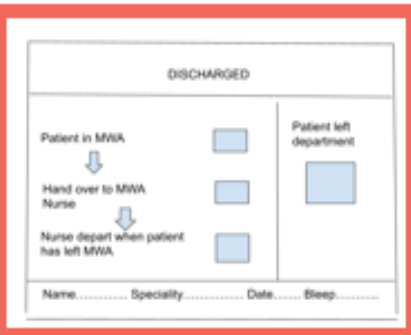
Balancing
Staffing pressures on the main areas of ED

Driver Diagram and Change Ideas

Tests of change Ideas:

- Formulate a checklist for handing over patients discharged to main wait area
- To trial team huddles at the start of the shift
- Create visuals for patients and staff i.e. posters to put up in the main wait area





Handover checklist

Impact

- **We created a safe handover tool for nurses to communicate what patient they have moved to main wait area, their discharge plan and the nurse in charge in main wait area can physically see what the patient looks like. They are also not fully departed from the department so nurses can continue to record observations and escalate concerns.**
- **Safer environment for staff and patients, there have been no patients discharged who have deteriorated in main wait area and staff not aware while piloting this change.**

Leadership learning

"First steps was recognising that I needed a team of nurses to help deliver this project and delegate the role out to other nurses. Due to the safety issues with the main waiting it was not difficult to get people on board as most people want to make the role of being in charge of main wait area a safer experience for staff and patients. At the beginning of the project I was unsure of what type of leader I was as I had no formal leadership training beforehand. I used this as an opportunity to collect feedback on what people thought of my leadership style and what improvements I could make whilst delivering this project. I was able to improve on my self awareness which in turn made other members of the team reflect on their own self awareness. This project helped me gain experience with dealing with conflict in a more effective way. It developed my communication skills as I was able to actively listen to problems and find solutions that suited all parties and not something that suited myself. It allowed me to recognise limitations and adjust my expectations, due to staffing levels and demand on service being different everyday. I found being able to do this very beneficial as I could adapt to the environment more effectively each shift. This project gave me an opportunity to be the main support for a team of nurses. I was able to support them while trialling this project and listen to their feedback and act upon it. I was able to discover from this project who adaptable I can be and that reflects in my leadership style."

Next steps

- To continue with the communication handover process for discharged patients waiting to be collected, develop further so the communication process is more effective with other areas of the ED department and more complex discharges.
- Barriers to this change delay in the new build main waiting area opening, this project was trialled in a different set up and once moved into a new area there were many other safety elements that took priority over this project. There were continuous IT problems where the service could not run as effectively, plumbing issues with new toilets flooding the waiting area, poor staffing and skill mix leaving 2 RNs for 60 plus patients.
- Recent SI from MWA frequent attender having 2 ED attendances per day for over a week arrived for the 2nd time one day, was seen and discharged and the mental health team did not see him again as they had seen him a few hours earlier and he had a community appointment. He then left and lay in the middle of the road and was hit by a car sustained life changing injuries. Although this communication would not have prevented this as he would not have deteriorated in the department, his discharge plan could have been communicated and a safer way home for this patient arranged.

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References: NICE Guidelines Safe staffing for accident and emergency departments: final scope august 2014. J, Drennan et al Safe staffing for nursing in accident and emergency departments Evidence Review.