A new model of care for the Emergency department

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Barking, Havering and Redbridge is a challenged health economy with long standing poor performance on emergency pathway, previous problems in maternity, and current 18 week RTT issues. BHRT was placed in special measures in January 2014.

- Local population size-750,000
- 3 Main local boroughs Barking & Dagenham, Havering and Redbridge + Essex
- 2 sites- Queen’s & KGH
- Emergency attendances 285,000 per year and 55,300 admissions
- 180 ambulances per day
Attendance and Performance

- Attendances are increasing each month when compared to the same period last year.
- Increase is between 8% and 20% for the last five months.
- System issues coping with this demand
- Performance has been challenging on both sites.
- DTOC numbers continue to rise, impeding admission
- Workforce challenges result in delayed assessment in the Emergency Departments.

BHRUT ED Attendances

Performance - BHRUT
Workforce Challenges

- Continued challenge with medical recruitment. Reliance on locums to ensure sufficient cover.
- Recruitment improving but slow.
- Challenges associated with agency capped rates (impacting fill rates) and current ED locum market
- Issues exacerbated by removal of higher trainees from King George Hospital.

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Current Vacancy Rate</th>
<th>September 16 Projected Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHO</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>Middle Grade</td>
<td>58%</td>
<td>46%</td>
</tr>
<tr>
<td>Consultant</td>
<td>43%</td>
<td>32%</td>
</tr>
<tr>
<td>Nursing</td>
<td>26%</td>
<td>5%</td>
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<thead>
<tr>
<th></th>
<th>QH</th>
<th>KGH</th>
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<tbody>
<tr>
<td>Establishment</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Trainees</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Trust Grades</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Locums</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Vacancy (%)</td>
<td>16%</td>
<td>67%</td>
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Junior Doctor Strike plan

Risks

- Ability to see and treat all patients presenting on the emergency pathway
- Manage existing and new critical care patients
- Manage existing and new inpatients to provide safe levels of care and early supportive discharge
- Undertake emergency surgery
- Respond to crash calls adults/paediatrics
- Respond to trauma calls
- Respond to major incident

Solutions

- Extensive local communication strategy
- Redirect all patients with primary care presentations back out to the community, pharmacy and other facilities
- 22 Consultants released from wards and other clinical duties such as theatre to cover both ED’s and assessment units
- Extended scope physiotherapists released from wards to see MSK injuries
- Prescribing pharmacists released to ED & assessment units
Model of care on the day of junior doctor strikes for non admitted pathway

REDIRECTION AWAY FROM ED

GP

ED consultant
IMPACT

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of adult walk-ins 8am-8pm</td>
<td>208</td>
</tr>
<tr>
<td>Number of patients redirected from ED 8am-8pm</td>
<td>78</td>
</tr>
<tr>
<td>% patients redirected</td>
<td>37.5%</td>
</tr>
</tbody>
</table>

**Advice only/Self Care (incl pharmacists)**: 38%

- **Direct to Specialty**: 19%
- **GP / GP Hub**: 28%
- **Prescription**: 4%
- **Dentist**: 4%
- **Eye Clinic**: 3%
- **Ambulatory Care**
- **GUM Clinic**: 1%
Model of care for majors

- Rapid assessment
- Workstation 1
- Workstation 2
- Workstation 2
- ED consultant & Geriatrician
- Respiratory consultant, nurse and technician
- Cardiologist, nurse and technician
- General surgeon, nurse and technician
Model of care for Resus

- ED Consultant
- Critical care consultant
- Acute physician
- 4 nurses and 2 technicians (+1 ODP)
Model of care for minor injuries

- Workstation 1
- Workstation 2
- Workstation 3

- 1 ENP and orthopaedic surgeon
- 1 ENP and ENT surgeon
- 1 Extended scope physio and advanced nurse practitioner
- Prescribing pharmacist to support all
Impact

• Positive patient response from redirection and retrial
• No readmissions and 1 reattendance within 7 days
• Reduction in arrest and peri-arrest calls
• Mortality (under review by Medical director)
• 94% day 1 and 95% day 2, 83% bed occupancy, reduction of 22% diagnostic requests from ED
• Conversion rate remained at 20% however the patients who were admitted had robust plans and very specific discharge plans for the short stay cohort resulting in timely discharge by midday
• High referral to Frail older people service direct from rapid assessment and reduced LOS in the elderly receiving unit
Using the learning for a new model of care

Next pilot phase for redirection agreed via SRG with a 2 week pilot

We are transferring 40% of our ED nursing workforce who will be join the GP’s in urgent care along with physios and pharmacists in a joint training scheme to become autonomous practitioners.

We are working with all specialities to backfill ED Consultant vacancies with respiratory physicians, geriatricians, cardiology, general surgery and orthopaedic consultants to reform the workstations.

- Early assessment
- Early decisions
- Early Escalation of Care

The redesign introduces advanced, autonomous practitioners as rapid assessment gatekeepers to emergency care. This addresses, not only workforce issues, but the challenges dealing with demand.

GPs
Hospital Doctors
Advanced Nurse Practitioners
Advanced Pharmacy Practitioners
Advanced Physio Practitioners
Treatment Assistants
Any Questions?