

EMERGENCY CARE ACCESS ALGORITHM

INTRODUCTION

1. The NHS Plan set a target that 100% of patients should be seen, treated, discharged, transferred or admitted within 4 hours of arrival at Accident and Emergency (A&E). The next milestone towards this target is that 90% of patients should spend no more than 4 hours in an A&E department by March 2003.
2. It is acknowledged that providing appropriate and timely emergency care assessment and treatment is a whole systems problem and action should be taken across the whole health and social care continuum.
3. In order to identify where change is needed or where key delays are occurring, Trusts are advised to undertake some analysis, which as a minimum should include:
 - An analysis of over 4 hour waits by:
 - type (minor, majors assessed but discharged, admissions)
 - time of day
 - day or week
 - A review of the patient pathway for a sample of patient waiting over 4 hours to identify key blocks or delays

Further advice on supporting information, which may be helpful, is included at the end of the algorithm.

4. The algorithm identifies actions that have been demonstrated to reduce waiting times and improve the experience for patients requiring emergency assessment and treatment. It responds to an identified potential problem and builds on the checklist recently published on the emergency care website of the Department of Health. The checklist can be found at:
www.doh.gov.uk/emergencycare/aetargetchecklist.htm
5. The Emergency Services Collaborative is working with sites across England to improve emergency care and reduce delays across the system. The collaborative have collected information about best and innovative practice. Further information can be found on the website :
www.modern.nhs.uk/emergency
6. An emergency care lead toolkit has been published which also provides useful information. It is available at:
www.nelh-ec.warwick.ac.uk

We hope you find the algorithm useful.

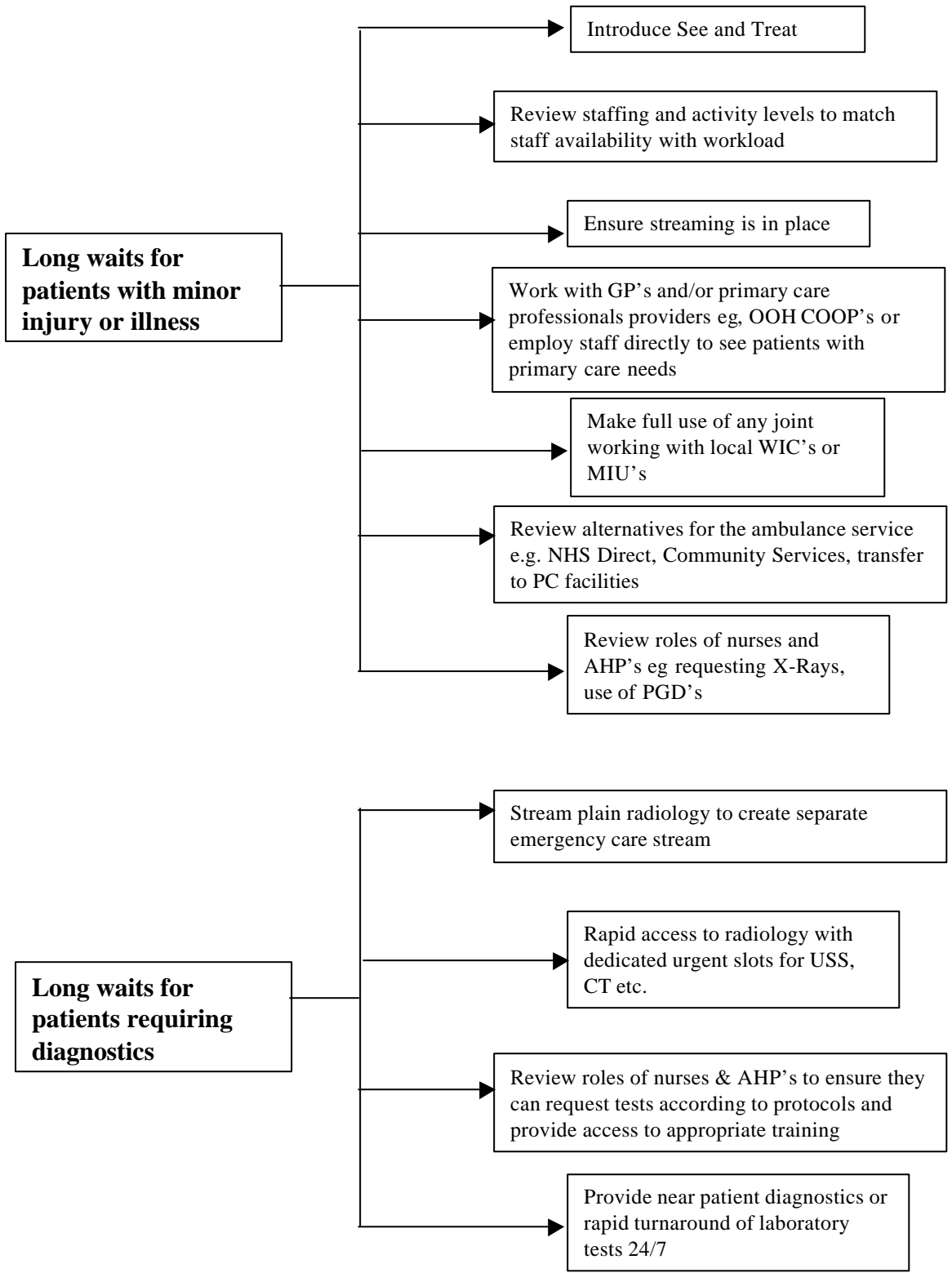
Sir George Alberti
National Director of Emergency Access
February 2003

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ALGORITHM

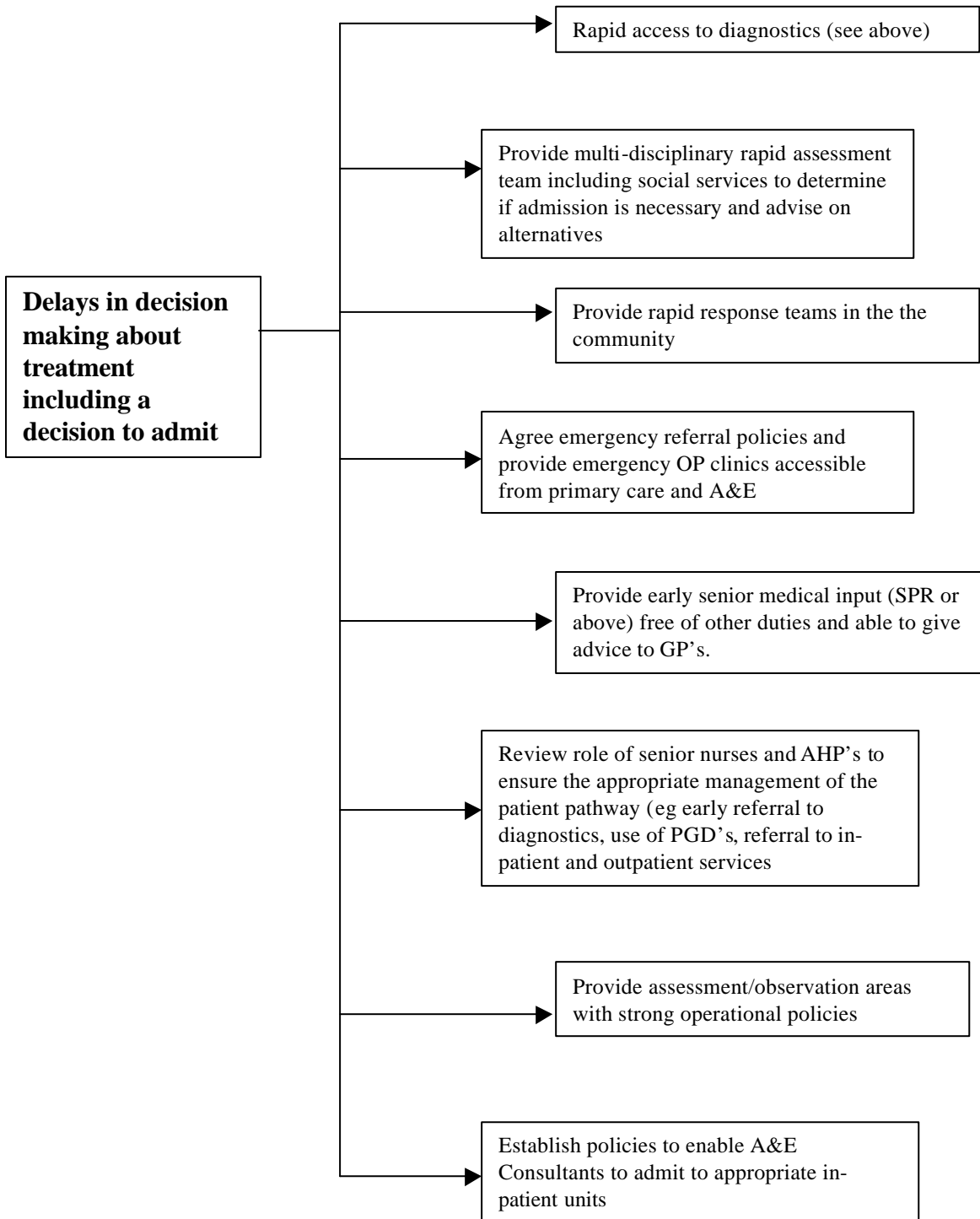
Potential Area of Delay

Potential Action



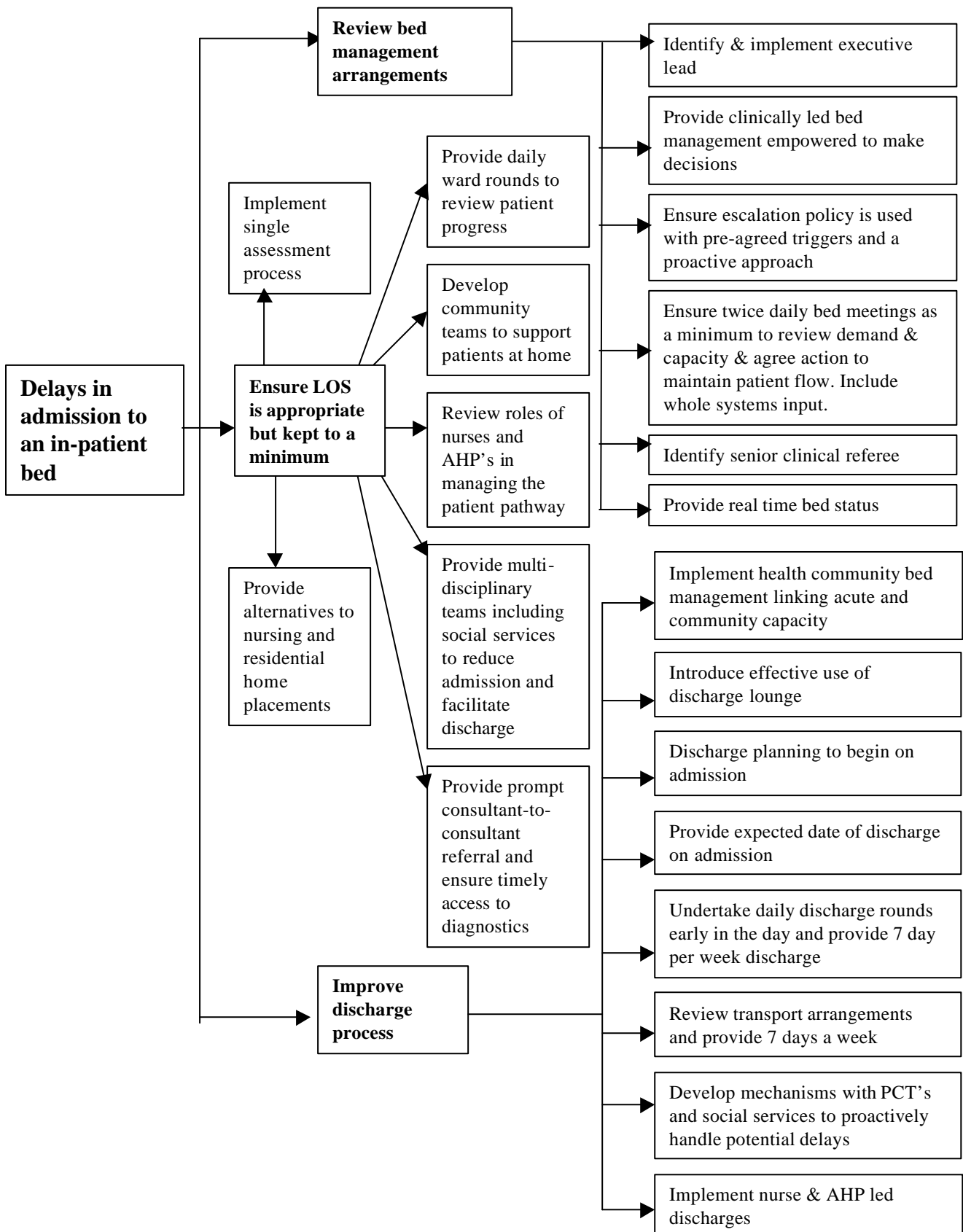
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GUIDANCE ON SUPPORTING DATA

In order to determine where key changes are needed or to identify where the key delays are, Trusts are advised to undertake the following analysis.

Although this may prove to be time consuming in the first instance, the information that is identified will be a powerful tool in helping staff and organisations plan where to concentrate time and effort in order to improve patient waiting times and improve access.

ANALYSIS

1. A&E DEPARTMENT

1.1 Analysis of over 4 hour waits

- By type eg, Minors, Majors assessed but discharged, Admissions split by medical, surgical and other
- By the time of day
- By day of the week

1.2 Analysis of staffing levels

- Do staffing levels and skill mix reflect the workload of the department by arrival times?

1.3 DTA

- When is the Decision to Admit by the time of day?

1.4 Admission Time

- What time of day do patients leave A&E to be admitted?

1.5 Analysis of patient pathway

- Review the patient pathway for a sample of patients waiting over 4 hours to identify key blocks or delays
- How long does it take from requesting an investigation eg, bloods or X-ray until the result is available to the clinician?

2. IN HOSPITAL SPECIALITIES

2.1 Analysis of staffing levels

- Do staffing levels, skill mix and staff availability reflect the arrival times of emergency admissions?

2.2 Length of Stay

- What is the length of stay for emergency admissions by speciality and day of admission?

2.3 Analysis of patient pathway

- Review the patient pathway of a sample of patients to identify key blocks or delays

2.4 Discharges

- When are patients discharged - by time of the day and by day of the week?
- What are the sources of delay for all delayed transfers of care?
- When are patients' expected date of discharge agreed and documented?

2.5 Admissions

- Where are patients admitted from? Eg,
 - Home
 - Nursing or residential home
- How are patients referred? Eg,
 - self referral
 - NHS Direct
 - GP and which practice / PCT