

# Creating Order from Chaos: Clinical Audit on Optimizing Patient Admissions in OSDEC

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## Introduction

- The Older Person's Same Day Emergency Care unit (OSDEC) aims to reduce hospital admissions by providing early reviews for patients in the emergency department or those arriving directly via ambulance
- Timely blood test results are critical for decision-making and early discharge, but delays can hinder patient flow and care efficiency

## Aim

- Implement interventions to improve patient admission processes.
- Assess the sustainability and long-term impact of these improvements.

## Methods

### Data collection

- 88 South Central Ambulance Service (SCAS) direct attendances to OSDEC (Feb-Sep 2024).
- Metrics: Patient arrival, pathology request, lab receipt, and blood results availability.

### Interventions

1. Pre-printing blood request forms upon referral.
2. Identifying staff for blood samples on patient arrival.
3. Daily checklists for phlebotomy supplies.
4. Senior nurses empowered to request pathology investigations.

## Results

### Baseline data

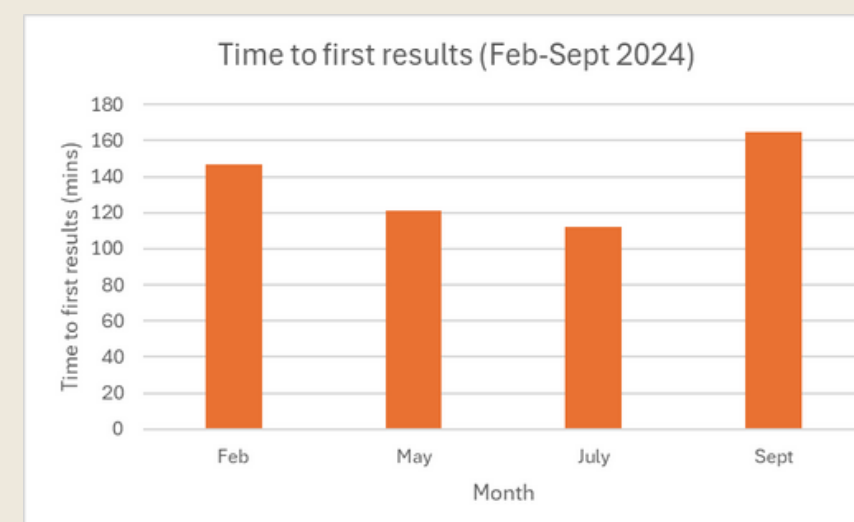
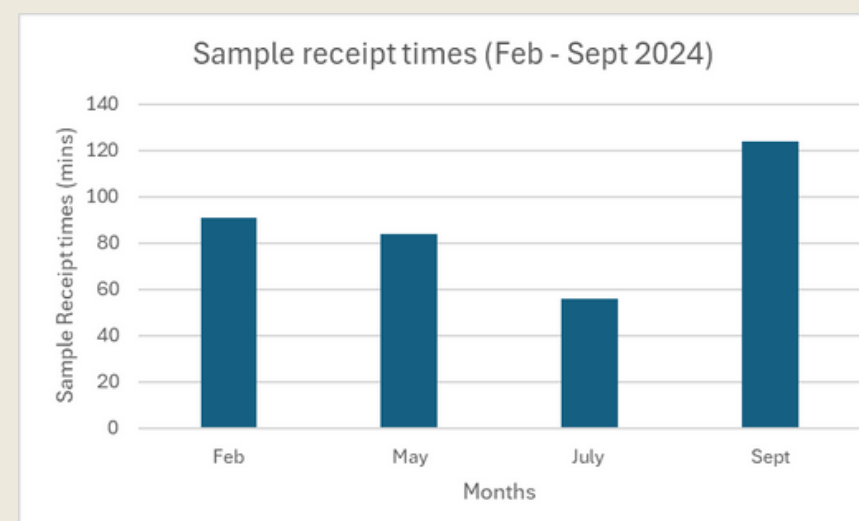
- Sample receipt time: 91 minutes.
- Time to first results: 147 minutes.

### Post intervention improvements

- Sample receipt time: Improved by 8% in May and further 38% in July but efficiency decreased in September taking 36% longer than February
- Time to first results : improved by 18% in May and further 24% in July, but timeliness regressed in September taking 12.2% longer than in February

### Consistency

- Fewer delays despite slight increases September.



## Discussion

### Good practice

- Pre-printing forms and pre-identifying staff reduced delays.
- Daily inventory checks ensured adequate supplies.

### Areas of improvements

- Late afternoon admissions and high discharge periods caused delays.
- Dependency on doctors for blood requests initially slowed the process.
- Increase in September could be due to doctor turnover

## Recommendations

- Standardise pre-printed blood requests.
- Assign dedicated phlebotomy staff during referrals.
- Conduct biweekly inventory checks.
- Empower nurses to initiate blood requests upon patient referral using a standardised template.
- Regular review of processes and education of rotational staff to be delivered by weekly board rounds and DEED (Delivering Excellence Every Day) format.

## Conclusion

- Targeted interventions using the Plan, Do Study Act (PDSA) method enabled rapid changes to standard processes
- Continued focus on quality improvement is necessary to maintain change.