The Emergency Care Service

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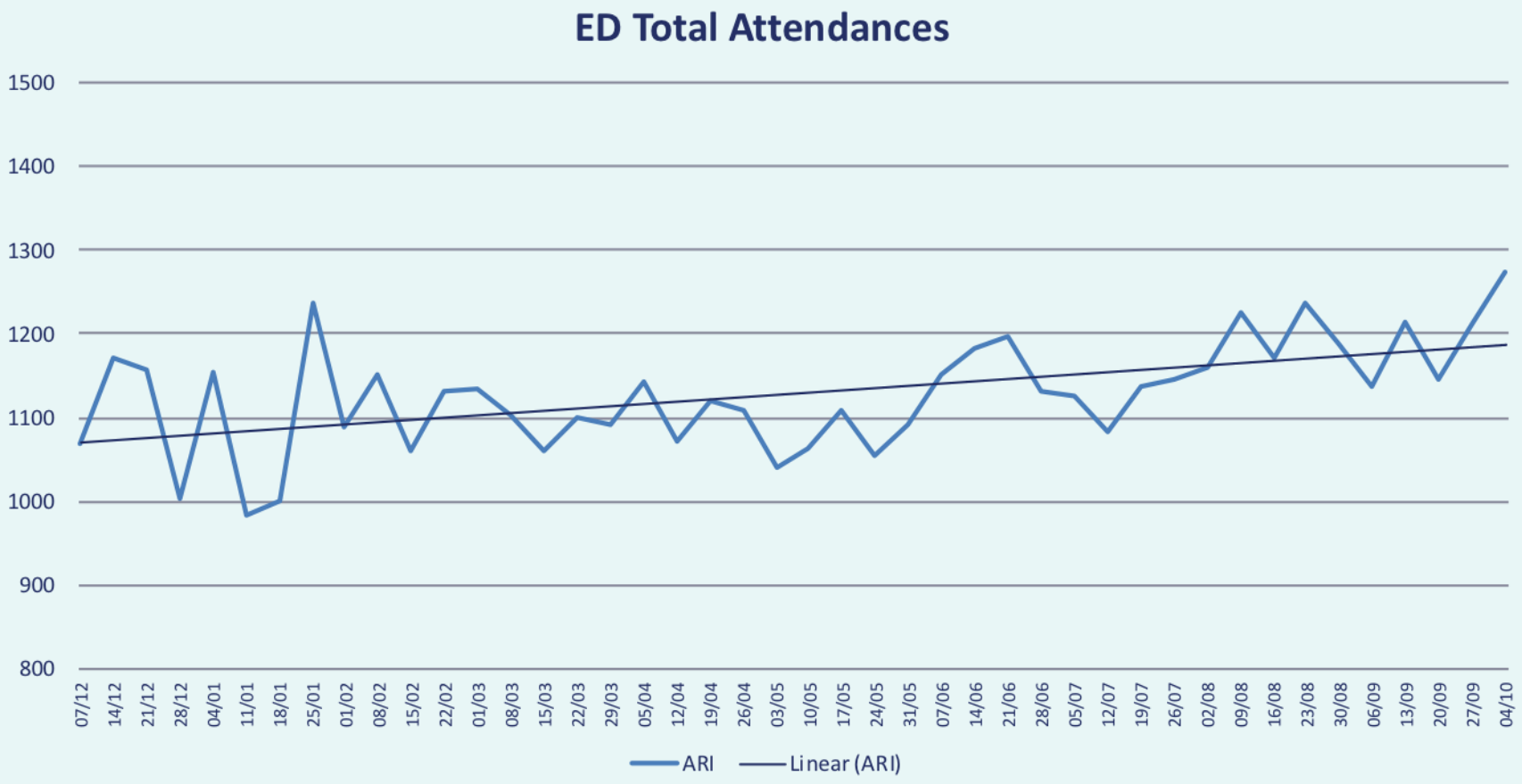
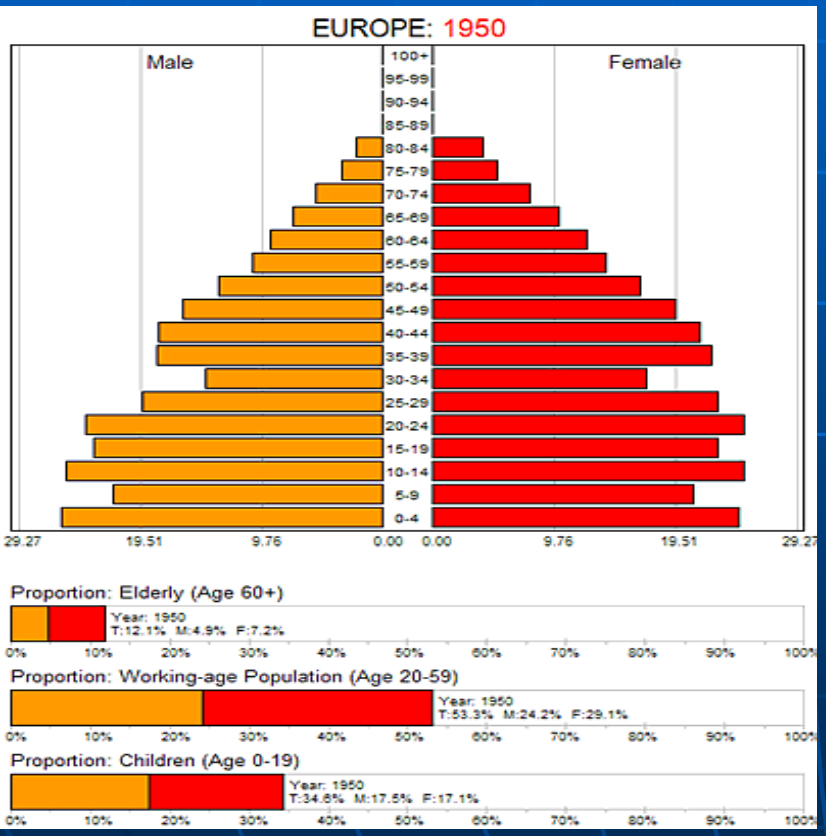
NHS Grampian



Ageing Society



- Lack of health professionals
- Chronic conditions
- Financial unsustainability
- HLY vs LE
- Health inequalities


OLD
PATIENTS
German Hospital, London
O.P.D. Waiting Room


Clinic C

Emergency Medicine

- is a specialty based on the knowledge and skills required for the prevention, diagnosis and management of urgent and emergency aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders.

Emergency Medicine

It is a specialty in which time is critical.

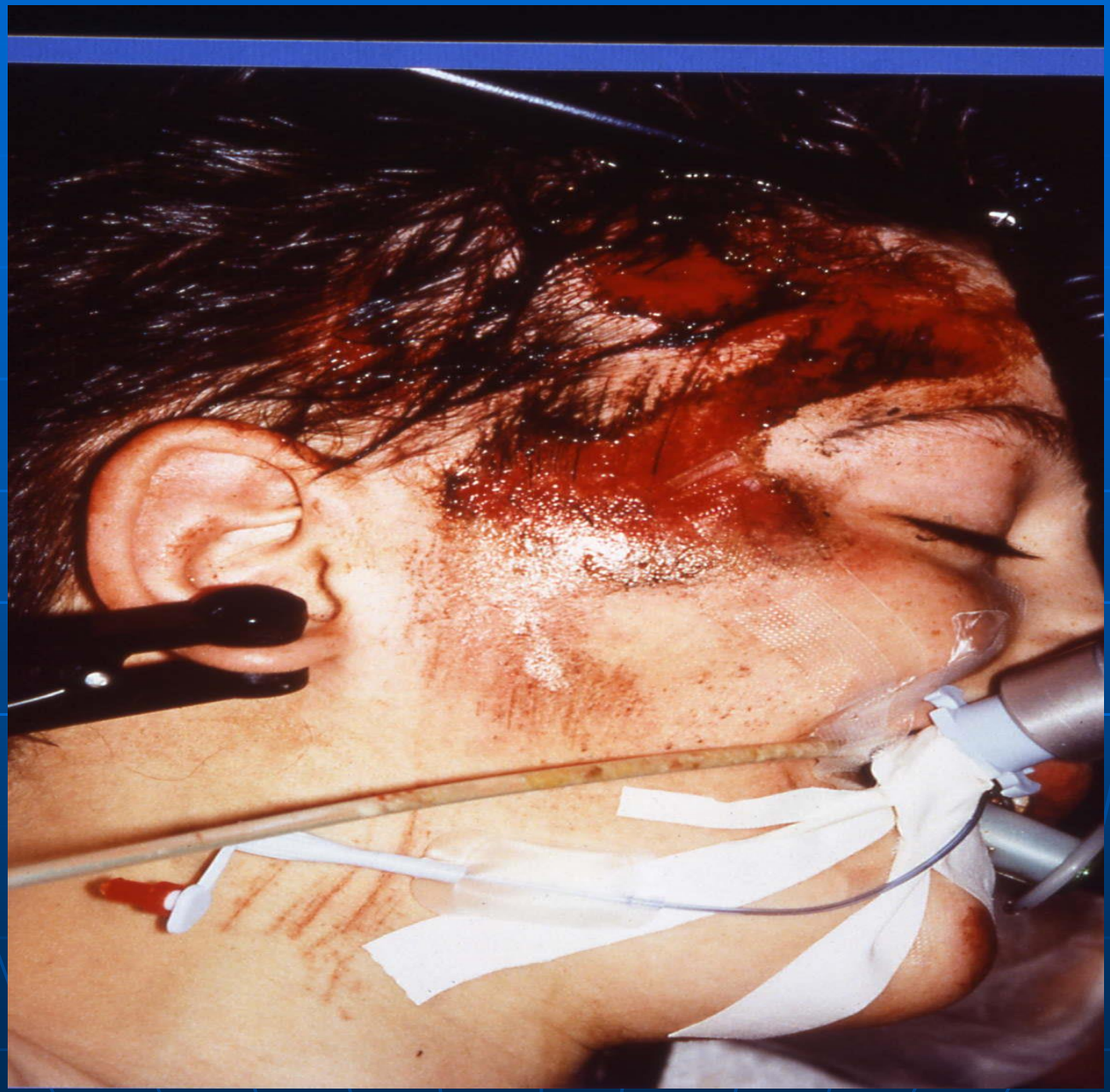
It encompasses:

- Pre-hospital care
- In-hospital triage
- Resuscitation
- Initial assessment and management

Un-differentiated urgent and emergency cases until discharge or transfer

Emergency Medicine

- Also includes involvement in the development of pre-hospital and in-hospital emergency medical systems.



Components of an Emergency Care Service

- • Patients
- • Emergency Departments
- • Primary care, both in and out-of-hours
- • Urgent Care Centres
- • Minor injuries units
- • Pre-hospital care / ambulance services
- • Secondary, tertiary and more specialised services, including rehabilitation services
- • Mental health teams
- • Social and welfare services
- • Community care
- • Other services such as drug and alcohol services

Urgent Care

- the provision of immediate medical service offering outpatient care for the treatment of acute and chronic illness and injury. It requires a broad and comprehensive fund of knowledge to provide such care. The area of Emergency Medicine's practice that is distinctive from urgent care involves the definitive care of critically ill patients and the ability to observe patients for an extended period.

Drivers for Integration

- The clinical care offered in Emergency Departments and Unscheduled Care Centres is determined by the design of the facilities, the skills of the staff, the diagnostic services and equipment available on site as well as the specialist departments available for immediate support.


Emergency Department

Drivers for Integration of Care

- Lack of access to primary care is the key driver of unnecessary hospital ED use as patients rationally choose to bypass primary care services.

- Preventing crowding in emergency departments improves patient outcomes and experience and reduces inpatient length of stay
- Getting patients into the right ward first time reduces mortality, harm and length of stay
- Daily senior review of every patient, in every bed, every day, reduces length of stay and costs of care.
- Getting patients to definitive, specialist hospital care can be more important to outcomes than getting them to the nearest hospital for certain conditions, such as stroke, major trauma and STEMI

Evidence Based Principles

- Patients on the urgent and emergency care pathway should be seen by a senior clinical decision maker as soon as possible, whether this is in the setting of primary or secondary care. This improves outcomes and reduces length of stay, hospitalisation rates and cost

Evidence Based Principles

- Frail and vulnerable patients, including those with disabilities and mental health problems of all ages, should be managed assertively but holistically
- Not all unwell patients require immediate hospital admission. Ambulatory emergency care is clinically safe, reduces unnecessary overnight hospital stays and hospital inpatient bed days. This needs to be carried out in a separate defined area with dedicated specialist staff.

Evidence Based Principles

- Acute medical assessment units* taking all general medical emergency admissions/transfers from the ED for an agreed maximum length of stay (for example: 48 hours), prior to transfer to a general/ specialist hospital ward, enhances patient safety, improves outcomes and reduces length of stay.

Evidence Based Principles

- Continuity of care is a fundamental principle of safe and effective practice within, and between, all settings. The sharing of and access to key patient information is essential to this.

Which environment will do the following?

- Increase Inpatient mortality by 20%
- Increase Inpatient Length of Stay by 1-3 days
- Increase likelihood of errors
- Increase complaints and litigation

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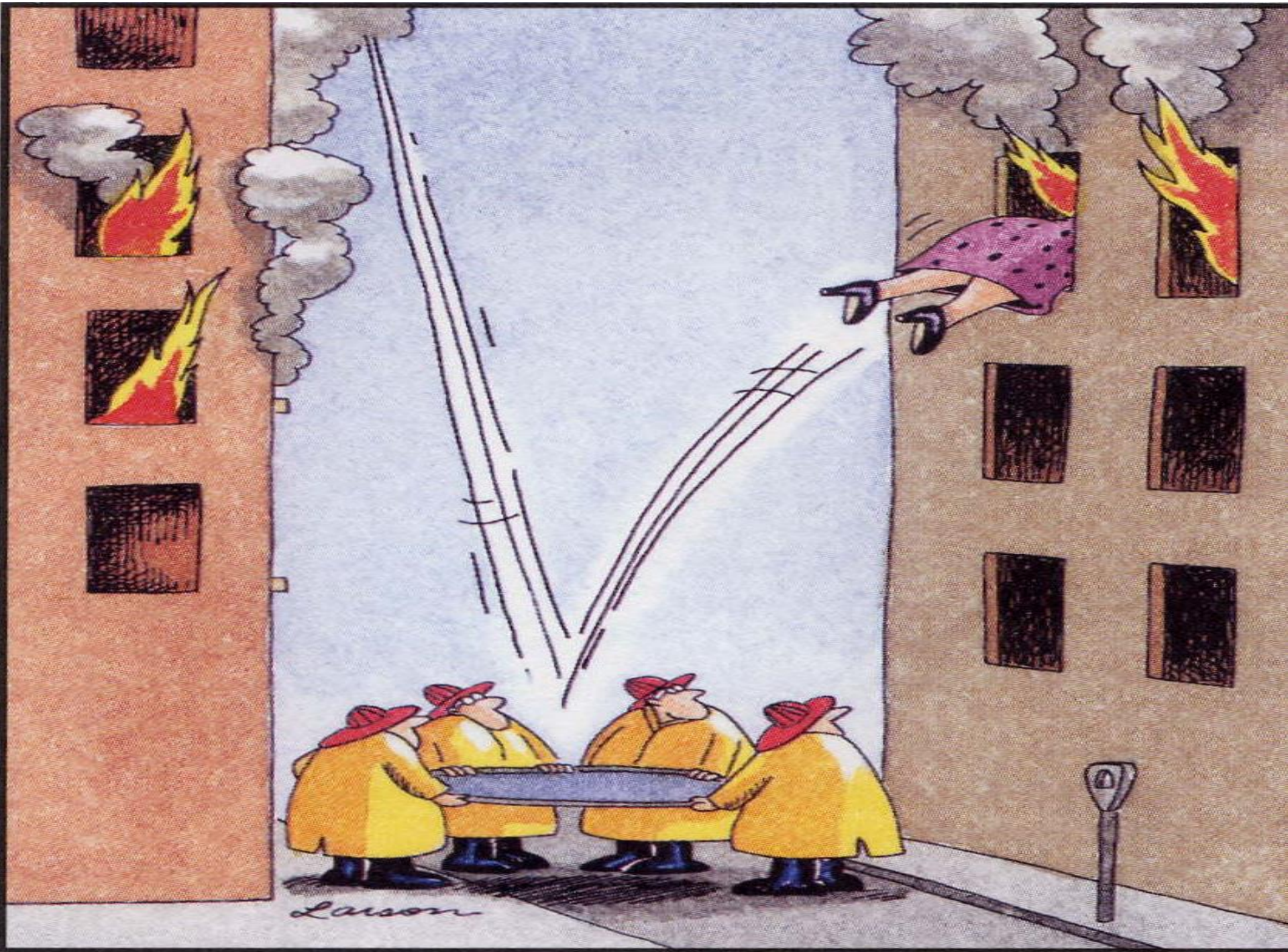
Emergency Department Crowding


Larson

Demand Management

- A critical function of all EDs is to have reliable processes that can sort patients, in accordance with their clinical need.
- The provision of a safe, consistent and effective initial assessment, ideally within 15 minutes of arrival can ensure patients are managed appropriately and directed to the most effective pathway of care.

- Navigation to other services on site
- Streaming

- The ED does not sit in isolation: It is at the hub of an ECS, which in turn is responsible for the entire patient journey. A systems approach to quality across the ECS is necessary.

- Delivering a new Emergency Department is not just about design; there are three other key components crucial to the success of a new build or refurbishment: processes, communication and the ability to change.

- A new design will not improve the delivery of emergency care or be viewed as successful if the processes in use are out dated or inefficient.

Good emergency care

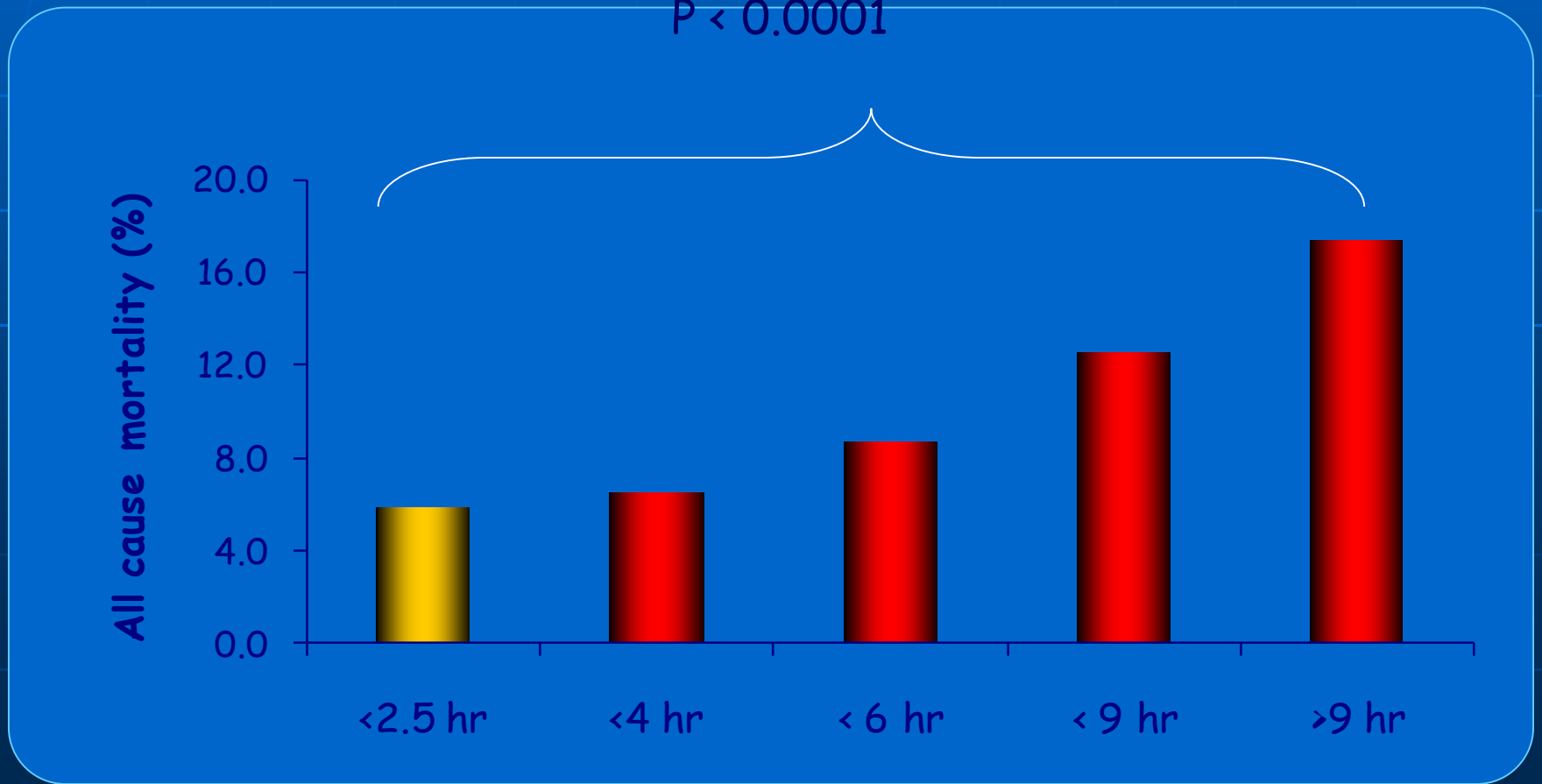
- • is patient-focused;
- • delivers excellent clinical outcomes (including survival, recovery, lack of adverse events or complications);
- • delivers a good patient experience (easy to access, convenient and cared for in an appropriate environment);

Good emergency care

- • is timely and consistent;
- • is right first time;
- • is available 24 hours, 7 days per week, and 365 days a year.
- Design considerations should ensure that the needs of patients, staff and carers/family members are carefully assessed at the planning stage.

ED Door to medical team time

30-day adjusted mortality




Adult's
Accident and Emergency
Children's
(Children Under 14 Years)
AMBULANCE
SCOTTISH AMBULANCE SERVICE

- Clinical care is based on the effective transfer of data between the patient and the health care provider. As effective communication is a mandatory requirement for delivery of health care, health care providers must regard adapting their practice to reflect developments and trends in communications techniques and technologies to be as important as utilising new medicines or diagnostic techniques.

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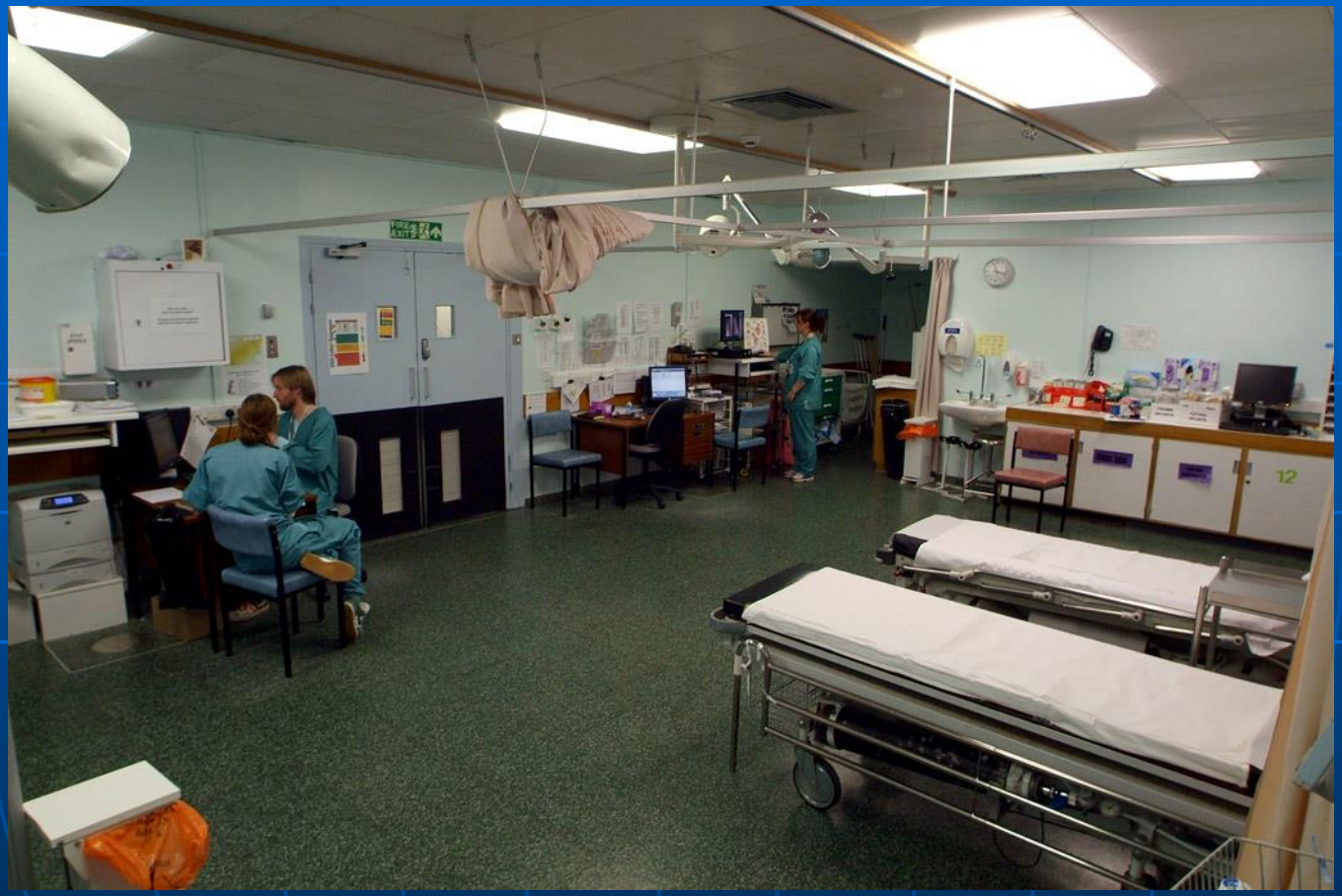

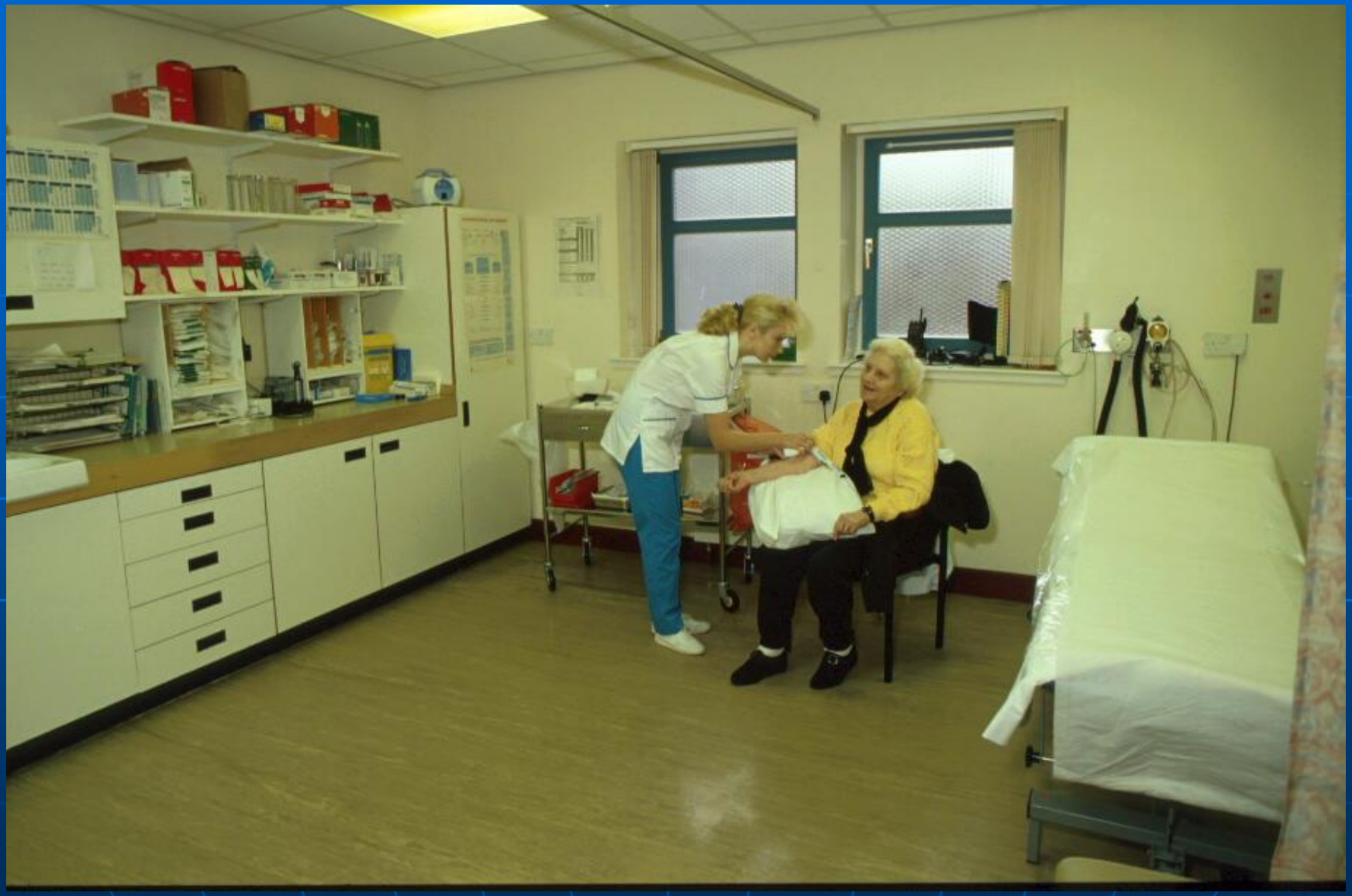


GETTY IMAGES


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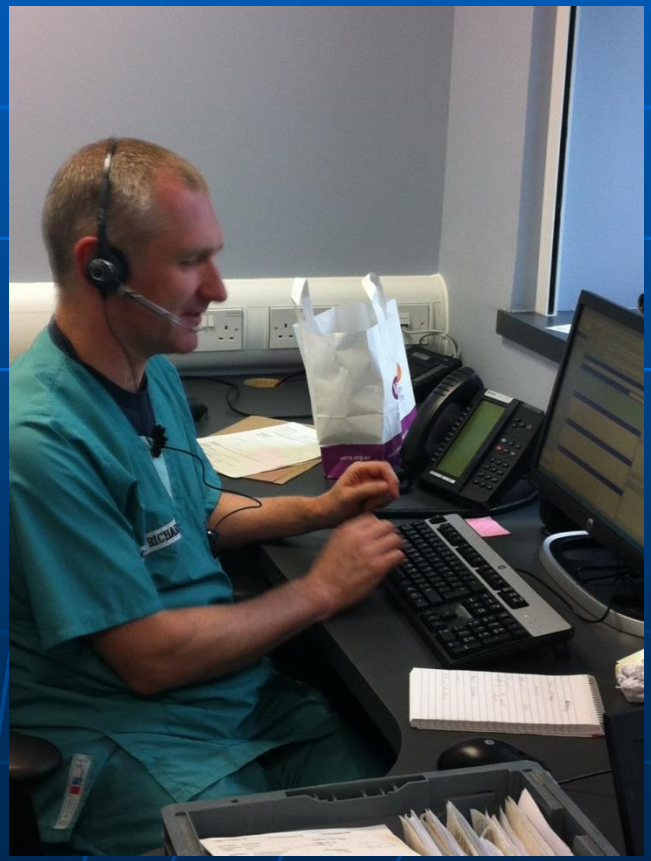
Decision Support

- Operational Mon – Fri
  08.00 – 14.00
- Tel: 01224 558002
- Co-located in Operations hub with G Med & NHS 24
- Currently staffed by ED Consultants



Improving Flow

- Reduce input
- Improve throughput
- Improve output

Improving Throughput

- Triage
- Redirection
- Navigation
- Streaming
- Integration

Eliminating ED Crowding

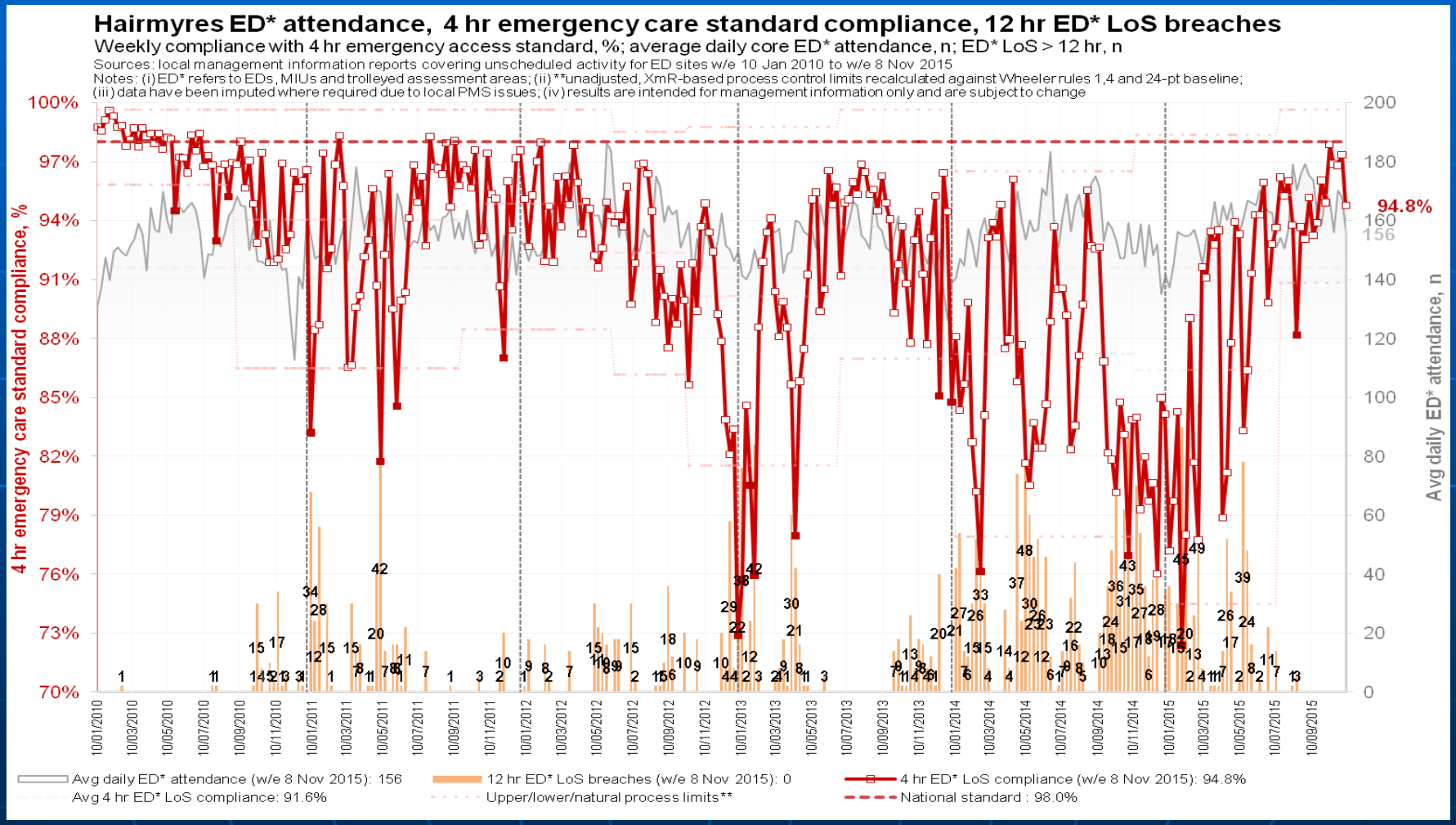
Emergency Department Capacity Management Guidance

6 Essential Actions: Unscheduled Care

6 Essential Actions: Unscheduled Care

- Clinically focused and empowered management
- Capacity and patient flow
- Managing the patient journey rather than bed management
- Ensuring medical and surgical processes designed to pull patients from ED
- Seven –day services
- Ensuring patients are cared for in their own homes

4 hour performance by week 2010-15



Trajectory set