Confidential

Unscheduled Care Pathway

Antrim Hospital

March 2012

Introduction

This report summarises my placement from the Health and Social Care Board (HSCB) in the Northern HSC Trust (NHSCT) over a period from 17 January to 9 March 2012. The focus of the placement was on unscheduled pathway for patients from admission in Antrim Hospital.

The agreed purpose of the placement was:

- Provide day to day support and assistance for a restricted period as defined and agreed by the NHSCT/HSCB
- Provide the HSCB and NHSCT Chief Executives with assurances that appropriate best practice actions are being implemented with particular focus on the effective management of patient flow.
- Identify any barriers to improvement and suggest changes to address these.

The views and opinions in this report are based on observations of practice, attendances at a number of Trust meetings/groups and discussions with a wide range of staff.

Background

The placement in the Northern Trust was prompted by a period of deteriorating performance in the Accident and Emergency of Antrim Hospital in January 2012. This placement was part of the performance management strategy of the HSCB and was agreed in partnership with the Chief Executive of the NHSCT.

The table below illustrates the numbers of patients who waited more than 12 hours in Accident & Emergency for admission.

	Attendances	12 hr Breaches	Breaches as a % of Attendances
September 2011	5870	90	2%
October 2011	5958	252	4%
November 2011	5619	164	3%
December 2011	5636	394	7%
January 2012	5521	446	8%

The January period was particularly challenging for the Trust with a weekly peak of 14.6% of all A&E attendance breaching the 12 hour target.

Since the peak in the first week January progress has been made.

	Attendances	12 hr Breaches	Breaches as a % of Attendances
31/12/12- 06/01/12	1193	195	14.6
07/01/12 -13/01/12	1173	160	12.6
14/01/12- 20/01/12	1132	84	6.8
21/01/12- 27/01/12	1153	15	1.2
28/01/12-03/02/12	1156	35	2.8
04/02/12-10/02/12	1266	9	0.7
11/02/12-17/02/12	1273	63	4.6
18/02/11-24/02/12	1245	44	3.2
25/02/12-02/03/12	1297	37	2.6

This progress is a reflection of the significant efforts and personal commitment shown by staff in the hospital and community. However, the challenge faced by the Trust in relation to unscheduled care is not yet owned by all staff in the Trust, nor by all stakeholders outside the Trust. The issue is often seen as an acute hospital problem, a patient flow problem or an accident & emergency problem when in fact the challenge belongs to the whole system of care both inside and outside the hospital.

Many of the issues faced by the Northern Trust are not unique to the Trust. The challenge for the Northern Trust is to continue this progress through a plan of action that is shared by all staff, is implemented in a sustainable way, and that this issue remains a high priority for the Trust, its Senior Management Team (SMT) and Trust Board.

Report Structure

While there is no clear evidence in the literature on the relative effectiveness of numerous tools used in the management of patient flow it is clear that culture, leadership, engagement and empowerment are fundamental to the delivery of the safe effective journey of patients and sustainable change.

To help focus the report the following areas were defined as key to the ability of the organisation to meet the challenges faced in the management of unscheduled care.

- Leadership and Culture
- Management of the Challenge
- Relationships
- Ways of Working
- Quality of Care

Leadership and Culture

Leadership in any organisation faced with challenges in a number of areas is crucial for success. The dynamic between professional / clinical leaders, managerial leaders and service leads sets the tone and culture for staff at the front line. This becomes the standard which others follow and defines what is acceptable behaviour and what is not.

Some I spoke to perceive a culture which is at times bureaucratic, driven by rules and protocols, with a focus on targets and finance. The focus on targets is not unexpected as the failure to meet some targets prompted the placement and the challenge of financial targets face all in the public sector. However, while targets make a significant contribution to ensuring quality of access to services, no target of its self, should be achieved to the detriment of care.

The Trust should consider means to reaffirm for all staff, led by Senior Management Team, the shared Trust vision, ***'to provide for all, the quality of service we expect for our families and ourselves.'***

The Trust should also consider mechanisms to promote a culture which has a greater focus on staff empowerment and engagement, and a renewed emphasis on the experience of patients and their families.

The Trust has made progress in relation to unscheduled care since the start of the placement however the culture, as perceived by some staff, requires urgent action or sustainable improvement will not be made.

Recommendations

1. The Trust should take action to address the perceived culture and focus of the Trust. This might include making a public commitment to clearly signal to staff and the community they serve, reasserting that patients, their families and their care and treatment are the primary focus of the Trust

2. Leaders in the Trust should consider how to promote respectful collaborative partnerships to support those at the front line to deliver that care, empowering and supporting staff to provide the best care and treatment possible, recognising and valuing every member of staffs' contribution to the safe effective patient journey.

3. The Chief Executive and Senior Management Team should consider maximising their presence on the Antrim site through either relocation or increased senior team office space to allow the regular scheduling of work on site.

Professional Leadership

The role of professional leadership is central to the quality of care and patient experience as well as ensuring the safe effective journey through the system of care. In the hospital sector the visibility and leadership of the Medical Director and Director of Nursing is central to excellence in professional standards.

Medicine

Some medical staff have expressed frustrations with the effectiveness of the current medical system to effectively engage frontline medical staff. Staff would value opportunities to debate and discuss innovation and developments in practice, particularly with the Chief Executive.

Recommendation

4. The mechanisms used to support and engage medical staff, should be reviewed and strengthened as a matter of urgency.

Nursing

The Director of Nursing is new to the organisation and has been welcomed by staff, however issues of concern remain. Many nurses feel disempowered and consider they have not had a voice in the design and delivery of services. Some felt they lack capacity at ward level to provide high quality care and support new and inexperienced nursing staff. The latter is important as competent, confident nursing staff make a significant contribution to the management of a patient's safe effective journey through the hospital.

The Trust has made progress with substantial investment in nurse staffing levels enhancing core nurse staffing establishments in the majority of hospital wards. This has been warmly welcomed by all staff as a tangible signal from the Trust that it is committed to investing in the quality of care to patients.

Progress has also being made with ward sisters and patient flow team already embarking on a development programme. The Trust recognises that further work is required in relation to lead nurse roles and the relationship between all of these teams if their impact on the safe effective journey of the patient and the patient experience is to be maximised.

Recommendation

5. The Trust should ensure that all nursing staff have access to Practice Development support at ward level and have access to appropriate staffing levels.

Social Work & Allied Health Professions

Hospital Social Work staff and Allied Health Professions have a complex managerial structure working within and across Directorates. Their role is vital in ensuring the safe and effective management of the patients journey throughout the hospital. Many of these staff have ideas or potential solutions to the challenges faced by the unscheduled care system but do not always consider that they have an effective method of communication/engagement or implementation.

Recommendations

6. The Trust should review current managerial systems and processes used to ensure the maximum contribution of social work and allied health professionals to the patient journey.

7. The Trust should consider strengthening the working relationship between all hospital and community staff, to achieve a better understanding of challenges and opportunities and help achieve a shared patient/client focus, this could include for example, a review of the roles of the hospital and community social work teams to clarify responsibilities and maximise impact on patient flow into and out of the hospital.

All Staff

It is clear that staff in the Trust work very hard and are committed to patients and their families. A number have expressed feelings of exhaustion and at times distress which is attributed by staff as a result of the volume of work, the work environment and culture and what appears to staff extensive and at time negative media attention. Support for these staff is vital.

8. The Trust led by the Human Resources Department, Professional Leaders and Staff Side Representatives should review support mechanisms available to staff and strengthen these where appropriate.

9. The Trust should consider the development of an engagement strategy which focuses on regular communications with all staff and other stakeholders. Where action to improve quality of care of services is taken as a result of this engagement the actions should be communicated with staff.

Management of the Challenge

The management of the challenge the Trust faces in relation to unscheduled care is led by the Chief Executive, through the Unscheduled Care Programme Board, (UCPB) consisting the Senior Management Team with the addition of the Associate Medical Director Acute Services, some Assistant Directors with staff from the HSCB in attendance.

This group meets monthly with an action plan forming the key agenda item. This group focuses on medium to longer term solutions, not on the day to day actions which tend to fall to the Director of Acute Services. The UCPB group was supported by a weekly project group chaired by the Directors of Acute Services and Planning, membership of which included the Director of Community Services.

Communicating the work of the UCPB group and the impact this group has on the safe journey of patients is key if staff are to understand that actions are being taken and that this challenge is a priority for the Trust.

Recently the Chief Executive established, for an initial eight week period, a Safe Effective Patient Journey Group chaired by the Director of Nursing. This group has been tasked with refocusing the efforts of the Trust on the more immediate issues which create barriers to a safe patient journey, reporting into SMT and the UCPB.

For this group to have an impact, particularly within the timescales currently defined, the Director of Nursing must have the support and authority of the Chief Executive to act. At the same time each Director and their teams must make a full and active contribution to addressing this challenge and improving the quality of care for patients and their families.

Recommendations

10. The system of communication from the UCPB to front line staff should be reviewed.

11. The Chief Executive should consider means to ensure that the Director of Nursing has the authority to manage the safe effective patient journey and address any barriers to quality care and following evaluation of impact give consideration to extending the SEPJ groups timeframe.

12. The Trust should consider means to strengthen the reporting framework in place to ensure the outcomes and challenges of both groups are reported to SMT and Trust Board to help ensure appropriate, sustained organisational focus on this challenge.

13. The Trust should consider mechanisms to report performance and progress to patients, their families and staff.

Patient Flow

The Patient Flow team working in the Antrim Hospital manage a function that is both crucial and challenging. These staff frequently make decisions balancing risks in the best interests of the patients. These staff are key to maintaining good relations in the entire care chain and along with ward sisters/charge nurses are central to improving the patient journey.

The processes used to date appear bureaucratic and do not always appear an effective use of staff time.

Recommendations

14. The Trust should simplify processes and explore, with staff, the use of ICT solutions to some of the challenges faced to reduce the reliance, where possible, on paper based working practices.

15. The Trust should continue its investment in the development of these staff alongside the ward sisters which is essential to improving working relationships.

16. The Trust should give consideration to the Patient Flow and associated teams transferring to the Director of Nursing. This is suggested for the following reasons:
    - This would addresses some of the perceived cultural challenges this team face in the discharge of their roles and responsibilities.
    - More clearly integrates quality of care with a key team whose hospital wide presence is central to identifying issues of concern.
    - This would reinforce the central role of professional judgement in decision making.
    - Places patient flow in a 'neutral' working team, facilitating more effective brokering between hospital and community, wards and A&E, elective and unscheduled care and enhance the building of collaborative relationships.
    - Links patient flow more directly with the Safe and Effective Patient Journey Group.
    - Strengthen the professional nursing lines to the Executive Director of Nursing.
    - Allow opportunities to scope a better harmonisation of roles and responsibilities, particularly with the Nurse Practitioners and Hospital at Night team who are key to ensuring an effective patient journey and effective prompt discharge.
    - Help ensure the Nurse Practitioners and Hospital at Night team work corporately across the hospital as part of an integrated senior nurse team.

Relationships

The cornerstone of the entire system is the support of long term, trusting continual relationships. Nurturing and developing positive working relations between staff, patients and their families and between all individuals and teams in the care chain is vital to the successful care and treatment of patients and patient flow through the hospital.

It is widely acknowledged that there is a direct correlation between how staff members treat patients and patients' families and how those staff members are treated by leaders, peers and others in the organisation.

Recommendation

17. The Trust should examine mechanisms which link together patient satisfaction with staff satisfaction. This information should be shared with the Trust Board, SMT, staff and their representatives, patients and their families.

Relationships with General Practice

While there are clearly strong collegiate relationship between some General Practitioners and Consultant staff this is not reflected in every specialist area and there are frustrations on all sides.

While there are a number of environments where GPs and Consultants come together, this could be strengthened with joint forums for learning, audits, case review or reflection.

Recommendation

18. The Trust should consider creating further opportunities for GPs and Hospital staff to come together to learn, debate and discuss issues of common concerns or interest.

Communication

A key area of concern identified relating to the ability of the multidisciplinary team to build relationships was the effectiveness of communication processes between staff at individual ward level.

19. Building on the work progressed to date, the Trust should undertake a series of round table discussions, on a ward by ward basis and involving all professions, to identify and address local communication issues. The Trust should give consideration to using external facilitation to support this work.

Ways of Working

Admission to Hospital

Currently the majority of unscheduled admissions to the hospital are routed through the A&E department although some patients are admitted through outpatients and a small number now admitted to a newly developed ambulatory unit adjacent to and managed by A&E staff.

Staff in Antrim Hospital Accident and Emergency department work extremely hard, their commitment to their patients and services is without doubt.

There are a range of opinions related to the entry point to the hospital system with the Tribal Report recommending multiple entry points. The Trust has progressed a number of initiatives in this area, including ambulatory care, and pathway development, leading, it is anticipated, to direct GP admissions, the creation of an Elderly Assessment Unit and the establishment of an Early Pregnancy Service.

These initiatives are all at the early stages of development with some successes already evident. In discussion some external stakeholders have raised issues related to the speed of and commitment to these initiatives and some internal stakeholders have raised concerns about the number of initiatives, engagement and involvement from internal stakeholders.

Alternative models such as the introduction of paediatric ambulatory care or direct cardiology assessment for patients with acute chest pain have been suggested as areas for exploration.

Recommendations

20. The development and implementation of pathways should be managed in a phased way to maximise multidisciplinary engagement and enable pathways to be tested and adapted as required.

21. The work progressed to date should be shared with staff and key stakeholders and any positive or negative impacts discussed and resolved in a collegiate way with a focus on what is best for patients.

Resources have been made available by the Commissioners for additional medical staff however the Trust has been unable to recruit. The ability to recruit senior medical staff in the current environment remains a high risk for the Trust.

Recommendations

22. The Trust should agree a medical recruitment plan, exploring all options both medium and long term. This recruitment strategy should be informed by information gleaned from exit interviews, and feedback from medical staff in training.

23. The Trust should ensure mechanisms are in place to support those staff currently working in the Accident & Emergency environment.

As referenced earlier the Trust has invested in nurse staffing levels in core wards within the Trust. There has not been a readily available tool which helps quantify the workforce needs of Accident & Emergency departments.

Recommendations

24. Commissioners in partnership with the Trust should complete the nursing workforce exercise currently ongoing and thereafter, the Trust should bring forward an implementation strategy.

25. The Trust should develop an escalation procedure to enable additional nursing staff to be accessed when the department is required to care for patients delayed in Accident & Emergency.

The environment of care is poorly designed and contributes little to the provision of high quality care. When the department is overcrowded with patients whose admission is delayed, the system for managing patient flow within the A&E department can stall with the potential to impact on the quality of care.

Recommendation

26. The Trust should facilitate a multi disciplinary group to review and if necessary adjust the current working practices in A&E. This group should ensure all staff feel they have a voice in the design and delivery of services and should facilitate the views of patients and users of the service.

Staff in A&E and General Practice have suggested that that many of the admissions to A&E from Nursing or Residential Homes could potentially be managed in different ways and provide a better experience for these patients. Currently approximately 64% of attendances from clients in nursing and residential homes result in a hospital admission.

Recommendation

27. Hospital clinical staff and general practitioners should be enabled to focus on developing an alternative service for the frail elderly at night

and end of life care as a first step towards achieving a shared vision for services for this key group of patients. This work could link with the pathway development due to be facilitated by the HSC Safety Forum and the work already progressed by the Dalriada Urgent Care Service.

Inpatient Activity

Patients are allocated to Specialities in A&E and are generally admitted to B1 or B2 the admissions wards. Medical staff complete pick up rounds and patients are then, when a bed is available transferred to a specialty ward. The patients can then move a number of times when they become the patient with least acuity on the ward.

The concentration of admissions does have a positive impact allowing medical staff in particular to focus their efforts in a confined area. Excessive movement of patients in the hospital has the potential to nullify these advantages and compromise quality of care.

The movement of patients in the hospital is a cause of significant frustration to nursing and medical staff and more importantly to patients and their families. Non value adding patient moves have the potential to contribute to further delays in A&E; impact on the quality of care particularly to frail elderly patients and increase the risks associated with infection control and multiple links in communication. These moves are also very unsettling for patients and their families and mitigate against the ability to build a positive relationship with ward staff.

Recommendations

28. The Performance Management and Service Improvement Team of the HSCB should work with the Trust to complete an audit of patient moves in the hospital to quantify the scale of the issue and report to the Safe Effective Patient Journey Group. If necessary a review of the current admissions process involving all sub specialities should be conducted.

29. A review of the practical out workings of the Trusts' model of 7 days working which has commenced should be completed to ensure value for money, impact and harmonisation of the multidisciplinary teams efforts.

Discharge Activity

Managing a consistent smooth discharge process can contribute significantly to the flow of patients through a hospital. To succeed in this hospital and community staff must work in partnerships with patients and their families. The safe discharge of patients is a responsibility of the Trust not one Directorate or another.

Recommendation

30. The Trust needs to further develop new joint solutions to facilitate safe discharge bringing hospital and community staff together. This work needs to be incorporated into the overall performance framework of the UCPB and Safe Effective Patient Journey Group to ensure all staff are held to account for actions taken.

Expected dates of discharge can only be effective as part of a multidisciplinary outcome focused plan which starts from the day of admission. Evidence suggests that most staff can predict one day in advance of a patients' discharge with a reasonable degree of accuracy giving opportunities for effective preparation. Nurse led discharge is patchy and could have greater impact on prompt discharge if it were embraced by all professions.

Recommendation

31. The Trust should concentrate on improving the planning for discharge an element of which is the further promotion of nurse led discharge.

The degree to which the multidisciplinary team are involved in discharge planning is unclear and varies from ward to ward. Action is being taken to bring the wards sister/charge nurses, the patient flow team and the Allied Health Professions and Social Care team together. This work needs to continue and include medical leaders at ward/speciality level.

Progress is being made in some areas with the successful introduction of a Trust owned transport system to facilitate earlier discharge. The numbers of patients now discharged before 1pm has increased significantly however further work is required. In addition early work has commenced to examine the preparedness of pharmacy to facilitate earlier discharge.

Recommendation

32. The SEPJ Group should review the current internal performance indicators and consider including elements such as:
    - Targets for each ward to maximise the discharges before 1pm.
    - Evaluation of the hospital based patient transport service.
    - Evaluation of the impact of pharmacy on delayed discharges

A recurrent issue in many Trusts is the "Triple" referrals to Occupational Therapy, Physiotherapy and Social work teams. This reflects a culture of "catch all" which invariably impacts on the demand for AHP and Social Care professions. Although professions have communicated regularly with wards regarding the appropriateness of referrals there continues to be a practice of "triple referral". For instance, in December 18% of OT referrals (that is 63 of 348) were identified as being unnecessary when the service responded. The

decision of “triple referral” appears to stem from consultant communications when preparing to discharge a patient.

Recommendation

33. The Multidisciplinary team should review the referral systems and consider that rather than medical/surgical consultants determining the wider needs of patients, the ward sister should determine which assessments (AHP/Social Care) will be/are required once the patient has been deemed medically fit.

Quality of Care

While the purpose of this placement was a focus on unscheduled care the quality of that care is central to the experience of the patient.

Patient experience is also a measure of how patient centred an organisation is.

Staff in Antrim hospital and in community teams work hard and are committed to improving the patient journey, nonetheless a number of patients and their families have not had the patient experience staff would have wished.

An enabler to help the Trust give greater priority to this is the IHI innovation Series: Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care suggests a process by which an organisation can craft a definition of patient and family centred care that meets their unique needs and mission. The primary drivers are described as:

- Leadership - where leaders demonstrate that everything in the culture is focused on patient and family centred practices everywhere in the hospital at individual patient level and at the micro system and across the organisation.
- Hearts and Minds – the hearts and minds of staff are fully engaged through respectful partnership within everyone in the organisations and in a commitment to the shared values of patients and family centred care.
- Respectful Partnership – every care interaction is anchored in a respectful partnership, anticipating and responding to patient and family needs
- Reliable Care – a hospital system that delivers reliable, quality care 24/7.
- Evidence Based care – the care team instils confidence by providing collaborative, evidence based care.
- Patient and Family Centred care is publicly verifiable, rewarded and celebrated with a relentless focus on measurement, learning and improvement with transparent patient feedback.

Recommendation

34. The Trust should consider mechanisms to improve the patient experience such as the IHI innovation Series: Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care.

Conclusion

During my seven week placement it has been clear that there is a genuine commitment by staff in the Trust to do their best for patients and their families.

I would like to acknowledge and thank staff for the improvements that have been made, however significant challenges remain.

To extend and sustain these improvements it is essential that the Trust focuses on the patient, their family and the quality of care and treatment provided to them.

The development of respectful, trusting relationships is central to this aim.

My thanks go to all who spoke to me or engaged with me during this placement. I hope their honest reflections and commitment to their patients which has informed this work will have a positive impact on all of their futures.

Mary Hinds
March 2012