Gloucestershire Hospitals
NHS Foundation Trust

Gloucestershire Safety and Quality Improvement Academy 2025

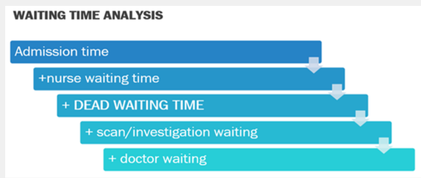
To reduce SDEC waiting time by 50% in 6 months

William Nyawera, Colin Campbell, Moses Wengoy
w.nyawera@nhs.net

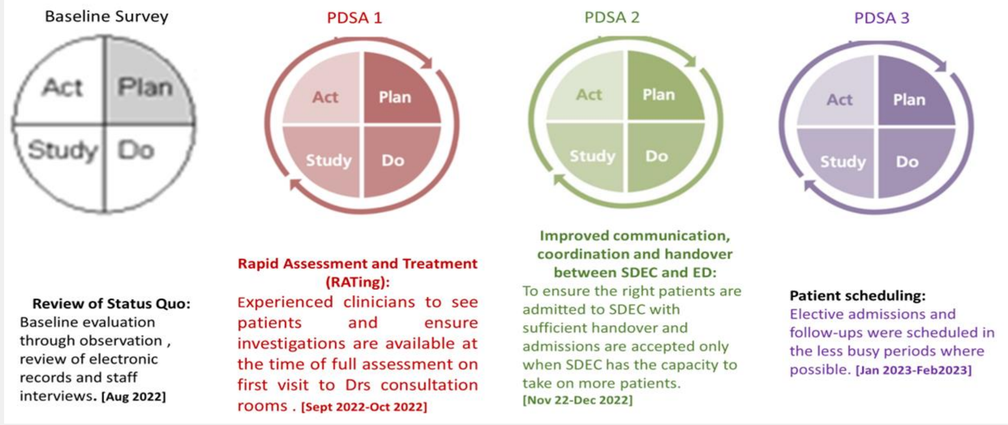
Background and Project Justification:
The Society of Acute Medicine set out the following Standards for Ambulatory Care: 1. Patients to be seen by nurse within 30 minutes. 2. Patients to be seen by a doctor within 60 minutes 3. Total length of stay should be less than 4 hours i.e. 240 minutes.

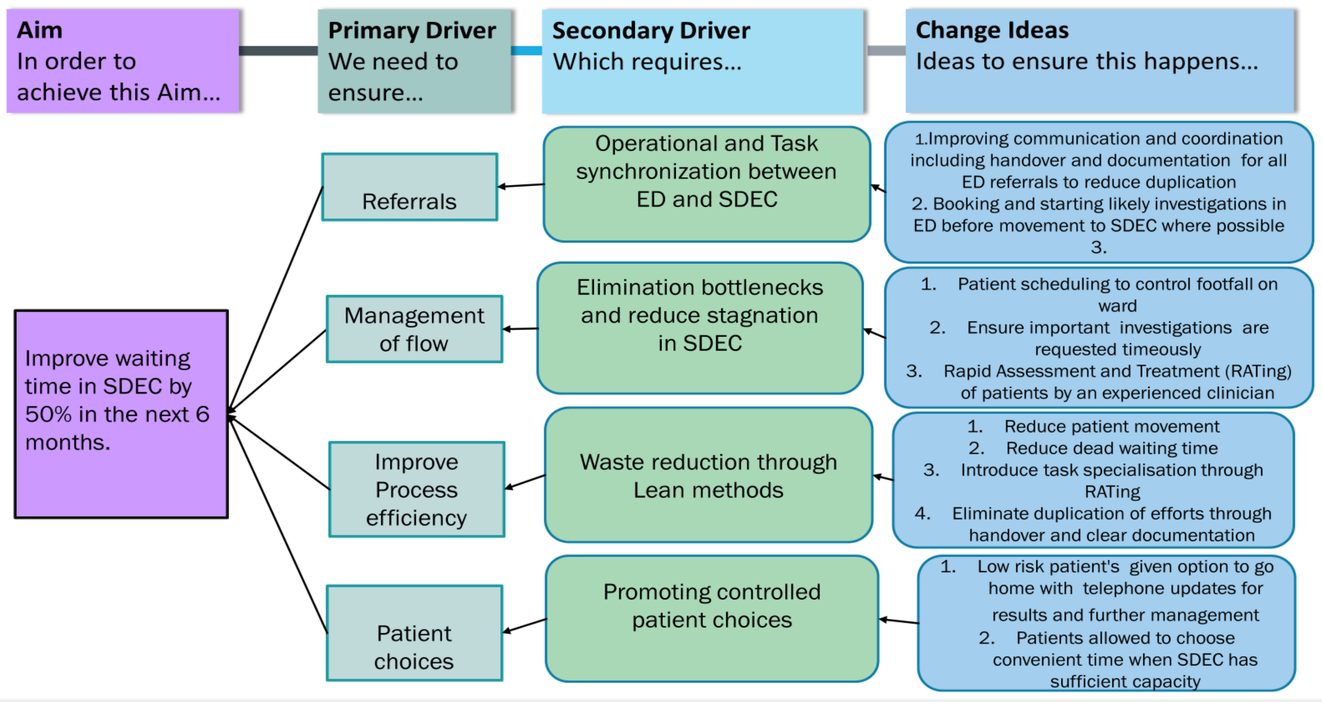
However, SDEC patients were consistently waiting more than 4 hours in SDEC and FFT Surveys showed the highest negative comments were associated with waiting time. From the baseline survey, there was a spike in admissions between 0800-1000 when the department opened mainly due to overnight admissions from ED leading to mismatches with available staffing resources. Some very unwell patients were waiting more than 2 hours before being seen by an experienced clinician on the unit which had implications on patient safety. A lot of patients had to wait long periods in the department before necessary investigations including scans had been arranged. ED referred patients to SDEC with no consideration of departmental capacity. There was also no handover of these patients before transfer from ED.

Aim:
Reduce SDEC waiting time by 50% within 6 months.
Focus:
The primary target is to minimize "dead waiting time" within the SDEC (Short Duration Emergency Care) pathway.



PDSA CYCLES

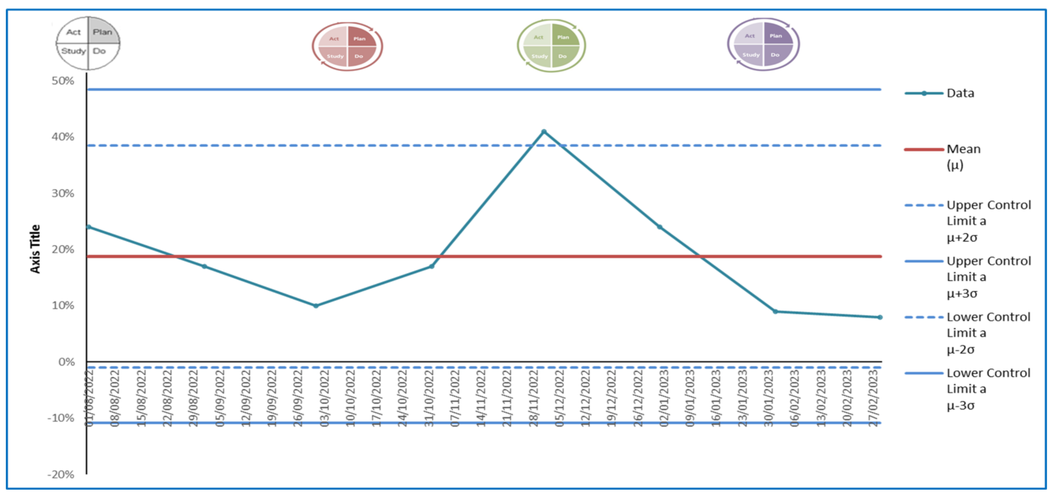




Data Collection
1. Monitor average LOS data on weekly SDEC Dashboard under BI
2. Record hospital admission time, SDEC admission time, time seen by nurse, time first seen by clinician, time of any further investigation, time last seen by clinician
3. Collect and compare FFT data before during and after the QI periods
4. Conduct informal staff surveys before, during and after the intervention.

SPC: Weekly Average Length Of Stay (LOS)

SPC: Monthly negative comments on Length Of Stay (LOS)



Outcome Measure
Monitor overall waiting times i.e. reduction of waiting time by over 50%

Process Measures
- patients are assessed by a qualified clinician within 1 hour of arrival.
- Total stay in SDEC of < 4 hours
- Streamline the process to avoid multiple, unnecessary patient visits to the Drs consultation rooms
- Track First Time Fix (FFT) rates.
- Gather staff and patient feedback
- Improved communication and coordination between SDEC and ED

Balancing Measure
- Prevent an increase in unnecessary scans or investigations.

Implications
Staff feedback, particularly on the Rapid Assessment and Treatment (RAT) system, was overwhelmingly positive. However, consistent shortages of experienced personnel hindered its widespread adoption, preventing sustained implementation. Recent initiatives leveraging Advanced Nurse Practitioners (ANPs) have demonstrated significant success. Furthermore, the importance of ongoing interdepartmental collaboration for Quality Improvement (QI) efforts was strongly emphasized. This collaborative approach fostered improved working relationships between SDEC and ED department staff. Enhanced patient choice, an outcome of patient scheduling, is likely to be correlated with increased patient satisfaction scores seen after the first PDSA cycle. Next steps could involve further collaborative discussions with the Emergency Department (ED) to initiate likely investigations and ensure comprehensive documentation of all patient interactions and activities within the ED before transfer to SDEC to prevent unnecessary duplication and delays. SDEC should develop and implement standardized checklists for common conditions. These checklists will serve as valuable tools for less experienced clinicians or those less familiar with departmental procedures, enhancing consistency and improving patient care. The digitalization of the admission and discharge processes offers a significant opportunity to enhance the accuracy of waiting time measurements, enabling data-driven improvements in patient flow and overall operational efficiency.

Summary of Outcomes
- Average LOS reduced from 15 to about 5 hours during the period under review
- FFT complaints also generally fell from 24 to around 10 per month
- There was a temporary spike in waiting time which coincided with the winter pressures
- Similar pattern was also observed in the FFT complaints trends on waiting times
- Engagement between ED and SDEC brought two significant changes: 1. Development of descriptive characteristics of patients suitable for admission to SDEC to guide approvals 2. All patient considered for admissions from admissions to be approved by a senior clinician before transfer to SDCE 3. Handover of all patients admitted to SDEC 4. Admissions to SDEC were approved only if the department had capacity to take more patients
- Early identification and treatment of unwell patients
- Timely request for investigations reduced dead waiting time and reduced motion to and from consultation rooms

Confounding Factors
- Other interventions: A few other projects were implemented during the same period
- Issue with data capturing and interpretation: It was discovered that ALOS included patients on home discharge
- Relocation of SDEC: SDEC moved to a new site during this time
- Winter pressures: Seasonality of admissions in ED and SDEC i.e. Flu/COVID in December 2022

Challenges and Lessons Learnt
- Need to assemble a broad dedicated team to participate in the project
- Engaging senior staff including the QI lead, NIC and other influential stakeholders
- Establishing consistent working hours and adhering to them to ensure momentum
- Need to set clear deadlines and stick to them
- Other projects and initiatives

#TheGSQIAWay