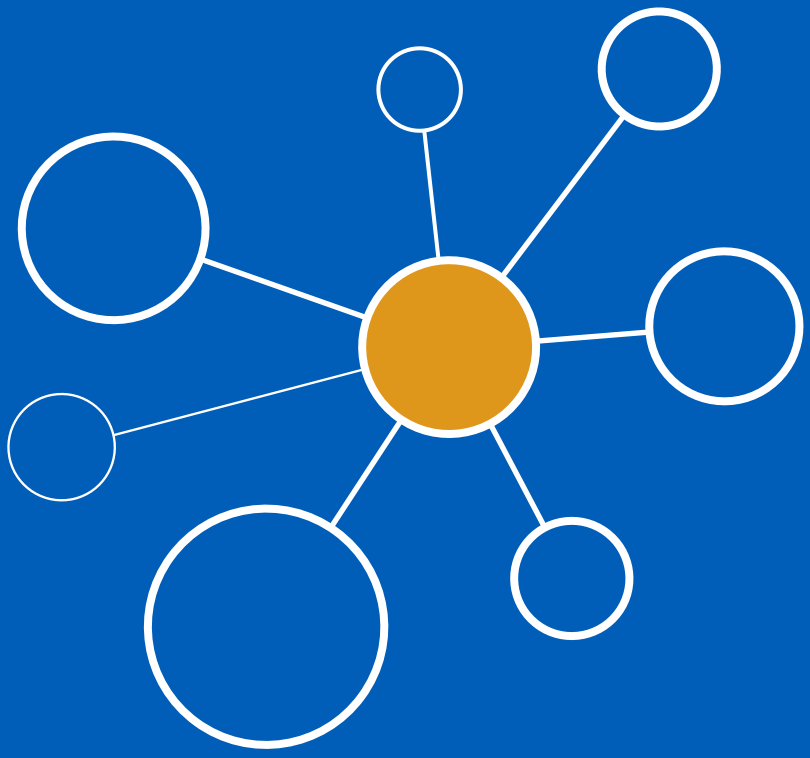


Help Us Send Patients Home!
Sasha Kinsella, Roshni Joseph, Ashlin Antony.



Background

On average, there are between 140 and 260 discharges each month from the Frailty Assessment Unit.

QI Team & Stakeholders	
Sasha Kinsella, Frailty Support Practitioner	ED Management
Roshni Joseph, Frailty Advanced Nurse Practitioner	Site Management
Ashlin Antony, Frailty Nurse Practitioner	Jeannette Godwin - Advanced Clinical Practitioner MSc
Dr Sangeeta Kulkarni, Consultant Physician COTE, Clinical Lead Frailty.	Jo Shaw - Homeward Assessment Team Integration Lead

- Outcome Measures
- The time Nurse Practitioner starts screening patients
 - Time ED bed request is made
 - Time patient(s) arrived in the department

Calculating the total time taken for the whole process:
Data sourced randomly, from 20 patients. Excluding patients who likely require admission.

- Process Measures
- Teaching sessions to ED team and FAU team
 - Proposal to the team lead for one NP to start at 07:00
 - Liaise with management for allocating a porter for transfers



Aim

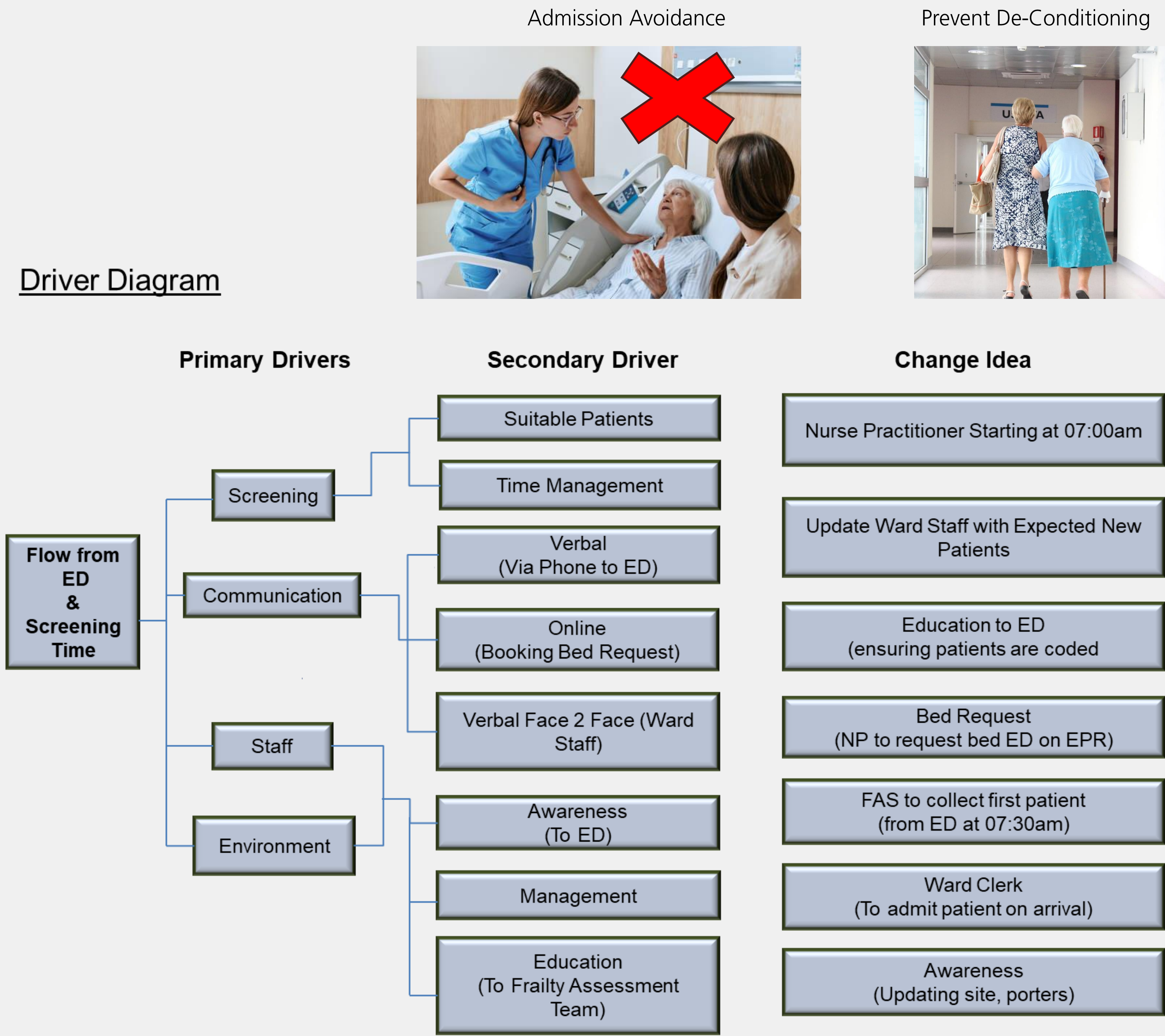
Increasing Efficiency

Reduce the screening time for identifying suitable patients from the Emergency Department (ED) to Direct Attend (DA) by 50% to ensure timely patient care and minimise delays.

Optimising Workflow

Improve the patient transfer process from ED to DA by 25% within one month to minimise waiting times and enhance patient experience.

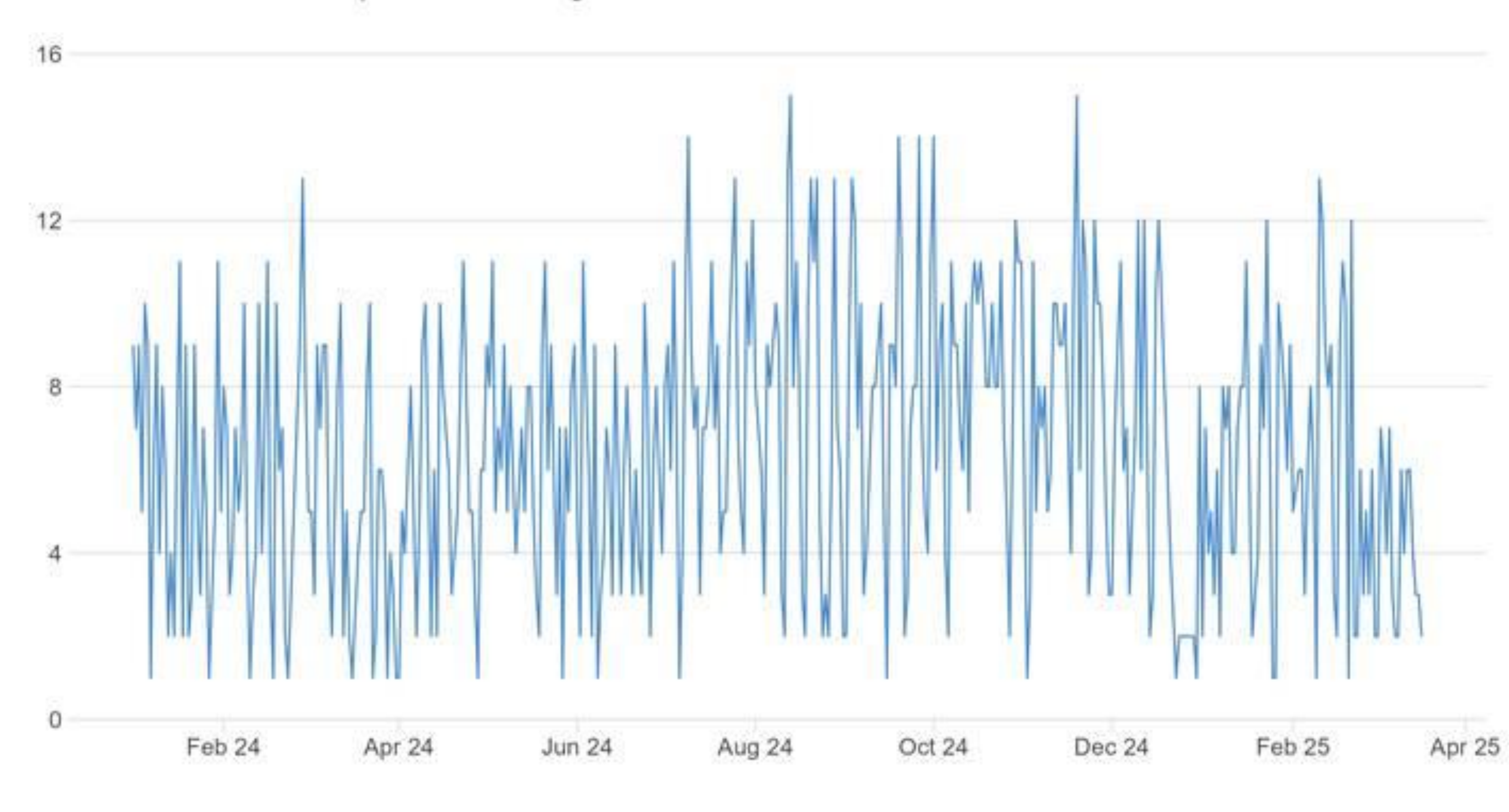
Driver Diagram



Discharges from FAU each day

Total number of discharges: 2,715

Jan 2024 to date; includes patients discharged home from FAS, as well as those transferred to a ward



“Working Together to Achieve More”



Results

No substantial issues have arisen from the implemented changes.
Due to DA being bedded with patients, data collection suffered post-implementation, leading to additional disruptions in patient flow from the ED.