

EMERGENCY DEPARTMENT - ACTION PLAN



CLINICAL DIRECTOR - DR PHIL MOSS GENERAL MANAGER - HARVEY McENROE

REF	INTERVENTION/SERVICE DEVELOPMENT	EXPECTED OUTCOME/CHANGE	MEASURE/KPI/METRIC	BASELINE	Q2 TARGET	Q3 TARGET	Q4 TARGET	ACTION NEEDED	OWNER	EXPECTED DELIVERY DATE	RAG	REVIEW
R1	Lead Consultant for the shift role and embedding the RATs in majors and at the 'front door'	Earlier assessment and decision making, leading to earlier referral. Elimination of the ED assessment delays.	A reduction in ED assessment wait times	XXX Avg. ED assessment wait time	40% of Majors and Resus patients assessed within 30mins (from point of reg between hours of 08:00 - 19:00)	50% Majors and Resus patients assessed within 30mins (from point of reg between hours of 08:00 - 19:00)	75% iMajors and Resus patients assessed within 30mins (from point of reg between hours of 08:00 - 19:00)	IT Fix to allow access to data. Ensure robust cover from clinical staff rota (con and junior grade)	DC	Apr-14	AMBER	Aug-14
R2	Change Triage Process to reduce the number of steps and to improve flow through the department	Improved flow and marked reduction in triage process, LAS turnaround times.	A reduced LAS wait to offload	95% of patient handed over within 30 mins	97% of patient handed over within 30 mins	98% of patient handed over within 30 mins	99% of patient handed over within 30 mins	Allocate nurse to coordinate triage and ambulance handover. Appoint flow coordinator to manage the flow of incoming patients via LAS. Appoint Majors receptionist.	HoN	Jun-14	AMBER	Aug-14
R3	Use the AMB Score for all referrals to Medicine, default to AAA. Only admit if does not meet AMB Score	Reduction in numbers of admissions into beds. Will support releasing 10 AMU beds for morning to support maintaining ED flow.	Total number of patients referred to AAA - Monday - Friday, who reg between 07:00 - 19:00	XXX proportion of patients sent home with a 0/1 LoS (Richmond only)	XXX % reduction of the XXX patients that have 0/1 LoS on Richmond Ward (witin agreed times)	XXX % reduction of the XXX patients that have 0/1 LoS on Richmond Ward (witin agreed times)	XXX % reduction of the XXX patients that have 0/1 LoS on Richmond Ward (witin agreed times)	Audit to get the baseline. An audit to understand vailidity of the patient group. Ongoing moniotring from this point.	CD/CGL	Apr-14	AMBER	Aug-14
R4	Review Consultant Rota to make changes to match demand requirements	Reduction in ED delays by matching demand and rotas. Rota that mirrors flow.	Reduction in ED related breaches, through RAT cover and Con presence on late shift.	1) ED assessment and referrel delays of XXX 2) shift pattern: 3 Late shifts, 3 early shifts, 1 night (M-F), related M-F 1/3 additional RAT M-F. Sept - Dec 3 RAT per work, Rest of the year 0	10% fewer ED assessment/referral delays	15% fewer ED assessment/referral delays	20% fewer ED assessment/referral delays	Full scale review of con rota to ensure full cover of up to 70 hours of consultant cover per day, with cover late and at weekends. Move to a rota as follows: 4 Lates, 3 early, 1 night (M-F). (Early, middle, late night at weekends). Weekend RATs	CD	Nov-14	AMBER	Dec-14
R5	Review of the ED estate to enable the expansion of the CDU/PDU and HOT Lab footprint. Driving this is the inadequate space for the volume of patients and the lack of side room facilities.	Increased capacity for ED to managed patients who require further treatment/care.	Increased usage of CDU to reduce breaches in ED	Current occupancy level of CDU of XXX and breaches caused through not having space to admit to CDU is XXX	Review to take place and audit of referral base. Business case outlining options for build. Business case approved.	Building works to start	XXX breaches reduced of base line.	Cost assessment and secure funding, SOC to go to division. OBC to go to BCAG/FRAG. Agree size and spec, bed numbers and protocols.	GM	Sep-14	RED	Nov-14
R6	Review capacity for Mental Health patients in the ED to ensure better/safer care and a reduction in MH breaches in ED.	Improved expearence for MH patients. Reduction in number of MH breaches.	Reduce the time MH patients are within the ED.	XXX number of MH breaches in Q1 of FY 14/15	As above	As above	XXX breaches reduced of from baseline	Cost assessment and secure funding, SOC to go to division. OBC to go to BCAG/FRAG. Agree size and spec, bed numbers and protocols.	GM	Sep-14	RED	Nov-14