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Addressing Crowded Emergency Departments To Improve Ambulance Handovers

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RCEM

- Membership body, 10,000+ members
- Our Royal Charter: *"…providing expert guidance and advice on policy to appropriate bodies on matters relating to Emergency Medicine."*

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Metrics and their part to play

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The history

Four hour standard:

- The Four-Hour Standard was introduced to the NHS in England in 2004 to combat crowding in EDs.
- 95% of people arriving at emergency departments should be treated and then be discharged, admitted, or transferred within four hours
- The last time it was achieved across England as a whole was June 2015

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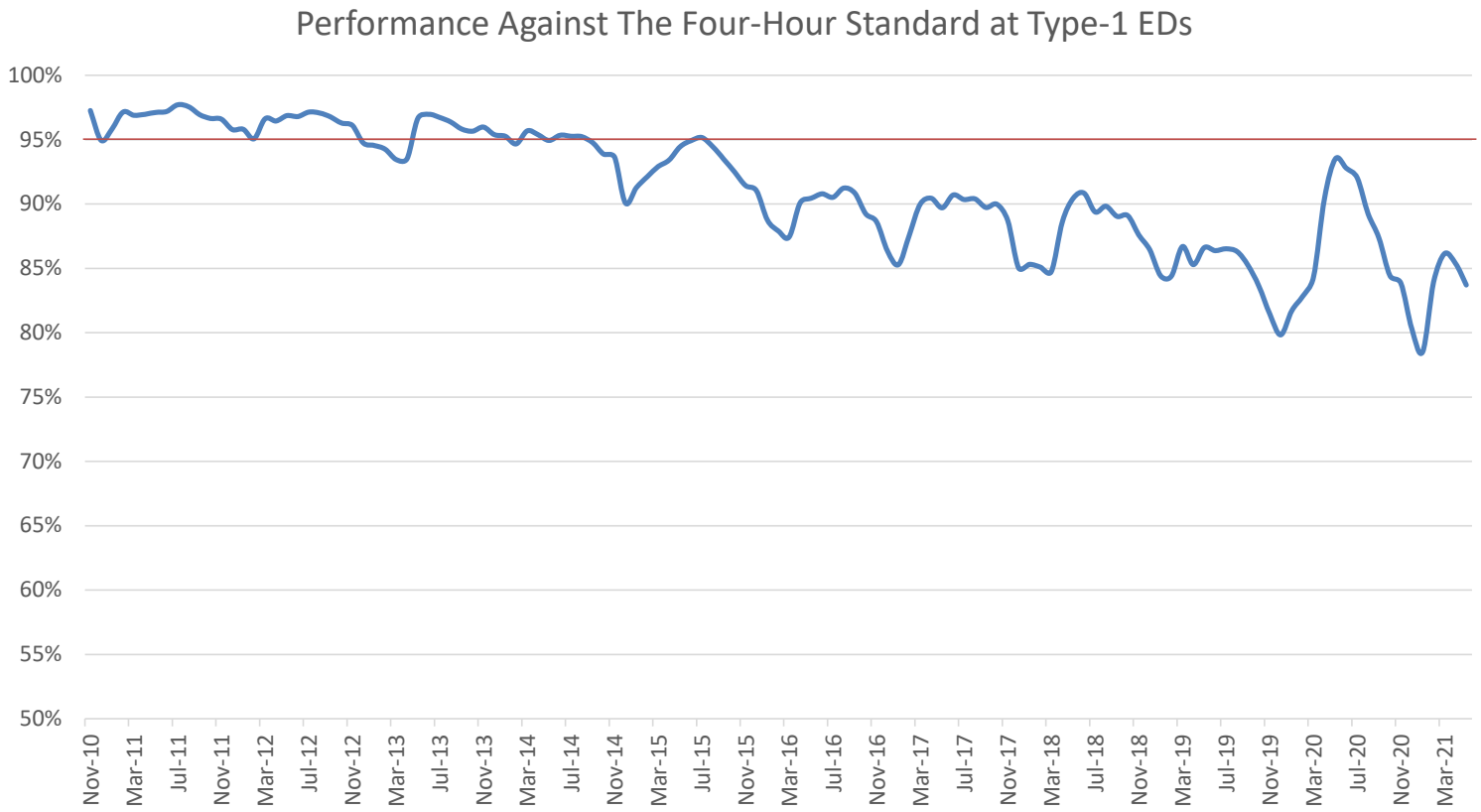

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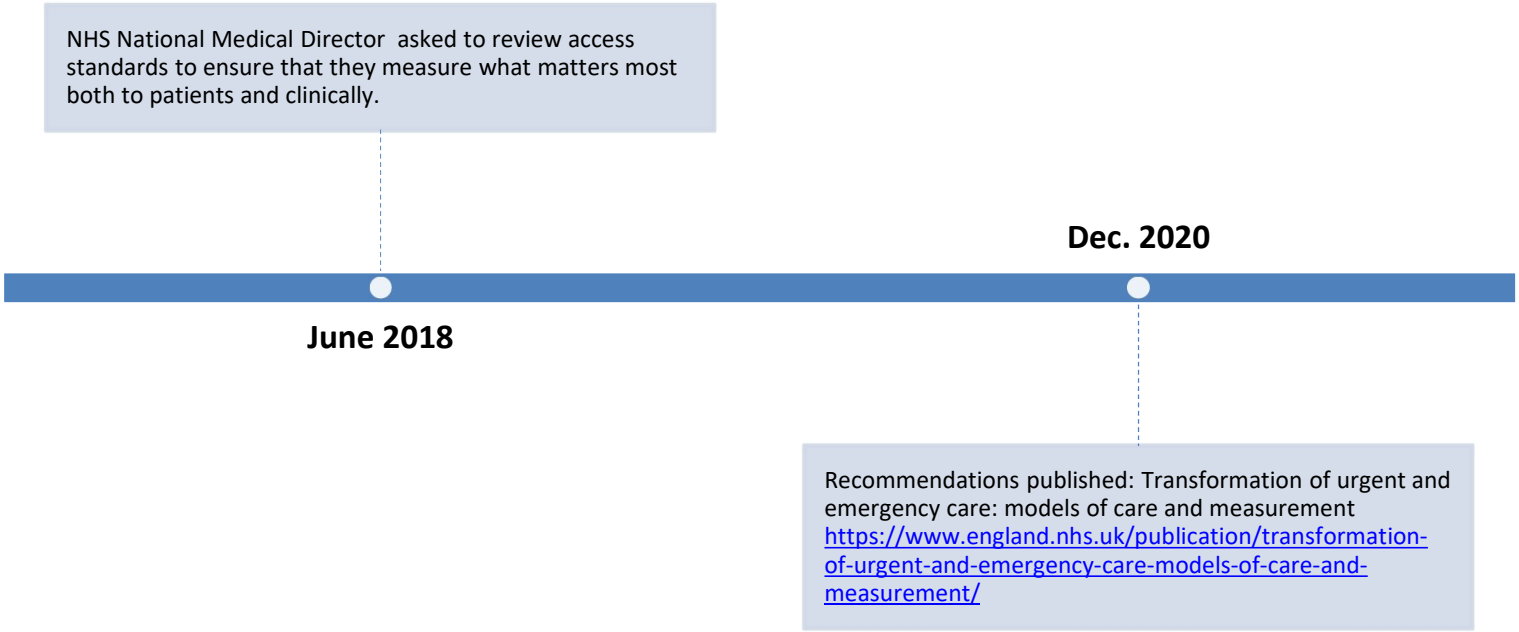
Where we are now



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What were those recommendations?

Service	Measure
Pre-hospital	Response times for ambulances
	Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances
	Proportion of contacts via NHS 111 that receive clinical input
A&E	Percentage of Ambulance Handovers within 15 minutes
	Time to Initial Assessment – percentage within 15 minutes
	Average (mean) time in Department – non-admitted patients
Hospital	Average (mean) time in Department – admitted patients
	Clinically Ready to Proceed
Whole System	Patients spending more than 12 hours in A&E
	Critical Time Standards

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Flow

"We know that good patient flow is critical to improving care for patients in ED – **this means the flow of patients into, through and out of the department.**"

Good patient flow **prevents ambulances queuing** outside of hospital EDs, **prevents overcrowding** of departments with resultant risk of corridor care, nosocomial infection and reduced quality of care for patients, and **prevents delays** in patients being discharged or admitted to a bed on the appropriate ward for ongoing care."

NHS Transformation of urgent and emergency care: models of care and measurement December 2020

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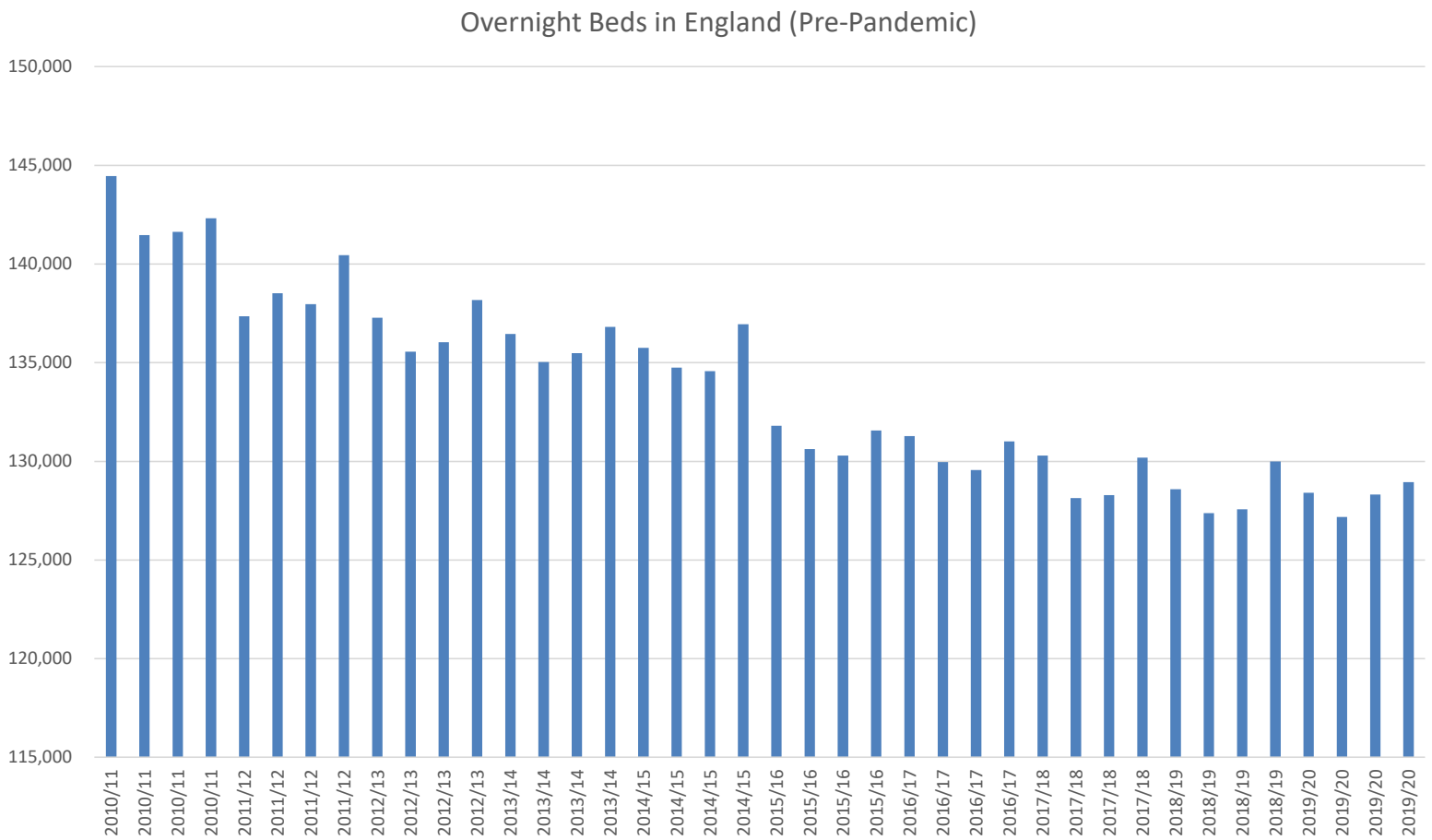

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Consultation

13% of respondents disagreed with the proposal, with 67% of people fully supporting the move from the current standard to the new bundle of measures.

The challenge of a timely implementation verses phasing to cope with building technical measurement capability

"It is therefore, our intention to continue developing the thinking on this proposal with stakeholders, subject to government agreement to the principle of the bundle and agreement of suitable thresholds."

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How did RCEM react

"We support the implementation of a bundle of metrics…"

"The enthusiasm for the proposals should accelerate the process of implementation – we are currently in a performance vacuum…."

"More work is needed around thresholds and frequency of reporting, but the consultation report is a significant step in the right direction of transforming care for the better."

https://www.rcem.ac.uk/RCEM/News/News_2021/RCEM__Consultation_on_proposals_for_new_UEC_metrics_shows_significant_support_for_change.aspx

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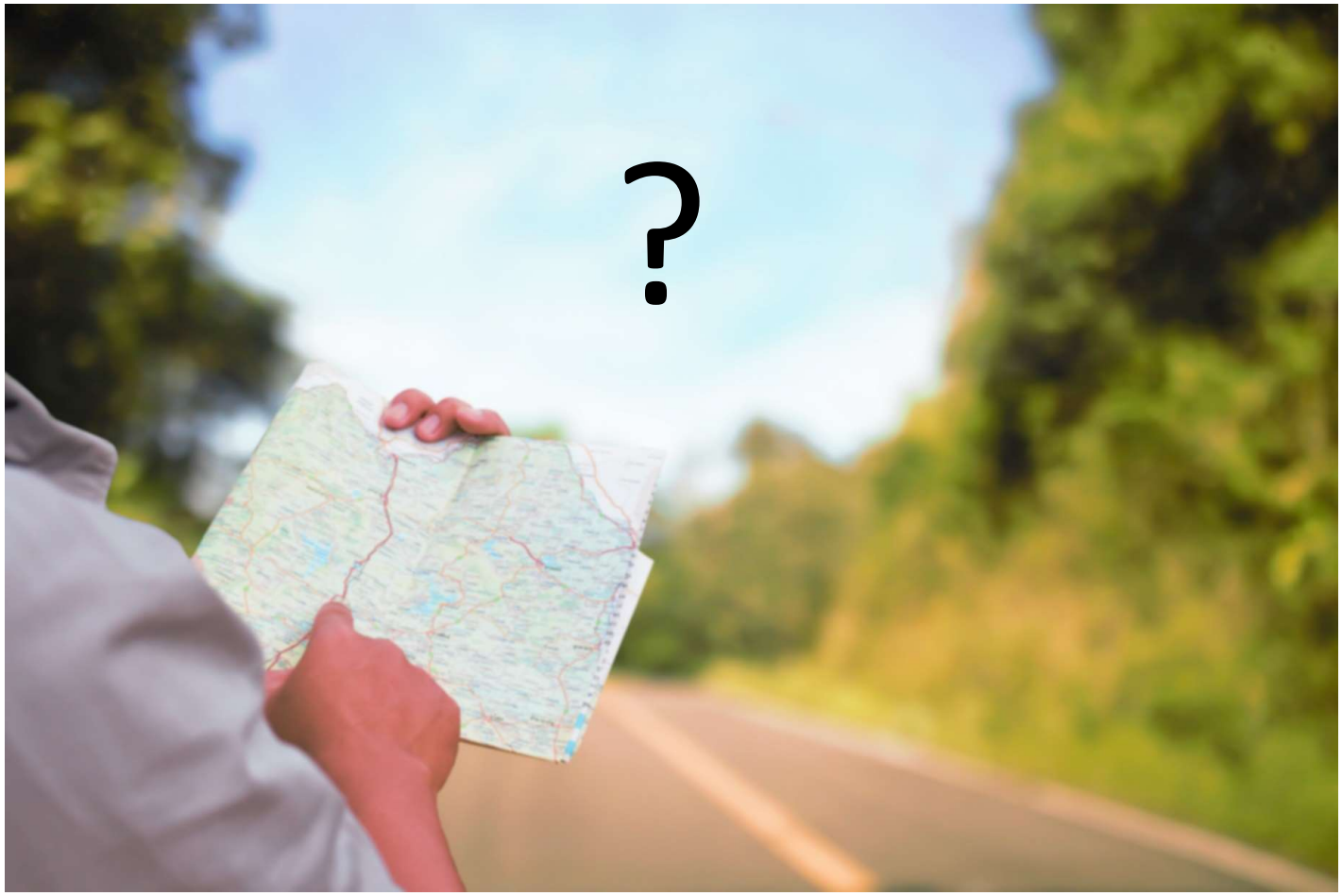
Timeline



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Reality check

As attendances soar performance plummets, putting patient safety at risk

17 June 2021

Emergency Department performance figures published today by the Welsh Government for May 2021 show the highest number of attendances since the pandemic began, while four-hour performance is the second lowest ever recorded.

The data show in May 2021 there were 67,631 attendances to major Emergency Departments. This is an increase of 6.5%, equal to over 4,000 patients, when compared to April 2021, and an increase of 35% when compared to May 2020. It is the highest number of attendances since December 2019.

Four-hour performance is the second lowest ever recorded at 63.5% for May 2021, a decrease of 3.5 percentage points when compared to April 2021. And second only to December 2020 when it was 63%.

The data show that in May 2021 5,594 patients were delayed by 12 hours on more in major departments across Wales, an increase of 22% when compared to the previous month, April 2021. This is the worst ever 12-hour performance (91.7%) for the month of May, and it is the worst 12-hour performance since February 2021.

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As Emergency Departments become overwhelmed, patient safety is put at risk

10 June 2021

Emergency Department performance figures published today by NHS England for May 2021 show 1,396,193 patients attended Type 1 Emergency Departments, the second highest figure ever recorded.

Data also show that nearly one third of these patients, equal to 411,262 patients, were admitted via Type 1 Emergency Departments, the fourth highest figure ever recorded. And nearly 700 patients were delayed by 12-hours or more, a one-third increase on the previous month, April 2021.

While data on Ambulance Quality Indicators published by NHS England for May 2021 show the highest number of incidents ever recorded with 800,094 contacts.

Dr Katherine Henderson, President of the Royal College of Emergency Medicine, said:

"Emergency Departments are becoming overwhelmed. Across the country we are hearing that sites are reporting record breaking numbers of patients. The sheer volume is putting severe pressures on staff and departments, which are struggling to cope.

"The pressures on Emergency Departments are paralleled in the ambulance service data which show that May 2021 saw the highest number of contacts ever recorded.

"We are in real trouble; the College has warned for months about the urgent need for a safe management of the exit from the pandemic. We desperately need action and leadership. If pressures continue to rise, patient safety will likely be put at serious risk.

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Performance during the Pandemic

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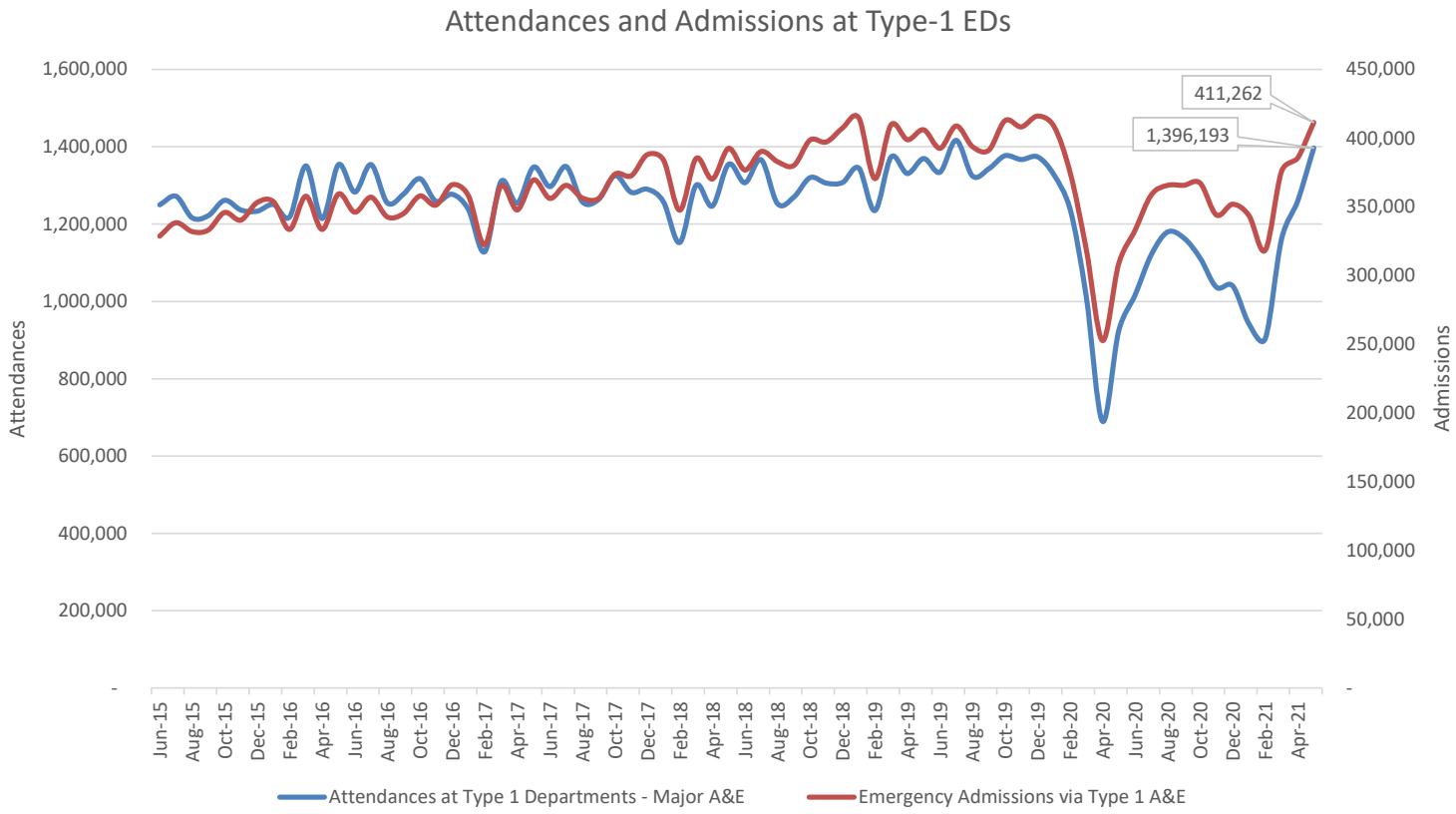
Increasing pressure



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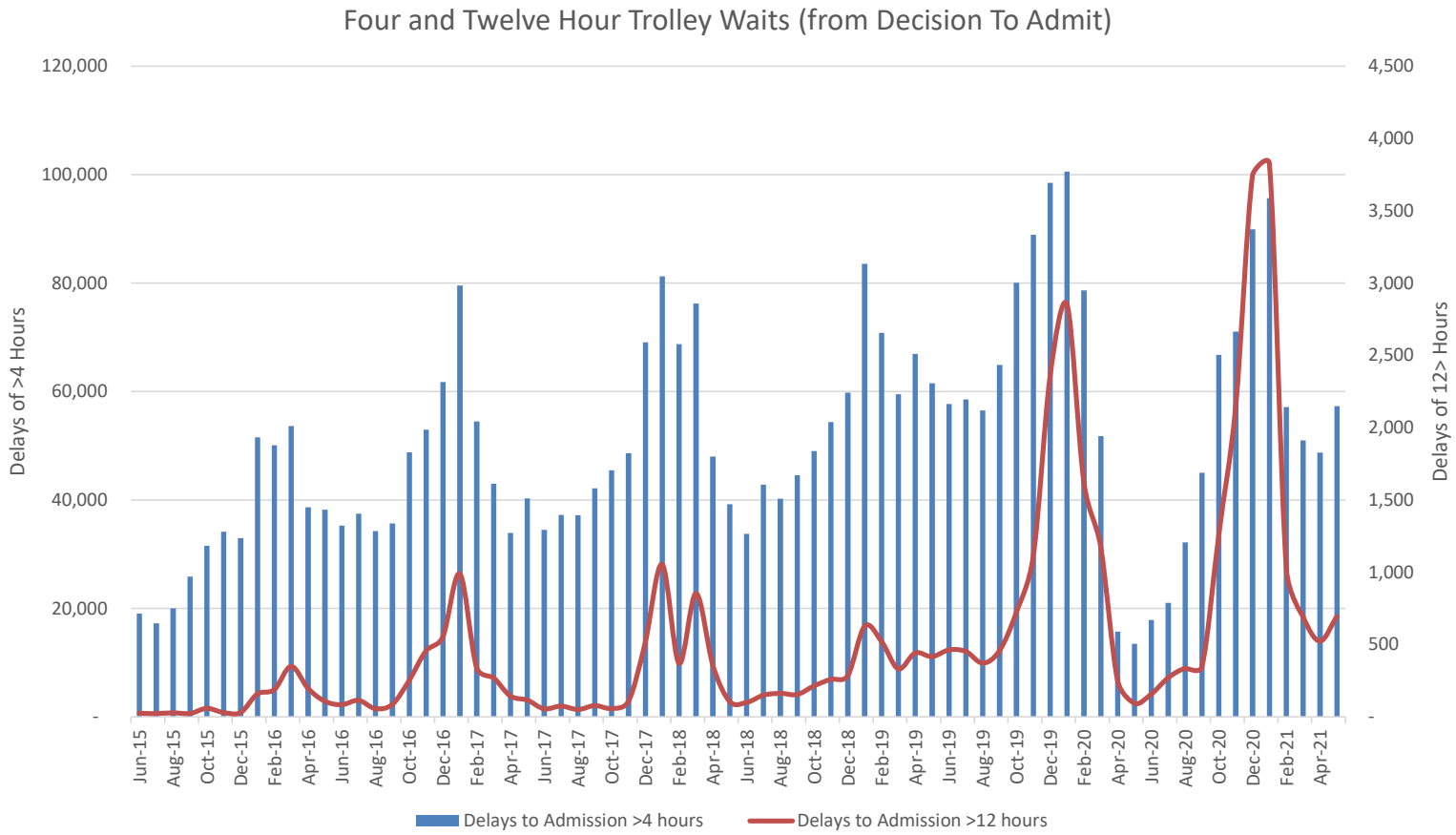

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System Under Pressure

- Increase in very sick patients, patients who require ambulances and admission.
- Facing severe demand, ambulances can be delayed.
- Significant rise in the number of 12-hour delays = care in corridors.
- Intense pressures on existing staff, impacting on morale.

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What's happening

The increase of:

- crowding in Emergency Departments;
- the potential derailing of urgent elective care (for the now 5.1 million patients waiting for treatment);
- and the strains across the entire health system;

are putting patient safety at risk.

We need urgent action now to manage these pressures.

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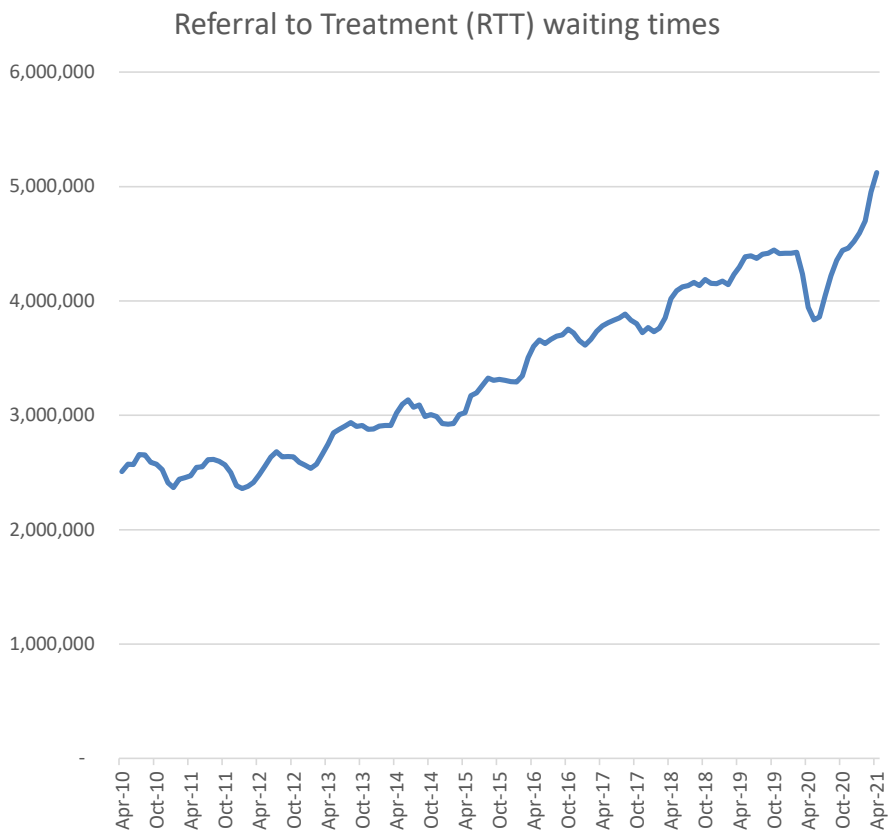
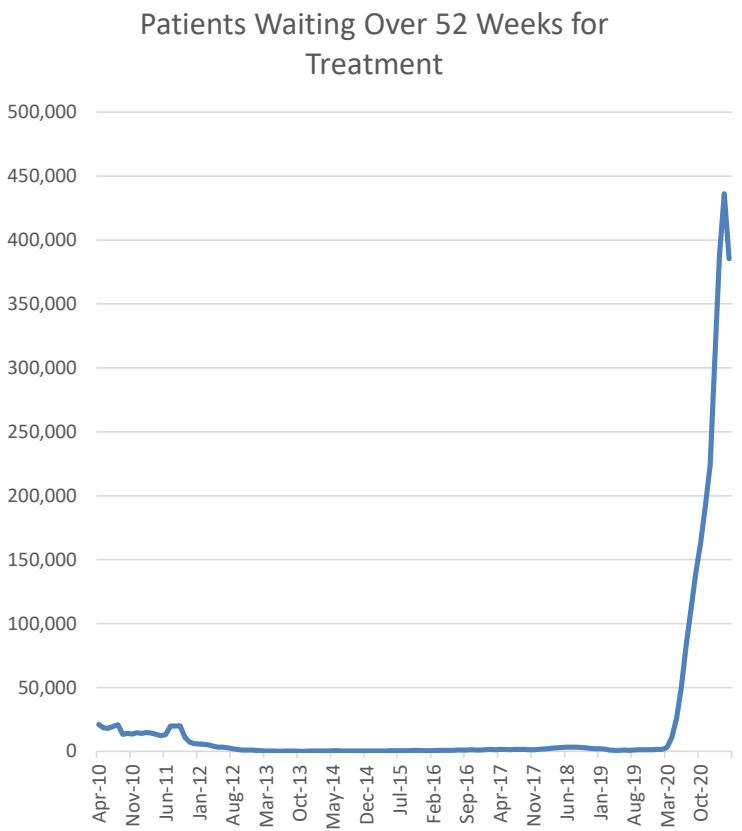
The Elective Challenge





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What do we need to avoid the risk of derailing of urgent elective care?

- Safe expansion of capacity to ease the severest of pressures and help to reduce the dangerously high bed occupancy figures that many Trusts are currently managing.
- A joined-up approach: working closely with social care to protect the most vulnerable patients and ensure they are treated swiftly and effectively, and handling transportation to and from hospital.
- Inter-departmental and cross-specialty communication can help flow through the hospital and help prevent exit block.
- Maximise and expand use of same day emergency care so lower acuity patients can be treated effectively without being admitted.
- And… a roadmap and timeline to explain the continuing Clinical Review of Standards journey

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