

# Improving timeliness of treatment initiation in Emergency Department for patients assessed by Urgent Response Team in Community

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## 1. Introduction

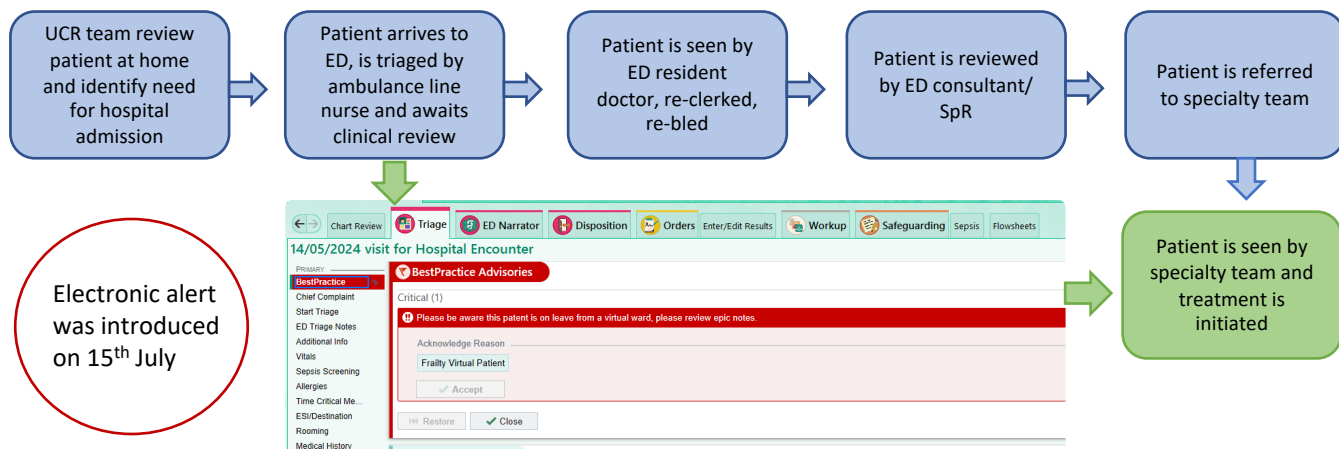
Urgent Care Response (UCR) provides a rapid assessment, diagnostic and treatment services to prevent hospital admission. Occasionally, patients under the UCR team require acute hospital admission. Patients were experiencing long waits in the Emergency Department (ED), despite direct specialty referral from the UCR team due to the ED triage system.

National Institute for Health and Care Excellence (NICE) recommends ensuring coordinated and patient-centred transfer of care from one healthcare team to another.

## 2. PDSA Cycle

<p><b>PLAN</b>  <b>To assess for delays in specialty review and treatment initiation</b></p> <p>All patients reviewed by UCR since 1<sup>st</sup> January 2024 to 14<sup>th</sup> July were identified                  Patients that required hospital admission were included</p>	<p><b>DO</b></p> <ol style="list-style-type: none"> <li>The time taken for patients to be assessed by the ED team was recorded</li> <li>The time taken for the patients to be seen by the appropriate specialist team was recorded</li> <li>The time taken from hospital arrival to UCR plan treatment initiation was recorded</li> </ol>
<p><b>ACT</b>                  An electronic alert notifying the triage nurse that patient is under Virtual Frailty Ward was created</p> <p><b>AIM</b>                  To improve the hospital admission pathway for patients assessed by the Urgent Care Response (UCR) Team</p>	<p><b>STUDY</b>                  Average time taken for ED review: <b>2 hours</b></p> <p>Average time taken for specialty review: <b>4 hours 17mins</b></p> <p>Average time taken for treatment initiation: <b>5 hours 11mins</b></p>

## 3. Hospital Admission Pathway for patients assessed by UCR



## 4. Results following re-audit

## 5. Conclusion

	PRE-ELECTRONIC ALERT (47 patients)	POST-ELECTRONIC ALERT (26 patients)
Av. Time for ED review	2 hours	1 hour 12 mins
Av. Time for Specialty Review	4 hours 17 mins	2 hours 15 mins
Av. Time for Treatment Initiation	5 hours 11 mins	4 hours 11 mins
% Patients seen directly by Specialist Team	47%	54%
Av. Rate of Readmission	55%	34%
% Patient Mortality	43%	12%

The introduction of the electronic alert significantly improved time to ED team review, specialist team review and treatment initiation.

A higher proportion on patients were being seen directly by Specialist Teams without ED team review.

Readmission and patient mortality within 12 months were recorded for the patient cohort. Post electronic alert, patient readmission reduced by 21% and patient mortality reduced by 31%.