Future Healthcare Journal 2017 Vol 4, No 2: s18

Reimagining unscheduled care – the Worthing Emergency Floor Project

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Aims

This project combines acute medicine, acute frailty and surgical assessment units in a comprehensive redesign of service delivery, dissolving traditional care boundaries to deliver enhanced quality of care for patients and flow benefits to the organisation.

Methods

The Emergency Floor concept was developed over a 2-year period including a presentation of concept with PESTLE analysis, multiprofessional input, business-case development and comprehensive design phase. Aims are being achieved by standardising the approach to referral, assessment and admission, and utilising in-house information systems to manage flow and collect data. There has been a reorganisation of junior medical staffing, and surgical and medical nurses have expanded their skills to ensure that patients receive the best quality of care from admission to the point of transfer of care to the most appropriate team or home. Enhanced handover, safer patient care and data collection are facilitated by customised IT systems. Patient involvement has been through direct feedback including the friends and family test, structured surveys and working with patient representatives to develop a patient forum. A core component of the methodology is a commitment to reviewing progress and encouraging an ethos of learning against a backdrop of continuous monitoring and reporting.

Results

Ambulatory care has expanded significantly and, since opening, between 25 and 30% of patients are now seen in this way, resulting in a positive impact on bed availability on the Emergency Floor and downstream wards. 6-month data showed a reduction in length of stay in medicine and surgery, and an improvement in 0- and 1-day length of stay of 7% for elderly care patients, with a 4% reduction in mortality and 5% in readmission rates.

A reduction in patients waiting in A&E for longer than 4 hours by up to 11% has been accompanied by sustained positive feedback from patients. Early data suggest that the greatest impact may be for patients presenting with surgical problems, with an overall reduction in the length of stay in the surgical division of up to 25%, with many more patients being transferred home within 24 hours.

Conclusions

The concept of colocation of three admission streams should be explored on a wider scale. Worthing is the only trust that is currently co-locating these services and this could be expanded to other acute trusts. Clearly there will be contextual limitations, but this should be explored. Our system illustrates that a significant proportion of patients admitted under the surgical team may benefit from input from medicine or elderly care teams, and that the organisation of care around patients brings significant benefits to both the quality of care and also for flow through the organisation.■

Conflict of interest statement

Western Sussex Emergency Floor is one of the RCP Future Hospital development sites.

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