Emergency Care Centre, Aberdeen Royal Infirmary

What does this mean for acute stroke treatment in Grampian?

Time is brain!
System Wide Impact

- Reconfiguration of Aberdeen Royal Infirmary
- Relocation of services
- Unscheduled/planned care separation
- Shift balance of care – practical plans
- Grampian wide organisation of Unscheduled Care
- Detailed development of operational policies and workforce plans
OPTION 3: STAGED DEVELOPMENT
<table>
<thead>
<tr>
<th>Floor</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>East End 1</th>
<th>East End 2</th>
<th>East End 3</th>
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<tr>
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<td>Wards 49, 50 &amp; 51</td>
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ARI beds: 897
Floor 4
Wards 35, 36

Floor 3
Wards 33, 24

Floor 2
Wards 31, 32

Floor 1
Wards 29, 17, 27, 6, 0

Floor 0
Wards 49, 50, 51

Floor 7
Wards 41, 42, 43

Floor 6
Wards 39, 40

Floor 5
Wards 38, 41

Floor 4
Wards 37, 42

Floor 3
Wards 36, 43

Floor 2
Wards 35, 44

Floor 1
Wards 34, 45

Floor 0
Wards 33, 46

Basement

Sub Base

TOTAL

ARI beds available: 894
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</table>

**Ambulatory Care**

- **East End 1**
  - Dermatology: 29
  - Dia/endo/Gen med: 27/28
  - Renal dialysis: 23,24
  - Cardiology: 19,20,21

- **East End 2**
  - Oncology: 17
  - Haematology day: 15
  - Stroke/Gen med: 11,12
  - Day/short stay surg: 07-Aug

- **East End 3**
  - Clin Pharm OP: 6
  - Max Fax: 5
  - Respiratory/Infection: 1,2

**Inpatients**

**Emergency Care Centre**

- **Phase 1**
  - Cancer: 56
  - Infection Unit: 26
  - Med Eld/Ben Med: 30
  - Cardiology: 30
  - Renal + seminar: 23
  - HDU: 24
  - Respiratory: 28
  - GI: 28
  - Med Eld/Ben Med: 16
  - Med and Surg short stay: 59
  - CDU: 40

**Total**

- ARI beds available: 894
- Total ECC: 360
- Clini Pharm OP: 6
- Max Fax: 5
- Respiratory/Infection: 1,2

**Labs?**

- East End 1
  - Rheum/Gen med
  - GI/Den med
  - Stroke/Gen med
  - Renal/Gen med
  - Renal dialysis
  - Haematology day
  - Diab/endo/Gen med
  - Day/short stay surg

- East End 2
  - Orthopaedics
  - ENT/OMF/Urology
  - Breast/Gynae/Short Stay Medical
  - Cardiology Day/short stay surg
  - Ophtalmology
  - Neuro/Plastics

- East End 3
  - Haematology day
  - GI/Den med
  - Stroke/Gen med
  - Renal/Gen med
  - Renal dialysis
  - Haematology day
**ECC Workstream Groups**

**Core**

<table>
<thead>
<tr>
<th>Workstream 1</th>
<th>Workstream 2</th>
<th>Workstream 3</th>
<th>Workstream 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minors &amp; Community</td>
<td>Majors &amp; Resus</td>
<td>Assessment &amp; CDU/Short Stay</td>
<td>Medical HDU</td>
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<td>Workstream 5</td>
<td>Workstream 6</td>
<td>Workstream 7</td>
<td>Workstream 8</td>
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<tr>
<td>Children’s Services</td>
<td>Radiology</td>
<td>Labs</td>
<td>Pharmacy</td>
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<td>Workstream 9</td>
<td>Workstream 10</td>
<td>Workstream 11</td>
<td>Workstream 12</td>
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<tr>
<td>Facilities</td>
<td>Choose Well</td>
<td>(Informatics)</td>
<td>HAI Scribe</td>
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**Specialties:** Those ‘bedded’ in ECC and with those links
• The main function of the Emergency Care Centre is assessment and clinical decision making. The only patients to be accommodated within the core ECC (levels 0/1) will be those requiring either assessment and decision making or a short period of observation. This will stimulate the organisation of rapid transfer and step down arrangements.

• The ECC operational centre will help to co-ordinate and support the delivery of unscheduled care throughout Grampian and improve communication with all primary care services.
• All elements of the service will have direct access to diagnostic services..... routine diagnostic tests will be immediately available and reports will be available within one hour of request

• The ECC will focus on the provision of emergency care for adults...... its co-location with the Children’s Hospital will permit further integration and flexibility with the paediatric assessment unit (PAU) and the other children’s emergency services
• Senior clinician opinion will be available within one hour to support decision making and triage to specialities

• Medicines will be dispensed to permit early discharge or transfer i.e. within one hour of requesting medicines between the hours of 7am and 11pm

• The provision of a fast, efficient and relevant laboratory service is essential to this project, and will integrate with a variety of clinical decision making processes and patient pathways. Near patient testing will be available in the Centre as appropriate and sample transport to the main laboratories will be via a pneumatic tube system
• Level 2 (HDU) care will move from the current de-centralised model to centralisation i.e. there will be one medical and one surgical high dependency unit

• The functions of the existing A&E observation ward, Acute Medical Assessment Unit and surgical assessment will be brought together into one combined assessment/CDU facility

• ........ the existing G-MED minor illnesses and A&E minor injuries services will be integrated into one minor injury/illness service

• G-MED/NHS24 services will be integrated as far as possible to improve triage and provide continuity of care
ECC Project Objectives

• To deliver an integrated approach to unscheduled care through the co-location and integration of clinical services in the Emergency Care Centre.

• To exploit the strategic location of the Emergency Care Centre as part of the Foresterhill Masterplan and the ARI Blueprint.
Emergency Care Centre…

- Emergency services working together
- Multi-professional teams
- Rapid response 24 hours a day

... single service, rapid response
The operational policy for the Emergency Care Centre has been devised to improve the patient experience and flow through the emergency care system and to support the delivery of an integrated Unscheduled Care service throughout Grampian.

(ECC Outline Business Case April 2008)
ECC Operational Policy

• Co-location and Integration
• Described by function not department
• Emergency/elective split
• Assessment and triage
• Access to opinion
• Access to diagnostics
• Flows and timelines
• Flexible staffing/systems
Principles of ECC Planning:

• Consistency with ARI blueprint and other projects

• Future proofing - flexibility in design

• Maximise clinical accommodation

• 75% Single rooms
### ECC – Clinical Brief:

<table>
<thead>
<tr>
<th>Floor</th>
<th>Accommodation</th>
</tr>
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<tbody>
<tr>
<td>Level 7</td>
<td>Generic ward</td>
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<tr>
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<tr>
<td>Level 0</td>
<td>Resus/Majors, Integrated Minors, Fracture clinic, Radiology</td>
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## ECC – Clinical Brief:

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<tr>
<th>Floor</th>
<th>Accommodation</th>
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<tbody>
<tr>
<td>Level 7</td>
<td>Haematology/oncology inpatients – on interim basis</td>
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<tr>
<td>Level 6</td>
<td>Gen Med/MFE</td>
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<tr>
<td>Level 5</td>
<td>Renal</td>
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<tr>
<td>Level 4</td>
<td>Medical HDU</td>
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<tr>
<td>Level 3</td>
<td>Gastro-intestinal</td>
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<tr>
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<tr>
<td>Level 0</td>
<td>Resus/Majors, Integrated Minors, Fracture clinic, Radiology</td>
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What are the benefits to patients?

**Reduced admissions / shorter stay in hospital**
With more diagnostic, treatment and care services available, more patients can be treated without the need for hospital admission.

**Privacy and dignity**
The Emergency Care Centre will deliver clinical care in a modern environment. Maintaining patient dignity and privacy has been an important element of the design process.

**Less risk of infection**
The new Emergency Care Centre building will have a high number of single rooms which will reduce the likelihood of hospital acquired infection.
What about stroke?

- Paramedics trained in FAST; protocol for transfer to ARI/DGH in place.
- Pre-warning of ECC staff of imminent arrival.
- Appropriate triage, rapid assessment.
- Pre-warning of stroke service.
- CT scanner adjacent to ‘majors’ (and ‘minors’) areas. Rapid diagnostics.
- All appropriate stroke patients accommodated in stroke service.
Assessment of Stroke Patients in ECC

Patients who have an acute neurological deficit may be suitable for thrombolysis if they are treated within 4.5 hours of symptom onset. IST3 currently recruiting up to 6 hours

SAS pre-alert – FAST positive
What is estimated onset time? Arrival time?
How severe is deficit?
Co morbidities and medication?

Contact stroke bleep holder

At triage/assessment: Has the patient got an ongoing neurological deficit?

Symptoms and/or signs
- Facial weakness
- Limb weakness
- Speech disturbance (dysphasia or dysarthria)
- Hemianopia

YES

Known time since onset <6 hours?

NO

If resolved anterior circulation symptoms and/or AF, discuss with stroke bleep holder re urgent investigation.

Time since onset >6 hours or unknown?

Arrange urgent CT scan and contact stroke bleep holder

Contact stroke bleep holder to arrange admission