Lincolnshire's Perfect Week

9th to 16th March 2016

What is a Perfect Week

- **The aim is to improve patient care by improving patient flow**
- **Is a shared sense of purpose and an understanding of the challenges**
- **Will have system wide participation**
- **Has an emphasis on doing, rather than lengthy discussions and ‘overthinking’**
- **Attempts to break the cycle of clinical and managerial staff feeling trapped in a ‘ground hog’ situation of delays, poor flow, increasing outliers and escalation beds**

Story so far…

- **Perfect Day – December 2015**
- **Perfect week 1-8 February 2016**
  - **Slow start, issues with high volume**
- **What worked –**
  - **PDD forms**
  - **Use of Discharge Lounge**
  - **Morning discharges over 50%**
  - **Board Rounds from 08:00**
  - **Outliers reduced**
  - **MFFD's reduced**
  - **Escalation reduced**

Background to the Perfect Week

Before the week begins, we all need to agree

- A compelling story
- A commitment
- A structure
- A strategy
- A set of measured actions and outcomes

A compelling story…about patients

- Patients tell us that they are happier at home and their confidence returns quickly. They don't want to be delayed in hospital
- We have;
  - crowded emergency departments – associated with patient risk
  - high numbers of outliers in ULHT – associated with patient risk
  - high levels of bed occupancy in ULHT – associated with patient risk
- Our Community Hospitals have high numbers of delayed transfers of care
- Across our system, we have high and sustained levels of escalation

It feels like we need to try something different, to re-calibrate the system

A compelling story…the evidence

- There is a 43% increase in mortality at 10 days after admissions through a crowded A&E department, Richardson (2006)
- For patients who are seen and discharged from an A&E, the longer they have waited to be seen, the higher the chance they will die during the following 7 days, Guttmann et al (2011)
- 48% of people over 85 die within one year of hospital admission, Clark et al (2014)
- 10 days in a hospital bed (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80, Kortebein et al (2008)

Commitments for the week – why are we doing this ?

- To urgently ‘reset/reboot’ the system
- To improve patient experience, safety, quality and flow
- To reduce overall bed occupancy – eradicate outliers
- To accelerate and improve discharge processes
- To engage staff and improve the working environment
- To reduce high escalation levels

- To create social movement, frontline engagement, a ‘buzz’. To see and feel what ‘good looks like’
- To use the week to accelerate and embed known good practice, e.g. the consistent use of the SAFER bundle
- To remind ourselves that….
  - Discharging patients is everybody's business and that discharge planning starts on the day of admission
  - The A&E department is everybody's business – we are all responsible for the four hour A&E standard

What we are going to do…

- Cancel all non urgent meetings and reduce email traffic
- Stand down non clinical activities to get more staff onto the frontline
- There will be at least one senior review a day on every ward every day – across the system
- Increased visibility of senior staff including executives
- Move to a ‘go and see’ approach (rather than office based)
- Permission from executives for frontline staff to get on and do things that prevent patient delays (no matter how small)
- Every ward will have Ward Liaison Officers
- HART will expedite Wellbeing Referrals (PIL and LCH)
- Allied Healthcare will be on site (PIL and LCH)
- AEC will remain closed at night to ensure “flow” from A&E every morning
- LCHS will;
  - Reinforce Board Rounds, i.e. one senior review a day on every ward every day
  - Ensure that ICT “pull” instead of “receive”
  - Treat the front and back door in community hospitals as they treat ULHT’s front and back door

What we are going to do…

- AgeUK will ask their teams to do Carers Assessments to expedite discharges ensuring unpaid carers get the right support
- NRS will do weekend equipment deliveries to expedite discharges
- Communications
  - There will be a generic communications across the system so all get the same key messages
  - ULHT will do a count down to ensure that hospital front line staff are aware what is happening
  - LCHS will communicate with transitional care Care Homes so they too are aware of the likelihood of accelerated discharges
  - LCC ASC will communicate with domiciliary care providers

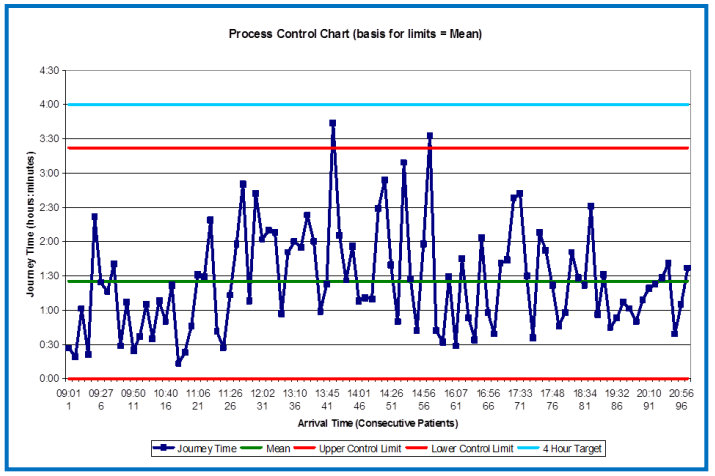
Structure - how will it work?

- Every organisation will put in place clear leadership and management structures, so every delay / problem can be dealt with promptly
- These structures will “mirror” gold (strategic), silver (tactical) and bronze (operational) structures used in major incidents so a clear line of sight is known – a matrix of who is operating in these structures will be produced for the week
- A control room is needed on each hospital site to help co-ordinate and over see the week
- Senior leads need to be available to help resolve any problems that can’t be sorted out at ward level
- The executive team should meet daily to review progress and ‘go and see’ frontline teams during the week.

Examples of measures you could use

- Number of empty beds at 8am
- % patients discharged before midday
- Non elective LOS
- Ward rounds before 10am
- PDD – actual vs plan
- Case Studies – few individuals
- Outliers

These are all system measures and should be collected by all providers. Outliers is the only ULHT specific measure.



Further information can be found

- See the ECIP Website

http://ecip.nhs.uk/Tools-and-Resources/Improvement-Tools

- It includes:
  - National Breaking the Cycle guidance and tips
  - National Breaking the Cycle checklist for senior teams
  - Frequently asked questions
  - Presentations from trusts that have undertaken weeks previously
  - Additional practical information