healthwatch Cornwall

Healthwatch Cornwall

Patient Flow in Acute Hospitals

12 hours in the Emergency Department at the Royal Cornwall Hospital

July 2016

Contents

Executive Summary

On Tuesday, May 31, 2016, Healthwatch Cornwall (HC) conducted a study of patient flow by surveying patients and people accompanying them in the Emergency Department (ED) at the Royal Cornwall Hospital (RCH). The purpose of this study was to try to pick up information that might not be currently captured and feed it into the groups attempting to improve patient flow.

From the analysis of the 78 responses, HC's key findings are:

- 35 respondents were referred to the ED by another health care professional;
- 62 respondents were not able to receive full treatment from another service even though they made an effort to access that/those service(s) and consequently ended up at the ED;
- 11 patients could have reasonably expected to get their issue resolved by another service but it was unavailable at the time;
- Three patients experienced a problem with the service from NHS 111 and so went to the ED; and
- Six patients were referred to the ED from Camborne Redruth Community Hospital, more than any other single service except NHS 111.

Background and Methodology

Patient flow is the movement of patients between services as part of their care pathway. For example, a patient might see a GP, be referred for treatment at an acute hospital, treated at a particular outpatient ward and then be discharged home.

Acute hospitals have to cope with a large volume of patients and therefore good patient flow is important for the timeliness and quality of service they provide.

One particular area of high demand for services is in the ED. It is here the acute hospitals have to deal with the numerous patients who have a medical emergency that is beyond the scope of other service providers to deal with. In practice, this means coping with numerous referrals, both formal and informal from within the system and outside of it. For example, on the one hand, a GP might diagnose a serious medical condition that requires emergency treatment and refer their patient to the ED, while on the other, someone involved in a car crash might be told by the police to go to the ED as a precaution.

In Cornwall, this high demand falls on the RCH. The RCH has been on Black Alert, its highest alert level, for a significant part of the year to date as the ED is inundated with patients, making both local and national news.[1] With this pressure comes an inevitable decline in the level of service provided. HC has received feedback on how bad it can be for service users of the ED:

> "We were told to go to A&E but waited one hour for triage. The nurse was shocked by blood pressure and tried to get the patient to the top of queue. She waited in cubicle for three hours."
>
> Patient's sister, May 2016 (recounting an experience in late-April)

It is easy to blame the RCH. However, since the ED at the RCH covers such a large geographic area and is a dependable presence (24 hour medical service without any access restrictions), this blame and any subsequent work by staff at the RCH may not improve matters. The ED at the RCH is an important part of the NHS system in Cornwall. Therefore, it is important to consider how the other parts of the care system interact with the ED when looking to improve patient flow, reduce pressure and provide a better service.

There are numerous groups considering how best to improve patient flow at service, trust, commissioning group levels and above. While these groups are working hard to improve the situation, resources are stretched and there is some information that is not captured, i.e., what patients think about why they have come to the ED. Therefore, HC decided to investigate this angle and feed the results

1 Pirate FM locally and ITV nationally.

into the groups discussing patient flow in the hope that they would either be viewed as new information or reinforce assumptions that had been unproven previously. Alternatively, the results could open up avenues for further investigation.

This investigation took the form of a light-touch patient survey (Appendix A) and an hourly observation (Appendix B) of numbers and mood in the ED over a period of 12-hours on Tuesday, May 31, 2016 (11am – 11pm). May 31, directly following the late May Bank Holiday, was chosen in consultation with Royal Cornwall Hospital NHS Trust (RCHT) staff as an appropriate date; the equivalent date last year had been very busy. As a light-touch 'snapshot' of a busy day, it was intended that the findings be representative of a period of high stress on the RCH.

When conducting the survey, HC staff or volunteers approached patients or a person accompanying them and asked if they would be willing to participate in a survey about their experience that day. This took place in the main waiting area, the paediatric waiting area, the major admissions bays and the corridors between the ambulance entrance and major admissions. People were only approached if it were judged appropriate by the questioner, i.e., those patients in distress on trolleys were not approached but those who were in bays, awake and in a stable condition were. Questions were left as open as possible; HC wanted to establish if people thought they were legitimately attending the ED without challenging them on their choice or using leading questions.

The hourly observation of the ED was a subjective assessment of the mood in the department and an objective count of people (patients and those accompanying them) in the different areas of the department, made by two HC staff (one for the first eight hours and one for the next four).

Main Findings

During the 12-hours spent in the ED, HC surveyed 78 people at an average of six per hour.[2] A further seven people refused to respond. The most responses collected over a sustained period of time were the 35 collected from 6pm to 10pm.

According to staff at the RCH, this was a relatively quiet day compared to those preceding it. Therefore, the data cannot be taken as representative of a period of particularly high stress on patient flow.

"You should have seen it on Sunday!"

Emergency Department receptionist

The majority of respondents (56) were approached in the main waiting area of the ED; 14 were in bays when approached, four in the paediatric area and two on trolleys in a corridor.

31 respondents were not patients themselves and were either family members or partners/spouses.

2 Mean, discounting responses where no time of completion was noted.

Provision of service before attending the Emergency Department

The ED was not the first point of call for the majority of respondents: 63 sought help for their medical issue before attending the ED with 14 seeking help from more than one service.

Figure 2 shows those who sought help before attending the ED did so from a variety of different sources.[3] Significantly, more than a quarter of respondents either were treated by, or unsuccessfully attempted to access, Minor Injury Units (MIUs) at other hospitals

3 As respondents often sought help from multiple services, numbers in Figure 2 do not add up to 78 (100%).

Figure 1: Number of Responses per Hour

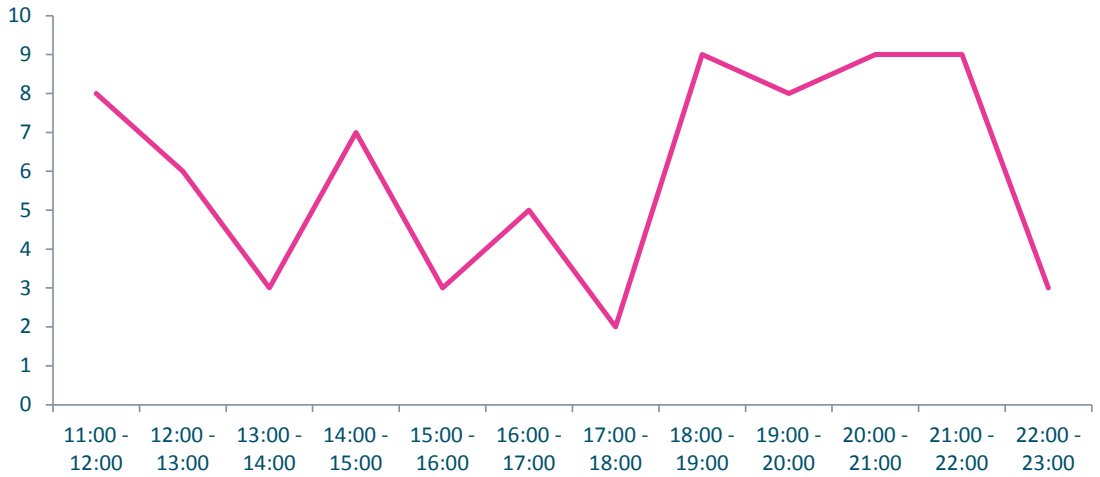
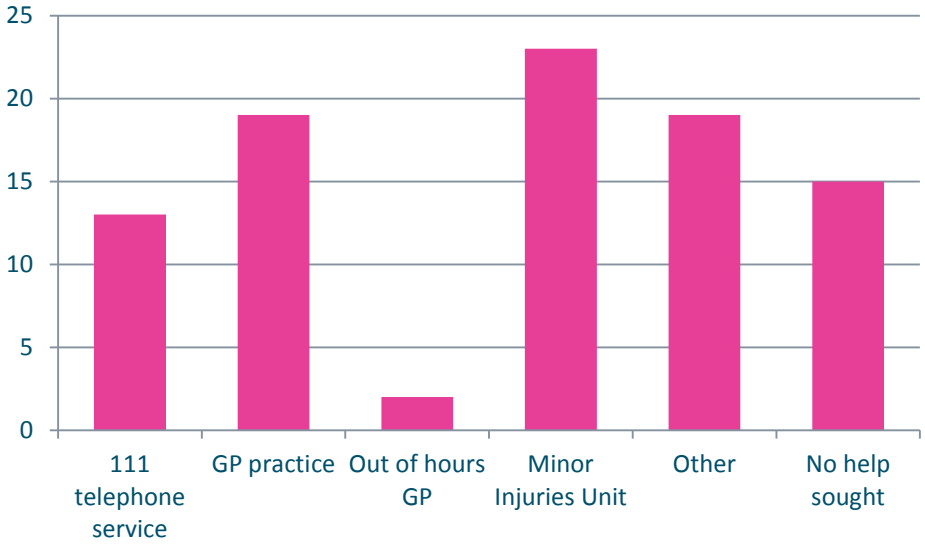


Figure 2: Services which patients accessed or attempted to access before coming to the Emergency Department



before coming to the ED at the RCH. Of respondents who sought help from other sources, five stated the 999 telephone service. They (rightly) considered 999 to be different from simply a route for ambulance transport to the ED; it is an emergency phoneline that might result in a trip to the ED.

This information confirms the ED's position as the service provider of last resort. Despite the majority of respondents seeking help from alternative services, they still, rightly or wrongly, ended up at the ED: 62 people did not receive full treatment from other services after making an effort to access them.

Reasons for attending the Emergency Department: Was it the most appropriate place?

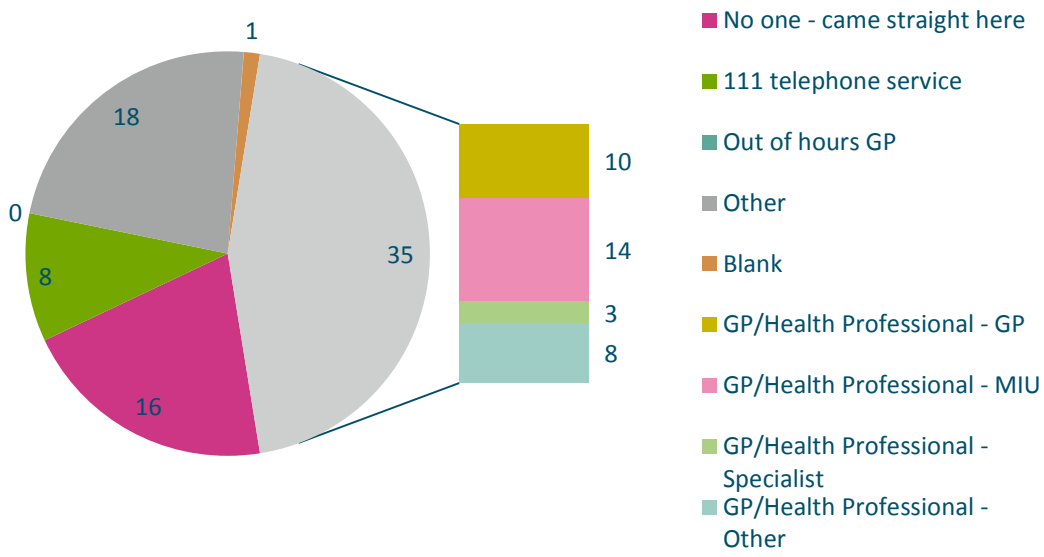
In this case, it is beyond the scope of HC to comprehensively evaluate how appropriate the ED was for each patient surveyed on May 31. However, HC can comment on indicators for appropriateness such as who told patients to attend the ED and what they think about it, or if something appears unusual about their path to the ED.

Other services referring patients to the Emergency Department

Respondents commented on what had led patients to the ED if they had sought help from other services first (Question 2). Of these, HC estimates that 33 were straightforward referrals to the ED.[4] Therefore it is likely (but not certain that) these are also appropriate referrals.

4 A code of "Straightforward" was given to any response to question 2.b. or information relevant to referral from other questions where there was no obvious point of interest or no information to suggest that procedure had not been followed. A point of interest does not mean that it is something that signifies that the system is not working as intended currently, e.g., a patient tries to call 111 and is told to visit their GP in the morning who then treats the patient and tells them to go to the ED if symptoms worsen. This is working as intended but two services were accessed and the patient still ended up at the ED, as opposed to anywhere else.

Figure 3: Sources of referral to the Emergency Department



One point of potential interest is among the five straightforward referrals that were for a follow on appointment at the ED. Two of these were from the Urgent Care Centre at West Cornwall Hospital in Penzance.[5] In both cases the patient had been examined, and scanned and/or tested, before being referred to the RCH ED.

Figure 3 shows who referred the patients to ED, either formally (medically sending details of a patient and their condition to the hospital) or informally (telling a patient they should go). This includes those who did not seek help for their condition but received advice. Those who sought help but could not access it are included in "No one – came straight here".

A significant proportion (35) of those attending the ED were referred there by a Health Professional.

The 18 attending the ED on the advice of an "Other" suggests a number could be attending when they did not need to. if no one in the system had triaged them to the ED, there is likely a margin of error greater than for those triaged within the system. In reality, most of the "Other" responses meant the 999 service (5) and unspecified community hospital staff (8). [6]

Two respondents were referred to the ED by the police. In both cases, they may have been able to access other services but since both were questioned by HC after 4pm, alternative services just as likely may not have been available.

> ***In a car crash, came to ED to get checked out. Police told us to come.***[7]

A common theme for referral was around follow-on appointments at the ED once the

5 For the purposes of this study, the Urgent Care Centre at West Cornwall Hospital was counted as a Minor Injuries Unit.

6 Unconfirmed whether medical staff or otherwise and therefore counted as "Other", not "GP/Health Professional".

7 Related by service user in ED reception at ~10:30pm.

patient had been assessed by a service, either as a precautionary measure or because symptoms worsened. Seven respondents were coded as attending the ED for a type of follow-on appointment or assessment.

> ***Had an accident playing badminton and went to MIU in Bodmin. I was x-rayed but there was no fracture. I was still badly bruised and it was painful [later] so I called my GP and she told me to go the ED at Treliske. They saw me and gave me a knee support and crutches and made an appointment for today (because the swelling would have gone down by today) and I have come here today for that appointment.***

Areas of interest in less than straightforward referrals

Of the 37 that were not coded as "Straightforward", reasons for referral vary. The two main themes arising from these are patients who had attempted to access multiple services and patients who had been unable to access a service that was expected to be available before ending up at the ED. [8]

Importantly, those patients who attempted to access multiple services before coming to the ED (10) were able to have some treatment from those services (6). This highlights a level of inefficiency in the system; the NHS is paying for multiple services which have been unable to fully treat patients.

> ***Received advice from stoma nurse via telephone. She advised attending ED if symptoms persist. My daughter continued to vomit so we came to the ED.***

> ***Paramedics came yesterday to the house and advised us to see the GP today. I called on behalf of my cousin who I care for. The GP has been twice this morning and on the second visit said an ambulance was needed before calling for one to take us here.***

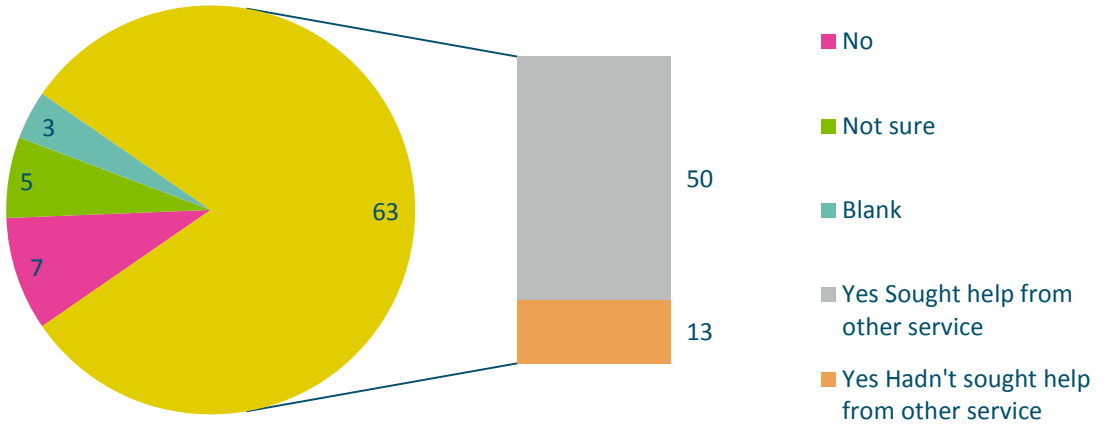
Where patients could reasonably expect to have their issue resolved by another service, 11 found the service to be unavailable in that particular location. This was mainly for unspecified reasons but in two cases, the community hospitals involved (Falmouth and St Michael's) did not have an X-ray service. In three other cases, patients were unable to access a service because they attempted to do so outside of, or close to the end of, that service's opening hours.

> ***I had an accident early yesterday morning. I felt I needed to go to an MIU this morning and at Falmouth Community Hospital, they said I needed a facial x-ray and they can't do that there so I had to go to the ED at Treliske.***

> ***I spoke to a GP at 4pm as was having an asthma attack. I was told to either call an ambulance or go to Camborne Redruth Community Hospital. I went to the hospital and was seen quickly. A doctor treated me but left at 5pm. Afterwards, a nurse there wasn't***

8 A patient could reasonably expect that a Minor Injury Unit (MIU) could treat an arm injury that turned out to need an X-ray. That same MIU may not have an X-ray service. However, a patient could not reasonably expect any particular GP surgery to be able to flush their chemotherapy lines. Both of these examples occur in responses to this survey.

Figure 4: Patient perspective on if the ED was the most appropriate place



happy and wanted another opinion so phoned for ambulance. We waited an hour and no ambulance so my friend drove me. We waited 40mins for triage and now we are waiting to see doctor (9pm).

A small number of respondents (three) came to the ED in part, or fully, because of poor service by NHS 111. This could be evidence of the impact of the findings outlined in the Care Quality Commission report on South Western Ambulance Service published in June 2016.

This morning we went to an Out of Hours GP and my daughter used a nebuliser. Now her symptoms are bad again. I rang 111 but there was a long wait so had come to the ED.

Patients think that the ED is the most appropriate place for them

As stated above, HC is not able to adequately evaluate whether the ED was medically the most appropriate place for the surveyed patients to have their issue resolved. However, the respondents themselves overwhelming answered that it was the most appropriate (Figure 4).

Of the 12 respondents who answered either "Not sure" or "No", routes to the ED varied. 10 of them were referred to the ED by another service with no service disproportionately represented. The other two came straight to the ED. It is interesting that so high a number of people thought that the ED was not the most appropriate place to be treated (or were unsure), despite being told by another service to go there.

Could have been treated at MIU, no fracture just bruising so not emergency

We need another hospital desperately. Penrice has no resident GP, nor anybody at weekends.

In hospital yes, in A&E no. Needing support but not really an emergency.

Comparatively, 17 respondents answered "Yes" for the reason that they were advised to come.

Advised by Doctor at MIU [at Bodmin Community Hospital].

Told to get a specialist opinion.

Where are the patients coming from?

The people arriving at the ED on May 31 came from all over the UK with a number of tourists adding to the normal levels of resident patients.

The tourism effect

Despite May 31 being a relatively slow day for the ED, it was still the Tuesday after late May Bank Holiday and this meant that a proportion of patients (17) were in Cornwall on holiday. Only three of these people came straight to the ED; that these people were tourists and probably less aware of the local health services available had no bearing on patients seeking other help before attending the ED.

There were three tourists who first sought advice from outside of the local health system: one from their hotel and two from hospitals in other parts of England.

> ***Sheffield Hallam Hospital has treated my husband prior to us coming on holiday and warned us of certain signs that may need emergency attention.***
>
> ***We returned to our hotel. The staff cleaned my wound and advised us to go to the ED.***

Two tourists (including one of those mentioned above who sought advice from outside of Cornwall) needed to have treatment related to their ongoing

Figure 5: Home location of all Cornwall resident visitors to the ED

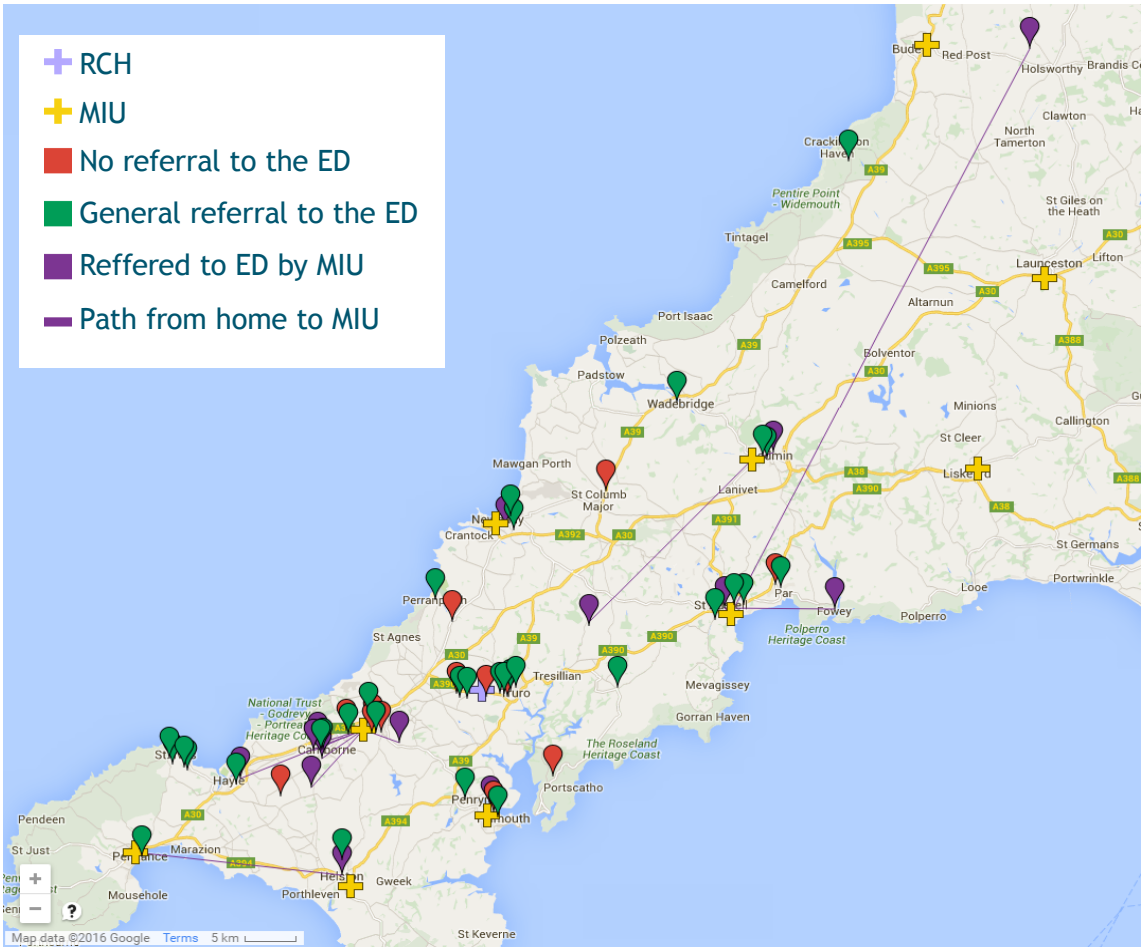
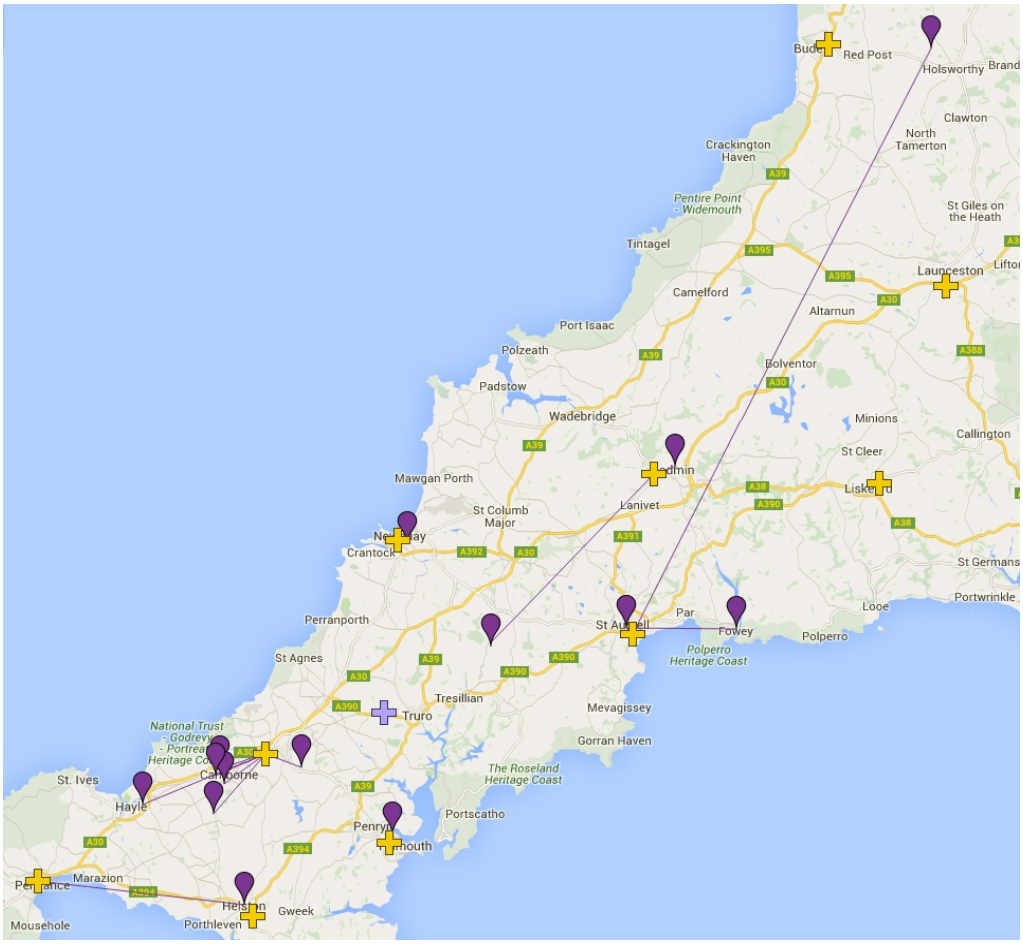


Figure 6: Home location of visitors to the ED, referred by a MIU



chemotherapy.

Pressure from certain areas in Cornwall

Discounting the 17 people who were on holiday, the majority of Cornish residents who came to the ED did so from St Austell and further west.

Figure 5 shows where the people surveyed in the ED live, based on the first part of their post code and their GP surgery name. Purple markers show respondents who were referred to the ED by an MIU. The purple lines indicate the distance they travelled to an MIU before that MIU referred them on. Red markers show respondents who were not referred to the ED by anyone. Green markers show all other referrals to the ED e.g., by NHS 111 telephone service.

A significant number of visitors to the ED came from along the west coast between St Ives and Redruth. There were also many, as one might expect, from around Truro.

When looking at the respondents who had been referred to the ED from a MIU, there was a clear clustering around Camborne Redruth Community Hospital. Six respondents went to the MIU at Camborne Redruth and were told to go to RCH. The only information that may provide a clue as to why more patients were referred from Camborne Redruth than any other MIU was that three of them were surveyed at the ED after 6pm. This might imply that a doctor or service was unavailable in the evening, although the MIU at Camborne Redruth is open until 10pm.

Interestingly, despite Helston MIU being

closed after 5pm, there were only two respondents who lived near Helston. The one shown in Figure 6 who had been treated at an MIU went to West Cornwall Hospital on Saturday, May 29; the referral to the ED was advice if the symptoms persisted. The other respondent from Helston area was referred by the 111 telephone service and was surveyed by a HC volunteer in the ED at 10.35pm. It is possible therefore that one extra patient in the ED on May 31 was there due to the Helston MIU's reduced opening hours.

How does the number of people in the waiting areas affect the ED?

The HC questionnaire asked who accompanied the patient to the ED and why those people came. On average, the number of people accompanying the patient was 1.1. This means that most patients in the areas surveyed over 12 hours had one other person with them. There were 23 groups of three people or more. There were two times of significance when there were more of these larger groups than what would be expected relative to the number of patients surveyed: 3pm to 4pm and 9pm to 10pm. During the former time range, two out of three groups consisted of more than two people. More interestingly, between 9pm and 10pm five of the nine people surveyed came to the ED in groups of over two people, making the waiting areas especially busy for that hour.

According to HC's subjective observation of the main waiting area, this increase in numbers during the later hours did not closely correlate with the mood in that area. It was observed at 8.30pm that the mood in the area was "impatient" when there were 32 people there. At 9.30pm, the mood was "resigned" but there were 42 people in the area. It is clear from the observation however that the mood in the

Figure 7: Observation of the main waiting area

Time	Number of people waiting in the main waiting area	General mood and feeling in the main waiting area
11.30am	14	relaxed/bored
12.30pm	13	bored
13.30pm	15	bored
14.30pm	14	bored
15.30pm	6	bored
16.30pm	21	bored
17.30pm	11	bored
18.30pm	23	impatient
19.30pm	28	expectant
20.30pm	32	impatient - long waits
21.30pm	42	resigned
22.30pm	26	tired

Figure 8: Observation of the paediatric waiting area

Time	Number of people waiting in the paediatric waiting area	General mood and feeling in the paediatric waiting area
11.30am	0	N/A
12.30pm	0	N/A
13.30pm	2	happy
14.30pm	3	happy
15.30pm	6	happy
16.30pm	0	N/A
17.30pm	0	N/A
18.30pm	2	quiet
19.30pm	8	happy
20.30pm	2	quiet
21.30pm	8	resigned
22.30pm	5	upbeat

evening was more negative than the rest of the day and that was also roughly the time that there were more people in the main waiting area.

As can be seen in Figure 8, the mood in the paediatric waiting area was on the whole more positive than the main area.

The small numbers of people waiting and the presence of toys in the area may account for the difference.

There were only ever one or two people in the Ambulatory Care waiting area when the hourly observations took place - an insignificant number.

Areas for Discussion and Recommendation

The following are questions that HC has identified when analysing the data collected on Tuesday, May 31. They should be taken as discussion starters or areas for further investigation with the aim of improving services, rather than simply areas to consider when reducing pressure on the ED at RCH.

1. ***Why are so many patients coming to the ED after accessing more than one service prior to doing so, could that number be reduced and how?***
2. ***Should patients who need an X-ray be admitted via the ED (as opposed to another area)?***
3. ***Do MIUs fulfil their purpose if they can neither be open during the busiest time for the ED nor treat suspected fractures or breaks?***
4. ***Can medical issues affecting tourists be dealt with in a better way/outside of the ED?***
5. ***Are other services being over-cautious when telling patients to come to the ED for observation?***
6. ***Is the ED the most appropriate place for patients to come if another medical professional thinks they need a second opinion?***
7. ***Why are patients who are referred to the ED by other services waiting in the general waiting area when there is an ambulatory care waiting area with a lot of unused space?***
8. ***What is causing the relative higher number of referrals from the Camborne Redruth MIU when compared to other MIUs, even those nearer to RCH than another acute hospital?***
9. ***Is there a reason for the high number of people attending the ED who live in the Camborne and Redruth area?***
10. ***Can the environment in the main waiting room be changed to improve the mood of patients and those waiting with them?***

In light of the above questions under 'Areas for discussion', HC expects that the points raised will be considered and questions discussed and acted upon, where relevant, by the Demand Management Working Group and/or any other appropriate forum.[9]

9 The Demand Management Working Group is a multi-agency group looking at improving patient flow, among other areas.

Contact us

Get in touch

Address: Healthwatch Cornwall, 6 Walsingham Place, Truro, Cornwall, TR1 2RP

Phone number: 0800 0381 281

Email: enquiries@healthwatchcornwall.co.uk

Website URL: www.healthwatchcornwall.co.uk

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

Appendix

A - Questionnaire

0. Patient is in… (please circle)			
Children's waiting room	Adult waiting room	Corridor on a trolley	Bay/cubicle
1. Are you the person who is seeking help at the Emergency Department today? (YES / NO)			
a. If you answered No, are you: (please circle)			
Parent/ Family member	Partner/Spouse	Friend	Carer
Prefer not to say	Other (please specify _____)		
2. Did you try to seek help for your issue by using another service or services before coming to the Emergency Department? (types of other service for prompts if needed: 111 telephone service, a GP, Out of Hours GP, etc.) (YES / NO)			
a. If you answered yes, which service(s) did you seek help from? (please circle)			
111 telephone service	GP practice	Out of hours GP	Pharmacist
Minor Injuries Unit	Other (please specify _____)		
b. If answered yes, please explain what happened:			
3. Who told you to come to the Emergency Department? (please answer this question even if you have said already above)			
No one – Came straight here	111 telephone service	Out of Hours GP	
GP/Health Professional (please state_____)	Other (please state_____)		
a. If you answered "No one - came straight here" above, please state why:			
4. How did you arrive at the Emergency Department? (please circle)			
a Ambulance		**b** By myself	
In own transport		With friend(s) / family	
By public transport (state _____)		With a professional carer	
Other (state _____)		Other (state _____)	
5. Who's with you here in the Emergency Department today and why are they here?			
6. Do you think that the Emergency Department is the most appropriate place to resolve your issue? (YES / NO / NOT SURE)			
a. Please tell us why:			
***7. (If patient is waiting on a trolley in a corridor)* Have you been told about why you are waiting here? If yes, what were you told?**			
8. To help us analyse these results geographically, please answer the following:			
a. What are the first four digits of your postcode?			
b. What is your registered GP practice?			
9. Is there anything else you would like to tell us about your experience of getting to or being in the Emergency Department?			
Time completed:			1.

B - Observation Checklist

This document is designed to provide a checklist for Healthwatch Cornwall (HC) staff when they conduct observation rounds of the Emergency Department (ED) at the Royal Cornwall Hospital on May 31, 2016. On that date, HC is conducting a research activity over 12-hours at the ED. The activity will look at how and why patients have come to the Emergency Department that day. While volunteers fill in questionnaires on behalf of patients, HC staff will conduct hourly observation rounds of the ED areas. It is anticipate that a full round will take around 30 minutes. For the remaining 30 minutes of the hour, the staff can be talking to hospital staff and providing support for volunteers. The following data should be collected:

- Number of people waiting in the adult waiting area
- General mood and feeling in the adult waiting area
- Number of people waiting in the children's waiting area
- General mood in the children's waiting area
- Number of people in bays
- Mood of bays area (if possible)
- Number of people waiting in ambulatory care
- Mood of ambulatory care
- Number of people waiting on trolleys not in bays
- Mood of corridors/non-waiting areas if people are waiting in those areas
- Number of ambulance staff waiting with/supporting patients in hospital
- Number of ambulances waiting outside