

GIRFT (Getting it right First Time) in ED - Feedback

CT/IE and DJ have been working on GIRFT. The report has gone to In-Committee QSEC last week around feedback. Visits were made to GGH, WGH and BGH.

LS noted the evidence of risk currently the ED department, such as lack of capacity and high demand, creating significant overcrowding, poor patient experience and inability to meet performance targets around ambulance hand over, delayed patient transfer within 12 hours and treatment within 4 hours. All reviews underline the need to focus on patient flow & decompress the ED. LS spoke about work carried out on front of house and exit blocking.

Discussion:

Risks we're holding in ED, capacity/demand, overcrowding, ambulance handover.

Focus on FoH and exit blocking:

- Surgical SDEC 8 chairs/8ctrolleys 116 in December & 157 in January
- 20th January - Perfect week opportunity to re-focus, re energise and improve patient flow
- Medical SDEC - all medical referrals going through Medical SDEC improved timeliness (within 30 mins obs & bloods) - Dec 183, January 363 4 hour target in a SDEC is being met - using virtual wards and MDT
- Pharmacy attending Board Rounds
- Phlebotomy and additional discharge vehicles
- Additional patient flow meetings - escalating investigations
- LA Perfect weekend 31 patients and APP navigator avoided 13 admissions.
- Urology pathway through Derwen (using large Rx room)
- T&O Ambulatory pathway - w/c 17th March
- T&O NOF # Pathway (mixed 4 bedded Teifi) reduce delays in Theatre extending to LA
- ENT SDEC - direct to Merlin
- Obs & Gynae Team - strengthening the pathways
- Paeds direct to PACU
- Boarding processes - to create early flow
- Criteria led discharge - CDU & Cadog have gone live - target Cardiology with Dr Edmunds -
- Workshops for interactive sessions for staff to drop in to get development
- See & treat room efficiency and effectiveness
- WAST with hand over delays - pods to release crews back to the community
- The ED Big Room - to get the staff involved in making improvements (empowerment) a lot of these ideas have come from here. Listened too. Huge credit to the Nursing management Team.

BGH: In addition DJ commented on following work in progress:

- 12.15 Board meeting in ED
- Converted 7a & 7b as a Short Stay Assessment area - 30 patients a day (early days) NB Pt Feedback
- Good feedback re Frailty service at front door
- Workforce reviewed urgently - Nursing with only one Locum Consultant
- Review Nurse in Charge Role - not supernumerary. Human Factor risks
- Corridor Nursing and Delayed Hand Overs
- #NOF being revised - alert from WAST patient will go directly to X-Ray via ED and will get to protect bed in ED
- Boarding - being reviewed to spread the risk across the system.

Mandy Davies: Consistent drop in patients who wait more than 12 hours .

- More work to do on the SEDIT data. The whole system is the focus. Pathway of Care delays are reducing.
- QSIG are undertaking some work aligned to outcomes for patients in ED
- Sustainability is challenging - TOCALs in GGH not consistently present. The system needs to be aligned and Workforce planning also need to address the 7/7 working model.

The attached report on Corridor Care Crisis has been shared for information.



RCN report - Crisis
in Corridors.pdf