



Developing a programme of patient ‘streaming’ in an emergency department

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Summary Orthopaedic and musculoskeletal injuries are commonly identified in the emergency department (ED). Whilst much orthopaedic trauma literature focuses on fractures of the proximal femur, raising key issues such as length of stay and timely discharge, the start of the patients’ journey is just as important in ensuring an appropriate assessment and a smooth transition through each stage of care. In the UK targets have been set for proximal hip fractured patients to attend theatre within 48 hours of admission, if fit. Appraising such patients expediently on initial point of contact in the ED has demonstrated that a number of factors can impinge and delay the patients’ progress. This said a large number of other orthopaedic and musculoskeletal self presenting patients rely on the same appropriate transition to suitable medical assistance. The emergency department triage system has been used in the UK in its latest format since 2001, yet elderly patients with painful Colles fractures find they wait for specialist attention in a linear queue, possibly over extended lengths of time. This short paper explores how ‘streaming’ patients in one local ED has improved waiting/treatment times, and identified the fact that in some months (December 2012), 1 in 3 attendees present with a musculoskeletal problem. Using audit data collected over the last four years the benefits of ‘streaming’ patients is evident. © 2014 Elsevier Ltd. All rights reserved.

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Editor comments

The journey of hospital care for the orthopaedic trauma patient following skeletal injury usually begins in the Emergency Department (ED) where attendance with a fracture is of high volume. It is important for the orthopaedic trauma practitioner in wards and units receiving patients from the ED to have an understanding of the management and care process prior to the patient's arrival for definitive care. For all practitioners who are part of the same journey, this is important in understanding some of the residual needs patients may have as the care planning and delivery process progresses. Although the notion of patient 'streaming' is not new and it is now standard practice in most EDs, this paper helps to illuminate this for orthopaedic and trauma practitioners. In particular, there is a message about the value of ensuring that patients are triaged and their care in the ED is planned by practitioners with specialist knowledge and skills. Another main message is about the value of well thought-out, coordinated approaches to practice development that are carefully implemented and evaluated.

JS-T

Introduction

Orthopaedic and musculoskeletal injuries are commonly identified in the emergency department (ED). Whilst much orthopaedic trauma literature focuses on fractures of the proximal femur, raising key issues such as length of stay and timely discharge, the start of the patients' journey is just as important in ensuring an appropriate assessment and a smooth transition through each stage of care. In the UK targets have been set for proximal hip fractured patients to attend theatre within 48 hours of admission, if fit ([British Orthopaedic Association 2011](#)). Appraising such patients expediently on initial point of contact in the ED has demonstrated that a number of factors can impinge and delay the patients' progress. This said a large number of other orthopaedic and musculoskeletal self presenting patients rely on the same appropriate transition to suitable medical assistance. The emergency department triage system has been used in the UK in its latest format since 2001 ([DoH, 2001](#)), yet older patients with painful musculoskeletal problems find they wait for specialist attention in a linear queue, possibly over extended lengths of time. [Larsson and Holgers \(2011, p. 1257\)](#) confirm this when discussing patients with hip fractures and state 'such patients are often rated as a low priority when they arrive in A/E and have to wait several hours before being assessed and adequately treated'. [Grunfeld et al. \(2012\)](#) also identify that musculoskeletal conditions are the most common cause of severe pain and physical disability. In orthopaedic care fast track systems have had some notable success ([Eriksson et al., 2012](#)) This short paper explores how streaming patients in one local ED has improved waiting/treatment times, and identified the fact that in some months (December 2012),

1 in 3 attendees present with a musculoskeletal problem. Using audit data collected over the last four years the benefits of 'streaming' patients is evident.

The triage system of prioritising patient care was introduced to manage the clinical risk attached to self-presenting patients with undifferentiated health-care needs having long waits in emergency departments ([Windle and Mackway-Jones, 2003](#)). However over the last few years increasing demand on the emergency departments (EDs) has meant ever increasing waits for triage. Following triage this single queue system has led to increased waiting times for those patients with less urgent needs, many of which fall into the musculoskeletal injury bracket ([Audit Commission, 2006](#)). [Eriksson et al. \(2012\)](#) identify that it is the older, often hip fractured, patients that are the most at risk and early interventions decrease mortality rates. These extended waits have also been associated with patient dissatisfaction, increased risk of violence in the ED and patients with minor problems often breaching the recognised government target of four hours for care ([DoH, 2001](#)).

It has been suggested that waiting times in ED could be significantly reduced with the introduction of a fast track system for minor injuries and the implementation of 'see & treat' areas ([DoH, 2001](#)). Although fast track systems have short term benefits, it has been noted that in the medium and long term it could negatively impact on the transit times of patients needing longer episodes of care within the ED ([Clearwater, 2002](#)). Streaming however is an organisational approach, which allows patients with less serious and uncomplicated problems to be treated expeditiously and in parallel with patients who present with urgent, or life threatening conditions, so as not to compromise the care of either,

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