



# Reducing the time patients wait for ward transfer in the Emergency Department

**AIM : to reduce the amount of time it takes for a patient to leave the Emergency Department after a bed is allocated by**

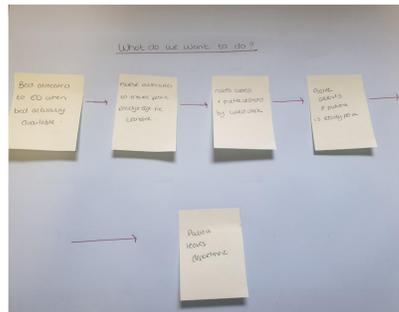
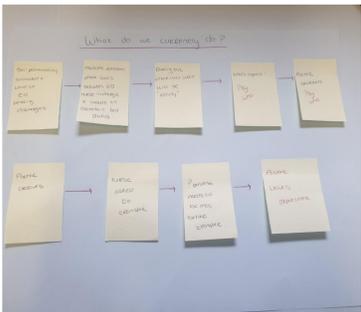
**30 minutes by May 2019.**

## Background

The Emergency Department can often become over crowded and congested. This is less than ideal for both patients and staff. There is a lot of work ongoing throughout the hospital to attempt to improve throughput through the hospital, therefore provide a better patient journey and relieve pressures on ED. We decided in conjunction with this work to look at what could be improved within the ED to facilitate more efficient transfers to wards.

We quickly realised that there was no proper process in place for communication of bed availability, what happens between a bed becoming available and the patient actually leaving ED, due to this there is potential delays in a patient leaving ED, therefore we decided to focus on this to see how we could improve its efficiency.

## Method



We looked at what we were currently doing and focused on each step individually to try to improve efficiency. These then helped to establish our proposed PDSA cycles.

We met our first challenge when we realised that there was no current method of recording the data that we needed. Therefore we needed to implement a change, involving bed managers and other wards before we could collect data. This alone caused increased awareness around the issue therefore actually anecdotally improved the process.

## PDSA Cycles

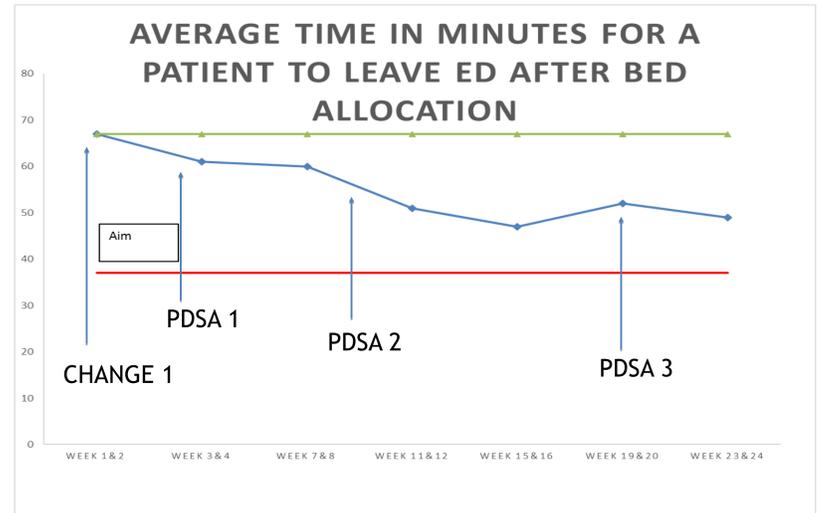
**CHANGE 1**  
Beds not to be given to ED until available, populated on symphony by bed management when bed ready.

**PDSA CYCLE 1**  
Awareness within the throughput team in ED about ongoing QI and importance of looking at own process, handed over at safety briefs and group discussions.

**PDSA CYCLE 2**  
Introduction of direct communication between bed management and ED throughout through IPHONE.

**PDSA CYCLE 3**  
Nurse allocated as soon as bed is available to ensure patient ready for transfer.

## Results



## Conclusions

To conclude our project presented a lot of challenges along the way, due to these challenges we have not yet met our original goal. However there are now processes in the ED where there were previously none. We have succeeded in reducing the time it takes for patients to transfer from the ED when a bed becomes available. We hope to continue this and further improve these results.

## Key Learning Points

1. Importance of looking at systems and process in detail before you assume you have solutions!!
2. All change is not necessarily improvement.
3. Engagement from those involved in the improvement process from the outset is essential if change is to be implemented

## What next????

Due to many challenges along the way our project remains in its early stages. Now that we have a firm method of data collection, increased awareness and desire to change and improve among relevant staff we will continue to try to improve our process in ED to safely speed up the patient journey.

We have started to link up with the Acute Medical Unit QI team in order to develop an agreed process for patient transfer between areas in order to provide a safer, more efficient patient experience.