**Title**  
Clinical Decisions Unit: Hairmyres Hospital

**Category**  
Acute Flow and Capacity Management

**Background/context**  
Hairmyres Hospital has experienced challenges to deliver against the four hour emergency care standard. Waits for beds had led to congestion in the emergency department (ED) and difficulties with flow within the ED itself.

Providing rapid access to assessment for GP patients and ambulatory care alternatives to medical admissions were identified as interventions which would assist with streamlining the patient journey.

Data analysis identified that a joint assessment area for GP referrals, a clinical decisions unit (CDU), and a short stay facility would vastly improve the pathway for patients accessing acute medical review.

**Problem**  
Data informed that there has been a 16 per cent rise in all emergency admissions in the past five years at Hairmyres Hospital, which equates to an additional six admissions per day since 2007. All GP referrals were admitted through the ED, causing congestion. Access block was an issue in the ED, with patients waiting prolonged periods for access to beds and delays for GP referred medical patients to be seen by a senior clinical decision maker. Achieving performance against the four hour standard challenged the site to be innovative in development of a service developed in partnership between two specialties both concentrated on delivering high quality care, improved patient experience, and enhanced patient flow.

**Aim**  
The overall aim of the project and the new unit was to:

- improve patient access to acute medical services at Hairmyres Hospital
- improve patient experience - all care will be patient-centred and no patient will be kept in hospital longer than is clinically necessary
- offer rapid streamlined specialist assessment
**CASE STUDY**

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<thead>
<tr>
<th>Action taken</th>
<th>A multidisciplinary project implementation team was developed to open a new unit in November 2012 with:</th>
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<td>- initiate investigation, treatment and a management plan</td>
<td>- A joint assessment bay (JAB) – six emergency care trolleys and waiting room for emergency medical and surgical referrals from primary care.</td>
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<td>- provide care for patients who need a period of observation, treatment or a diagnostic test that is likely to lead to a discharge within 12/24 hours</td>
<td>- A clinical decisions unit – two four-bedded shared rooms for patients who meet the criteria for the operational clinical protocols in the unit. The unit would commence with four clinical protocols in the first instance: non-traumatic chest pain, DVT, cellulitis and seizure. Pathway documentation would support focused management together with specialist in-reach where appropriate. The unit is jointly run by emergency medicine and medical consultants.</td>
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<td>- increase the site performance with the unscheduled care target</td>
<td>- Five general medical side rooms.</td>
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<td>- decrease clinical risk</td>
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<td>- provide rapid senior clinical decision making support</td>
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The project implementation team developed a range of workflows to ensure all aspects of opening a new unit were considered and completed as part of an overall project task matrix. These included:

- staff recruitment and training—nursing, and admin and clerical  
- standard operating procedures (SOPs) developed  
- development of clinical protocols for the clinical decisions unit  
- development of a new cardiology in-reach service for this unit as well as the acute medical receiving unit (AMRU)  
- information services - changes to the patient management system (Trakcare)  
- support from laboratories and radiology  
- support from pharmacy  
- support from hospital cleaning and linen services  
- medical staff rota
## CASE STUDY

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|   | equipment purchase  
|   | hospital ward moves to facilitate the best location for the new unit  
|   | communication plan – to ensure all relevant stakeholders informed i.e. other ward areas, GPs  
|   | support from the Scottish Ambulance Service  
|   | support from the emergency referral centre (ERC) to direct flow from primary care to the joint assessment bay  

### Results

The new unit was opened in November 2012.

Daily data is being captured within the unit and a database is currently being established to provide effective audit of the impact and performance of the unit.

**Initial CDU Data**

Data are available for the first 33 operational days:

- During this time, 169 patients were managed in the CDU.
- Mean activity – five patients per day.
- Maximum activity – 11 patients per day.
- Staff experience feedback has been very encouraging and this unit has seen a positive impact on the flow within the A&E department. This has been the experience of both medical and nursing staff within the A&E department.

**Cardiology**

A cardiology in-reach service also formed part of this project and this has proved to be very successful:

- data has shown that over a 51 day period, 163 patients were referred for cardiology review (from both AMRU and the CDU)
- of this total number, only two of these were deemed inappropriate
- 52 per cent of the patients seen by cardiologists were discharged same day in contrast to before the intervention when patients would wait to be transferred to a cardiology ward before being seen
- This has led to faster access for patients to a consultant cardiology review and clinical decision making.
### CASE STUDY

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<th>Efficiency savings and productive gains</th>
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| Sustainability | This unit was opened as a one year pilot and plans are currently in place to provide robust data and information pertaining to the performance of the unit as well as the patient experience.  
For the clinical decisions unit, further clinical protocols have been developed and are continuing to be implemented to include a wider range of clinical conditions that can be admitted to the unit. Work continues to increase access to this unit. |

| Lessons learned | Robust project management was required to bring together the complex workflows. Engagement of supporting services was critical to success.  
Protection of the assessment area function is critical in times of increased demand for beds.  
Good communication and an understanding of accountability and responsibility were imperative to the delivery of this multi functioning unit.  
Effective clinical partnership working was required to deliver a shared model of clinical responsibility.  
At the end of this pilot all aspects of the project will be assessed and evaluated and a detailed account of all aspects of the unit will be developed for continued improvement. |