AIM STATEMENT PLANNING

Developing your project aim

Overall problem/area issue:	There are increasing presentations to the Emergency Department (ED) with complex needs. People requiring admission to a psychiatric unit often have to wait in the acute hospital, either in the ED or on a medical ward, sometimes for a number of days despite there being no medical need. Sometimes patients are detained under the Mental Health Act or require enhanced care observations. There are also patients with complex mental and physical healthcare needs. Pressure on the system and on staff can lead to unrecognised bias and stigma towards mental illness. Being in an inappropriate environment leads to frustration resulting in increased incidents of violence and aggression, and patients have left the hospital with urgent resource being required to support their return. In ED, liaison psychiatry assess people with complex social circumstances, including homelessness, drug and alcohol misuse, unemployment and financial difficulties, making it difficult to safely discharge patients due to the lack of appropriate support. Sometimes, alternative community support may have avoided ED attendance.
Your purpose in wanting to improve this (WHY):	There is a clear recognition that patients are not getting the right care in the right place and it may impact on their overall recovery.
Your proposed SMART aim statement:	By March 2026, patients waiting on a psychiatric bed will reduce their average length of stay in the acute hospital by 72 hours. For those waiting in the acute hospital, the aim is to improve the environment and increase positive feedback from patients and families by March 2026.
What further scoping or tools will you use to understand the problem further:	Process map Tracking length of stay in acute hospital Measuring and understanding quality of care received
What scale are you operating at within the system? (mico, meso or macro) and list the areas involved in your project	Micro – interaction between patients and healthcare professionals. Improving interface with those providing 1:1 care Meso – qualitative work to gain insight into patient experience via focus groups. Improvement of the experience within the hospital environment Macro – consideration of alternatives to admission and wider community offers