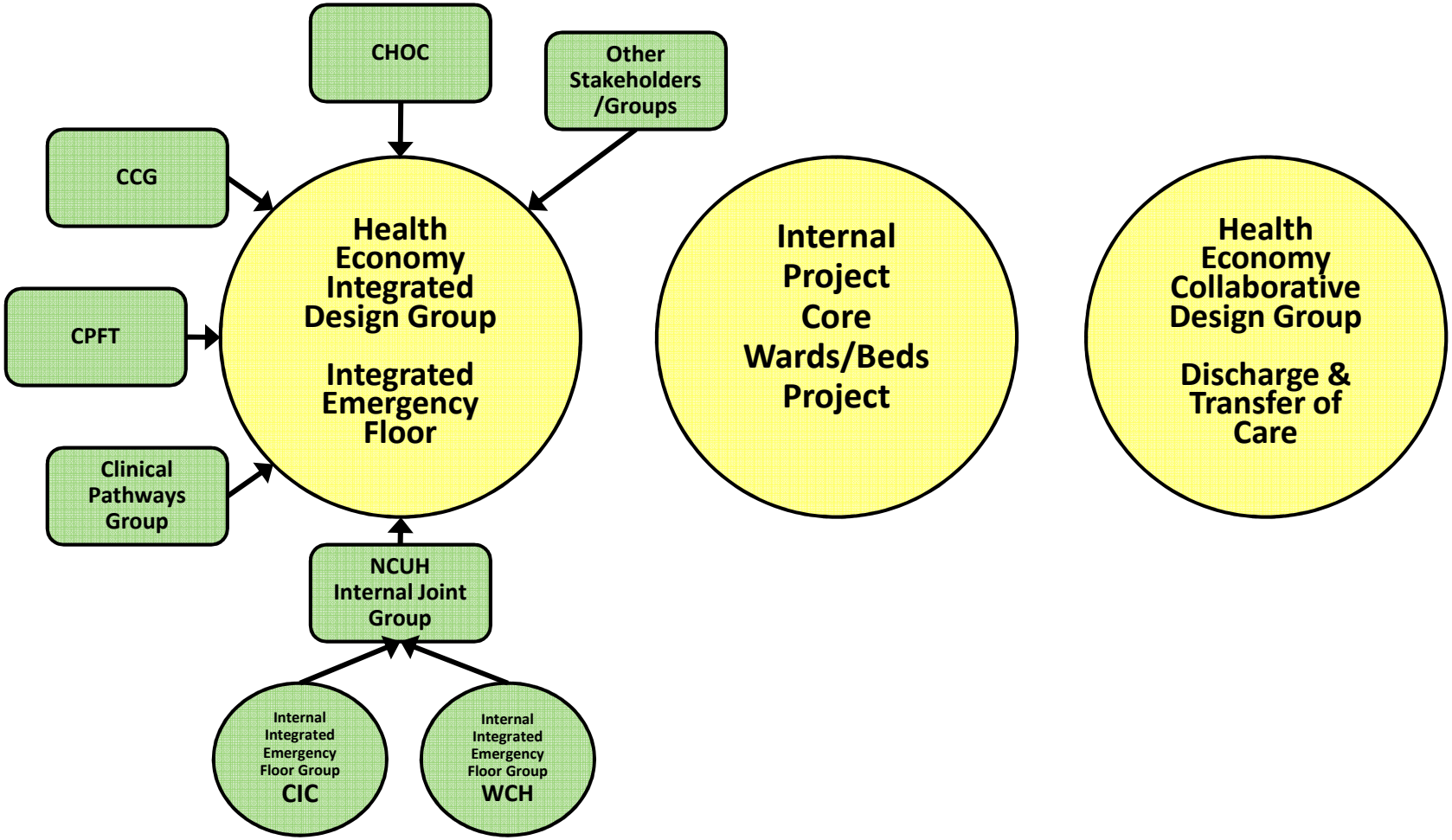
The Emergency Flow Project and Elective Flow Project Updates to NCUH Trust Board

10 July 2012

Emergency Flow Project

- Internal & Whole System Project
- Includes:
  - Discharging
  - Core Wards
  - Urgent Care Centre (Integrated Emergency Floor)
- Aims to:
  - Improve patient experience & care
  - Reduced costs through better design of patient flow & reduction in LoS

The Integrated Flow Project – Integrated Structure



Key Changes

Introduced July

Internal Project Core Wards/Beds Project

- Senior daily review
- Expected Date of Discharge
- Discharge Lounge
- Patient Information to Explain Discharge to Community Hospitals
- Morning Discharge Process Introduced

Identified August

Health Economy Rapid Improvement Event

Discharge & Transfer of Care

- DTOC Defined
- DTOC Measures in Place
- Cohort DTOC
- Discharge coordinator role
- Integrated Community Assessment & Rehab
- Introduction of a Single Assessment Tool

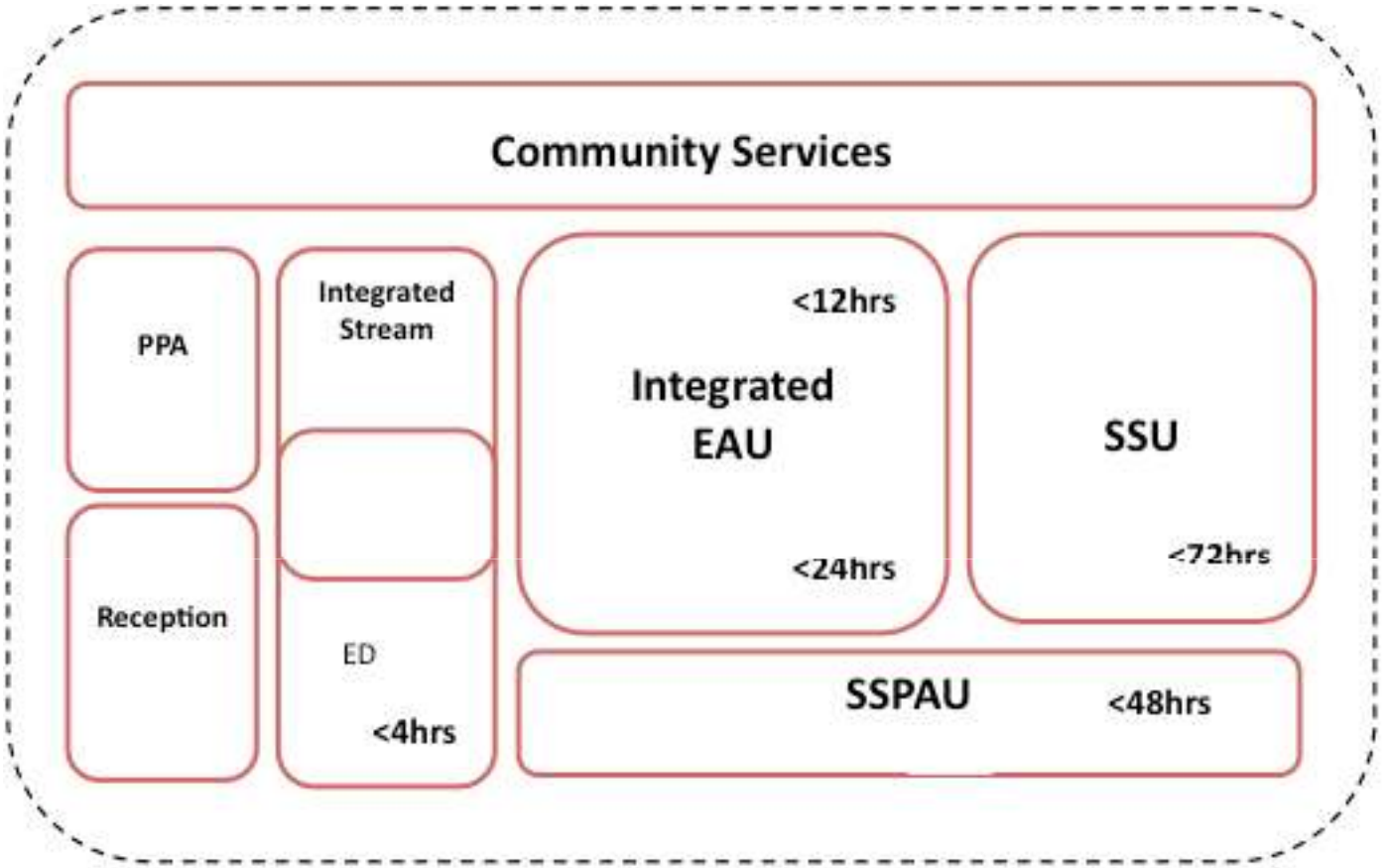
Introduced October

Health Economy Integrated Design Group

Urgent Care Centre

- Truly Integrated UCC
- Clear Operational Model/Governance Structure
- New Model for Ambulatory care
- Acute Physician Model for EASSU - 1 August 2012
- Reintroduce short stay ward (EASSU Operational Policy) 1 August 2012
- Demand & Capacity modelling
- Clear Workforce Plan
- Sustainable Financing Arrangements

Functional Model of Urgent Care Centre



PPA = Professional Point of Access
EAU = Emergency Assessment Unit
SSU= Short Stay Unit
SSPAU= Short Stay Paediatric Assessment Unit

Urgent Care Centre: A Model of Care & Patient Flow

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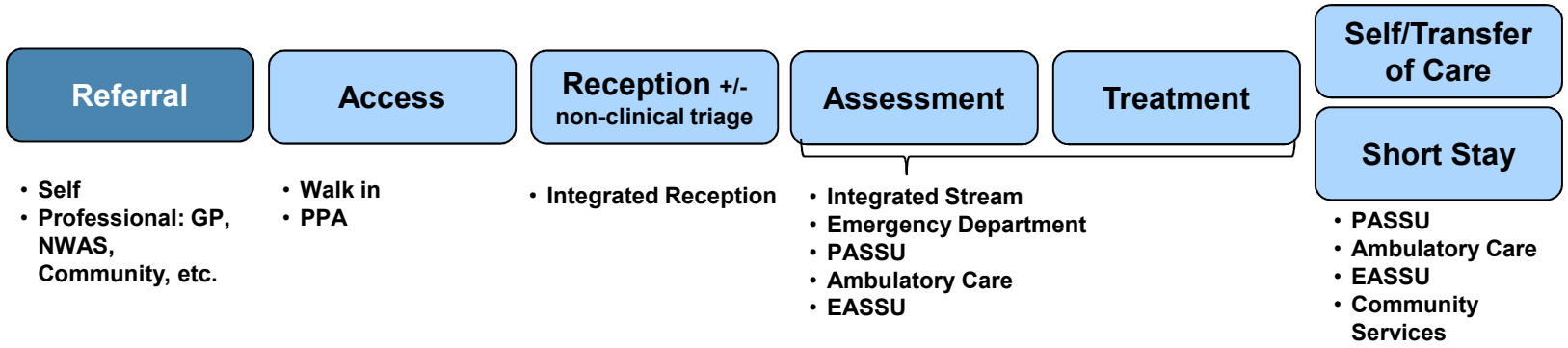
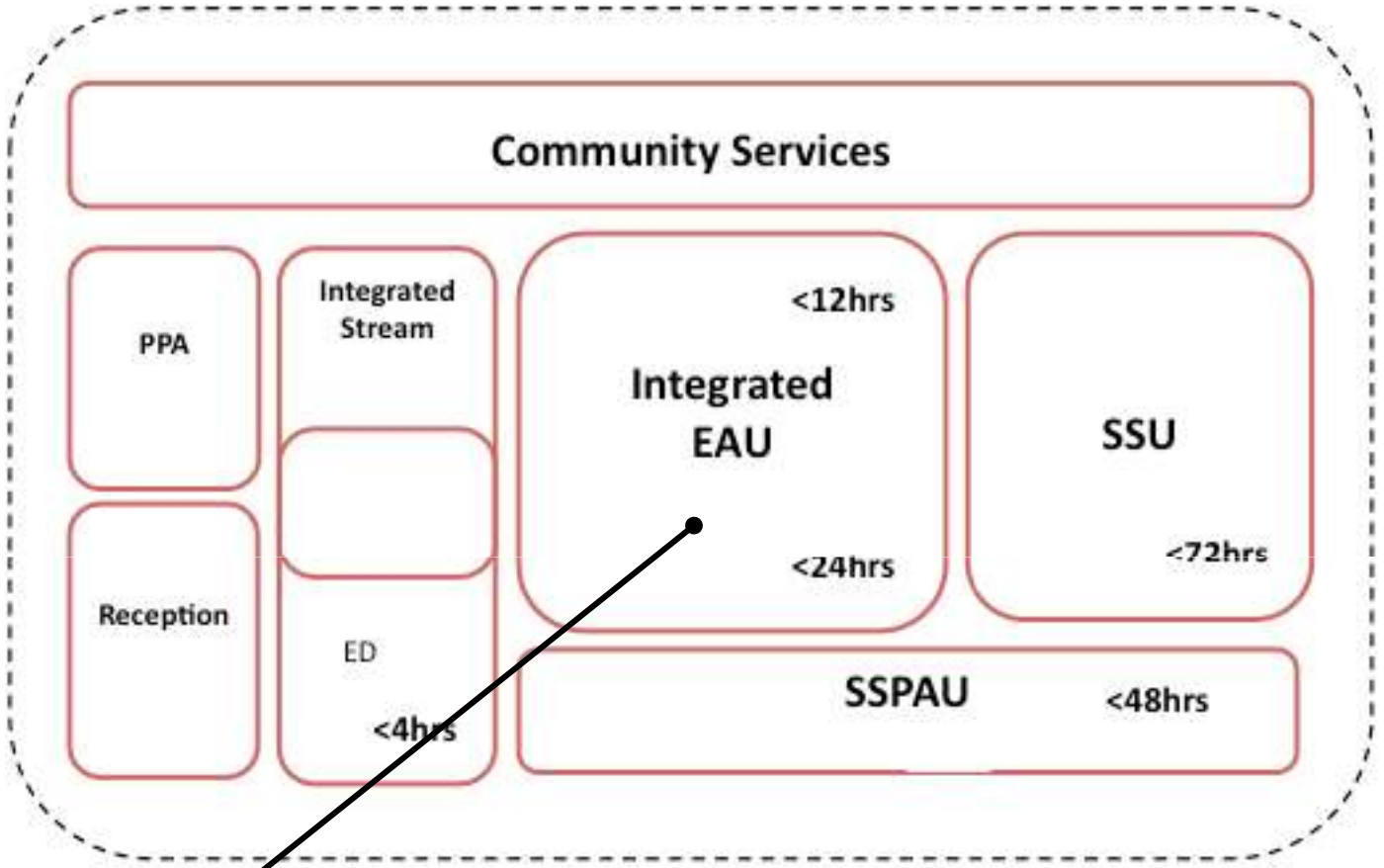
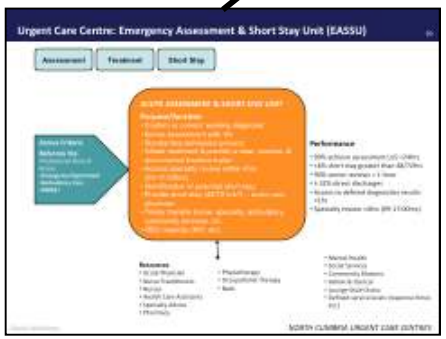


How it works is clearly defined, with agreed measures…





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Urgent Care Centre: Emergency Assessment & Short Stay Unit (EASSU)

Example

Assessment | **Treatment** | **Short Stay**

Access Criteria

Referrals Via:
- Professional Point of Access
- Emergency Department
- Ambulatory Care
- NWAS?

ACUTE ASSESSMENT & SHORT STAY UNIT

Purpose/function
- Confirm or correct 'working diagnosis'
- Senior assessment with 1hr
- Standardise admission process
- Initiate treatment & provide a clear, concise, & documented treatment plan
- Access specialty review within 4hrs (09-17:00hrs)
- Identification of potential short stay
- Provide short stay (48/72 hrs?) – acute care physician
- Timely transfer home, specialty, ambulatory, community services, etc
- HDU capacity (NIV, etc)

Performance
- 90% achieve assessment LoS <24hrs
- <6% short stay greater than 48/72hrs
- 90% senior reviews < 1 hour
- ≥ 32% direct discharges
- Access to defined diagnostics results <1hr
- Specialty review <4hrs (09-17:00hrs)

Resources
- Acute Physician
- Nurse Practitioners
- Nurses
- Health Care Assistants
- Specialty Advice
- Pharmacy
- Physiotherapy
- Occupational Therapy
- Beds
- Mental Health
- Social Services
- Community Matrons
- Admin & Clerical
- Lounge Style Chairs
- Defined service levels (response times etc.)

Elective Flow Project

- Whole System Project to Repatriate Activity & Realign Capacity to Demand
- Includes:
  - OPD, Listing & Scheduling
  - Preoperative Assessment
  - Admission Process
  - Core Wards
- Aims to:
  - Improve patient experience & care
  - Reduced costs through better design of patient flow & improved utilisation of theatres

Elective flow improvement ideas

Operating Model

Outpatients

- Demand & capacity understood
- SOP for DNA & rebooking
- Standardised OPD template
- Generic role in OPD
- Review of OPD reception process
- Clinic cancellation policy
- Start & finish times defined
- Changing rotas policy for junior doctors
- Annual leave policy implemented

Listing & scheduling

- Centralised booking
- Direct tbooking to theatre lists for GPs – hernia, carpal tunnel, etc.
- Pooling of waiting lists

Pre-op assessment

- Review pre-op
- Operational policy for pre-op defined
- Extension of joint school approach – prehab
- Standardised clinic proforma
- Review optimum location for pre-op unit

Admission

- SOP for admission process
- Timely pt prep
- Same day admissions
- Trauma patients operated within 24 hours
- Trauma pathway defined

Theatres

- Demand & capacity understood
- Visual mgt system for theatre readiness
- Theatres start before physical bed allocated
- Start times defined for all staff groups
- Standardised theatre start times
- Length of session reviewed & defined
- Theatre cancellation policy introduced
- Skill-mix review & benchmarking
- ORMIS data quality – data entry
- All theatre templates reviewed

Post-op period

- Review day-case operational policy
- Review of 23-hour unit operational policy
- Bed booking process
- 9 & 11 discharge process
- Discharge lounge
- Nurse-led dischasge process
- Booking process & capacity of critical care
- Bed reconfiguration
- ICPs for common pathways
- Enhanced recovery
- Expected date of discharge

Hospital at Night

Productive Ward

Productive Operating Theatre

Information Flow - capture appropriate data, format for comparison

Capacity planning - elective demand (th efficiency & flexibility) - capacity required, detailed specialty planning

Achievements to date

Policy implementation:

- Start and Finish Policy for theatres
- Cancellation policy for theatres
- Identified bed policy
- Access policy reviewed and revised

Knowing how we are doing in theatres:

- Key performance indicators agreed and produced
- Theatre Operational Group in place to review KPIs
- Visual Management System established

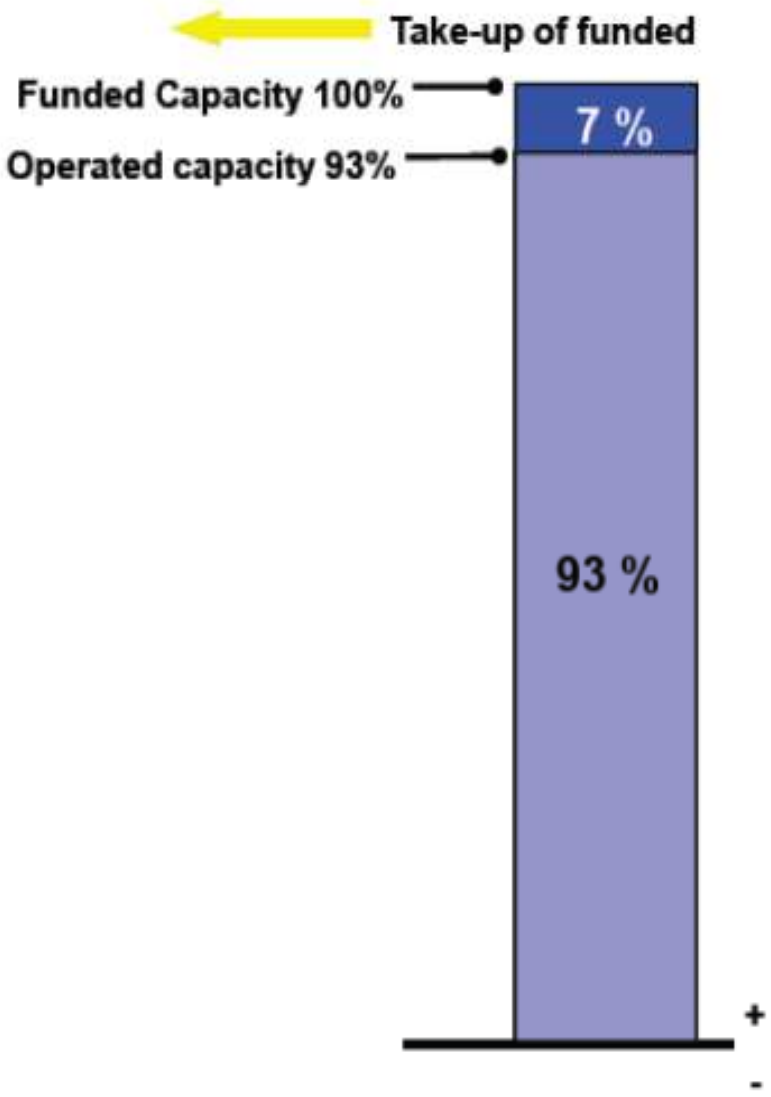
Reducing cancellations:

- Text reminder system implemented
- Pre-operative admission checklist implemented

Aligning resource:

- Demand and capacity analysis in place by specialty

Utilisation... How well do we use our funded sessions?



Funded Capacity:

- **Depends on the hospital but tends to be 42 weeks (52 weeks less leave & study of consultant).**
- **Could be more weeks if lists are covered while away.**

Operated Capacity:

- **Is the time that theatre staff are present for a list (therefore if the list doesn't run the capacity is wasted).**

Be careful!

- **Most Trusts 'offer out' lists which they know are not going to be used, and therefore they are utilised.**
- **We will represent this proportion within the operated capacity.**

Future Changes

Re-align resource:

- Implement a revised theatre schedule reflecting
    a. Capacity required by specialty
    b. Future improvement in utilisation
    c. Repatriation opportunities
    d. Cancellation policy for theatres
- Introduce booking matrix matched to surgeon procedure time and length of stay
- Re-align bed base to match demand

Re-design pre-assessment:

- Engage with primary care on shared decision making
- Develop business case for nurse-practitioner-led pre-assessment service

Improve discharge processes

- In synchrony with emergency flow, implement 9/11 discharge
- Implement nurse-led discharge