THE PROBLEM?
- ED crowding is a symptom of poor patient flow through the hospital system and is process driven rather than demand driven- demand is largely predictable.
- 2016/17, NHS performance deteriorated - 2.5million patients waited >4hours in the ED (Kings Fund, 2017).
- Waiting times in the Emergency department (ED) are a key NHS quality metric.
- 95% of patients attending an ED in England are meant to be seen, treated and admitted or discharged within 4 hours.
- The most common cause of ED crowding is lack of egress from the ED resulting in:
  - Poor patient outcomes and poor experience
  - Delayed ambulance handover times
  - Long waits for patients to be seen in ED
  - Long waits for a bed once a decision to admit the patient has been made (RCEM, 2017)
  - Low staff morale

DEMAND IS PREDICTABLE

THE SOLUTION
The North West Utilisation Management Unit (UM Unit) developed the '100% Challenge' to support acute Trusts to rapidly improve and sustain performance towards the 95% target for ED.

Aims and Objectives of the 100% Challenge:
- To improve patient safety
- To facilitate care at the right time in the right place
- To test the steps, resources and behaviours necessary to deliver consistently high performance
- To test new ways of working without need for formal ‘case for change’ proposals

DEMAND IS PREDICTABLE

METHODOLOGY
6 acute hospital sites were supported to deliver the '100% Challenge' between January and July 2017
- Team of senior clinicians attended the sites for their ‘Challenge’ to coach & confront existing systems management, and to support new ways of working.

KEY CONSIDERATIONS
- Is my system for purpose on the worst conceivable day, at the 85th percentile of predicted activity?
- Ensure safe systems
  - Is my system fit for purpose on the 85th percentile worst conceivable day?
  - Is my system resilient?

KEY ACTIONS:
- Use of predictive data modelling
  - System pressures, demand profile and capacity management
- Control room function- 2hourly tactical briefings with quality & safety check
- Actions focussed- trim hours from length of stay
- Optimise patient flow by bringing work and actions forward in the day.
  - e.g. All wards to have processed at least one discharge before 10:00am

RESULTS
- All 6 acute hospital sites saw improvement in 4hr performance to above 95%
- ED crowding was resolved
- Patients waited less time to be seen in ED
- Patients spent less time in ED
- Increased bed availability, earlier in the day
- Numbers of medical outliers were reduced
- Elective surgical admissions increased

CONCLUSIONS
- The 100% Challenge has been a successful approach to improving performance towards the 95% target on 8 consecutive occasions at 6 sites.
- The methodology can help acute Trusts to maintain improved performance over time.

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REFERENCES