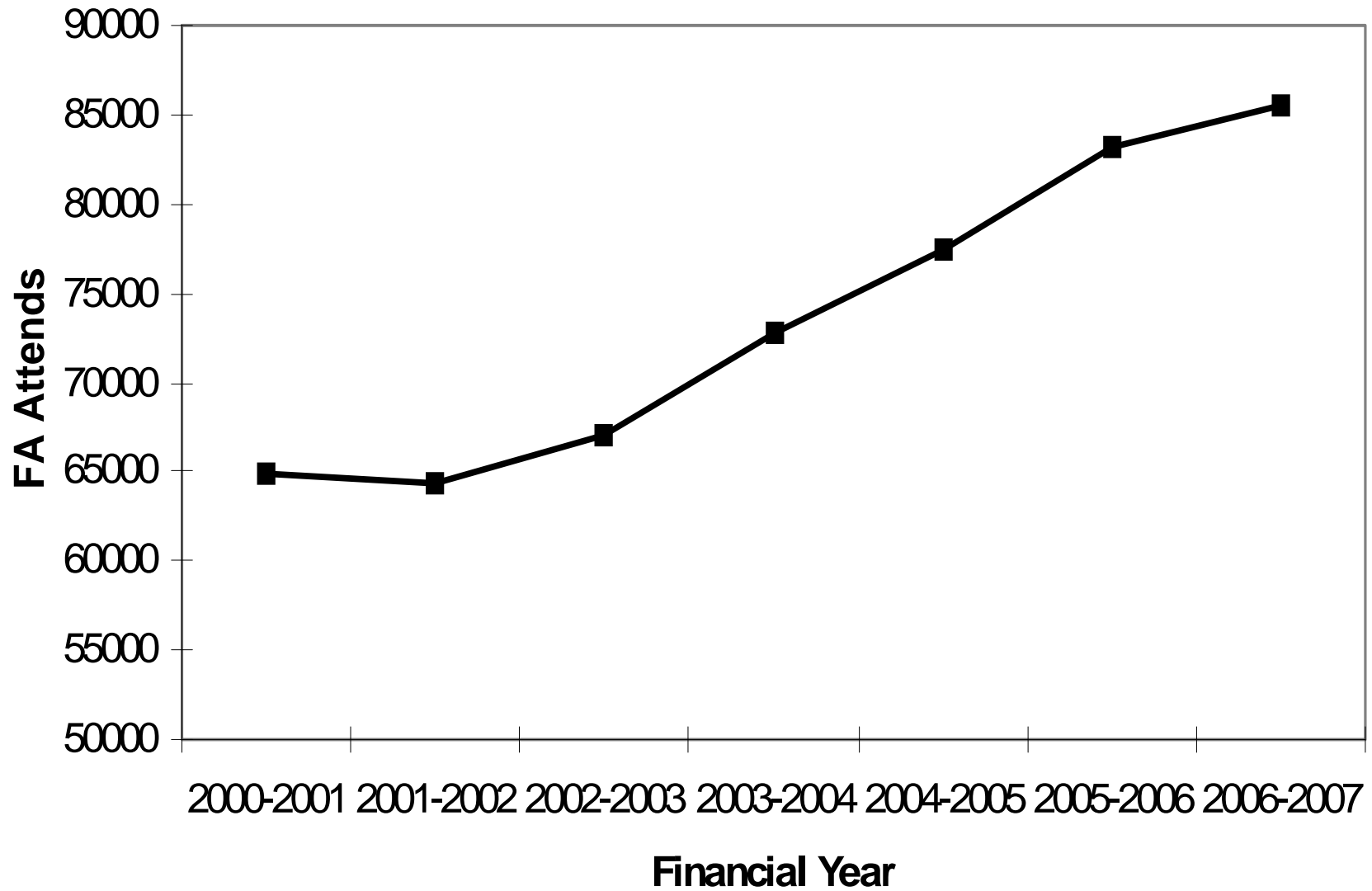


ED Overcrowding Strategies

John Heyworth
Southampton

Main A&E Attends





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In

- Ageing population
- Collapse of Community Care
- UK GP Contract

Out

- Capacity/demand mismatch
- 84% myth
- Over-investigation
- Indecision
- Duplication

Overcrowding for Dummies

- The hospital – not the ED – is overcrowded
- Admitted patient needs in-patient care
- Do the math – daily admission surprise
- Don't be a pushover

Viccellio P.

USA



UK Four-hour Target

98% of patients should be admitted, transferred or discharged within four hours of arrival in the ED

Pre-Hospital

- Paramedics
- Emergency Care Practitioners
- NHS Direct
- Walk-in Centres

ED Minors

See and Treat

- Experienced Clinician at the front door
- Eureka!
- Needs additional resources
- Senior staff relocated
- Intense work
- Attracts new patients?
- Compromises junior doctor training?





Major Side Accelerator Triage

- Senior Clinical Decision Maker
- RAT
- Relevant history and examination
- Relevant investigations
- Initial treatment including analgesia
- Likely disposition
- Admit/discharge/CDU

CDM

- 24/7?
- Education/training
- Safety/risk
- Work intensity
- Sustainability

CDU

- Run by the ED
- 24 hour maximum stay
- ED not ward culture
- Protocol driven
- Appropriate admission
- Safe discharge
- Clinically and cost efficient

Overcrowding ED

- Staffing
- See and treat
- RAT/CDU
- Hospital
- Ownership
- Engagement
- Delivery by Clinicians and Managers

Καλή Επιτυχία!