

Improving Performance in Emergency Care

North West London Hospitals NHS Trust

Current blocks to consistent 90% performance	Action	Date	Detail and expected improvement
Integration of A&E/ Primary Care services	<p>CMH – Development of PMS pilots and Urgent Treatment Centre</p> <p>NPH – Continuation of NU Care service and further integration with A&E</p>	<p>November</p> <p>Ongoing</p>	<ul style="list-style-type: none"> • Brent PCT recruiting GPs to launch PMS pilots and UTC model • Harmoni currently providing GPs into A&E department. Providing sessions for A&E and unregistered GP patients • NU Care service funded to March 04 • Final evaluation report due November 03 . • Ongoing service model to be developed December 03 • Emergency Nurse Consultant (Primary & Secondary Care) commenced 1/10/03
Extended waiting times for admitted patients .	<ul style="list-style-type: none"> • Reconfiguration of medical and surgical beds (NPH) 	December	<ul style="list-style-type: none"> • Additional 33 medical beds • Enlarged discharge lounge facility • Dedicated medical short-stay facility • Fully functioning Medical assessment unit

	<ul style="list-style-type: none"> • “ Clinical Navigator” to be based on acute wards to streamline discharge process • HCA based in discharge lounge to facilitate discharge 	<p>On going</p> <p>October</p>	<ul style="list-style-type: none"> • Moving towards specialty–specific ward system <p>Reduced delays in discharge process</p> <p>Reduced delays in discharge process</p>
Cardiology inpatient waiting times delays	Reduce waiting times and thus length of stay for cardiac patients	On-Going	<ul style="list-style-type: none"> • Waits for diagnostics controlled and monitored • Additional Cardiology Consultant will decrease waits for inpatient tests and angiograms (24 hour turn around) • Alternative options re cardiac transfer being explored with commissioners, consultants and tertiary providers. • Angioplasty pilot has restarted
Extended waiting times for patients arriving after midnight with minor injury and illness.	Additional doctor to be employed to work in A&E, Midnight to 08:00 am	Trial Started September 2003	Initial data analysis of the two weeks change (8 nights as extra doctor only Monday – Thursday night) show a reduction in the number of over 4 hour breeches from an average of 14.5 patients to 5.75 patients arriving between the hours of 22:00 to 08:00am.

			To look at sustainability and identify funding.
Emergency Nurse Practitioners	Difficulty recruiting ENPs to work in the minor area of the department.	<ul style="list-style-type: none"> October 	Recruitment strategy being developed
See and Treat in minors (NPH)	Review by Sandra Cotter (See & Treat Facilitator, MA) – highlights several areas for improvement on the current model of care	<ul style="list-style-type: none"> October 	<p>Model proposed by Sandra Cotter from Modernisation Agency to be considered as part of the work of Group 1 for the Emergency Services Collaborative.</p> <p>Key areas to be addressed include:</p> <ul style="list-style-type: none"> Development of Minor Injury Practitioners (MIPS) Allocation of Doctors to Minors area of department.
Emergency Process Review	<p>On going involvement with the Emergency Services collaborative Wave 3. Several Projects and changes being evaluated to measure impact on patient journey times.</p> <ul style="list-style-type: none"> Rapid access to path results through direct path tube and 	<p>On Going</p> <ul style="list-style-type: none"> October 	Shorten time taken between sample taken and results being seen by clinician

	<p>computer link</p> <ul style="list-style-type: none"> • Majors receptionist acting as “results chaser” • Physiotherapist input into the minors area • Rapid Access model (Pit Stop) of assessment for Majors patients • Development of the streaming and assessment process for walk-in patients • Nursing Staff requesting Beds. 	<ul style="list-style-type: none"> • September • Pilot July – September • Review October • Roll out – November • Pilot September/ October • Roll-out November • On going • Piloted September 	<p>Shorten time taken between sample taken and results being seen by clinician</p> <p>Initial data suggest a decrease in patient journey time from a median of 3hour 20 mins to 2 hour 18 mins</p>
--	--	--	--

		<ul style="list-style-type: none"> • Roll-out October 	
Extended waiting times for patients awaiting medical review in A&E	Trial of additional medical registrar based in A&E	November 2003	Reduction in wait for patients awaiting medical opinion
Clinical exceptions of four hour target	Developing proposals for Observation Units / Clinical Decision Units on both hospital sites	2004	Treat patients who do require more than 4 hour A&E treatment in a more clinically appropriate environment