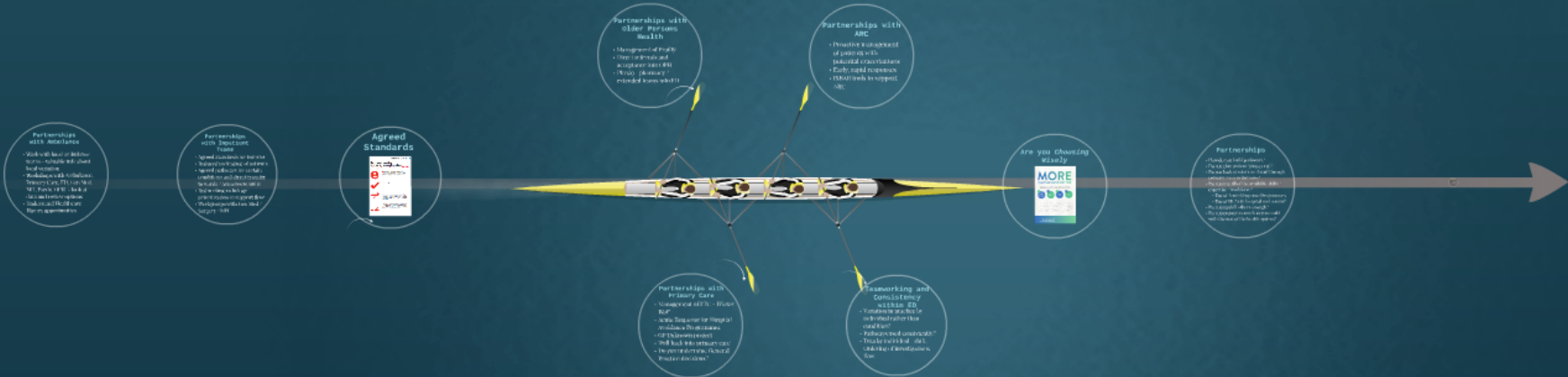
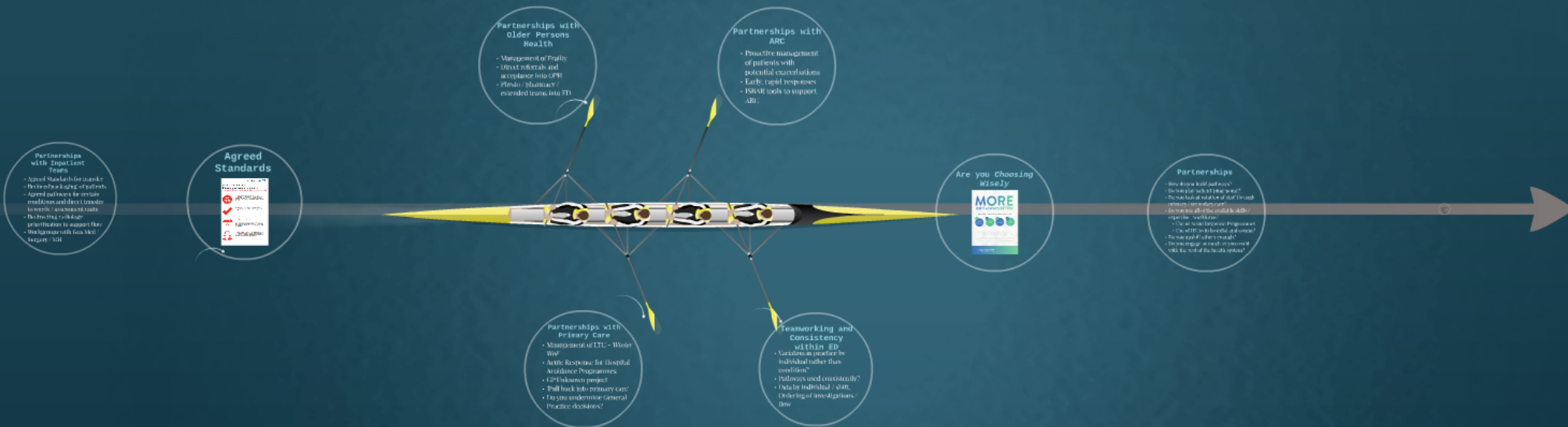


# Partnership working in ED "Not just someone else's problem....."



# Partnership working in ED

## "Not just someone else's problem....."



We need to be allowed to admit directly to departments

GPs can't look after these patients - they all need to come to ED

The wards never discharge people on time

We can't send admitted patients to the ward until they are 'fully packaged'

ARC send inappropriate patients to ED

*Cardiology* are a problem -they never come to see their patients in ED

## Partnerships with Ambulance

- Work with local ambulance teams - valuable info about local variation
- Workshops with Ambulance, Primary Care, ED, Gen Med, MH, Paeds, OPH - look at data and review options
- Understand Healthcare Homes opportunities

## Partnerships with Inpatient Teams

- Agreed Standards for transfer
- Reduced 'packaging' of patients
- Agreed pathways for certain conditions and direct transfer to wards / assessment units
- Redirecting radiology prioritisation to support flow
- Workgroups with Gen Med / Surgery / MH

# Agreed Standards

King's College Hospital   
NHS Foundation Trust

## Safer faster hospital: internal professional standards

In the Emergency Department (ED) and Acute Medical Unit (AMU)



**1** Specialties must have a decision-maker to assess emergency or accepted patients referred from primary care within 60 minutes of arrival in ED. Breaches will be escalated to the appropriate consultant and clinical director by the ED senior clinical decision-maker.



**2** No admitting team can refuse a request to assess a patient in the ED or AMU. Seeing the referred patient is not dependent on diagnostic results being available.



**3** If admission or transfer is obvious, specialties must not insist on tests that do not contribute to the decision to admit or transfer, or to the immediate management of the patient. Once a decision to admit or transfer is made, stable patients will not be kept in the ED or AMU for further review or assessment.



**4** Patients requiring admissions from outpatients under the acute physicians should be referred by registrar grade ST3 or higher, to the on-call medical ST3 or higher, who will triage the patient to the appropriate location.

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# Partnerships with Older Persons Health


- Management of Frailty
- Direct referrals and acceptance into OPH
- Physio / pharmacy / extended teams into ED



# Partnerships with ARC


- Proactive management of patients with potential exacerbations
- Early, rapid responses
- ISBAR tools to support ARC





## Partnerships with Primary Care

- Management of LTC – *Winter WoF*
- Acute Response for Hospital Avoidance Programmes
- GP Unknown project
- 'Pull back into primary care'
- Do you undermine General Practice decisions?



## Teamworking and Consistency within ED

- Variation in practice by individual rather than condition?
- Pathways used consistently?
- Data by individual / shift.  
Ordering of investigations /  
flow

# Are you *Choosing Wisely*

## MORE ISN'T ALWAYS BETTER

HERE'S FOUR THINGS TO DISCUSS WITH EVERY PATIENT:

- 1 DO I REALLY NEED THIS TEST, TREATMENT OR PROCEDURE?
- 2 WHAT ARE THE RISKS?
- 3 ARE THERE SIMPLER, SAFER OPTIONS?
- 4 WHAT IF I DON'T DO ANYTHING?

Unnecessary tests, treatments, or procedures can be harmful, and costly. But by making sure your patients are well informed, you can make the best decisions about their health care, together.

Choosing Wisely provides specific resources, developed with specialist colleges across New Zealand, to help professionals and patients alike. Find out how your practice can benefit at [choosingwisely.org.nz](http://choosingwisely.org.nz)

A COUNCIL OF MEDICAL COLLEGES  
IN NEW ZEALAND CAMPAIGN  
and part of Choosing Wisely work internationally.



# Partnerships

- How do you build pathways?
- Do you play patient 'ping-pong'?
- Do you look at rotation of staff through primary / secondary care?
- Do you use all of the available skills / expertise / workforce?
  - Use of Acute Response Programmes
  - Use of HCAs in hospital and comm?
- Do you upskill others enough?
- Do you engage as much as you could with the rest of the health system?

