

ORTHOTICS –REDPLOYMENT TO FRONT DOOR TRIAGE AT RAH

NIKKI MUNRO -CLINICAL LEAD/MANAGER ORTHOTICS

PROBLEM:

At the start of the first wave of COVID-19 all acute sites in NHSGGC identified that they needed to close the entry points to hospitals and question patients on arrival to allocate them to a green or red pathway to try to minimise spread of COVID-19. A decision was taken to establish a team at the front door of the Royal Alexandra Hospital (RAH) to direct patients, visitors and staff to the most appropriate entrance.

Aim

97% of Patients Staff and Visitors arriving at the RAH will be triaged and directed to the appropriate COVID-19 pathway by an appropriately trained clinician.

Background Information

As part of the COVID pandemic response, it was necessary to control the flow of activity through the entry and exit points on site at the RAH. New patient pathways were established with COVID or query COVID patients to progress along the “red” pathway and non-COVID to progress along the “green” pathway. In order to keep patients on these pathways separate a system of patient streaming was required.

Method

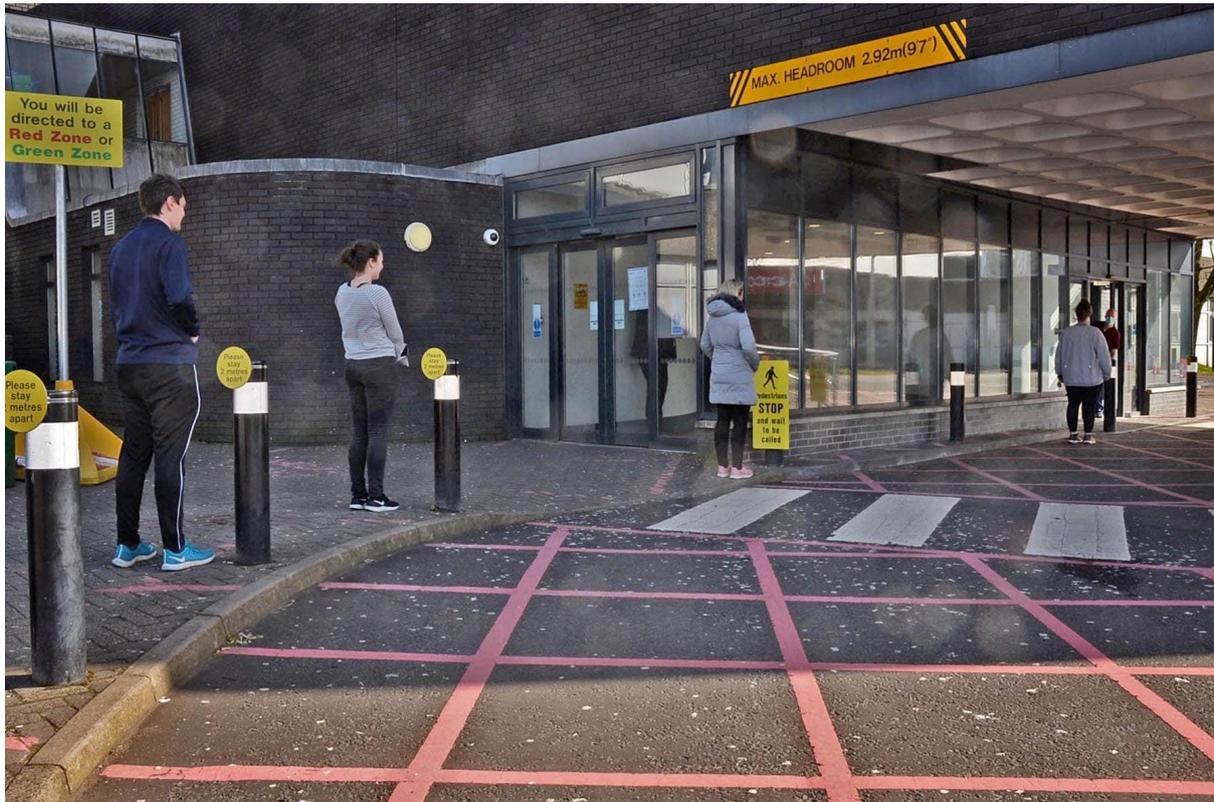
The GGC Orthotics team is hosted within the management structure of the Clyde General Manager for Older People and Stroke Service. With face to face outpatient activity cancelled in the immediate term, it was agreed that the Orthotics team from across GGC would manage the streaming process from the front door. The team consists of a pool of 22 staff, although these same staff were also covering virtual clinics, emergency outpatients and all Orthotic inpatient referrals across GGC.

A rota was developed following a shift pattern of 0800 – 1200hrs, 1200 – 1600hrs, 1600 – 2000hrs and 2000 – 2200hrs 7days a week. After PDSA the 2 later shifts were amalgamated into one longer shift from 1600 to 2200 to allow better management of the ongoing core Orthotic work on other sites during normal working hours.

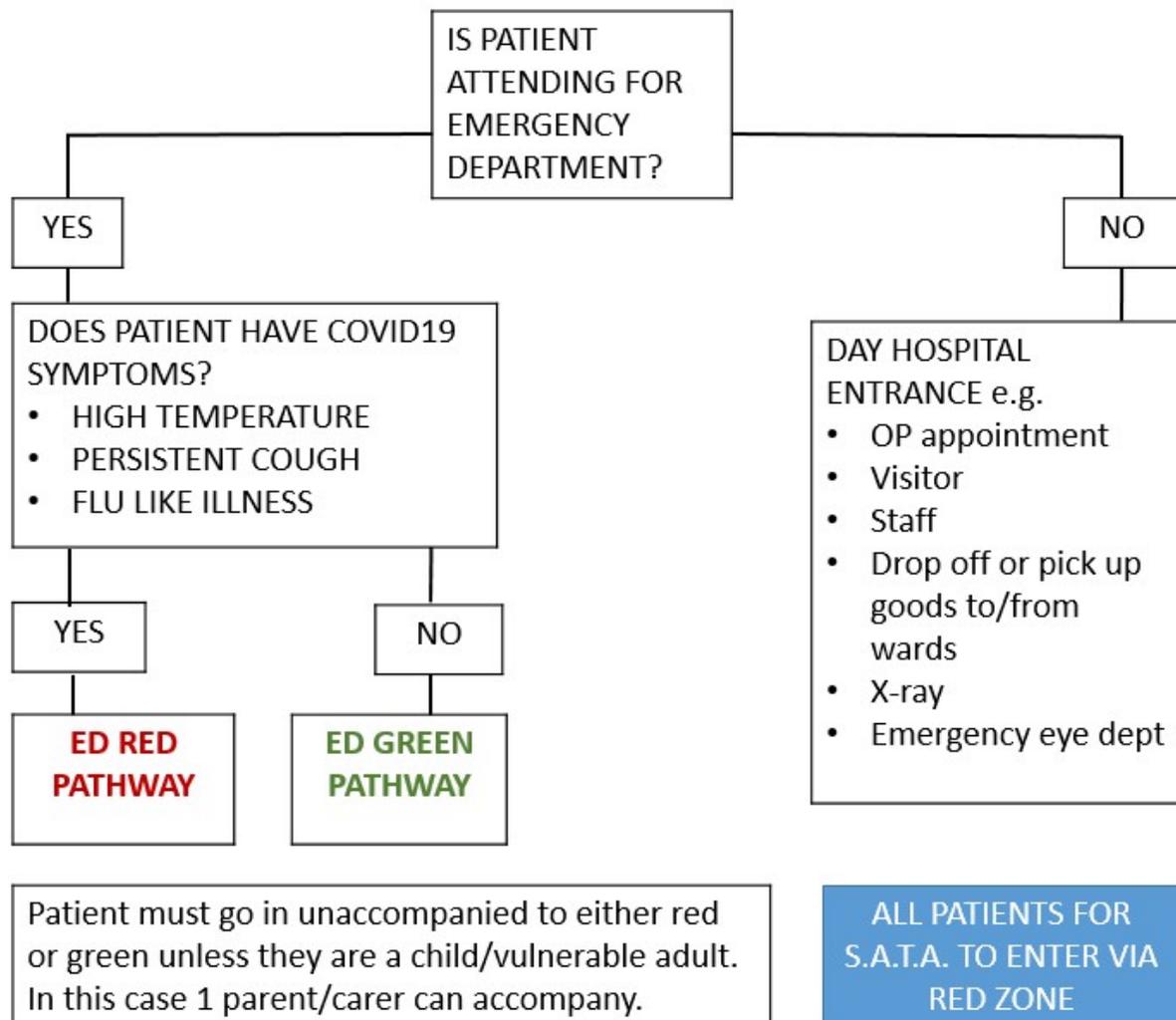
It was not deemed necessary to have cover in place overnight initially due to the levels of activity that the site had been receiving. The need for night cover could be flexed as necessary but the team had agreed to provide this cover and were on standby to increase to a 24 hour rota at short notice if required.

Patients were stopped by security staff on the approach to the hospital and directed to the correct area if possible. Patients were directed to the front door if security were unsure or there was any clinical query. At the front door, patients were required to stand behind a series of marked lines so they could be questioned by Orthotics staff

from a safe distance and could also be questioned without leaving their car if appropriate.



The following flowchart was then used by the front door team to assess which pathway the patient should be directed to:



The orthotics team were been encouraged to keep the interactions brief and not to go into any level of clinical detail unless absolutely necessary.

If a car arrived with a patient to drop off, the car was be directed to the drop off area after triage, the patient then had to get out of the car and walk to the red or green entrance. The person dropping off the patient could stay with them.

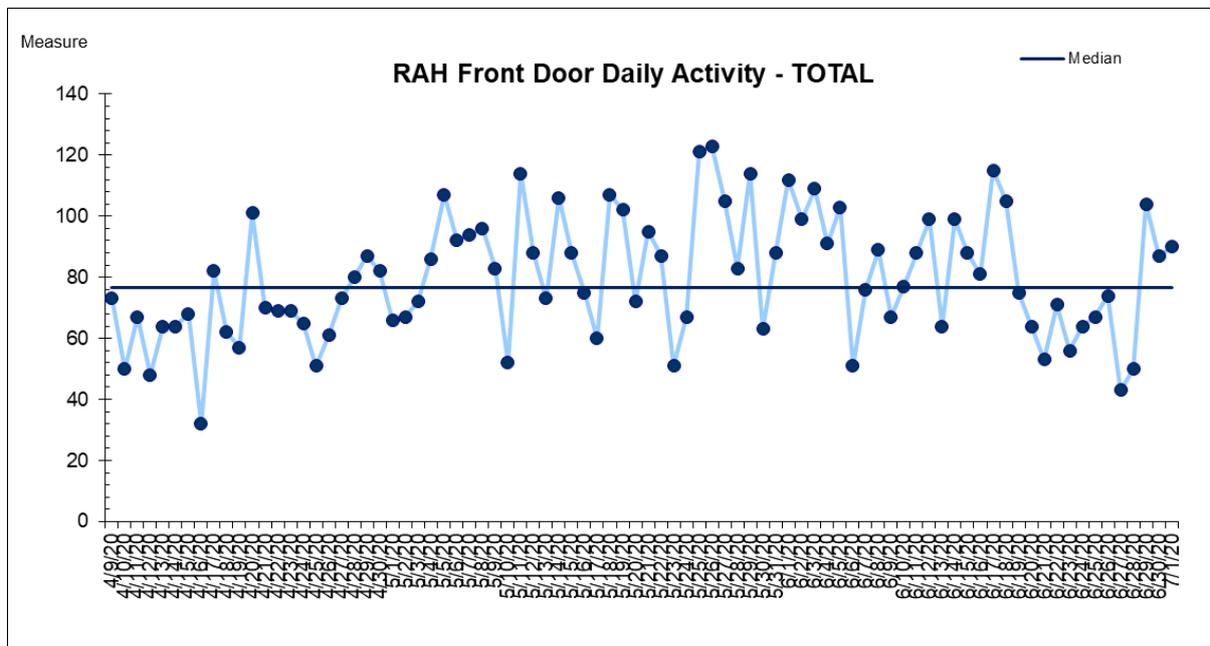
If the patient drove themselves, they were directed to park in the car park and walk to the green or red entrance.

Data collection

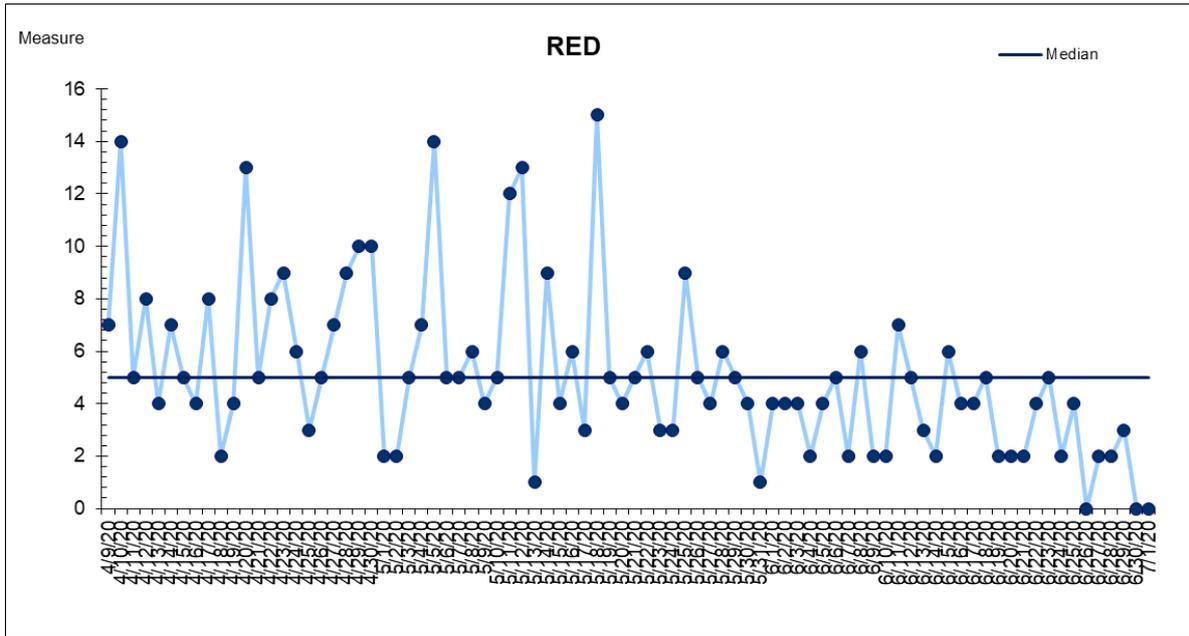
Data was collected on the number of red and green patients and also those not attending ED, directed by the Orthotic team using a simple paper data collection sheet. This was inputted at the end of each shift by Orthotic staff onto an excel spreadsheet and this was collated once a week into a run chart to be reported to management to inform the shift times and staffing required.

Results

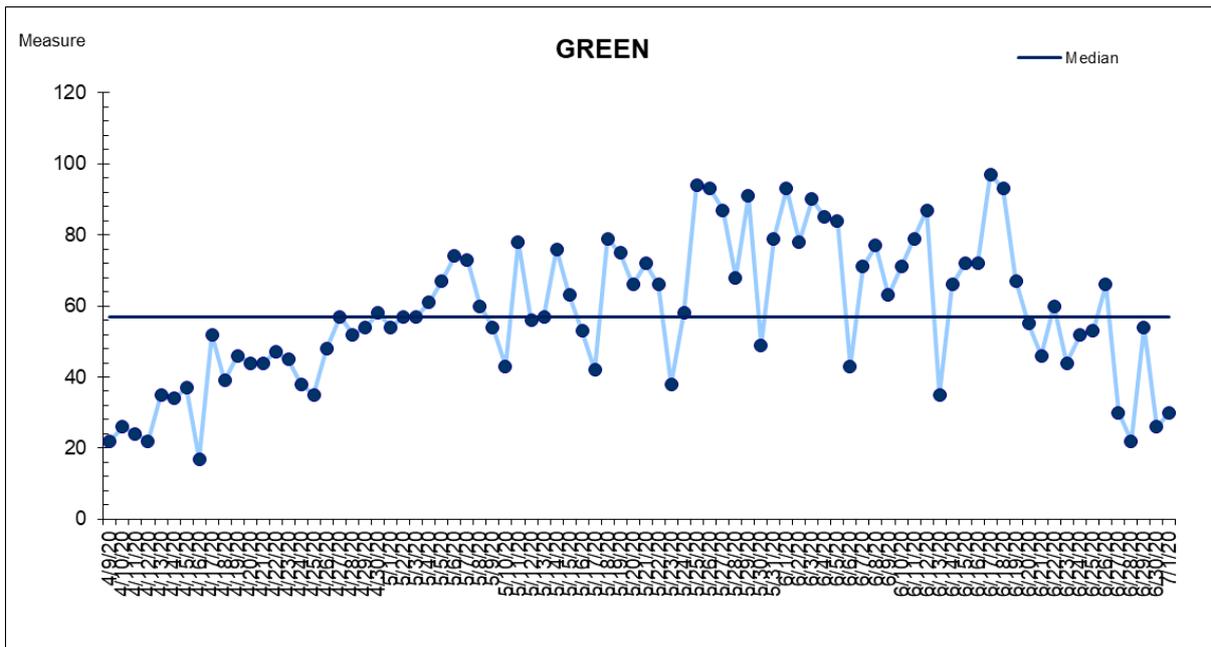
The data below shows the activity that has been managed by the orthotics team at the front door. The run charts show total activity and a breakdown of the numbers directed to the red door, green door and non ED attendances for the day hospital entrance i.e. outpatients, staff etc. The data covers patients who present to the front door team only and doesn't include any patients directed by the security team.



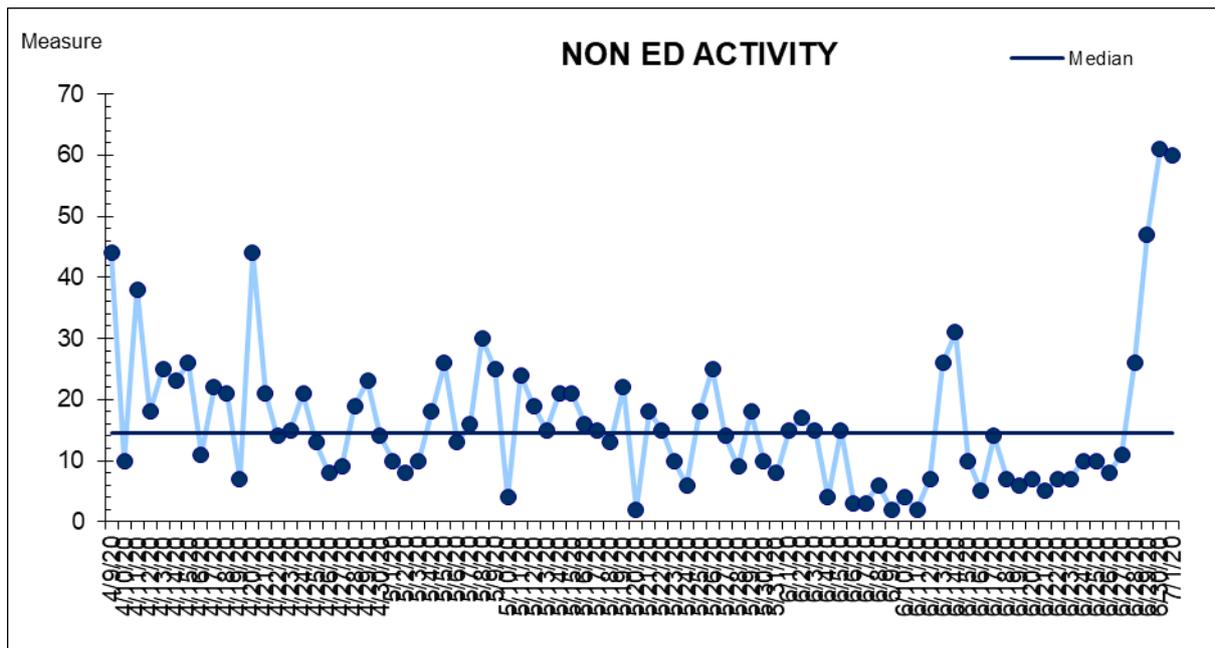
Overall attendances at the front door remained variable over this time. There have been no clear trends or shifts in overall attendances.



The number of patients directed along the red pathway decreased over time.



There has been a clear increase in the number of patients directed along the green pathway. There is an increased shift in activity which reflects the increase in patients attending ED although this decreased again towards the end of June.



Numbers being directed to the day hospital entrance or other departments remained variable throughout. The shift at the end of June corresponded with lockdown being lifted and more freedom of movement.

Conclusion

Streaming at the front door has played a key part in managing attendances and ensuring patients on red and green pathways are kept clearly apart. This has prevented clinical staff from being pulled from their areas to manage this process. All efforts have been taken to ensure that both the orthotics team and the attending patients and visitors are kept safe throughout this process.

Note:

Following Orthotics stepping down the triage service at the front door of RAH at the end of June 2020 as the RAH front door was opened to the public again, a post was created in the RAH emergency department for a senior nurse to carry out the same function as the Orthotic team had been carrying out, which is now being classed as 'redirection' and this post has been replicated across all EDs in NHSGGC so this small test of change has led to a sustained improvement.

