EMERGENCY UNIT – CORRIDOR TROLLEY WAITS

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SITUATION

This report and update was requested by the Quality, Safety & Experience Committee in response to reports of increasing emergency pressures and acuity of patients, with increased number of patients awaiting assessment/treatment/admission, being accommodated on trolleys in the Emergency Unit (EU) Corridor at the University Hospital Wales.

The Committee requested a report providing assurance that the risks associated with the quality, safety and experience of patients waiting on trolleys in corridors within EU, were being assessed and mitigated appropriately. Assurance was also sought on the medium to long term plans to reduce and ultimately eliminate this risk.

BACKGROUND

The Emergency Unit corridor has been used for many years as overflow capacity for the ‘majors’ steam of patients when there is no available trolley/resuscitation space. This corridor is not used for the Minor injuries patients as these patients wait in the main reception to be seen by an Emergency Nurse Practitioner.

Annual attendance figures into the Emergency Unit from 1st April 2011 to 27th March 2012.

<table>
<thead>
<tr>
<th>Annual attendances (2011-2012)</th>
<th>Majors</th>
<th>Minor Injuries Unit</th>
<th>Paediatric Emergency Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>132,060</td>
<td>54,303</td>
<td>47,672</td>
<td>30,085</td>
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</table>

In 2005 there were 117,000 attendances to the Emergency Unit and 34,097 were into the major’s area. Attendances generally over the last 5 years have increased by around 12%, with the increase of category major patients over the past 5 years by 20,000 (60%).
ASSESSMENT

The EU ‘corridor’ runs from the EU main ‘majors’ entrance to the end of the CT scanner room, adjacent to the main doors leading to A block lifts and runs beyond the corner to the Assessment Unit to the Radiology Department in Unscheduled Care. On occasions patients have been placed further on along this corridor, around the corner into the Assessment Unit public corridor as far as the x-ray department. The EU corridor is a busy thoroughfare for staff and patient transfers between clinical areas within EU and the Assessment Unit (AU); it is also used by Specialty staff attending EU/AU, as well as St John Ambulance or Welsh Ambulance Services Trust (WAST) teams to transport in-patients from or into the main hospital building.

Off this main corridor is a Mental Health room, a room to view deceased patients and a relative’s bereavement room.

When there is trolley space and capacity within EU or AU, ‘majors’ patients are triaged by the Majors Assessment Nurse (MAN) where a set of physiological observations are performed and then transferred to the most appropriate location e.g. a vacant trolley space within a 4 hour assessment area or to the Resuscitation area (Resus).

When there is no trolley spaces/capacity within EU, patients wait in the corridor for a vacant assessment trolley space. Patients are triaged as above but returned to the corridor to await assessment and treatment as appropriate. If the MAN highlights a patient with a life threatening condition then he/she will liaise with the Nurse in Charge (NIC) to obtain a space in Resus. If Resus is full this may result in a less acutely unwell patient being moved out of a trolley space back into the corridor to accommodate the other sick patients in a non resus trolley area.

It has become normal practice for the EU corridor to be utilised by WAST to bring patients into the department and wait in the corridor until a trolley space becomes available. It is not uncommon for 5 plus patients to be in the corridor, and at times this has increased to 20. As the EU corridor is not a clinical area there is no funded establishment to staff this area. The WAST crews stay with patients until they are allocated a clinical space and formally handed over.

At times of extreme high demand there have been up to 24 patients in these areas with one MAN based at the main entrance door. Patients who are placed around the corner onto the AU corridor are completely out of sight of any health care professionals and WAST crews are required to remain with the patients.

Since the beginning of March 2013 the volume of patients attending the EU on Sundays and Mondays has increased from a daily average of 350 patients to in excess of 400 with 450 attending on Monday, 11th March and 470 on Monday 18th March 2013. Many of these patients will have spent a significant period of time in the corridor.

An interim Executive agreement was made in 2012 for the Majors Assessment Nurse to care for a maximum of 5 patients in a corridor, at any one time during times of increased emergency pressures. Any remaining patients would need to be cared for by a paramedic crew from WAST, the agreement was for 1 paramedic to observe 2 patients, however, it is often necessary for WAST to remove crews back into service,
placing a risk to the EU corridor. At such times the Nurse in Charge of EU escalates such incidents to the head of Patient Access/Site Manager.

The nursing staff aim to monitor and care for the patients in the EU corridor, however, with an increasing volume of major cases and acuity, and capacity full across EU and AU the nurses rostered are focused on delivering care to patients within the trolley areas and do not always have the capacity to care for the patients in the corridor. Patient’s dignity and care may be at times compromised with sub-optimal patient experience and care being provided.

The nurse in charge of EU escalates to the Directorate/Patient Access/Site Manager, at times when emergency pressures lead to patients being placed in the corridor.

There is no doubt that the practice of placing patients in the corridor jeopardises the quality and safety of care and places an undue pressure on staff endeavouring to care for those patients.

The risk to patients who are required to ‘wait’ in the corridor is fully understood and significant effort is being maintained to mitigate the risks as far as reasonably practicable. Furthermore there is the highest level engagement led by the Chief Executive Officer with senior clinicians to develop and implement a whole range of strategies to improve the flow of patients through the hospital system. The Chief Operating Officer is fully engaged in all these processes.

The EU Refurbishment Programme which is due to commence on 11th April 2013 will provide for an increase in the provision of resuscitation bays from 2 (plus one paediatric bay) to 6 (plus one paediatric bay) to meet the increased volume of major’s patients and to improve patient care and safety. It will also ensure that the environment is fit for purpose to provide assessment, treatment and care to patients in the correct clinical environment is essential.

At the start of the works the EU ‘majors’ corridor will be closed. A new clinical model of rapid streaming and a new Ambulatory Care model in the Assessment Unit will be implemented to manage demand and flow of patients in the EU and the ‘Majors’ capacity during the redesign phase. This model has been devised to provide a clinical ambulatory area where patients can be assessed by senior EU clinicians, Advanced Nurse Practitioners and patients being continuously observed by EU nurses in a safe environment, providing high standards of nursing care.

In summary, the current EU environment is not fit for purpose with the changing needs of the Cardiff and Vale (and wider) population with the increase in the volume and acuity of majors patients requiring assessment and treatment in the EU department, and this is compromising care. The increase in major’s stream has grown by 20,000 over the last few years and it is essential that these patients are provided with rapid assessment within in increased number, correctly designed and staffed resuscitation bays.

The new design will provide an environment fit for purpose, improve patient quality, safety, dignity and experience, ensuring rapid streaming and direct patients to the correct speciality pathway to improve patient outcomes.
RECOMMENDATION

The Quality, Safety and Experience Committee is asked to:

- **RECEIVE** the report outlining the pressures on the EU department and
- **NOTE** the actions being taken in redesigning and refurbishing the EU department to improve the environment for patients, carers and staff and by doing so design out the corridor.

<table>
<thead>
<tr>
<th>Financial Impact</th>
<th>There are no Financial Implications of this Report - however, the increase in Nursing Establishment required for the increase in Resuscitation bays following the redesign will be submitted as part of the 2014/15 Operational Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality, Safety and Experience</td>
<td>There are significant quality, safety and experience implications relating to the content of this report. Currently an increasing number of patients have to wait on trolleys in a corridor which is an inappropriate environment for their care needs. The work scheduled to commence in April 2013, will result in the corridor being closed and designed out of the EU Unit. This in the immediate term will address that particular issue, but will present pressures elsewhere in the flow system.</td>
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<tr>
<td>Standards for Health Services</td>
<td>This Report is supported by Standard 7, Safe &amp; Clinically Effective Care. <a href="http://www.nhswalesgovernance.com/Uploads/Resources/Mgl7tpOP1.pdf">Standards can be obtained on the following link</a></td>
</tr>
<tr>
<td>Risks and Assurance</td>
<td>This report aims to provide assurance that the risks associated with this significant risk are being managed, but remain high risk. Additionally the refurbishment work and closure of the corridor will eliminate this particular issue, but likely present pressures elsewhere in the flow system.</td>
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<tr>
<td>Equality and diversity</td>
<td>There are no equality and diversity implications of this report.</td>
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