

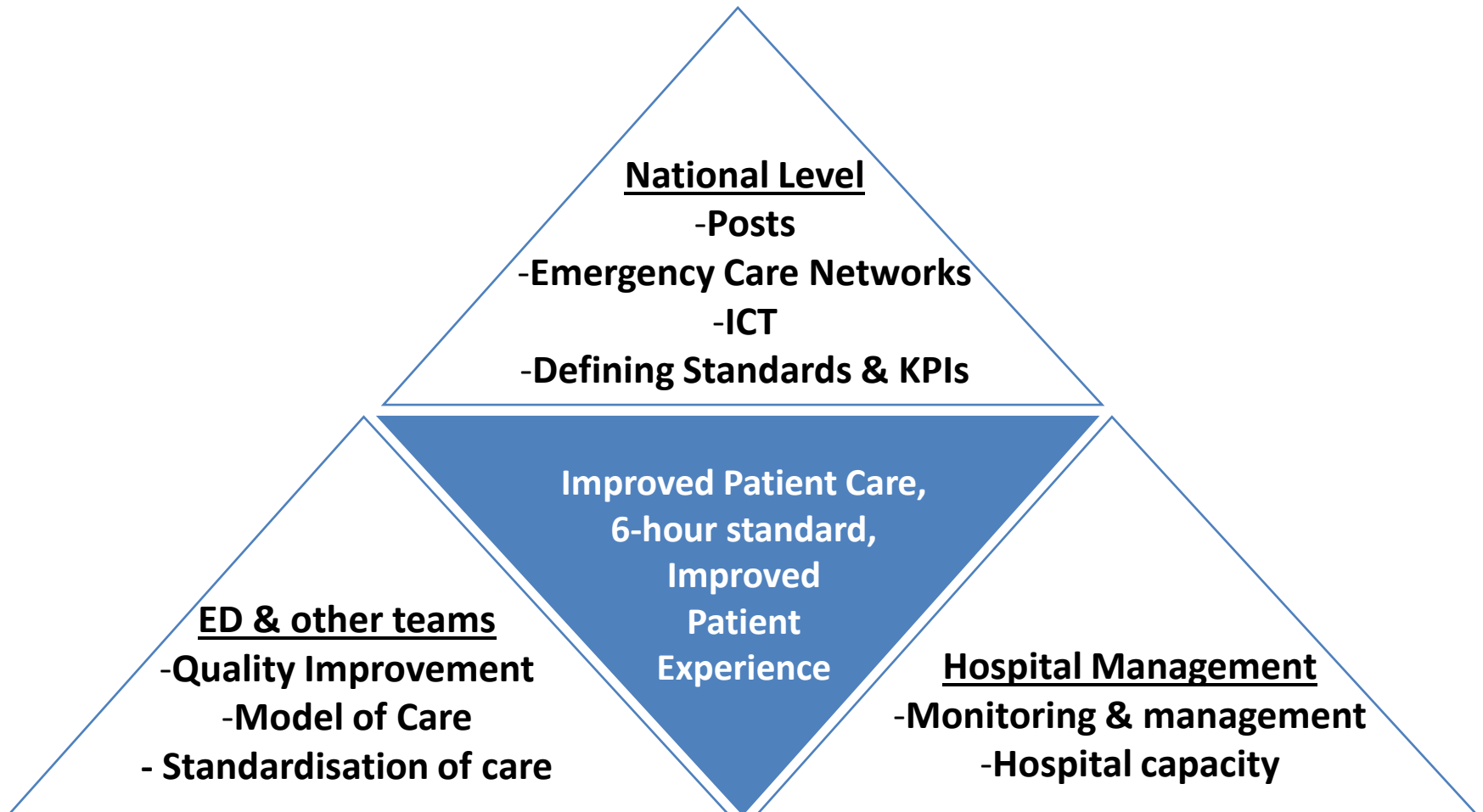
# Patient Pathways and the Emergency Medicine Programme

*Dr. Gerry McCarthy*

*National Clinical Lead*

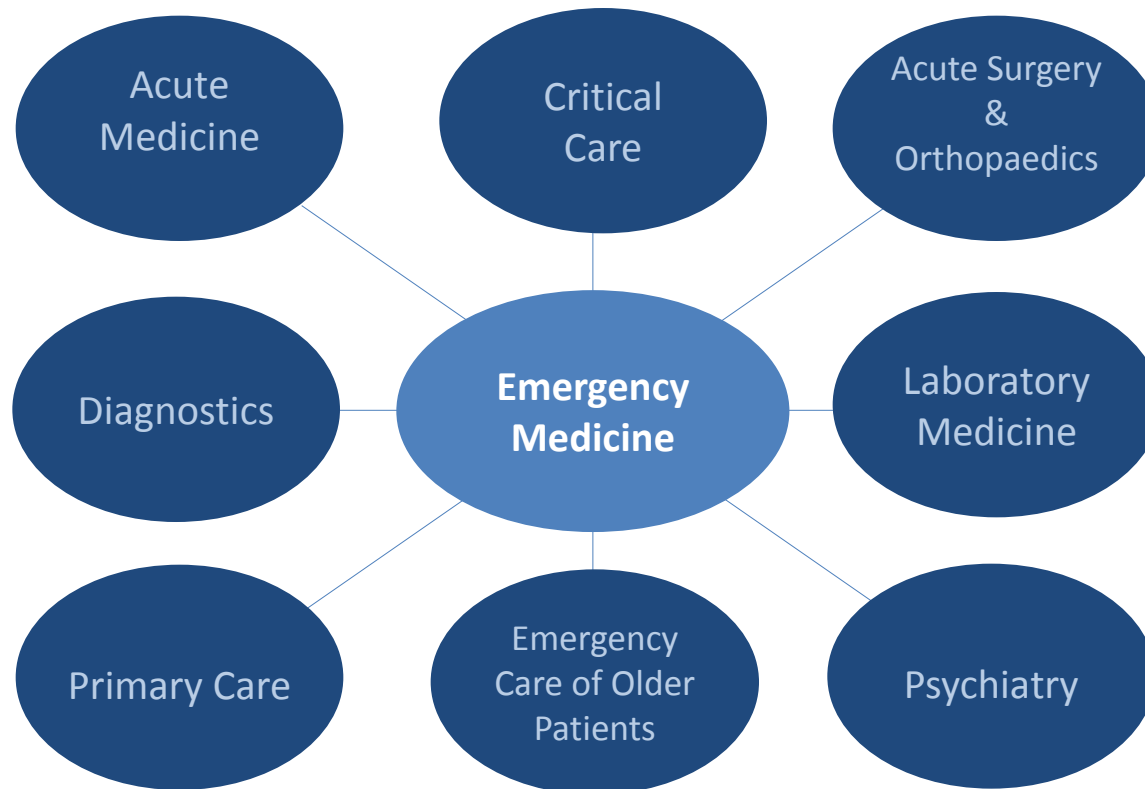
*Emergency Medicine Programme*

# Three side solution to improve Emergency Care

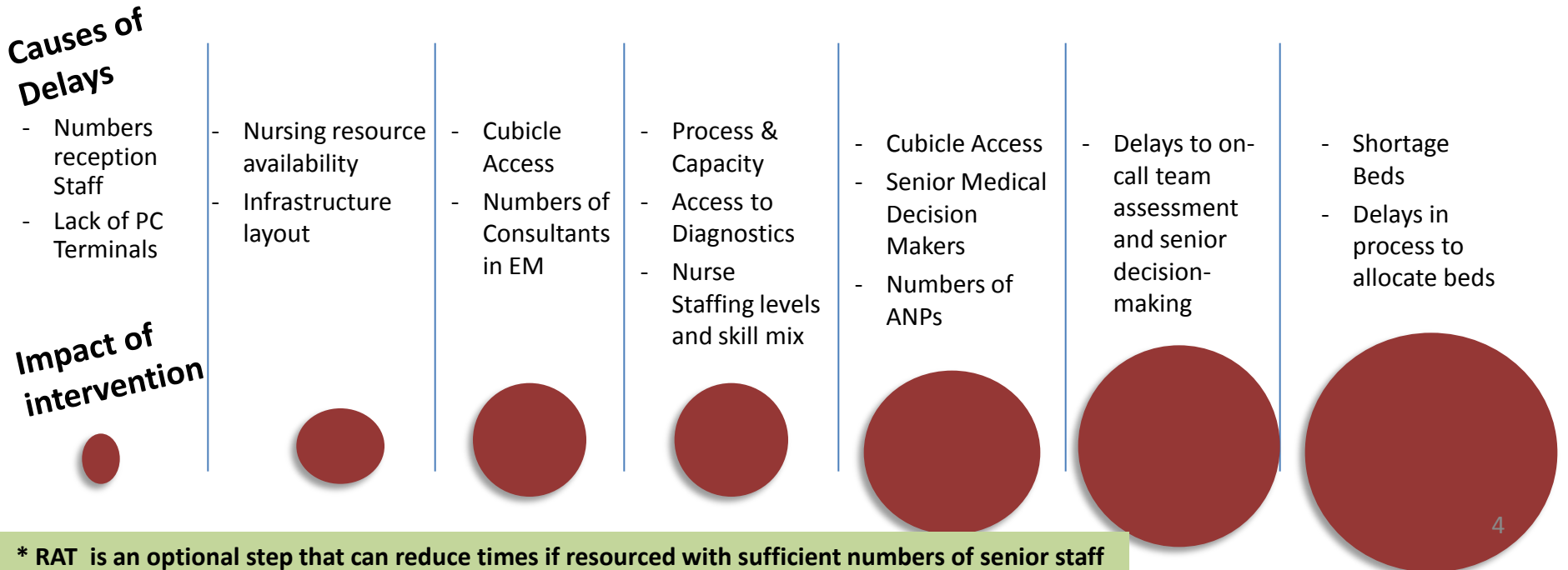
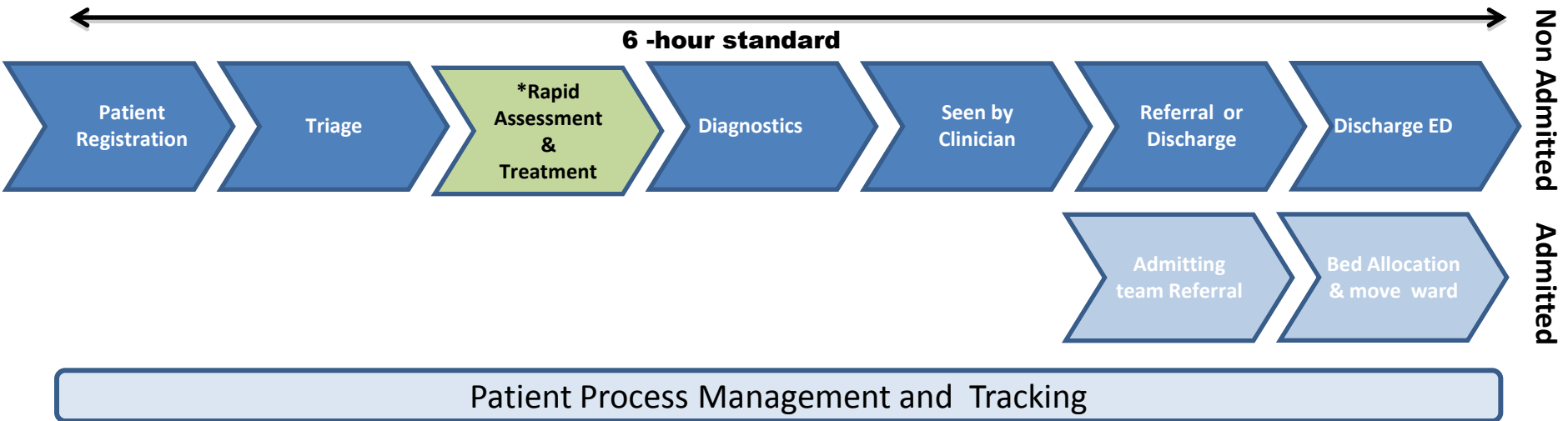


# Key Specialty Interfaces

Emergency Medicine interfaces with a broad range of specialties and services.



# ED Patient Pathway Wait Times

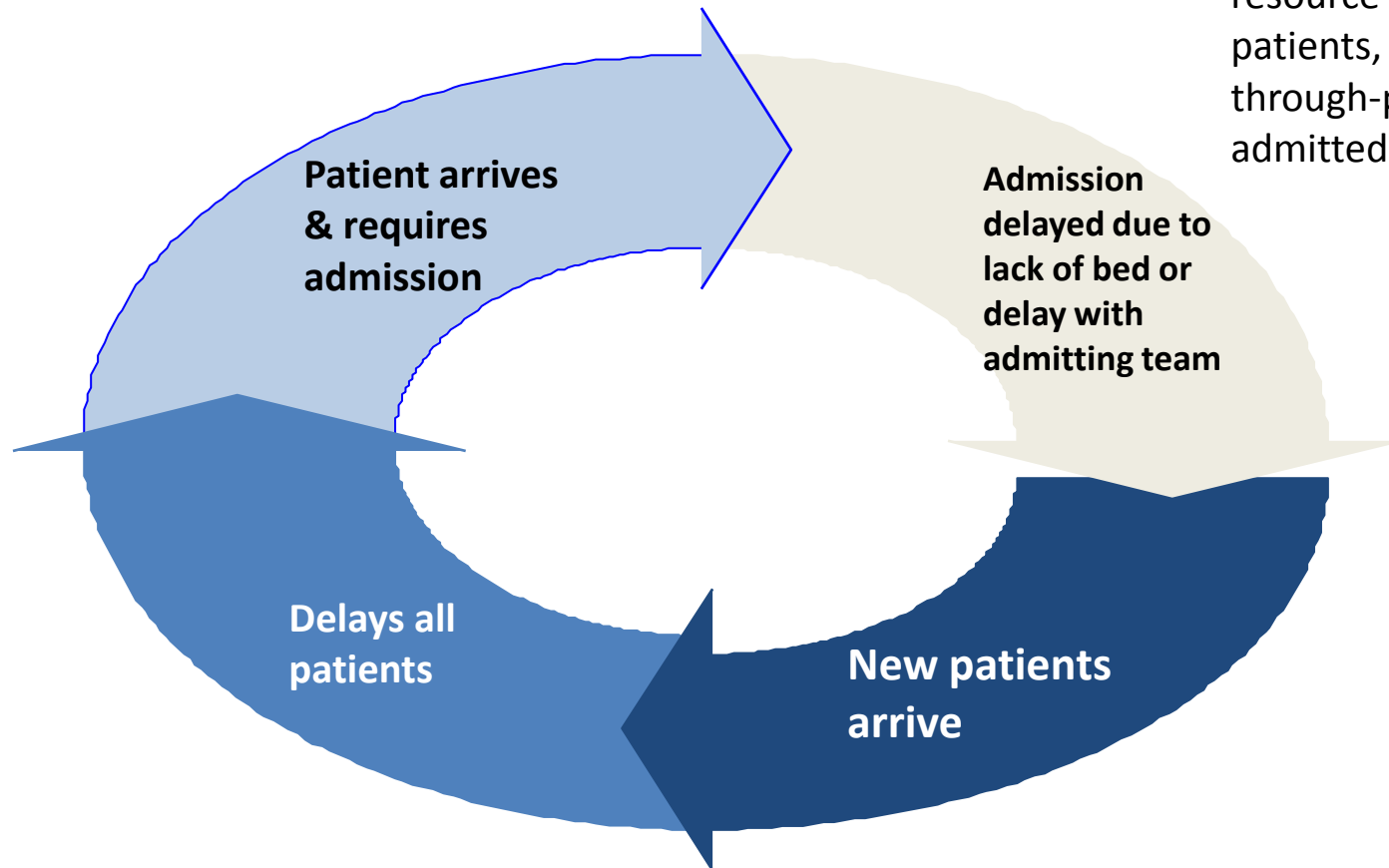


# 6-Hour ED Time Standard

Emergency Department teams can only significantly impact the 6-hour standard for patients who do not require admission

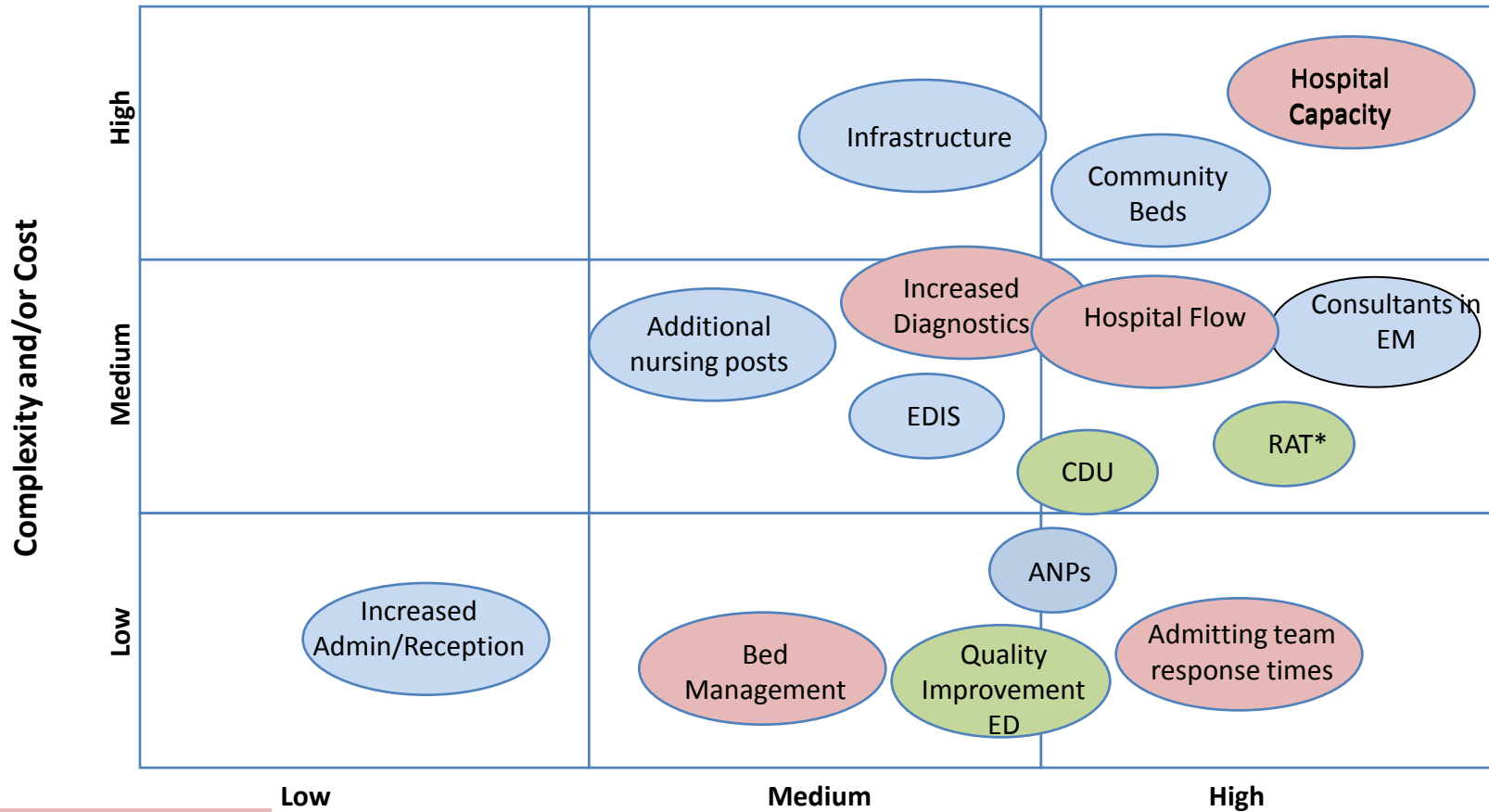
For patients who require admission the wait in ED can only be directly influenced by the ED team until the point of referral

However, admitted patients remaining in ED results in reduced cubicle space & nursing resource to see new patients, delaying through-put for non-admitted patients also.



# 6 Hour ED Patient Target Interventions

Cost, Complexity or Difficulty of Implementation vs impacts on patient waits



Actions at Hospital Level

Actions at National Level

Actions at ED Level

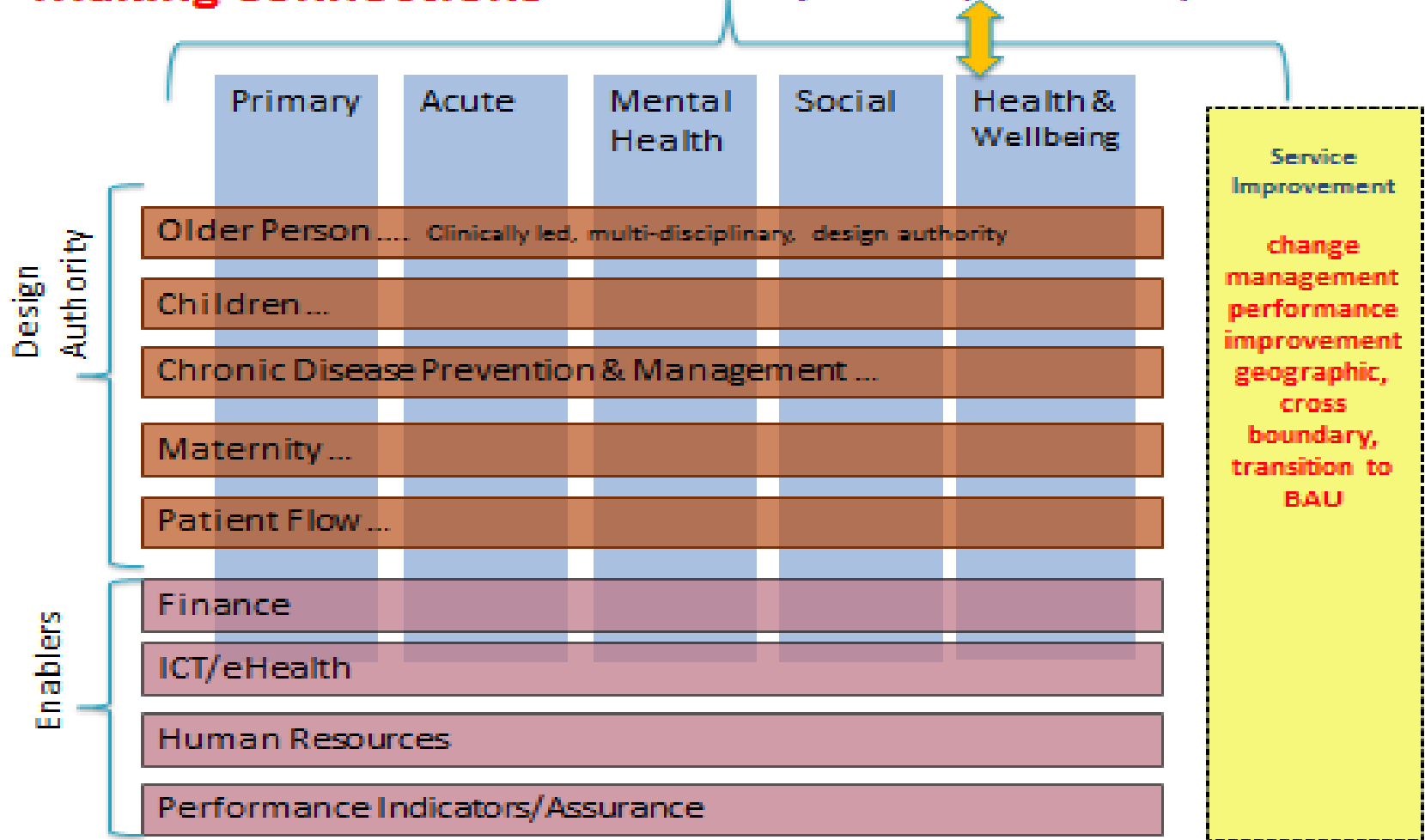
\*Dependent on senior staffing levels

## Benefits of increased EM Consultant presence

- Enhanced and more timely clinical decision making;
- Increased supervision of more junior members of the team;
- Reduced numbers of serious untoward incidents;
- Less unplanned returns to the ED (30%);
- Increased discharge rates (22%);
- Reduced hospital admissions (11.9% -25%);
- Reduced admissions to the acute medicine unit
- Reduced hospital length of stay (10%);
- Reduced inappropriate discharge (9.4%);
- Patient complaints reduced (by 40%);
- Fewer misinterpreted x-rays that result in missed diagnoses;
- Cost savings and increased service efficiency.

# Making Connections

*Inform & Implement Policy*





EM is what happens when we are busy  
making other plans!

