Helping emergency departments address crowding, ECIST support for national ED ambitions

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collaboration  trust  respect  innovation  courage  compassion
Helping Emergency Departments address crowding
Crowding - pattern of total patients in the ED
ED crowding - A quality and safety issue
Curriculum for training in corridor medicine

• The faculty relies heavily on experiential, unguided and quite frankly dangerous policy of learning through personal error

• Rapid reconfiguration of non standard space to see and assess patients (to include sluice, offices, triage rooms, waiting rooms, corridors, storerooms, toilets)

Practical skills include:

• Choosing which of the 8 patients who require resus care in the 4 available beds are most likely to survive.

• Assessing patients for serious illness or injury whilst fully clothed, sat in a wheelchair and without recent observations.

Measuring corridor care

The Y axis measures the admitted patient breach rate.

The X axis measures the aggregated patient delay – this tells us the total delay experienced per 100 ED patients awaiting admission for each trust.

Trusts that appear in the top right of the scatterplot will have high numbers of breaches as well as high patient delays. These are the trusts that are most likely to be crowded.
Is our answer to make the reservoir bigger?
• Community based services
  • Nursing home support
  • LTC
  • 111 DoS
• Ambulance
  • Fit2Sit
  • Stream to alternatives
• Acute Trust
  • GP referrals
  • Streaming
    • Primary care
    • AEC
    • Frailty
    • Post procedural complications
• ‘Real’ capacity and demand of parallel services
• Rapid processing and discharge of patients unlikely to require admission
  • Ambulatory majors
  • Protecting streams- staffing and estate
  • Internal professional standards

• Using alternatives to admission
  • CDU/AEC
  • CIVAS

‘You’ve been in A&E all this time? I’m sorry, Neville. I thought you’d left me.’
• Maximise ED processing power
  • Engaging the ED team
  • Capacity and demand analysis
    • ED and streams
  • ED Command and control
  • Broadening the workforce
  • Applying theory of constraints
    • The productive ED
  • Responsive escalation
• Multidisciplinary approach to the decision to admit
• Services that say YES
• Moving from post take to on take senior review
• Managing mismatch in admission and discharge timing
The pyramid represents interventions from a wider level of systems to a more targeted smaller intensive number of systems.

The MDIST support offer ED workstream includes:

- Trust level checklist assessment
- Provide advice to national/regional teams
- Learning Events and Workshops
- Conference Presentations
- Diagnostic support and Improvement planning
- Improvement cycles and testing
- High intensity intervention

Key areas:

- Aggregated Patient delay
- Non admitted breaches data

Values:

- Collaboration
- Trust
- Respect
- Innovation
- Courage
- Compassion
Crowding – no single solution

• How would a patient interpret the rules we choose to put in place?
• How do we encourage all the players to play for the same team

• What can I do to reduce ED crowding in my system?
• Even when it gets tough, what did I learn today, what can we do better tomorrow?