Brighton and Sussex University Hospitals NHS Trust NHS

Emergency Care Pathways - Right patient, right place, first time

Briefing paper for HWOSC

1. Purpose of the Paper

1.1. This paper provides a further update to the HWOSC regarding work currently underway on emergency care pathways. This is our third briefing paper.

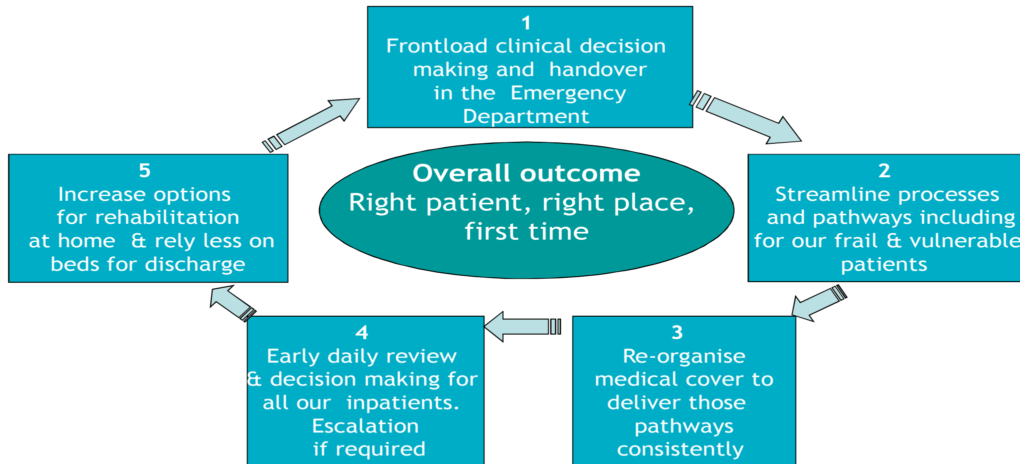
1.2. Following a marked increase in the time patients were spending in our Emergency Department last winter at the Royal Sussex County Hospital (RSCH), BSUH invited the Emergency Care Intensive Support Team (ECIST) to review our emergency care pathways. Their report and our own assessment confirmed that our deterioration in performance could not be put down to one issue but we could be sending more patients home from the Emergency Department (ED) with the right support, our patients needing admission were waiting too long for a bed and our patients stayed too long in hospital.

1.3. This paper updates on progress since the start of our improvement programme and work to follow within BSUH. It should be read in conjunction with the CCG/Partner update. Our work streams are designed to integrate with the wider systems work. Without this integration BSUH will be unable to deliver and sustain the safety and quality of service required.

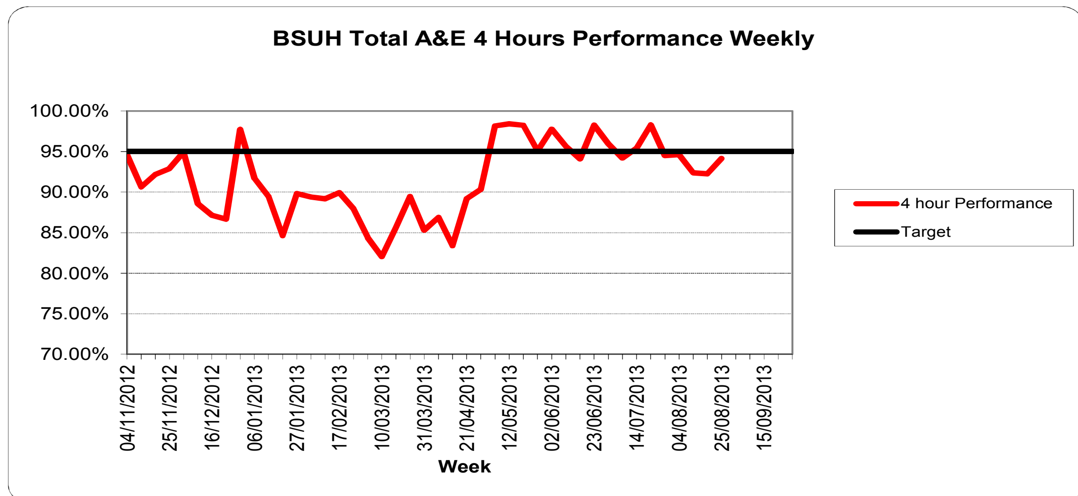
2. Programme of work

2.1. We developed a work programme with 5 key work streams:

Appendix One



2.2. Overall we have seen a sustained improvement in waiting times in ED since April and Zero breaches of the 12 hour standard (no patient to wait more than 12 hours from decision to admit to admission). Performance against the 4 hour standard was achieved in May, June and July but has been more difficult to maintain in August and overall performance was at 93.3% for the month. Our focus is now to address this in September and onwards for the coming winter:

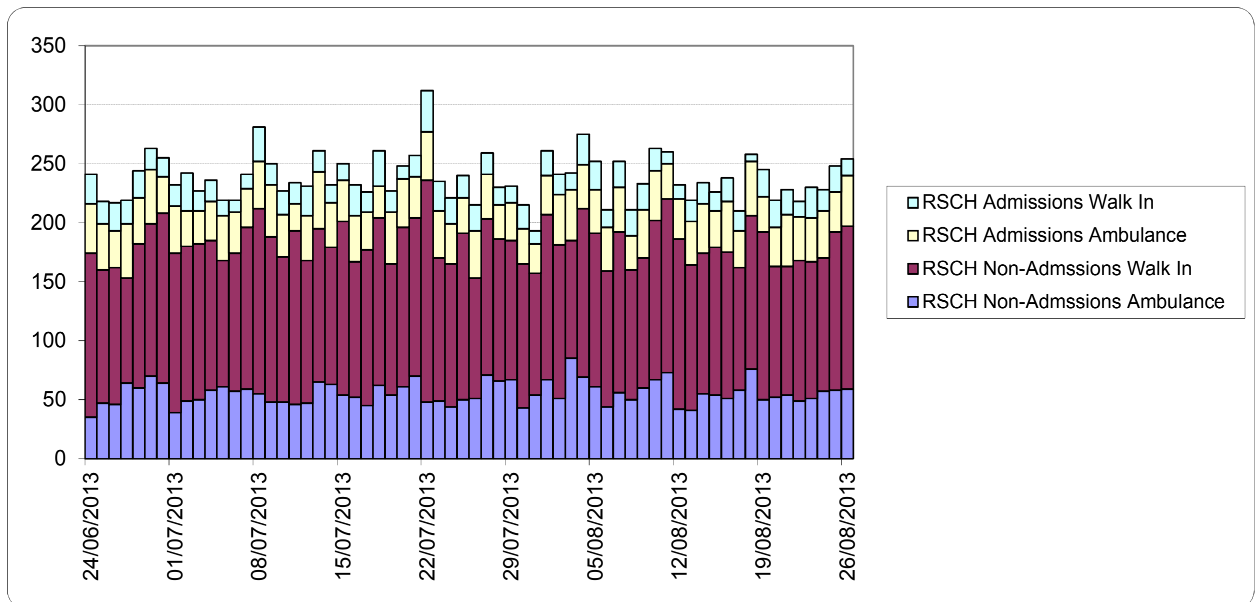


2.3. There are two reasons main reasons for this:

2.3.1. A large part of our programme of work was around changing doctors rotas and referral practices and this required new consultant appointments and new ways of working. Whilst these appointments have

now been made we will not see the full benefit until October this year. We have also identified that we have more to do in surgery and around the time of day and number of discharges particularly at the weekends.

2.3.2. RSCH remains with consistently high ED attendances and a significant daily variation in the number of patients passing through the Emergency Department:

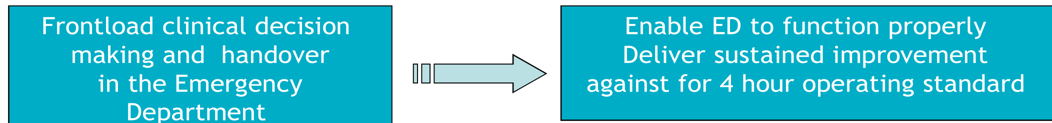


Within this there is a significant daily variation in ambulance conveyances (from 69 to 128 each day in July and August) and the associated admissions. This is important because between 40 and 45% of the patients who come to us by ambulance will need admission to hospital. The more we can understand this variation the better we can influence it through the work that CCG and partners are doing so admission to hospital becomes the exception.

We also remain with a significant number of patients who make their own way to ED who do not need to be seen in hospital.

2.4. The rest of this section updates on our programme of work.

2.5. WORK STREAM ONE



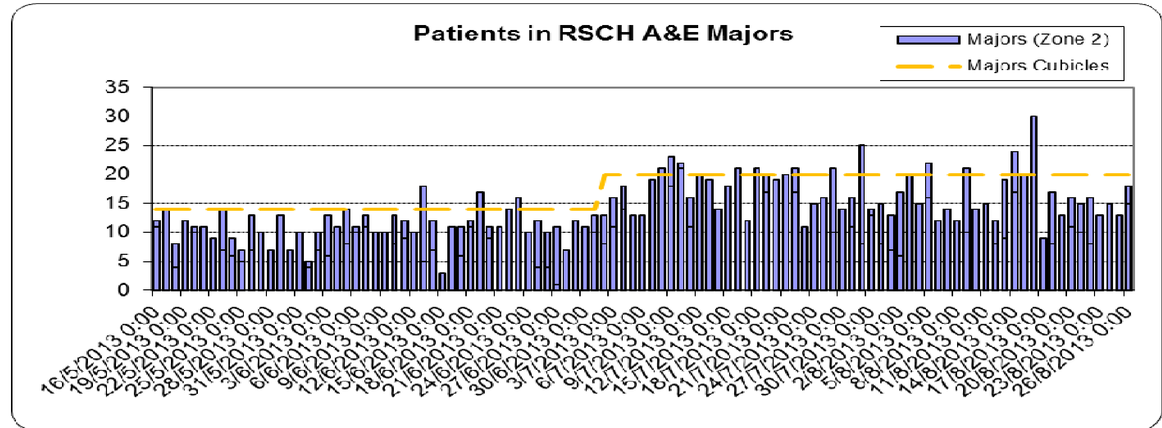
We have made three key changes:

- Introduction of a Patient Assessment Team (PAT) in ED to improve the patient journey through our emergency department through:
  Early identification of the sickest patients
  Early instigation of treatment including analgesia
  Early and appropriate ordering of investigations
  Early signposting of the patient's journey through urgent care

- Improved use of space in ED for patients with more serious injury or illness, providing two cubicles dedicated to PAT and 9 additional cubicles which is making it easier to ensure a smoother flow of patients when the department is at its busiest

- Improved the area for 'minors' (patients who are less poorly but still require ED care and treatment). These patients are now all seen in consulting rooms and no longer require cubicle space.

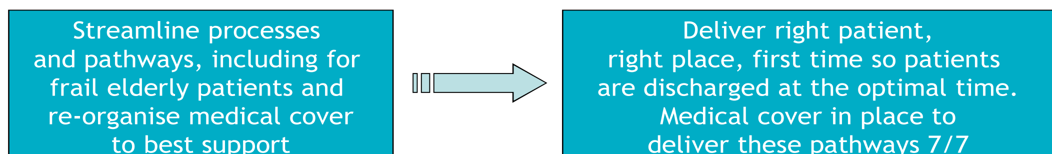
The chart below shows the initial benefit that we have seen from this work:



All 3 changes are improving patient flow through ED but we need work streams 2-5 to be complete in order to maximise the benefit.

We are also working with CCG, SECAMB and other partners to reduce the daily variation in attendances. It may be that we will need to re-introduce GP cover into ED if attempts to reduce the number of ED attendances for patients who could be seen in primary care do not bring any real benefit. Princess Royal Hospital similarly remains with consistently high ED attendances and daily variation in ambulance conveyances.

2.6. WORK STREAMS TWO AND THREE



Having recruited to additional consultant posts, we will be changing the medical cover rotas in October so we ensure early senior clinical review and maximise the number of patients who can be safely managed without admission or admitted and discharged within 2-3 days.

In the meantime the clinical teams are working closely with the Hospital Rapid Discharge Team (HRDT) in order to maximise the number of patients who can be managed without admission (see 2.8 below).

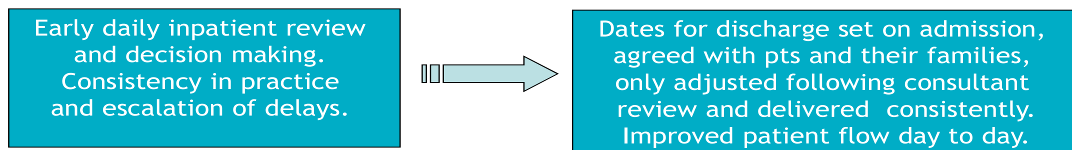
Work is also well underway on:

- the frailty pathways and other internal processes.

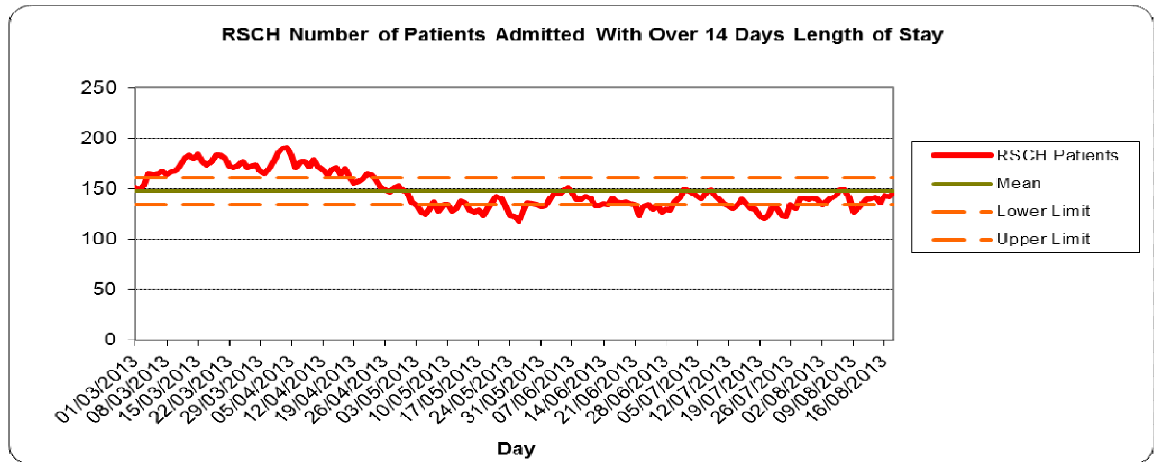
- surgical services including a virtual surgical assessment unit with nurse team leader, additional lists for emergency surgery and a reduced pre and post operative length of stay.

-

2.7. WORK STREAM FOUR



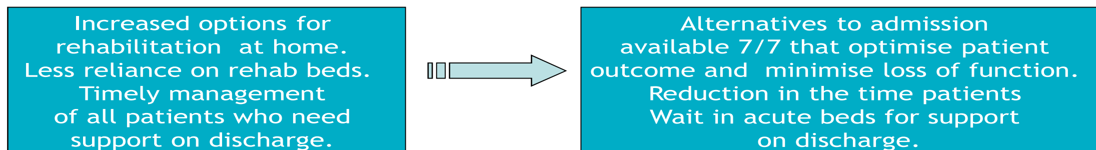
Care of the elderly wards at the Royal Sussex County Hospital (RSCH) all now have daily 'board rounds' along with planning meetings to ensure all arrangements are in place for patients who are scheduled for discharge the next day. They also complete a weekly review of all patients who have been in hospital for more than 14 days to ensure that everything is being done to ensure their safe and timely discharge. This is working very well and we have seen an overall decrease in the number of patients:



Our digestive diseases ward (58 beds) at RSCH has daily multi-disciplinary meetings to ensure medication required on discharge is ordered well ahead and to escalate other issues as required. The vascular team at RSCH is also running daily 'board rounds' and again planning ahead for safe discharge of patients including those who need onward care at a neighbouring hospital.

Electronic whiteboards on all our wards are proving invaluable, enabling us to see at a glance where each patient is on their pathway and identify and deal with potential delays.

2.8. WORK STREAM FIVE



We continue to see significant benefits from this work stream:

- The Hospital Rapid Response Discharge team continues to deliver a 3/4 fold increase in number of patients discharged from ED directly home with support, managing between 55 and 80 safe discharges home from RSCH. We are now preparing a further case for the development of this service.

- Ad hoc funded placements can be made for patients who will need placement but have still to make a final choice.

- East Sussex has assigned 2 full time social workers for Princess Royal Hospital to enable timely intervention for patients who will need support on discharge.

- We have also seen a significant rise in patients attending with mental health issues and work is underway with Sussex Partnership NHS Foundation Trust in order to enable us to enhance our current response so that we do not have patients waiting many hours for assessment and treatment within ED.

3. **Next steps**

3.1. BSUH indicated at the outset that this would not be a 'quick fix'. We will see further benefit from our work in September and October but without a reduction in ED attendances it will be very difficult to sustain required performance.

3.2. BSUH clinicians are engaged in the Urgent Care Clinical Forum led by the CCG Chair Dr Xavier Nalletamby and the Chief of Clinical Leadership, Dr Naz Khan.

3.3. Discussions are underway with SECAMB as to how they can help reduce the variation the number of patients who are brought to ED each day. There is also work underway across the local health economy in relation to anticipatory care, reducing ambulance conveyances to ED and prevention of admission in a crisis (see CCG report) which should start to deliver a reduction in the overall volume of attendances through ED.

3.4. We are also very concerned about the timeliness of service that we can offer to patients with mental health issues and as referenced, this is being reviewed with Sussex Partnership NHS Foundation Trust.

3.5. We also need to see a further rapid expansion of the Hospital Rapid Response Discharge Team both for winter and in the longer term and this has been included as part of the winter planning investment requests. The team has proved its worth and needs to be fully developed as an immediate priority.

3.6. In terms of winter planning, we are working with key stakeholders in the system to ensure a robust plan for the forthcoming winter. This will draw on experience from previous years and ensure that we have plans in place to meet the expected levels of demand.

3.7. A dashboard of performance and process measures is in place and in use to provide assurance around our progress to the wider system. The dashboard looks at both key performance and safety and quality indicators.

3.8. This work will continue at pace and alongside our other initiatives to improve quality, safety and dignity. notably:

- COMFORT rounds

The principal of comfort rounds in wards areas is to provide a holistic approach to care, enhancing each patient's sense of well being, generally improving their experience in hospital. We are also trying to prevent falls, reduce the risk of pressure damage and develop a more focused approach to nutrition and hydration through:

Choice, clean, comfort, cared for, conversation
Oral care, observation of bed area
Meal time preparation
Falls prevention
Offering drinks
Repositioning and pressure damage prevention
Toileting and bathroom assistance

- Quality review visits on all wards
- Nursing metrics and Friends and family test
- Patient Voice.

3.9. There is still a lot of work for BSUH to do but this is in hand. Our Implementation Board met weekly for the first 8 weeks but now meets fortnightly to give more time to implement the required changes and we continue to meet regularly with CCG and partner organisations also.

1 September 2013