No Room at the Inn?

Improving flow through Paediatric A&E

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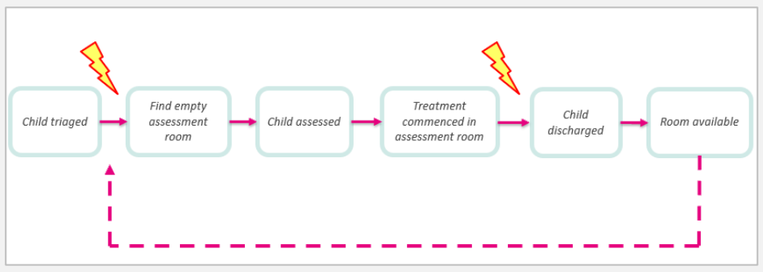
BACKGROUND

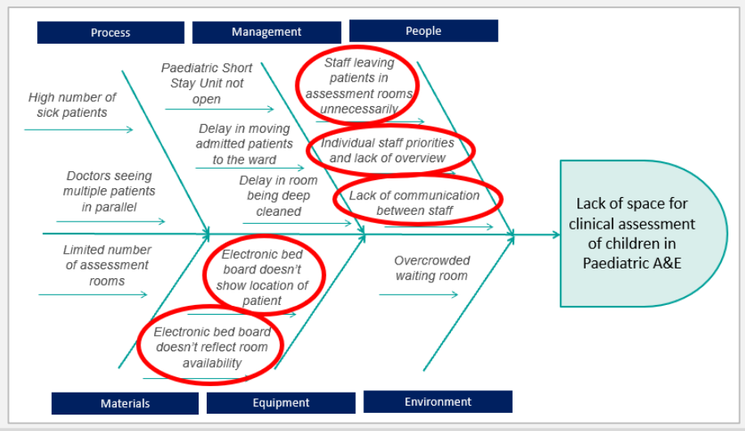
The paediatric emergency department has a limited number of assessment rooms for treating a high volume of patients. When the rooms are full there is nowhere for new patients to be seen. Staff often spend time searching for available rooms or moving patients between spaces, which is frustrating and inefficient. This ultimately leads to delays in patient care.

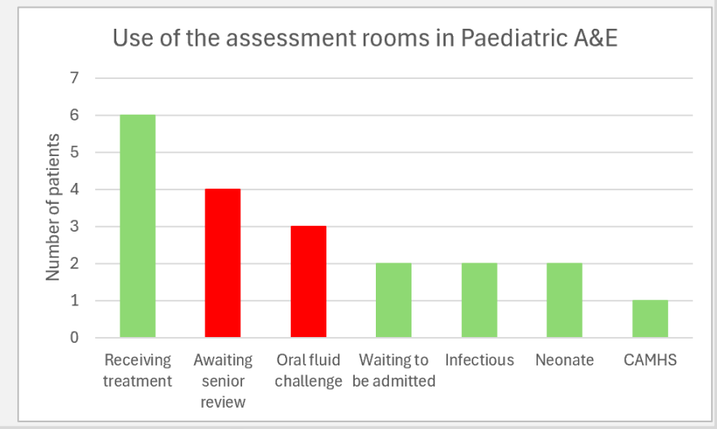
PROBLEM

Assessment rooms in the paediatric emergency department are often full leaving no space for sick children to be seen. Staff are frustrated because they can't deliver timely care, and families are upset by the delays.

DIAGNOSTICS







AIM & MEASUREMENT DEFINITION

Aim

No child should be in an assessment room in the Paediatric A&E that they don't need, when others do, by the end of February 2026.

Chosen measure

The number of rooms being used unnecessarily

Sampling method and frequency

Count the number of rooms being used unnecessarily at random time points. 20 random time points for the baseline data

Inclusions

- Assessment rooms 1-6, 8 and 9
- Unnecessary use of rooms: oral fluid challenge, waiting for senior review/repeat observations/medication

Exclusions

- CAMHS room (room 7), HDU room (room 10)
- Necessary use of rooms: sick patients, admitted patients, CAMHS patients, neonates, infectious children, investigations/procedures, empty rooms

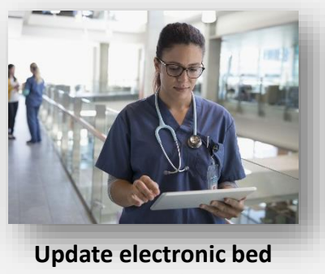
CHANGE IDEAS

Whatsapp reminders

Transform the waiting room

Update huddle checklist

Consultation space in the waiting room



Update electronic bed board

Allocate a 'quick-fix' room

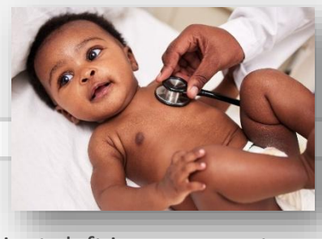
Posters for staff

Posters in the waiting room

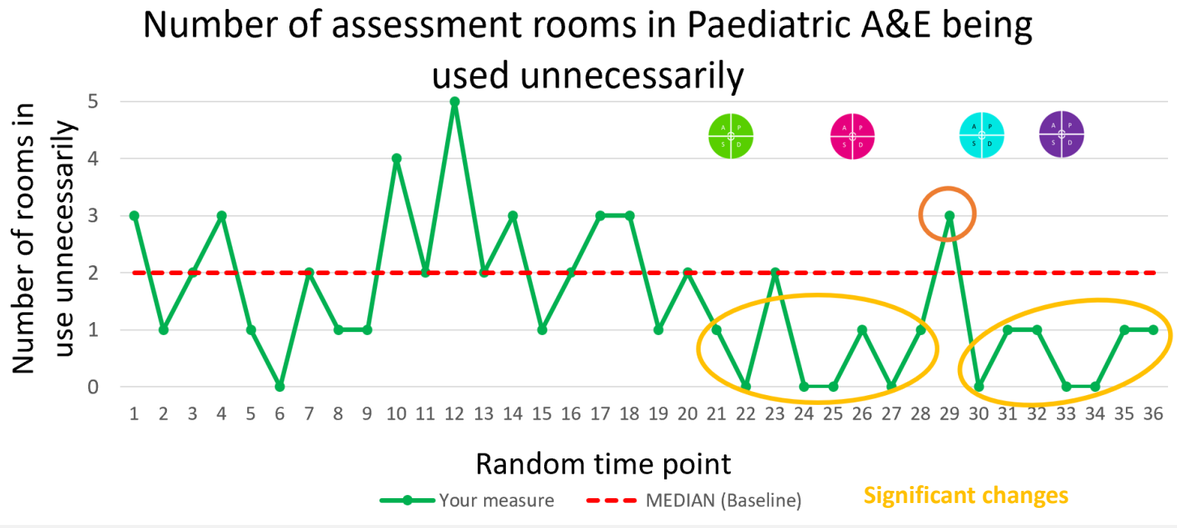
PDSA cycles

Test	PLAN	DO	STUDY	ACT
1.1	Create poster with criteria for assessment room use	Research if criteria already exists	No pre-existing criteria	**Adapt** –establish criteria
1.2	Collect feedback on poster	Poster shown to resident doctors. Poster emailed to senior leadership team.	Criteria finalised. Advice received on where to display poster.	**Adapt**– final copy created
1.3	Display the poster	Poster put on assessment room doors and board by workstation	Staff using the criteria to move patients back to waiting room. Poster losing impact over time. One negative response from parents being asked to go back to the wait room.	**Adopt** –use the criteria **Extend** –move the poster onto *Eolas* online resources platform **Add in** –create poster to go in waiting room to inform patients and families
1.4	Upload poster to *Eolas* platform	Discuss with Consultant in charge of *Eolas*	Poster agreed to be uploaded onto *Eolas*	**Adopt** – poster easily accessible on *Eolas*
2.1	Update huddle online checklist. Current checklist includes 'can any patient go back to waiting room?'	Observe how staff respond to the question	Doctors avoid answering the question	**Adapt** –devise a new question
2.2	Devise a new question for the checklist to encourage response from doctors	Discussed with Consultant in charge of huddle checklist	Change question to 'how many patients can go back to the waiting room?', answer must be a number	**Adapt –**change the question on the online huddle checklist
2.3	Update the checklist with the new question	Consultant contacted Patient Experience Administrator to update the checklist	Question successfully updated	**Extend** –use the new question
2.4	Online huddle checklist live with new question	Observe how staff respond to new question	Doctors actively respond, patients subsequently moved out of assessment rooms	**Adopt –**huddle identifies patients who can go back to waiting room

Test	PLAN	DO	STUDY	ACT
3.1.	Update iCare electronic bed board with correct assessment rooms	Email sent to Clinical Informatics Practice Development Nurse	Response advising to complete Change Request form	**Adapt** –complete Change Request form
3.2	Complete Change Request form	Change Request form completed and sent	Response received with change illustrated in iCare test environment. Edit needed.	**Adapt** –send feedback
3.3	Email Clinical Informatics Practice Development Nurse with amendments	Email sent to Clinical Informatics Practice Development Nurse	Changes successfully implemented on live iCare electronic bed board	**Adopt –** iCare electronic bed board displays correct assessment rooms **Extend** –inform staff of change
3.4	Inform staff that patient location can be updated on iCare electronic bed board	Email sent to Paediatric A&E nurses and doctors and the flow coordinator.	Electronic bed board now accurately reflects patient location and available assessment rooms easily identified.	**Adopt** –patient location up to date on iCare electronic bed board
4.1	Create poster informing patients and families that their care may continue in the waiting room	Research if poster already exists	No pre-existing poster	**Adapt** –create poster
4.2	Collect feedback on poster	Poster shown to resident doctors. Poster emailed to senior leadership team. Poster shown to patients and their families.	Poster finalised. Redecoration of the waiting room about to commence, advised by matron not to display printed poster, instead display on TV screens.	**Adapt** –final draft of poster created
4.3	Get approval for poster from Patient Information Review Process (PIRP) team	Send final draft poster to Patient Communications Manager	Amendments suggested and approved. In-house design team created poster.	**Adopt** –In-house design team to create and display poster on TV screen.



RUN CHART



CONCLUSIONS

- There was a shift in the process, with a decrease in the number of patients left in assessment rooms unnecessarily.
- Although the aim for NO patient to be left unnecessarily in the assessment rooms was not met, there was a statistically significant reduction in the number that were, with 2 runs of 7 data points remaining below the baseline median.
- There was one outlying data point (point 29). The 'special cause' likely being that there were very few patients in the department on this shift, so they were able to be left in assessment rooms without impeding flow.

REFLECTIONS & LEARNING

- Implementing change through multiple small steps within each PDSA cycle supported sustainable and embedded change.
- Early and active involvement of the wider MDT, including non-clinical colleagues, improved feasibility of the project.
- The unpredictable nature of the Paediatric A&E, particularly fluctuating patient volumes, can make it challenging to implement change.

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