The Perfect Week - An evaluation.

February 2016 Ryan Kelleher

Background – What is the "Perfect Week?"

The Perfect Week is a national initiative designed by the Emergency Care Intensive Support Team (ECIST) to help us to improve our acute and emergency care performance. Like many acute trusts we constantly face a range of problems:

- Delays in senior decision making for setting patient plans.
- Inability to focus on discharging patients until late in the day.
- Large delays in discharging patients with complex care needs.
- High bed occupancy levels
- High and sustained escalation/ site pressures – daily fire-fighting
- A high number of outliers (patients not placed in correct specialty beds)
- Crowding in Accident & Emergency and assessment units
- Failure to meet the 4 hour maximum Emergency Department wait performance across the Acute Trust.

The premise of the week is very simple, in that we look to adjust our daily working practices to ensure that **the right number of staff** are able to **do the right thing** at **the right time** to support the safe, effective and timely discharge of patients.

What did we do differently?

ULHT, the local CCGs and local community care partners worked together to run the Perfect Week between the 1st and the 8th of February on the Boston and Lincoln sites. During this week, alongside increasing staffing levels to support flow, a number of changes were made across the trust:

- **Ensured all areas of the trust could deliver standards expected by the SAFER patient flow bundle:**
  - **S**enior review: ensured all patients had senior clinical input by 10:30am each day.
  - **A**ssessment: all patients to have an agreed EDD in place as soon as possible.
  - **F**low: ensure patient flow by appropriately escalating delays to the site operational team.
  - **E**arly discharge: ward teams to achieve 33% of daily discharges by 12:00pm.
  - **R**eview of patients with long length of stay: discharge hub staff worked closely with CCG/ community partners to agree treatment and discharge plans for these complex patients.
- **Adapted the Emergency planning structure within the operational teams:** Implemented a week long instance of Gold/Silver/Bronze command structures to support rapid escalation and resolution of site issues.
- **Identified Ward Liaison Officers (WLOs) on each ward:** To support operational teams with the identification and resolution of issues/delays in patient care at ward level.
- **"Deep Dive" review of patients with CCG/community partners:** Small teams of staff from within ULHT and the care community visited a number of wards across the sites to review patient notes for accuracy of plans and ensuring appropriate actions were in place for all patients.

As well as implementing all of the above, all three hospital sites also had site specific processes that were either trialled or implemented during the Perfect Week.

LCH - Adapted the site bed meetings and times to cover time specific actions (e.g. Were all senior reviews complete by 10:30am? Have all wards informed operations centre of tomorrows planned discharges by 15:00?).
- Provided wards with Planned Discharges template to enable operations centre to begin planning for tomorrow's discharges today (this improved usage of the discharge lounge).
- Monitored achievement of SAFER patient bundle standards on site using a bespoke audit file.

PHB - Implemented 2x daily walk-arounds by business unit teams to collect info on delays and issues on the wards.
- Additional Site Duty Manager and Bed Manager on shifts for better management of patient flow.

GDH - Grantham site was not involved with the Perfect Week work, however did work with community on the 3rd of Feb to run a MADE event. This event involved the coming together of staff from the site and all local care agencies to review patient plans and action any tasks as appropriate.

Outcomes.

NOTE: the data below compares the seven days from 26th of Jan to 1st Feb against the seven days within the Perfect Week, which was the 2nd Feb to 8th Feb.

A&E performance summary	26th Jan - 1st Feb	2nd Feb - 8th Feb (PERFECT WEEK)
ULHT total A&E attendances	3109	3118
ULHT total average attendances	2875	2876
Variance	+234	+242
Percentage increase in attendances	8.1	8.4
A&E compliance to 4 hour target	77%	75%

As shown in the table above, trustwide A&E performance between the two weeks went largely unchanged, however further data highlights the effectiveness of the Perfect Week.
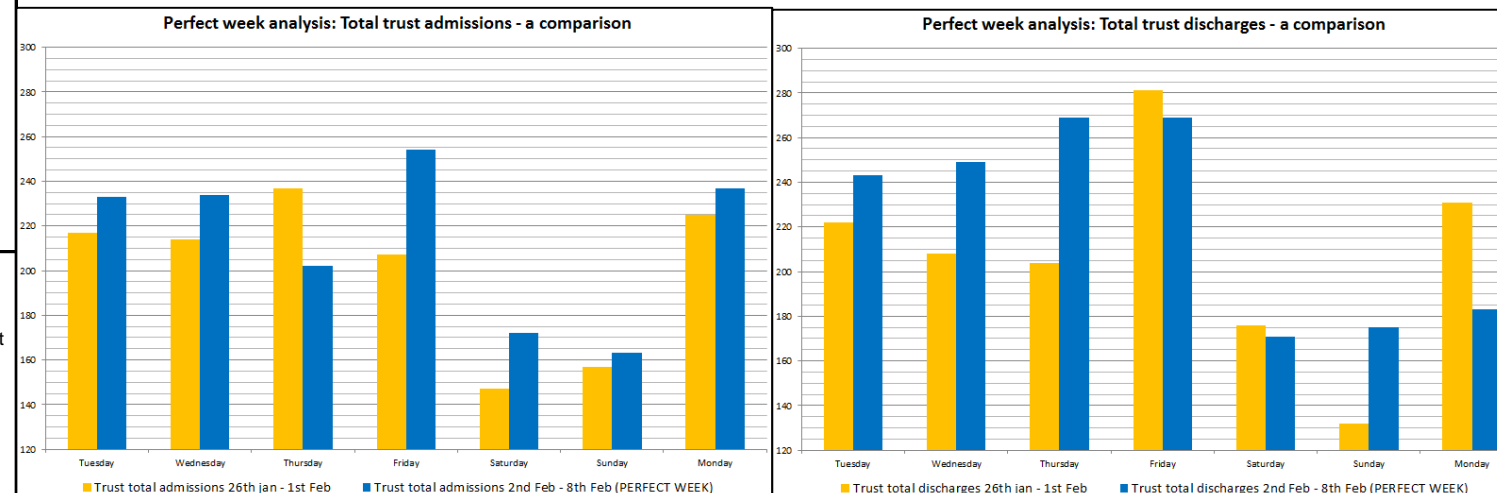
The graphs above show that that during the Perfect Week, both the number of admissions and the number of discharges increased across ULHT. Whilst the table below shows that the number of discharges achieved before midday also increased.

Number of discharges before midday	GDH	LCH	PHB
26th Jan - 1st feb	19	70	No data supplied
2nd Feb - 8th Feb perfect week	38	104	No data supplied

During the Perfect Week ULHT trust also saw:
- 85 more ordinary (non-daycase) elective patients.
- Reduced surgical cancellations by 36% (75 cancellations reduced to 48), meaning an increase in elective throughput.

Conclusion

The data above evidences collaborative working between ULHT and community partners improves flow within the acute care setting. However observation and feedback from staff involved during the week highlighted the following:

- Many staff were unaware that the Perfect Week was taking place.
- The Ward Liaison Officer role was not clarified and use of staff already on the ward for this role was not effective.
- The benefits realised from the Perfect Week were not sustained during the following week.

Next Steps for ULHT

- Design the job specification of a Ward Liaison Officer and create written standards for staff to follow.
- Run another Perfect Week event, taking learnings from first event to check and adjust practices further.
- Improve the communications around the Perfect Week events so all staff are aware of individual responsibilities, potential changes to working practices and the outcomes to be monitored.