

# The Impact of Implementing 'Fast-Track' Streaming for Complex Walk-in Patients in an Emergency Department



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## Background

Many EDs have now developed Rapid Assessment and Treatment (RAT) models. This is the process of undertaking a rapid patient assessment and determining what investigations and immediate treatment is needed (1). This approach takes advantage of time efficiencies from parallel processing. Studies suggest there are advantages of this process including a reduction in time to treatment, length of stay, left without being seen rates (3) and improved patient care and experience (4).

At St Thomas' (as in many ED's), RAT is undertaken in the Major treatment area and walk-in patients are assessed using a traditional nurse triage/assessment process. For patients with complex needs, this can often mean there is a considerable delay in reaching the appropriate treatment area and having a RAT assessment. At St Thomas', walk-in patients were streamed as they arrived which aimed to risk assess patients and direct to the most appropriate care. This process however was only in operation from 10.00 to 20.00 each day.

## Case for Change

At St Thomas' ED work was undertaken by the emergency nursing team working with the Trust Transformation team and 20:20 to review the initial assessment process. It was found that although the overall mean initial assessment time was 12 minutes, there was a wide variation in the mean time particularly in the evening. The target for initial assessment is 15 minutes (5).

Complex patients took a long time to assess which often delayed assessments for other patients. In addition there had been patient feedback from complaints and from Friends and Family comments that on some occasions vulnerable, unwell and complex patients had waited a long time to be assessed in the waiting area and then had experienced delays in investigations and treatments.

Audits undertaken also found that additional resources of senior nursing staff from main ED were frequently required due to the development of long waits in the initial assessment area. It also highlighted that the time for initial assessment increased when streaming was closed.

## The Solution

To fast track complex walk-in patients directly from streaming to a dedicated Majors cubicle for a RAT nurse to assess.

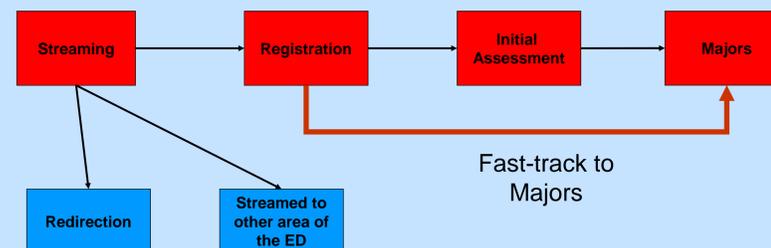
A pilot study was undertaken for 2 weeks in April 2015. Patients who walked in to ED and presented to streaming who were complex, likely to take more than 10 minutes to assess and were highly likely to require admission were identified as requiring Majors on a red streaming sheet (white for all other patients). The patients were then booked in at reception and taken directly to Majors for a RAT assessment.

**Results** - 121 patients (average 20 per day) were fast tracked to majors, 39% were admitted and 10% were over 75 years old. For patients that were fast tracked the median time to initial assessment was 11 minutes compared to 23 minutes for other walk-in patients who went through initial assessment then Majors. The median time to see a decision maker was 58 minutes compared to 89 minutes. The median time to initial assessment for all other patients reduced from 12 minutes to 8 minutes.

**Recommendations** – To implement 24 hour streaming and Fast-Track to Majors



## Process for Walk-In Patients



## The Impact

Fast-track to Majors and 24 hour streaming was implemented in June 2015.

### Reduced Initial Assessment times

Mean initial assessment times for all walk-in patients in ED has reduced from **12 minutes** to **8 minutes**. Complex patients are fast-tracked which means other less complex patients are assessed faster.

### Reduced time to see a decision maker

Patients who are fast-tracked to Majors see a decision maker faster.

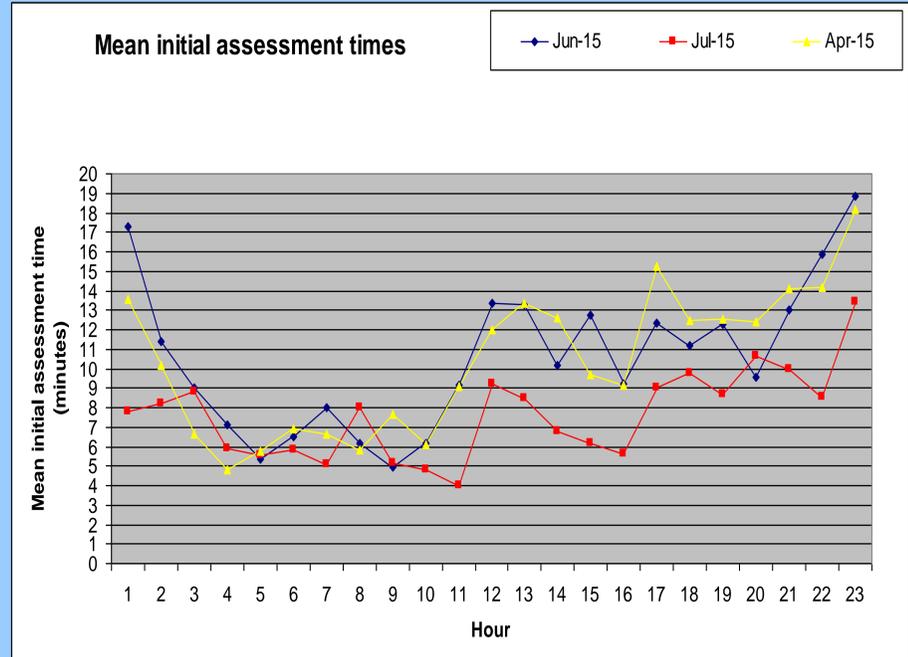
### Positive feedback from patients and staff

There have been a lot of positive feedback from patients and staff. There have been no further complaints regarding vulnerable/unwell patients waiting long times for assessment.

### Improved Patient Safety

Vulnerable, unwell and complex patients are taken to a safer environment quicker and are assessed in a timely manner.

## Mean initial assessment times



## Examples of patients Fast-Tracked to Majors

- Patients over 75 years old
- Complex patients e.g. patient with Ca Ovary and acites.
- Unwell patients with complex communication needs e.g. patient with pyrexia and with a learning disability.
- Patients highly likely to require admission e.g. recurrent epileptic fits.
- Likely to require multiple investigations e.g. patient with chest pain and pacemaker/cardiac history
- Patients with physical disability that would take time and be difficult to assess in the initial assessment area.

## Lessons Learnt

- Working with stakeholders, nurses, the Trust Transformation team and 20:20 was invaluable in gathering the evidence required.
- Undertaking a pilot project was critical to establishing the optimal pathway
- Getting staff on board and gaining feedback from both patients and staff was critical
- We should continue to re-examine systems and always look at new ways of working
- Resource implications always need to be considered

## References

- 1 National Health Service Emergency Care Intensive Support Team. Effective Approaches in Urgent and Emergency Care Paper 1 Priorities within Acute Hospitals; 2011. [cited 2014 Sept 02] Available from: [http://www.nhs.uk/fileadmin/Files/IST/ECIST\\_-\\_Priorities\\_within\\_Acute\\_Hospitals\\_2011.pdf](http://www.nhs.uk/fileadmin/Files/IST/ECIST_-_Priorities_within_Acute_Hospitals_2011.pdf)
- 2 Murrell, K. L., Offerman, S. R. and Kauffman, M. B. Applying Lean: Implementation of a Rapid Triage and Treatment System. Western Journal of Emergency Medicine. 2011; 12 (2): 184-191. Journal. 2009; 12 (1): 8-15.
- 3 Vega, V. and McGuire, S. J. Speeding up the emergency department: the RADIT emergency program at St. Joseph Hospital of Orange. Hospital Topics. 2007; 85 (4): 17-24.
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- 5 College of Emergency Medicine (CEM), Emergency Nurse Consultant Association (ENCA), Faculty of Emergency Nursing (FEN) and Royal College of Nursing (RCN), (2011) Triage Position Statement