Unlocking Gridlock
Improving the flow of patients through the emergency care pathway

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Gerry’s Story

8 DAYS

- History and Examination: 30 mins
- Full Blood count: 5 mins
- Nil by Mouth: 4 Hours
- Endoscopy and breath test: 30 mins
- Rest and rehydratation: 20 hours
- Discussion with cardiac centre: Stop drugs: 15 mins
- Check FBC: 5 mins
- X-match: 20 mins
- Blood Transfusion: 8 hours
- Discharge with plan and TTO’s: 15 mins

Value Adding: 34 hours
Non Value adding: 8 days x 24 hours

= 18% of time value added

82% of time and resource wasted
Poor quality experience and outcome from a Poor Quality system
The Problem
The Opportunity Calculus

TCS - system integration

+  

Health Foundation – Flow programme tools and a different way to engage clinicians

+  

Commissioner and provider shared risk financial model

+  

Local authority leadership changes

=  

Ability to work as a whole system
The patient could be transferred to a community hospital (requires rehabilitation in a 24/7 care or specialist rehabilitation equipment)

- **Pathway 2**

**Patient could be transferred to a POC**

- **Pathway 3**

**Patient to be transferred to Nursing Home**

- **Out of County**

**Pathway 2**

- **Acute 24/7 care**

- **Reablement**

**Pathway 3**

- **CERT**

**Out of County**

- **Discharge to Home**

**Out of County**

- **Patient to be transferred to Nursing Home**

**Pathway 2**

- **Acute 24/7 care**

- **Reablement**

**Pathway 3**

- **CERT**

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Breakdown of patient needs - Audit 2016

Discharge to Home - 29  -29
Out of County - 8  -8
Patient could be transferred to a POC - 47  -47
Patient to be transferred to Nursing Home - 29  +22
Reablemement - 86  -17
D2A P3 - 22  -9
D2A P2 - 39  -29
CERT - 52  +12
Community - 31  +22
Acute - 221  +106
Value of the Opportunity

£261,770 per week or £13.6m per year.
(South Warwickshire population 280,000)
Some Solutions
Service and System Principles

Our Mantra

• Assess before Admission
  • Todays work Today
• Process Standardisation
  • Discharge to Assess
Some Solutions
Service and System Principles

• Assess Before Admission
  – Default to AEC
  – Specialty Pull to front door – senior clinical decision maker - right first time
  – Frailty phone and front door MDT
  – Community Emergency Response Team – 2 hour response
Some Solutions
Service and System Principles

• Today’s Work Today
  – Diagnostics right sized for in-patient and AEC demand on day
  – Matching workforce profile to demand profile
  – 7/7 acute physicians and PoW
  – Not batching blood tests – results back for ward round
  – Right sizing community teams to take supported discharges on the day
Some Solutions
Service and System Principles

• Process Standardisation
  – Daily consultant ward rounds – PoW/CoW
  – Daily board rounds – what is the patient waiting for, EDD, Home for lunch
  – Skillmix – competency based roles
  – Hospital at night
  – Technology – DIGIT/CTMS/WTMS
Some Solutions
Service and System Principles

• Discharge to Assess
  – 3 pathways cover all patients no longer requiring an acute bed
  – P1 – Home first – integrated intermediate care and reablement service (also provides CERT response)
  – P2 – Rehabilitation in bedded environment
  – P3 – Assessment for on going care needs in appropriate nursing home environment – may be eligible for CHC funding.
<table>
<thead>
<tr>
<th>MEASURE</th>
<th>BASELINE PERFORMANCE</th>
<th>PERFORMANCE IMPROVEMENT</th>
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</thead>
<tbody>
<tr>
<td>Mortality - HSMR</td>
<td>114</td>
<td>101</td>
</tr>
<tr>
<td>A&amp;E Target – 4 hour</td>
<td>92%</td>
<td>96%</td>
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<tr>
<td>Emergency LoS - adults</td>
<td>7 days</td>
<td>5.2 Days</td>
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<tr>
<td>More than 3 ward moves</td>
<td>11%</td>
<td>1.8%</td>
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D2A Economic Evaluation - £600k net health and social care economy saving on £1.6m investment

Health and Social Care Economy - Commissioners and providers in £ - balance
Learning

- Escalation effort often wasted
- Get the narrative for clinical engagement right
- Service improvement approach – using the right tools but focus on action
- Be brave – may get it wrong first time, keep trying and support and empower staff
- Transformation takes time and needs local ownership
- Focus on reducing the burden of cost and the cost of delivery to the system