Relieving the Strain: Redirection from St John’s Emergency Department to Lothian Unscheduled Care Services

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With input from colleagues in the St John’s ED to LUCS QI Project: L Skinner, M Open, A Stevenson, A Stott, H Newey, L Carter, S Tucker.

Background

Emergency Departments (ED) are under increasing pressure. Redirection to Lothian Unscheduled Care Services (LUCS), aka GP Out of Hours, can help reduce strain and encourage the management of patients in appropriate settings.

At St John’s Hospital we noted a lower proportion of LUCS patients were ED referrals compared to other acute sites. LUCS referrals were being made on an ad hoc basis and ED triage nurses reported delays when referring.

Aims

• Increase the number of appropriate referrals from St John’s ED to LUCS.
• Reduce time taken for ED triage nurses to make a LUCS referral.

Methods

A decision making tool was developed for ED triage nurses referring to LUCS.

Triage nurses could directly access LUCS appointments without discussion when specific criteria were met.

Redirection to own GP was also an option for suitable patients. We produced “LUCS” and “See Your Own GP” patient leaflets.

Data collection included:
• Iterative records on LUCS referrals
• Audit of ED triage sheets
• Questionnaires for ED and LUCS staff.

For further details on this project contact katrina.catton@nhs.net

Results

Outcome measure: Referrals to LUCS as a percentage of all ED attendances increased.

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<tr>
<th>Week Ending</th>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td>% Patients Redirected to LUCS</td>
<td>0.0%</td>
<td>0.6%</td>
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Process measure: Audit of ED triage sheets showed changes to process increased the number of LUCS referrals and reduced the number of missed referrals.

Comparison of LUCS Referrals & Missed LUCS Referrals from St John’s ED over 14 days Pre and Post Intervention

Balancing measures

• ED triage nurses (n=14) reported a reduction in delays during referral (86% to 50%) and increased confidence in appropriate conditions (71% to 100%).
• LUCS staff (n=15) reported a reduction in understanding of the referral process (87% to 60%) and appropriate conditions (87% to 47%).

This learning prompted better engagement with LUCS staff.

Conclusion

Our pursuit of innovative change reflects the “intrapreneur” spirit of the 2020 vision of NHS Scotland, QuEST. 2020 Framework for Quality, Efficiency and Value. 2015.

1 NHS Scotland, QuEST. 2020 Framework for Quality, Efficiency and Value. 2015.