

Update On Progress

Emergency Medicine : 1 Year On

(and where we go from here)

- Csaba Dioszeghy
- Jackie Thompson
- David Barton
- Paula Tooms
- Julian Webb

Overview

- Minors - David Barton
- Medical - Csaba Dioszeghy
- Nursing and patient experience- Jackie Thompson
- Performance - Paula Tooms
- Structure, Strategy & Summary – Julian Webb

Minors

Experienced team of **Emergency Practitioners**
(Nursing and Paramedic Practitioners)
And Healthcare Assistants

To 'see and treat' those patients with
less urgent or serious injuries or illness

Mr David Barton, Lead Practitioner 1.0 (WTE)

Healthcare Assistants (Band 3) 4.2 (WTE)

Emergency Practitioners 12.68 (WTE)

Minors

Clinical Supervision

Exciting new opportunity

Continuing Professional Development

Share knowledge and skills

Promote teamwork

Patient safety

Quality of care and experience

Audit

Development of our EP and HCA

Minors

Assistant Practitioner

- Continued development for our HCAs
- Assisting the Emergency Practitioner Team
- Accountable to themselves, their employer and the people they serve
- Foundation Degree (Surrey University)
- See and Treat (Minor Injuries)
Right time... Right skill... Right person
- Leading and supporting the HCA team

Medical

Recruitment

CONSULTANTS

- Increased to 8 (with 6 substantive and 1 Associate Specialist and 1 acting consultants)
- Cover increased: Mon-Fri: 08-22; Weekends: 09-18
- Dedicated Paediatric ED Consultant shifts 2 shifts a week
- Dedicated shift for CDU and Review Clinic separated from ED shop floor

JUNIOR DOCTORS

- All vacancies (left by the deanery / mat.leaves, etc.) have been filled with clinical fellows – cost effective
- All rota (Consultant / SpR / Juniors) have been revised to create better cover plans and now are uniformly managed and available on shared drive.

MIDDLE GRADES

- All night shifts are covered with substantive SpR (ST4+ level)
- 7 new MGs were recruited between May 12 – April 13
- Optimal cover needs further expansion
- Ongoing negotiations with 2 overseas universities to send us ST3/4 and ST6 level EM Trainees in rotation (Hungary and Spain)

Locum doctors:

- Significantly reduced due to filling up vacancies...
- Only “protected shifts”: no night shifts are covered with locums

Medical

ED Guidelines

Available on the Intranet

Supports decision making

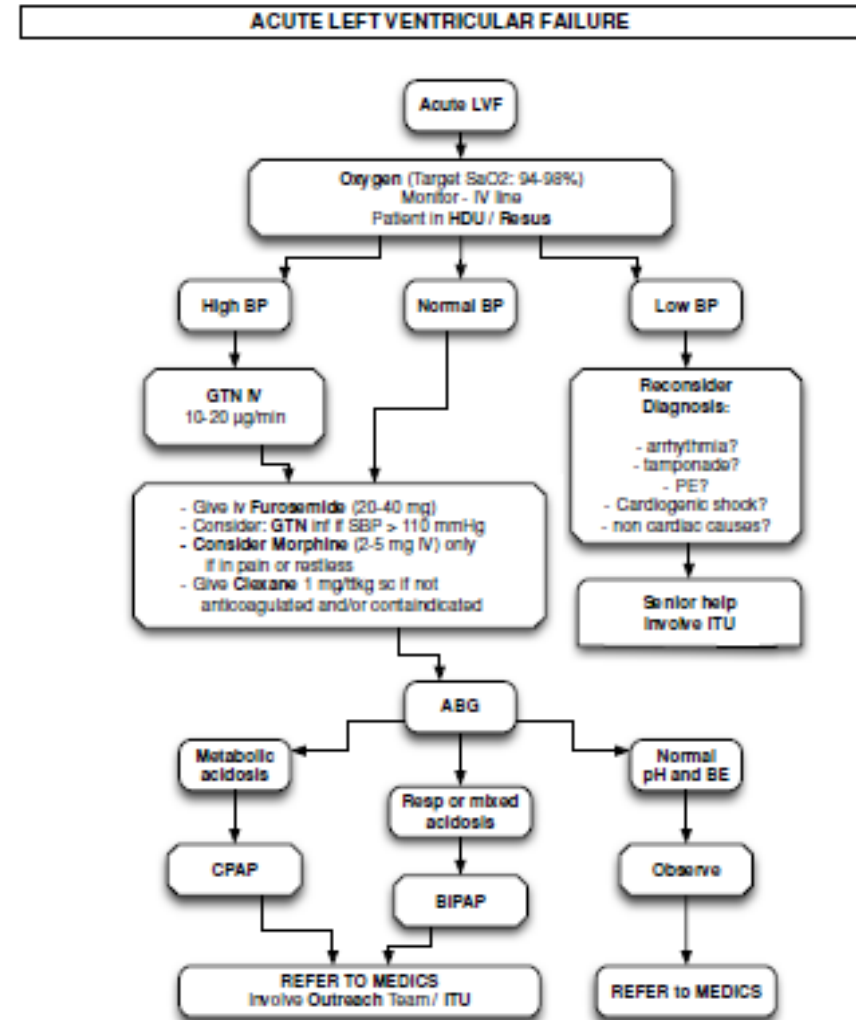
Up-to-date

Short, simple to follow

Focused on the ED care

Discussed with the specialties

Excellent feedback



Medical CDU

New CDU system introduced from April 13

- To reduce avoidable hospital admissions
- To reduce the time for discharge from CDU
- To increase / support patient flow throughout ED and CDU

Dynamic unit of Observational Medicine

- Robust admission pathways to ensure safety and efficacy
- Guidelines for management and discharge for all pathways
- Dedicated Junior team and Senior supervision
- Structured handover and review mechanism
- Structured communication pathways and documentation

Further plans :

- Physician Assistants (PA) to support CDU ward work

Nursing

Recruitment

- The majors and paediatric nursing team consists of 84 wte staff
- Historic recruiting problems at all grades
- Successful year with appointments of 4 band 6 12 band 5 and 7 band 2's

Nursing

Development

Induction and retention initiatives;

- Department based 2 week induction programme
- Preceptorship
- Inter-department rotation
- Support from Practice Development Nurse
- Trauma simulation training

Nursing

Looking Ahead

- Future plans
- In house development programme
- Band 7 24/7
- Advance practice training and support

Public Perception

Examples Of Individual Comments

“Most helpful, efficient and knew what had to be done”

“Even though the waiting room was packed, they could see I was in pain and rushed me through as a priority”

“Cutting to the reason for writing, no sooner did I sit down, I was seen, treated and referred, fantastic”

“Her fantastic humour and genuine concern made my wait feel worthwhile”

“Everyone I met done their job professionally”

Patient Survey

Net Promoter Score

Reception and Waiting	65
Drs, Practitioners and Nurses	91
Care and Treatment	92
Tests	93
Leaving	88
Overall	86

Performance

Trust Targets

2011/12

- Failed to meet 4 hour standard- 75%
- 12 hour breeches – 139

2012/13

- Achieved 4 hour standard – 96%
- Zero tolerance 12 hour breeches
- Best in South East Coast
- Improved from 319 to 134 in performance

Compliance and/or improvement in all areas

Performance

Budget

- **Now divided into;**
 - Medical Staffing
 - Minors
 - Nursing
 - Administration
- **Overspend in 2011/12 - £262,000**
- **Overspend 12/13 - £39,000**
- **Significant improvement due to recruitment and close management of workforce.**

Refurbishment

- Successful completion of main patient areas;
 - Increased majors trolley and HDU capacity
 - CDU refurbishment to improve privacy & dignity for patients

- New specially designed Paediatric area

- Integrated Minors and Majors area's with single directional patient flow through department.

- Outstanding issues;
 - Office area
 - Resus room
 - Relaying of floors in triage rooms due to damp and
 - communal corridor at front entrance.

Governance & Departmental Meetings

- Robust Structure
- M&M, Complaints, Incidents, SI etc
- Audit
- Guidelines
- Review of Staffing and Areas
- Finance and Performance
- Hot Spots

Senior Medical Roles

- Csaba Dioszeghy Guidelines/CDU
- Peter Martin Trauma
- Babak Daneshmand Audit/M&M
- Inigo Pinedo Paediatrics
- Kamal Veeramuthu Education
- David Sercl Revamp Notes
- Julian Webb Governance

Major Achievements

- Development and integration of minors
- Medical middle & senior grade recruitment
- Nursing recruitment and training
- Attainment of Trust Targets related to ED
- Financial prudence
- Attaining Trauma Unit status
- Robust Governance/Departmental meetings

Future

Some Examples

Local

- Psychiatric Support
- 7/7 OT/Physio
- Culture change in the rest of the Hospital
- Medical and Nursing recruitment
- Financial Prudence



Strategic

- Fit with the rest of the Health economy
- OOH service
- Role of subsidiary units
- Admission and Attendance avoidance

Conclusions

- **Highly Significant Internal Progress**
- **Danger of victims of our own success**
- **Continue Internal Progress**
- **Think more strategically within and without the organisation**