

# Action Expresses Priorities seeing the sick in Acute Medicine

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### The Problem

- Gloucester Royal Hospital (GRH) is struggling to meet National Quality Indicator (QI) recommendations for its medical patients in Unscheduled Care.
- Patients have variable times to wait to be seen by a medical doctor.

### Key Lessons Learnt:

- We must Empower Staff to understand and escalate higher NEWS scores to doctors.
- Current medical processes in GRH do not identify patients well enough to allow timely and effective treatment.

### The Project

Using the NEWS (National Early Warning Score) 4 and above we collected data including:

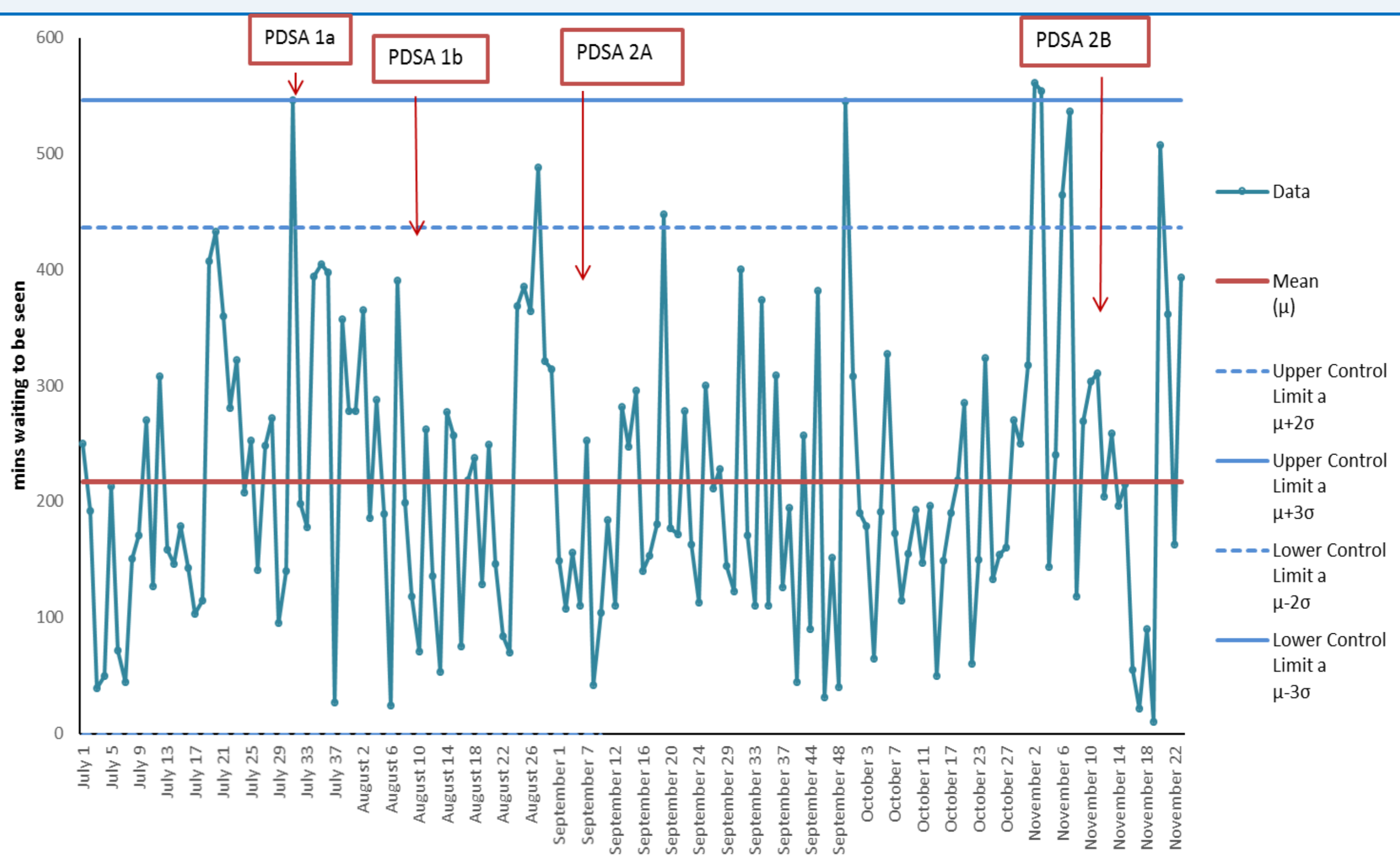
- WHEN** they entered hospital
- WHEN** they were seen by a doctor
- WHERE** they were seen.
- WHO** saw them
- We **AIMED** to increase escalation of patients and improve communication.

### The Results

**None of our PDSAs have proved a sustainable improvement YET**

Most notable results:

- Patients seen directly by medicine are seen in the most timely fashion
- Mean wait to see a MEDICAL doctor 3hrs 47 mins
- MOVING patients from ED to ACUA (Acute Care Unit A) causes an extra 2 1/2 hours of waiting to review time.



### The Future

- The project continues....
- MORE** multi disciplinary training in the ACUA
- NEWS** Policy re work.
- “Rack” system of **TRIAGE** in the ACUA
- “Medical” List to become shared ED to medicine list to improve hand-over.