

ED Acuity Programme

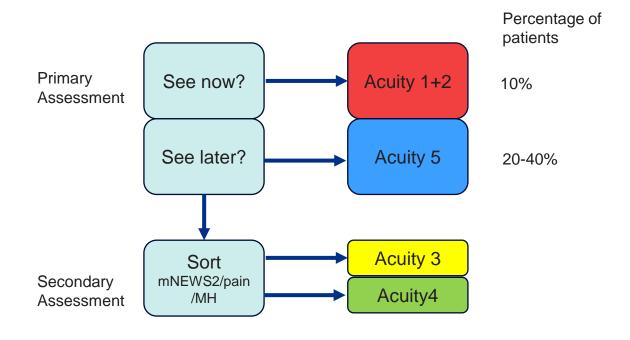
Summary of events



Why are we running the acuity and initial assessment pilot?

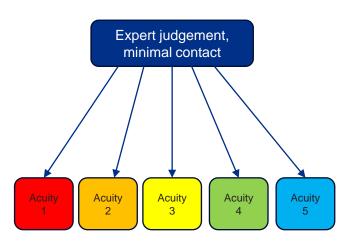
- Acuity = measure used to determine how urgently a patient should be managed.
- In 2022, national acuity data showed a high degree of unwarranted variation.
- Scoping review confirmed most sites did not use a systematic version of initial assessment.
- Academic review: no model had high level evidence of better outcomes.

NHS England model for Initial Assessment



There are currently three commonly used models of streaming and triage

Model 1: **Expert practitioner**



E.g. Australian

- Expert judgement backed by guidelines
- Mental health integrated
- Depends on sufficient experts
- Quick, single stage
- Not computer dependent
- No IP issues

Model 2: **Algorithm** Chief complaint Discriminators: anatomy/obs/physiology Acuity Acuity Acuity Unilateral limb swelling Moderate resp, distress/ Haemodynamic compromise/ Altereed GCS/ Fever+ immunocompromised/ Acuity 2 Looks septic (3SIRS criteria) Mild resp distress/ pulse + BP Acuity 3 abnormal but stable/ Fever + looks unwell Acuity 4 E.g. Manchester, Canadian

- Chief complaint defines pathway
- Discriminators decide acuity
- Time consuming
- Two stages
- Requires IT integration
- Potential IP issues

Model 3: **Hybrid** Identify most and least urgent Acuity Collect more info EWS/Pain/MH

Acuity

E.g. ESI/South African

Acuity

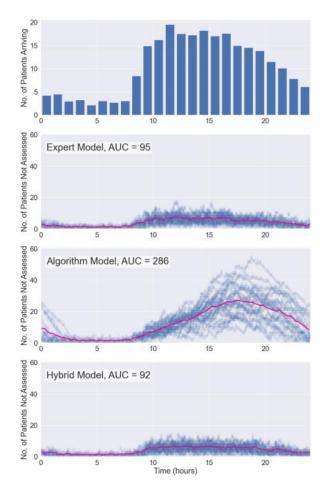
- Identify high/low acuity
- 'see next'/'see elsewhere'
- Use NEWS2/pain to stratify
- Two stages

Acuity

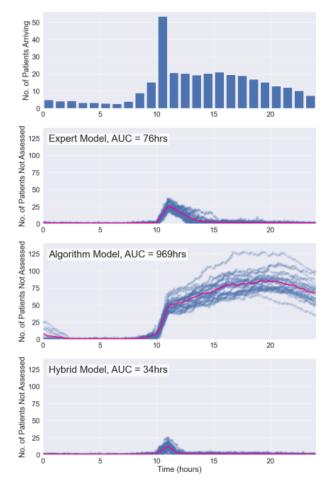
- First stage quick
- NEWS2 already integrated
- No IP issues

Resilience of each model to a surge of patients

"Normal" day in the ED



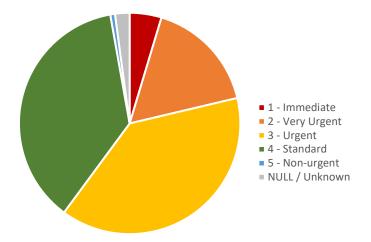
Resilience to a surge of patients



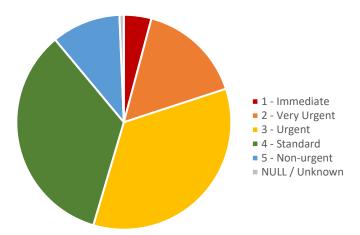
Area under the curve (AUC) = the volume of patients waiting for assessment at that time

Demonstration of data

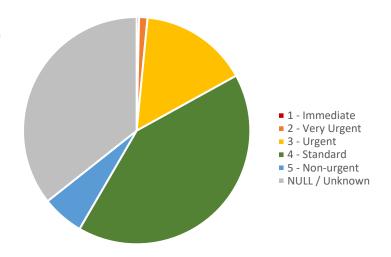
Pilot hospital A before implementation of Initial Assessment model



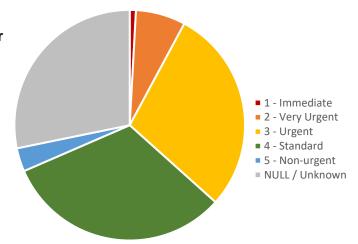
Pilot hospital A after implementation of Initial Assessment model



Pilot hospital B before implementation of Initial Assessment model



Pilot hospital B after implementation of Initial Assessment model



There are a number of sites taking part in the Initial Assessment pilot

- Addenbrooke's Hospital
 Leicester General Hospital
 Shrewsbury Hospital
 Telford Hospital (Princess Royal)
 Queen Elizabeth Hospital Kings Lynn
 Musgrove Park Hospital Taunton
 Royal Bolton Hospital
 Southampton General Hospital
- □ Worthing Hospital
 □ East Lancashire Burnley Hospital
 □ East Lancashire Royal Blackburn Hospital
 □ East Surrey Hospital
 □ Blackpool Teaching Hospital
 □ Basingstoke and North Hampshire
 □ Royal Hampshire County Hospital
 □ Royal Cornwall Hospital
 □ Alder Hey Children's Hospital
 □ Derbyshire Ripley UTC

What work has already taken place and what happens next?

June 2022	Initiation of Academic Review
March 2023	Initial assessment clinical guide completedAcademic literature review completed
May 2023	Recruitment of pilot sites
June 2023	Launch of initial assessment clinical framework
July 2023	Phase 1 pilot sites go live
September 2023	Funding for initial assessment pilot sites secured
November 2023	Phase 2 pilot sites go live Work with IT suppliers begins
December 2023	Pilot site evaluation
March 2023	Case for change work commences

Key information for implementation









Sites must work out how to implement the model against their current process and IT system.

The clinical guidance and clinical framework for IA should be used to inform changes to front door processes. A supportive document addressing concerns raised throughout the pilot will be aligned to the clinical guidance.

Staffing and estates may need to be considered. The **building guidelines** should be used in tandem with the initial assessment guidance.

Funding of £10k per site is available to pilot sites to help implement the model.

Expected outcomes and what happens next?

- Project aim = standardise the measurement of acuity across Type 1 and Type 3 emergency departments (EDs)
- Pilot until December 2023, followed by consultation and review of evidence until April 2024.
 If evidence proves that a standardised acuity approach is beneficial, work to roll out the model nationally will begin.
- A clinical competency framework for initial assessment was developed in collaboration with FEN as part of the wider project.
- Early adopters (sites who implemented the model before Dec 2023) will be supported by the national team to be local leaders that other providers can learn from.