The Four Hour Target in Accident and Emergency

Introduction and overview

One of the key performance indicators set by the Department of Health for NHS acute hospitals is that at least 98% of patients attending an A&E department must be seen, treated, admitted or discharged in under four hours. The original target was set at 100%, but lowered to reflect clinical concerns that there will always be patients who need to spend slightly longer in A&E, under observation.

Trusts are judged on their performance in this area, and for the past fifteen months incentive awards have been given to health systems which have achieved the target as an average performance over a three month period.

Although this target was greeted with scepticism when it was introduced, and was criticised by some clinicians as distorting clinical priorities and patient care, the general experience in the Oxford Radcliffe Hospitals two A&E departments is that it has benefited both patients and staff.

The patient pathway

A&E departments are the front door to the hospital system for emergency patients. People attending A&E present with a wide range of injuries and illnesses, from the very minor to the life threatening. Patients who need admitting to the hospital for further treatment, are dependent on a vacant bed being identified for them, in an appropriate clinical setting.

At any one time, the Trust has at least 50 (and sometimes over 70) patients in its beds who have been declared fit for discharge and who are waiting for care elsewhere – for example, at home, or in a community hospital. This causes delays in admitting emergency patients. It also means that patients who could be cared for nearer to home are forced to remain in an acute hospital ward, which is not the best clinical situation for them.

Background at the Oxford Radcliffe Hospitals

Prior to the introduction of the four hour target, Trusts were measured on how many patients waited in the A&E department over 12 or 24 hours, and the average waiting time for all patients. Four years ago, the Oxford Radcliffe Hospitals was one of the worst performing Trusts in the country for this target. Some patients waited on trolleys in an overcrowded department for in excess of 12 hours.
In March 2001, the Royal College of Nursing gave permission to the A&E nurses to ballot on industrial action because of conditions in the department. An A&E consultant attracted national media attention when he stated that he thought conditions in the department were ‘dangerous’. In 2003, the department featured on *Panorama* because of the continuing long waiting times.

**Improving the service**

Over the past 18 months, a number of initiatives have radically cut waiting times for emergency patients. The aim of these initiatives is not to change the way in which patients are treated but to speed up internal hospital processes so that patients are not waiting unnecessarily (for example, for x-rays or prescriptions). Initiatives include:

- The establishment of medical assessment units at the John Radcliffe and Horton Hospitals. These units take patients with medical problems referred by GPs directly into a ward setting. Previously, these patients had to go through the A&E department.
- The opening of a surgical emergency unit at the John Radcliffe Hospital. This takes patients with suspected surgical problems, by GP referral. Previously, all these patients also had to go through the A&E department.
- The opening of a new A&E department at the John Radcliffe. The department, which opened last year, is much more spacious and includes a separate children’s A&E. Last year it won the Department of Health Building Better Healthcare Award for hospital design.
- The introduction of ‘see and treat’ nurses in the A&E departments, so that people with minor injuries are seen swiftly and discharged.
- The introduction a ‘traffic light’ computer system in A&E which shows staff how long patients have been waiting and what they are waiting for, in order to speed up assessment, diagnosis and admission.
- A project to shorten length of stay in acute and community hospitals, and to speed up transfer of patients who are judged fit to be discharged to care in another setting.
- The introduction of daily briefings and weekly meetings with the hospital staff and primary, social care and ambulance colleagues, to discuss common problems and to agree solutions.

**Current performance**

Over the last financial year, the Oxford Radcliffe Hospitals achieved the national target of ensuring that 98% of patients were seen within four hours, and the average time was two and a quarter hours.
However, achieving 98% consistently has proved extremely difficult. Trust staff are currently looking at where and why delays may be occurring and what more can be done to speed up systems and processes, both within the hospitals and with the transfer of patients to care in community settings.

**Staff views of the target**

Although no formal survey has been undertaken of staff views of the four hour target, several clinical staff have gone on the record (including on national TV) to state that they feel it is positive for patients, and easier for staff. In the past, clinical staff felt that hospital processes were causing unnecessary delays for patients. A&E staff have been quite clear that their department is not an appropriate setting for people to wait for long hours for hospital admission.

Given that A&E staff have, in the past, felt a duty to speak publicly when concerned about an issue, this indicates the measure of confidence in the new system.