

Emergency and Unscheduled Care - Right patient, right place, first time **Briefing paper for HWOSC**

1. Purpose of the Paper

1.1. This paper updates the HWOSC regarding work currently underway to improve the overall experience for patients attending our Emergency Department and who may also require admission. The HWOSC received an initial briefing on this work at their meeting on 23rd April 2013.

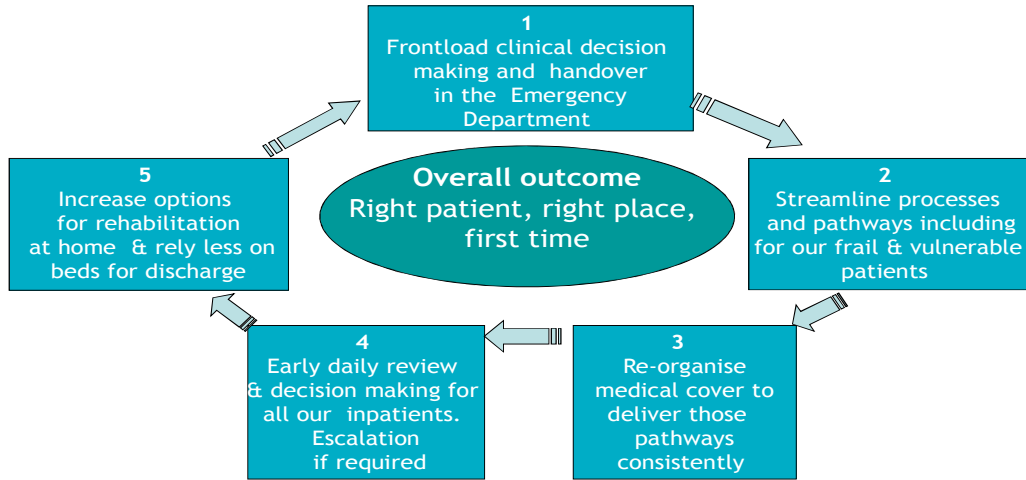
1.2. Following a marked increase in the time patients were spending in our Emergency Department at the Royal Sussex County Hospital (RSCH), BSUH invited the Emergency Care Intensive Support Team (ECIST) to review our emergency care pathways. Their report and our own assessment confirmed that our deterioration 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 rather than admitting them
- our patients needing admission were waiting too long for a bed and this was causing delays for patients in our ED
- our patients stayed too long in hospital.

1.3. We committed to a 6 month work programme with 5 key work streams. The programme is in two parts: measures to secure an immediate improvement in service (8 weeks) and further system changes for us to sustain our improvement (18 weeks). This paper updates on progress and work to follow within BSUH. It should be read in conjunction with the CCG/Partner update. Our work streams designed to integrate with the wider systems work. Without this integration and close working BSUH will be unable to deliver and sustain the safety and quality of service required.

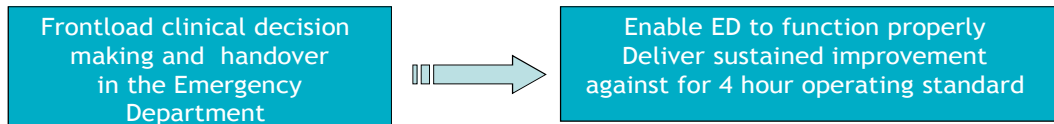
2. Progress to date

2.1. Our last presentation to HWOSC described the work that was being undertaken by BSUH across five work streams:

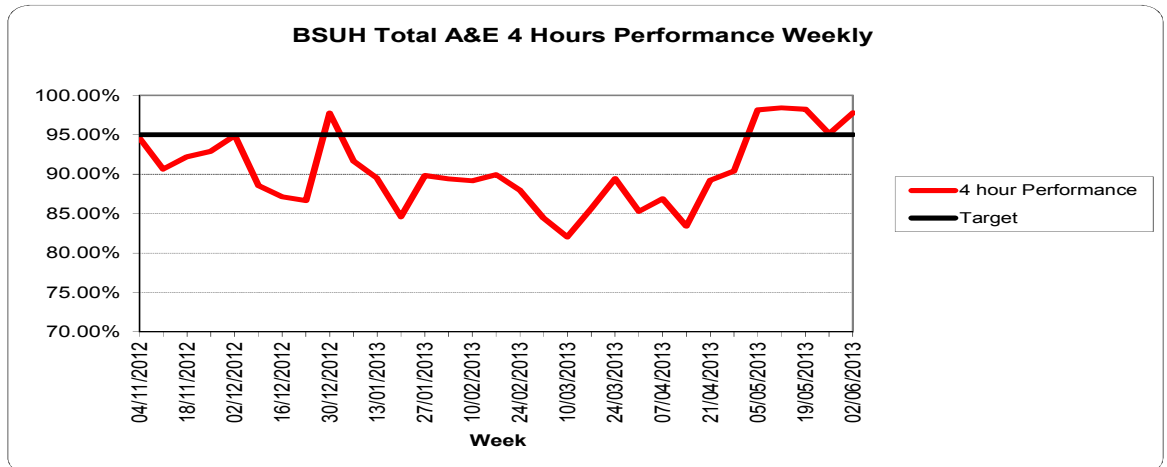


Overall we have seen an overall improvement in performance. All of the ECIST suggestions in their original report are in hand, with nine already completed. The rest of this section summarises the progress to date.

2.2. WORK STREAM ONE

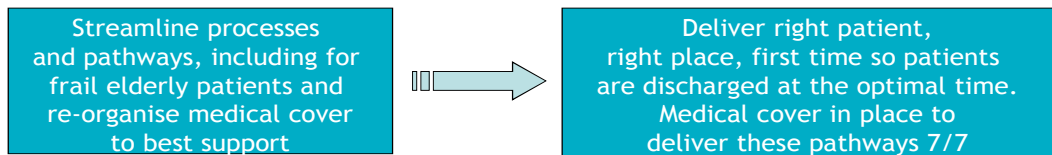


There has been a significant improvement on performance against the 4 hour operating standard. Performance was at 82% in the March against the 95% standard but has exceeded target performance for the past five weeks :



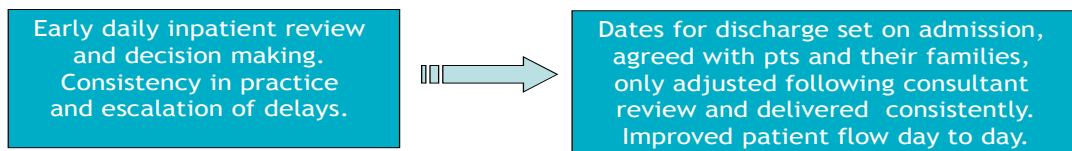
This is because we have seen some immediate benefits from work streams 4-5 but there is more to be done to ensure that we can sustain this performance. Meanwhile, the ED is working to ensure a seamless handover of patient from ED to our hospital speciality teams and best use of clinical resource and space.

2.3. WORK STREAMS TWO AND THREE



We are currently appointing three additional acute physicians and will be changing the medical cover rotas on their appointment in order to ensure early senior clinical review so we 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 2.5 below) and have strengthened senior decision making at weekends.

2.4. WORK STREAM FOUR



Work is underway on our care of the elderly wards at RSCH to ensure:

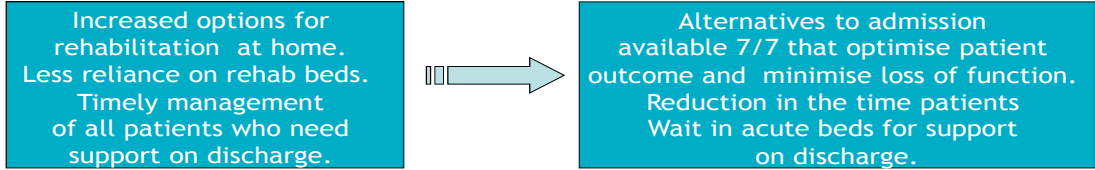
- Everything is ready for patients being discharged the following day
- All patients who have been in hospital for more than seven days are reviewed so we do all we can to ensure their safe and timely discharge.

We have also introduced:

- Electronic whiteboards on all our wards so we can see where each patient is on their pathway at a glance and easily identify and deal with potential delays. These have been very well received.

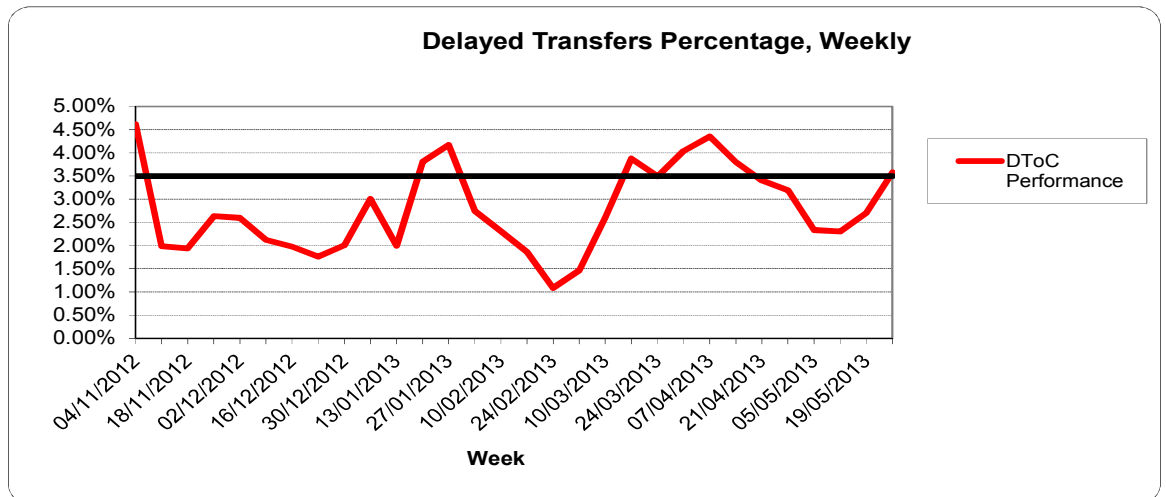
- Monitoring of discharges by day of the week and time of day. This will continue so we can monitor progress as we standardise our approach to discharge across all our wards.

2.5. WORK STREAM FIVE



We have already seen two significant improvements from this work stream:

- There have been recent changes in the working arrangements of the Hospital Rapid Discharge Team (HRDT) which is funded by our commissioners team as part of a trial to further reduce avoidable admissions. HRDT has been based in ED majors with the aim of identifying patients suitable for discharge with support. Initial data suggests a threefold increase in avoided admissions per week (from 20 to 60). We will be working with CCG and partner organisations to ensure that this service is available at the weekend and after 6pm.
- There have been decreases in the number of patients awaiting packages of care before they can be discharged safely and this needs to be sustained:



3. Next steps

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

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

3.2. A dashboard of performance and process monitors is in place and high level extracts are being used to provide assurance around our progress to the wider system.

4. Conclusion

4.1. The overall action plan is not a 'quick fix'. This is week 11 of a 26 week programme. 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 is now moving to fortnightly to give more time for the work stream leads to implement the required changes.

4.2. Our work streams are all clinically led but designed to integrate with the wider systems work. This relationship is key. Without this integration and close working BSUH will be unable to deliver the safety and quality of service required. We are fully committed to this and working closely with our CCG and partners weekly and tracking our progress through the governance framework agreed.

4.3. This work will continue to run alongside our other initiatives to improve quality, safety and dignity.

Updated 3 June 2013

