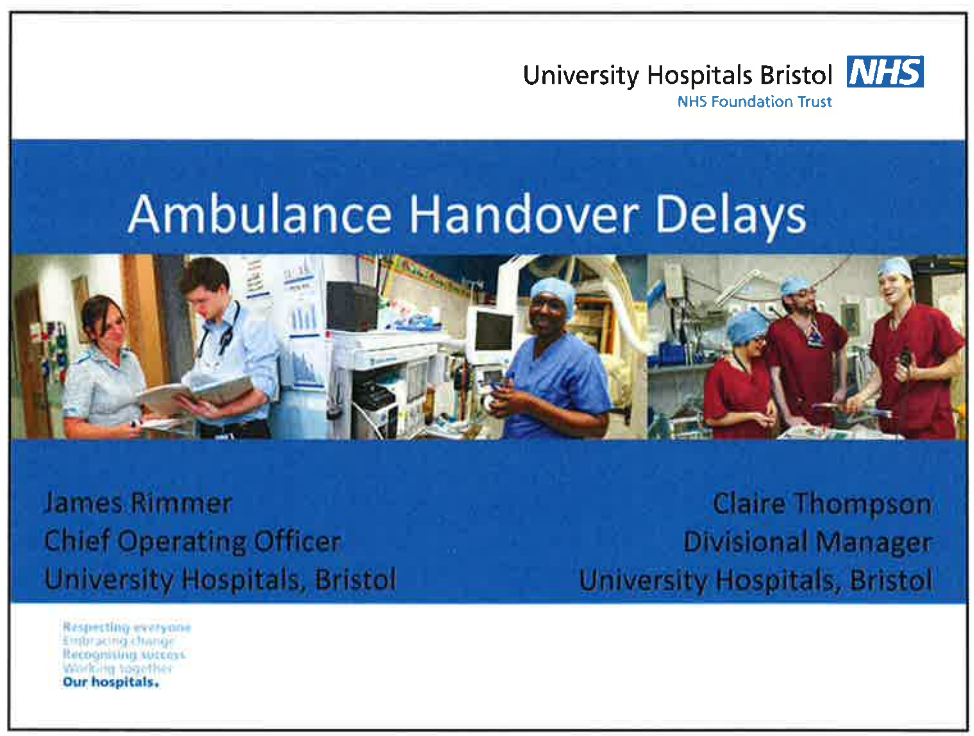


Introduction & structure

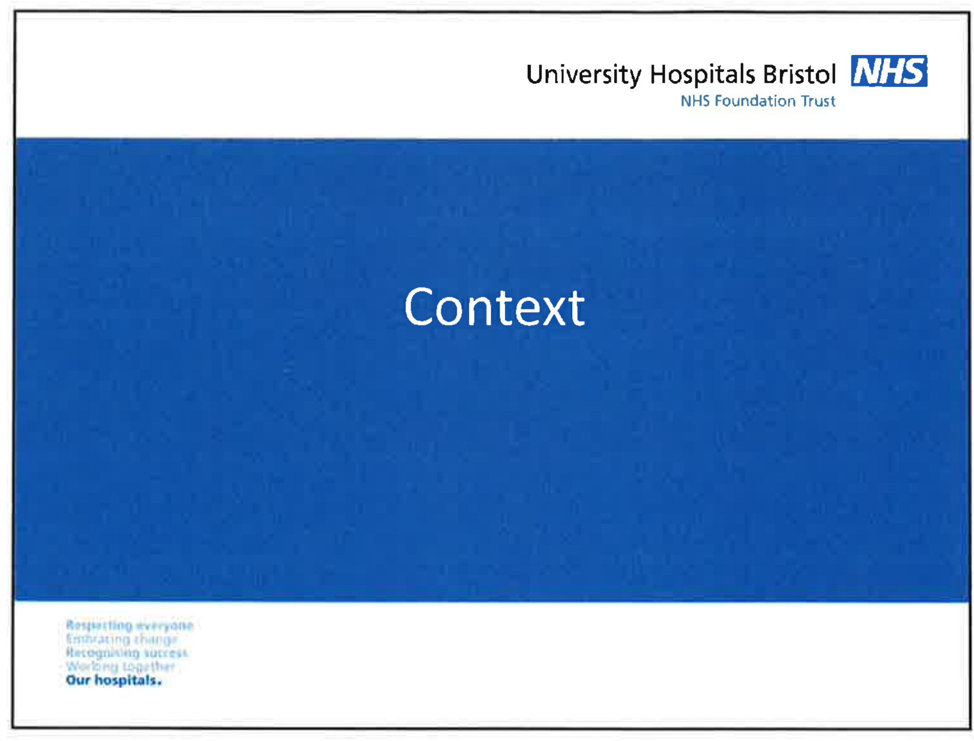
University Hospitals Bristol NHS
NHS Foundation Trust

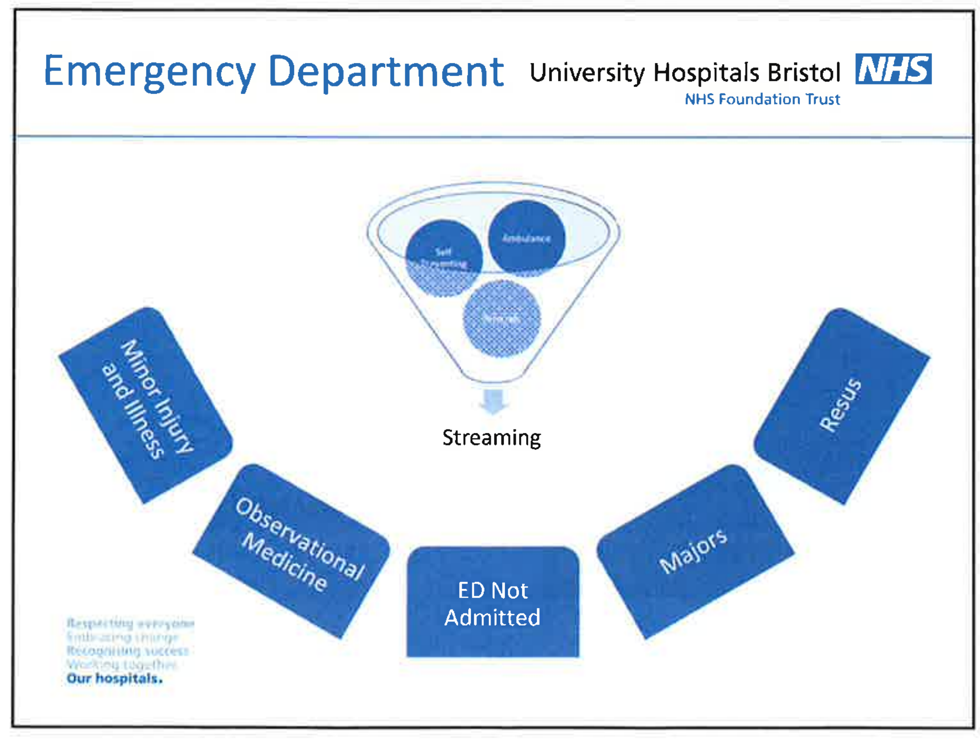
- Poor patient experience
- Safety
- Previous limit on queue
- Complex root cause

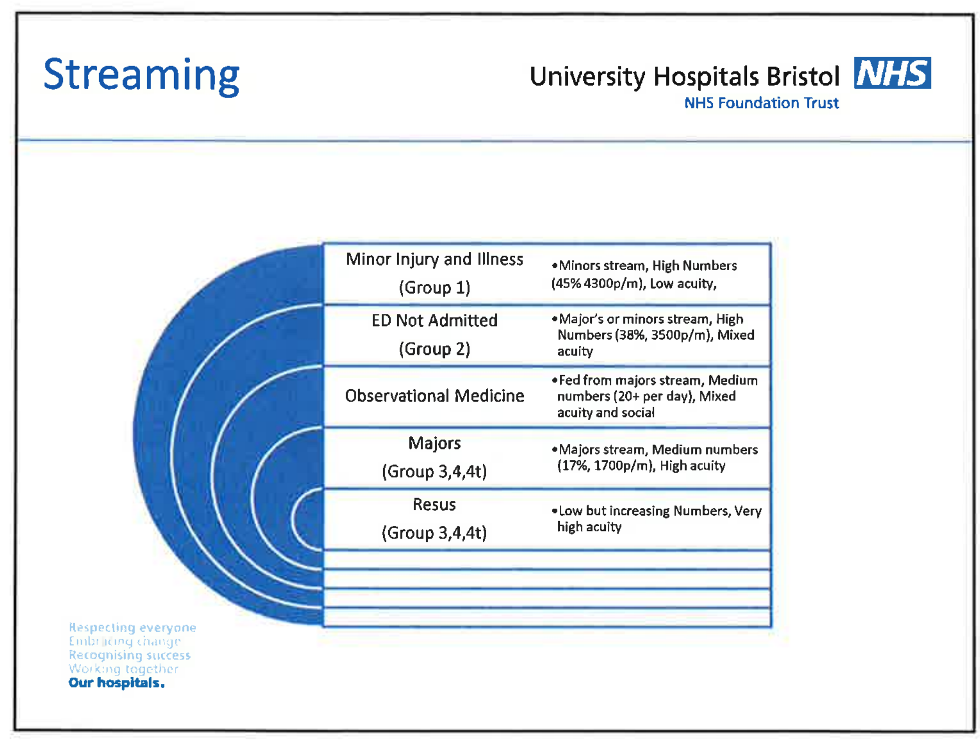
Structure

- Context
- Performance
- Process delays
- Capacity delays
- Joint work underway & planned

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.


University Hospitals Bristol NHS
NHS Foundation Trust
Context
Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.


Emergency Department
University Hospitals Bristol NHS
NHS Foundation Trust
Ambulance
Streaming
Minor Injury and Illness
Observational Medicine
ED Not Admitted
Majors
Resus
Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.


Streaming
University Hospitals Bristol NHS
NHS Foundation Trust
Minor Injury and Illness (Group 1)
•Minors stream, High Numbers (45% 4300p/m), Low acuity,
ED Not Admitted (Group 2)
•Major's or minors stream, High Numbers (38%, 3500p/m), Mixed acuity
Observational Medicine
•Fed from majors stream, Medium numbers (20+ per day), Mixed acuity and social
Majors (Group 3,4,4t)
•Majors stream, Medium numbers (17%, 1700p/m), High acuity
Resus (Group 3,4,4t)
•Low but increasing Numbers, Very high acuity
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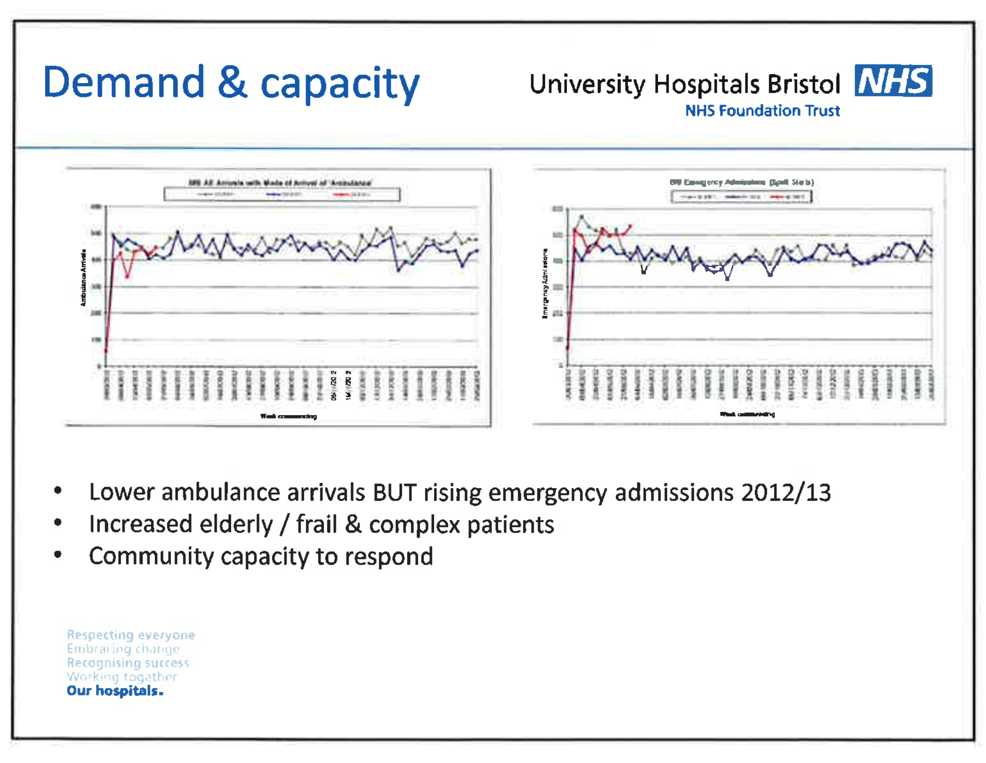
Demand & capacity
University Hospitals Bristol NHS
NHS Foundation Trust
• Lower ambulance arrivals BUT rising emergency admissions 2012/13
• Increased elderly / frail & complex patients
• Community capacity to respond
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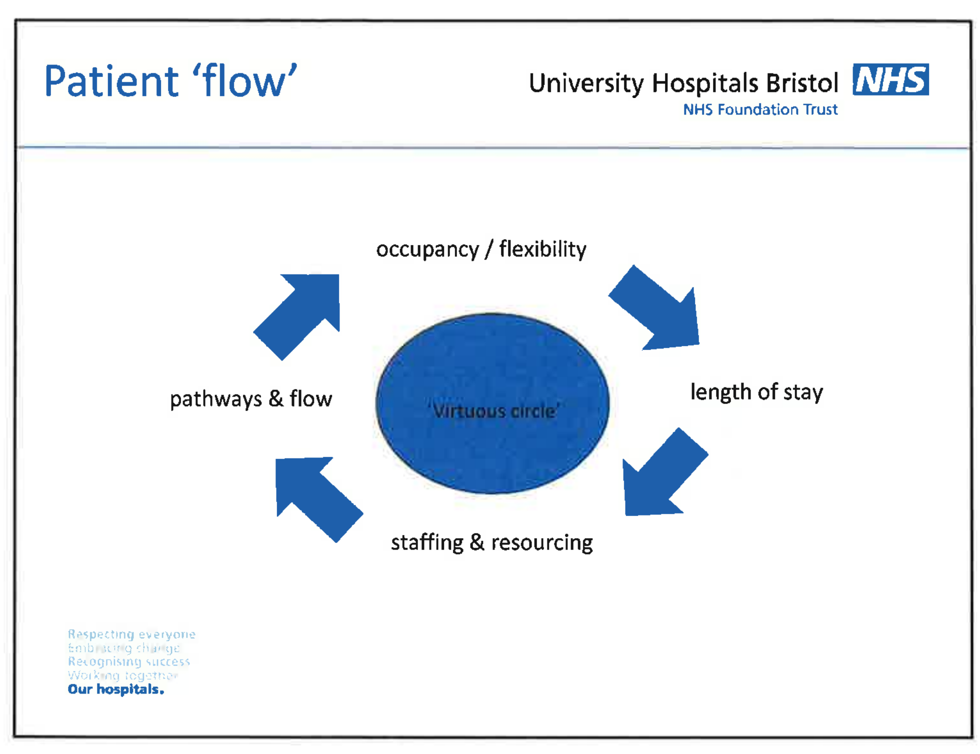
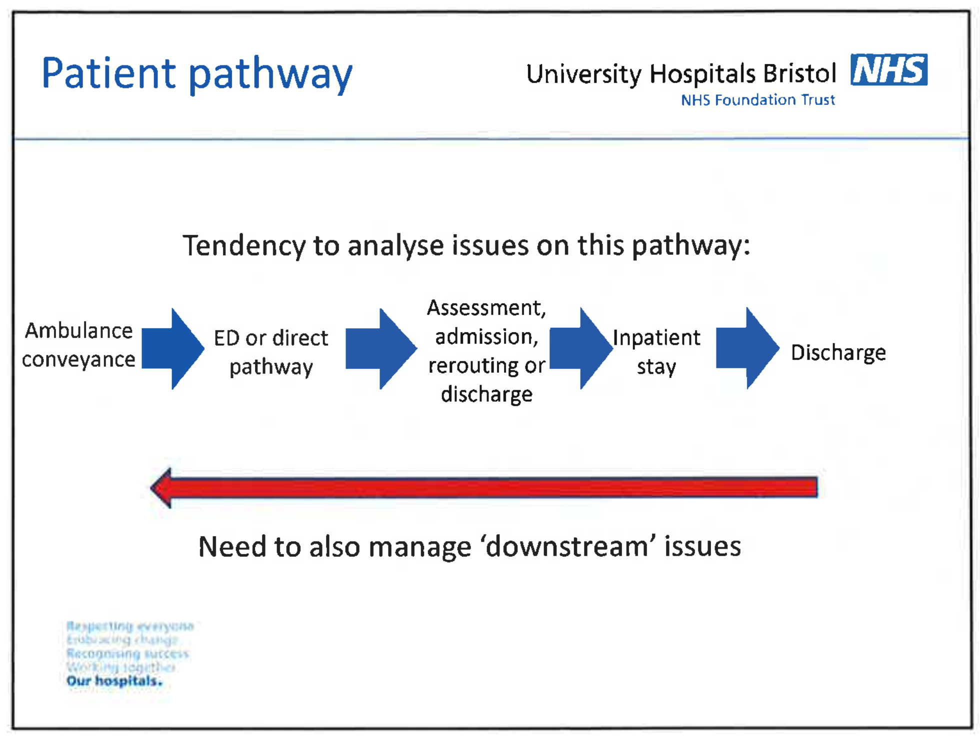
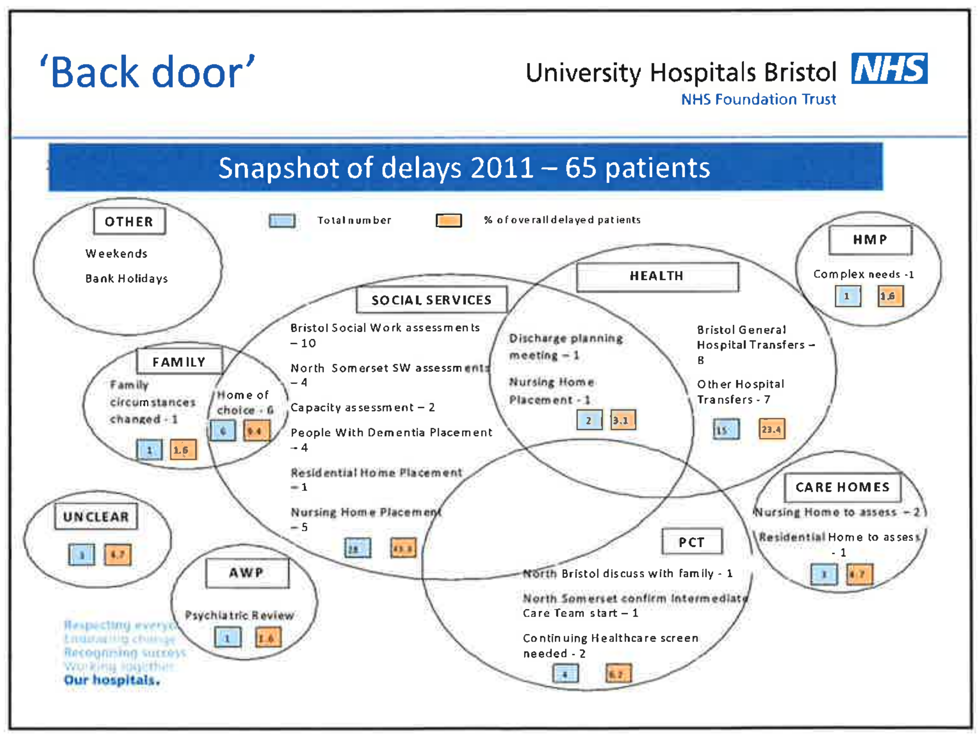
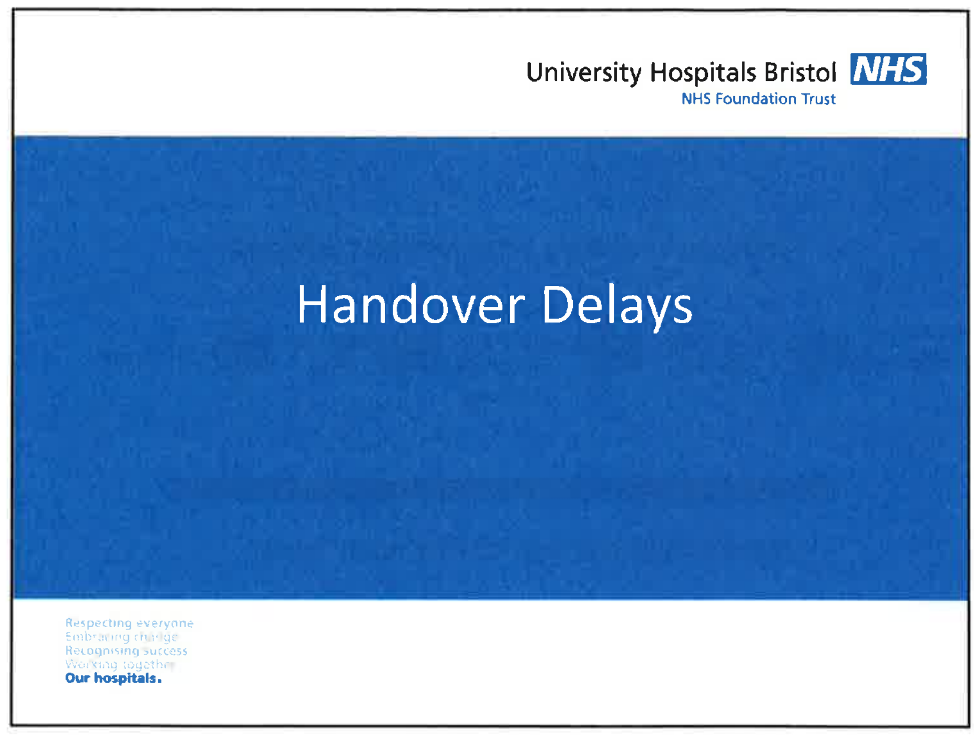
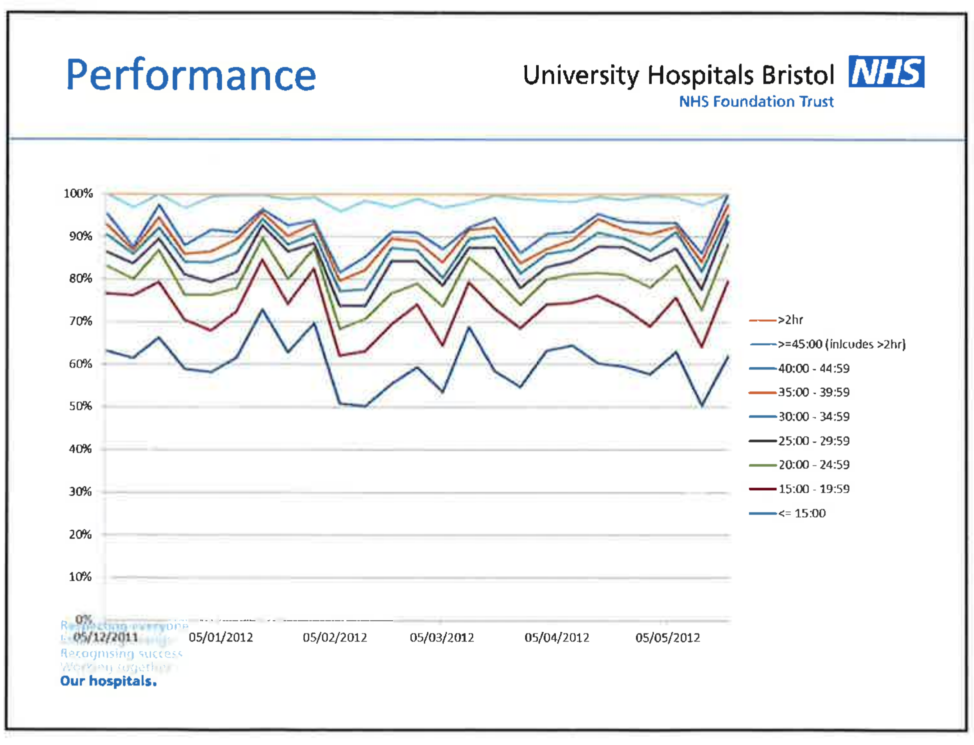

Patient 'flow'
University Hospitals Bristol NHS
NHS Foundation Trust
occupancy / flexibility
length of stay
staffing & resourcing
pathways & flow
'Virtuous circle'
Our hospitals.

Transformation work
• Clinical operations centre
• Enlarged MAU & SSU
• Professional standards
• Collaborative discharge work with external partners
• 'The 3 Rs' (bed optimisation) programme


Patient pathway
University Hospitals Bristol NHS
NHS Foundation Trust
Tendency to analyse issues on this pathway:
Ambulance conveyance
ED or direct pathway
Assessment, admission, rerouting or discharge
Inpatient stay
Discharge
Need to also manage 'downstream' issues
Our hospitals.


'Back door'
University Hospitals Bristol NHS
NHS Foundation Trust
Snapshot of delays 2011 – 65 patients
Total number
% of overall delayed patients
OTHER
Weekends
Bank Holidays
HMP
Complex needs -1
1
1.6
HEALTH
Discharge planning meeting – 1
Nursing Home Placement - 1
2
3.1
Bristol General Hospital Transfers – 8
Other Hospital Transfers - 7
15
23.4
SOCIAL SERVICES
Bristol Social Work assessments – 10
North Somerset SW assessments – 4
Capacity assessment – 2
People With Dementia Placement – 4
Residential Home Placement – 1
Nursing Home Placement – 5
FAMILY
Family circumstances changed - 1
1
1.6
Home of choice - 6
6
9.4
UNCLEAR
4.7
AWP
Psychiatric Review
1
1.6
CARE HOMES
Nursing Home to assess – 2
Residential Home to assess - 1
4.7
PCT
North Bristol discuss with family - 1
North Somerset confirm Intermediate Care Team start – 1
Continuing Healthcare screen needed - 2
4
6.2
Our hospitals.


University Hospitals Bristol NHS
NHS Foundation Trust
Handover Delays
Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.


Performance
University Hospitals Bristol NHS
NHS Foundation Trust
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
05/12/2011
05/01/2012
05/02/2012
05/03/2012
05/04/2012
05/05/2012
>2hr
>=45:00 (inlcudes >2hr)
40:00 - 44:59
35:00 - 39:59
30:00 - 34:59
25:00 - 29:59
20:00 - 24:59
15:00 - 19:59
<= 15:00
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Ambulance Handover

University Hospitals Bristol
NHS Foundation Trust

- Types of Delay
  - Process delays
    - Delays where the handover time took too long due to delays or inefficiencies in the system
  - Capacity delays
    - Delays where the limiting factor is the hospital is unable to take over clinical responsibility of the patient generally due to lack of physical space.

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Reasons for delay

University Hospitals Bristol NHS
NHS Foundation Trust

- Handover Process delays
  - Wait for clinical co-ordinator decision
  - Wait for booking-in process
  - Wait for patient observations to be taken
- Capacity delays
  - No clinical space in the hospital to safetly offload the patient

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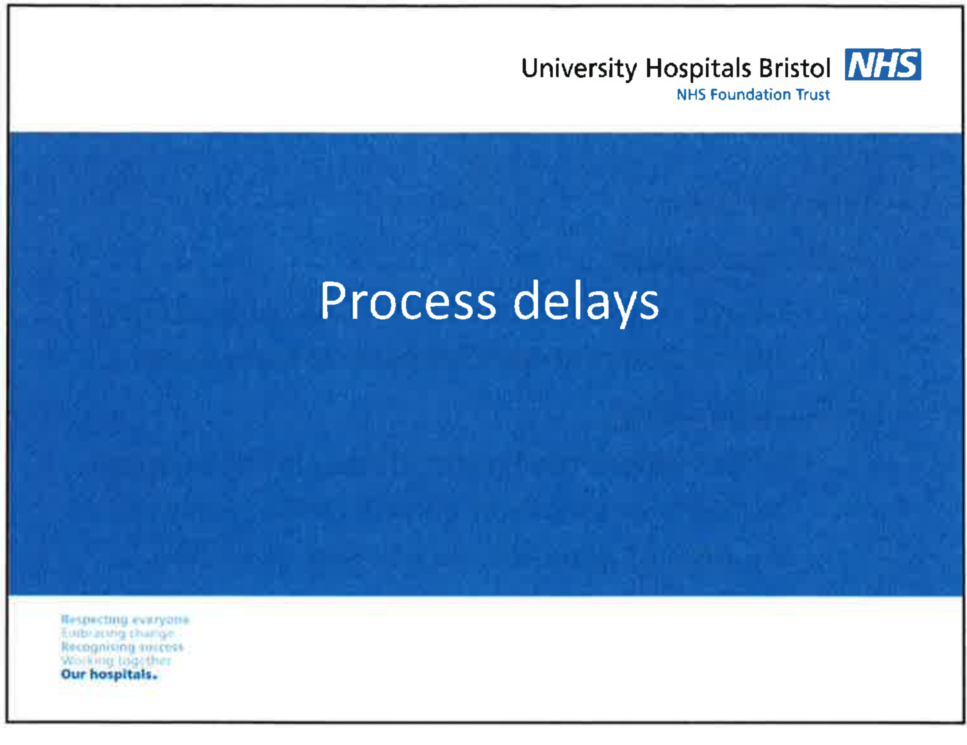

Handover process

University Hospitals Bristol NHS
NHS Foundation Trust

Joint work with GWAS to define & implement process capable of delivering a 15 minute handover

- Implemented with joint in-department training with GWAS
- Process supported by use of an electronic handover screen
- Process adopted by the rest of BNSSG

IMPROVED AMBULANCE HANDOVER PROCEDURE

F	Find Ambulance screen – enter "At Hospital".
A	Arrival time in ED noted on PCR (in "At Hospital" box) and signed by crew member and ED Coordinator
S	Brief summary of assessment findings to ED Coordinator
T	Transfer patient to agreed location.
W	We no longer book-in at Reception.
H	Handover to ED Nurse - time noted on PCR (in handover box at bottom of form) and signed by crew member and ED nurse
E	Enter "Handover" on ambulance screen (Wrap-up time starts).
E	Ensure PCR is fully completed and legible (request extended wrap-up if needed).
L	Leave PCR yellow copy with Receptionist.

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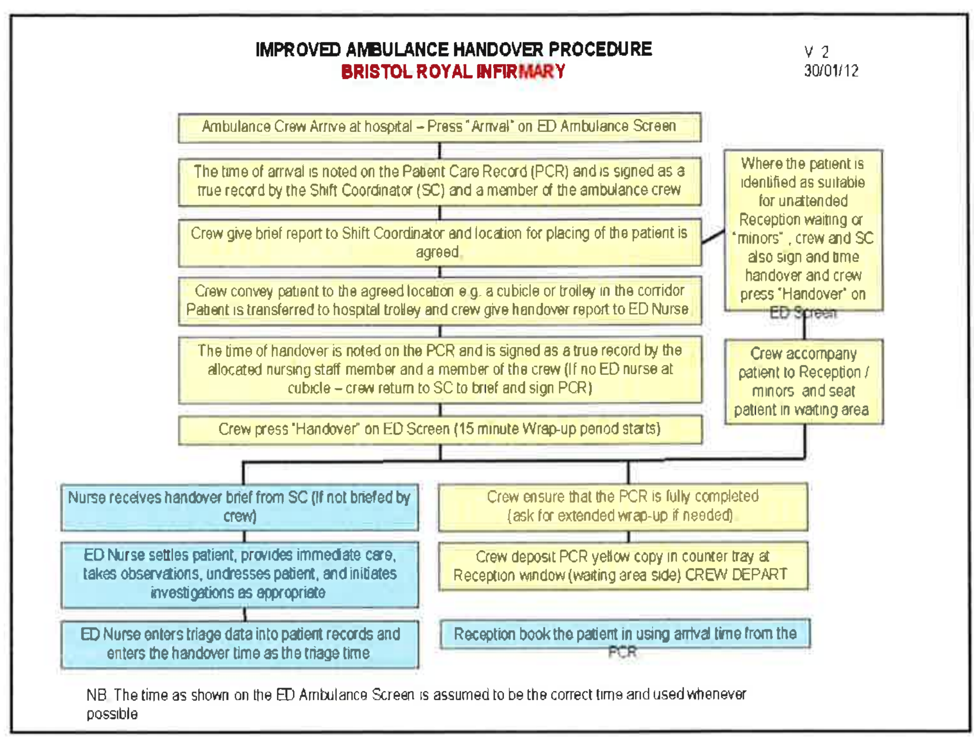
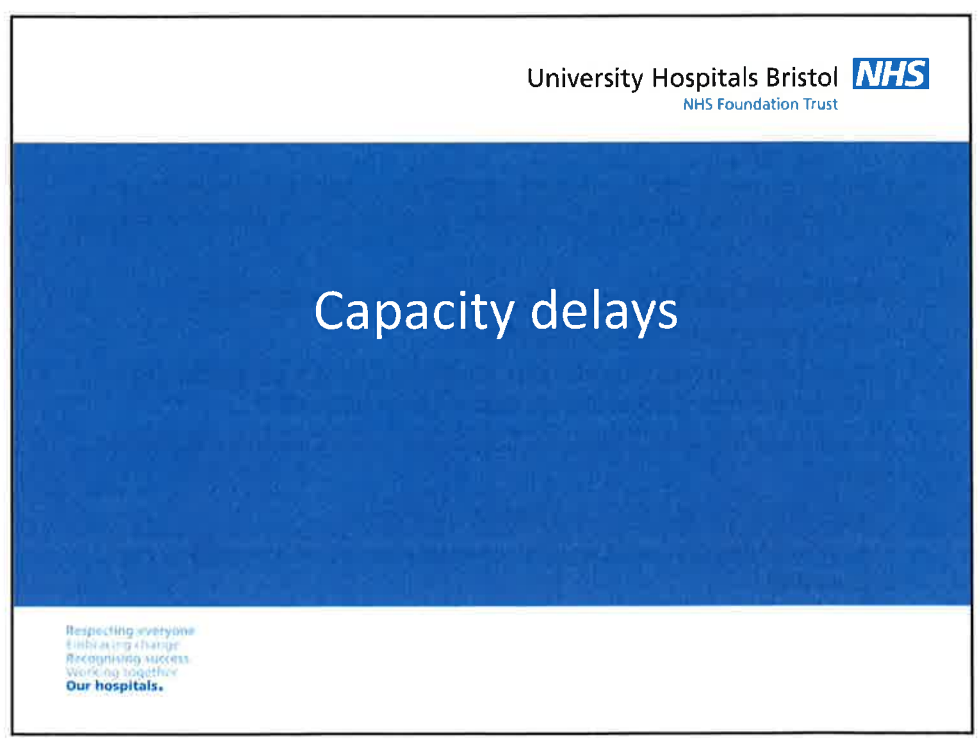

IMPROVED AMBULANCE HANDOVER PROCEDURE
BRISTOL ROYAL INFIRMARY
V 2
30/01/12
Ambulance Crew Arrive at hospital – Press "Arrival" on ED Ambulance Screen
The time of arrival is noted on the Patient Care Record (PCR) and is signed as a true record by the Shift Coordinator (SC) and a member of the ambulance crew
Crew give brief report to Shift Coordinator and location for placing of the patient is agreed
Crew convey patient to the agreed location e.g. a cubicle or trolley in the corridor Patient is transferred to hospital trolley and crew give handover report to ED Nurse
The time of handover is noted on the PCR and is signed as a true record by the allocated nursing staff member and a member of the crew (If no ED nurse at cubicle – crew return to SC to brief and sign PCR)
Crew press 'Handover' on ED Screen (15 minute Wrap-up period starts)
Where the patient is identified as suitable for unattended Reception waiting or "minors", crew and SC also sign and time handover and crew press "Handover" on ED Screen
Crew accompany patient to Reception / minors and seat patient in waiting area
Nurse receives handover brief from SC (If not briefed by crew)
ED Nurse settles patient, provides immediate care, takes observations, undresses patient, and initiates investigations as appropriate
ED Nurse enters triage data into patient records and enters the handover time as the triage time
Crew ensure that the PCR is fully completed (ask for extended wrap-up if needed)
Crew deposit PCR yellow copy in counter tray at Reception window (waiting area side) CREW DEPART
Reception book the patient in using arrival time from the PCR
NB The time as shown on the ED Ambulance Screen is assumed to be the correct time and used whenever possible


University Hospitals Bristol NHS
NHS Foundation Trust
Capacity delays
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Recognising success
Our hospitals.

Capacity delays

- No clinical space in ED
  - Due to bed access in the hospital
  - Due to the clinical capacity to process patients being too slow to keep up with demand
- No clinical space in assessment areas
  - Due to lack of bed access in the hospital

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Clinical safety

A group are currently working directly with GWAS to give clear guidance on patient management, clinical responsibility, escalation and information sharing.

- Fundamental principles for patient ownership and management
- Clinical Instructions for the GWAS crews
- A Standard Operating Procedure for the ED staff (which we expect to be based on the recent Royal College Best Practice Guidance)
- An outline of expected actions for both organisations based on escalation status
- Triggers for both escalation and tactical awareness
- Hierarchy of decision making which corresponds to relevant roles in each organisation

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Factors affecting capacity

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- Reduction in ambulance arrival activity at the BRI this year
- Clinical & objective view that patients are sicker and require admission (higher conversion rate, increase in age profile)
- CMS (capacity management system) implemented to smooth activity to reduce pressure at hospitals , unclear effects
- Bunching of demand : the HCP (GP expected) calls arrive in the late afternoon compounding the pressure from 999 conveyances (more static through the day)
- In hospital 'flow'
- Discharge processes & community capacity

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Typical demand pattern

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NHS Foundation Trust

Volume of Calls by time of day

Volume

Time

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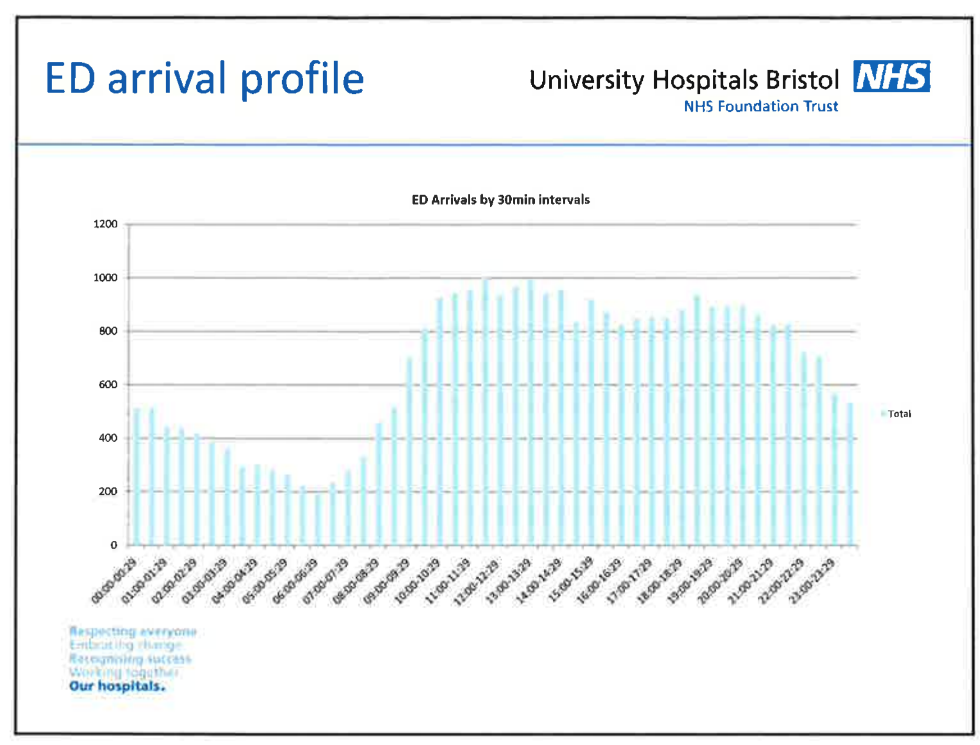
ED arrival profile
University Hospitals Bristol NHS
NHS Foundation Trust
ED Arrivals by 30min intervals
1200
1000
800
600
400
200
0
Total
00:00-00:29
01:00-01:29
02:00-02:29
03:00-03:29
04:00-04:29
05:00-05:29
06:00-06:29
07:00-07:29
08:00-08:29
09:00-09:29
10:00-10:29
11:00-11:29
12:00-12:29
13:00-13:29
14:00-14:29
15:00-15:29
16:00-16:29
17:00-17:29
18:00-18:29
19:00-19:29
20:00-20:29
21:00-21:29
22:00-22:29
23:00-23:29
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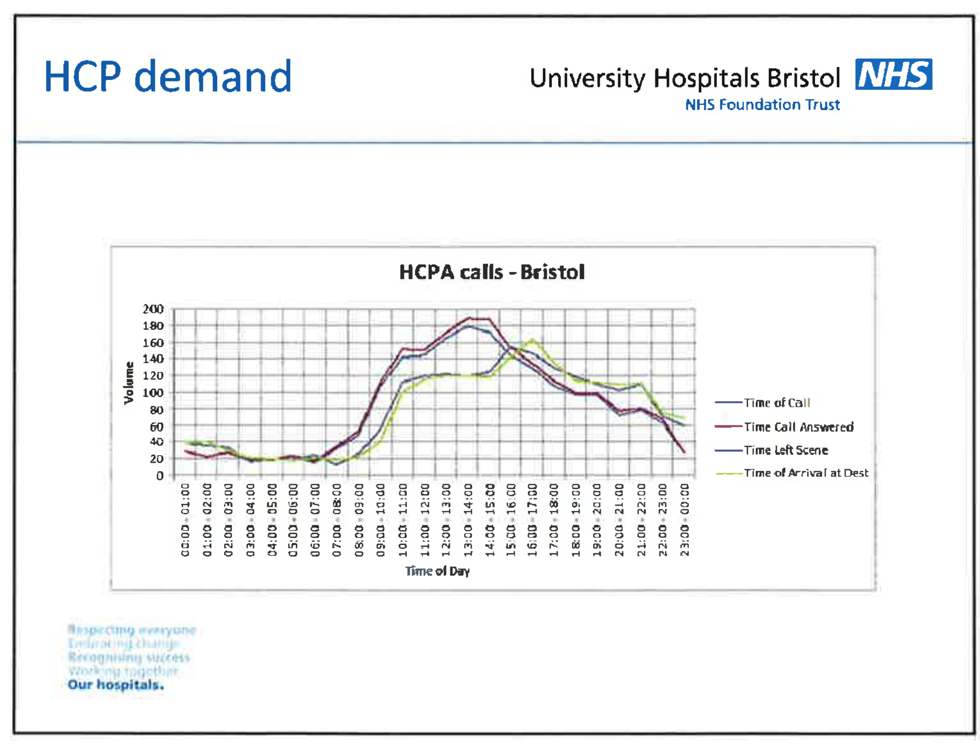
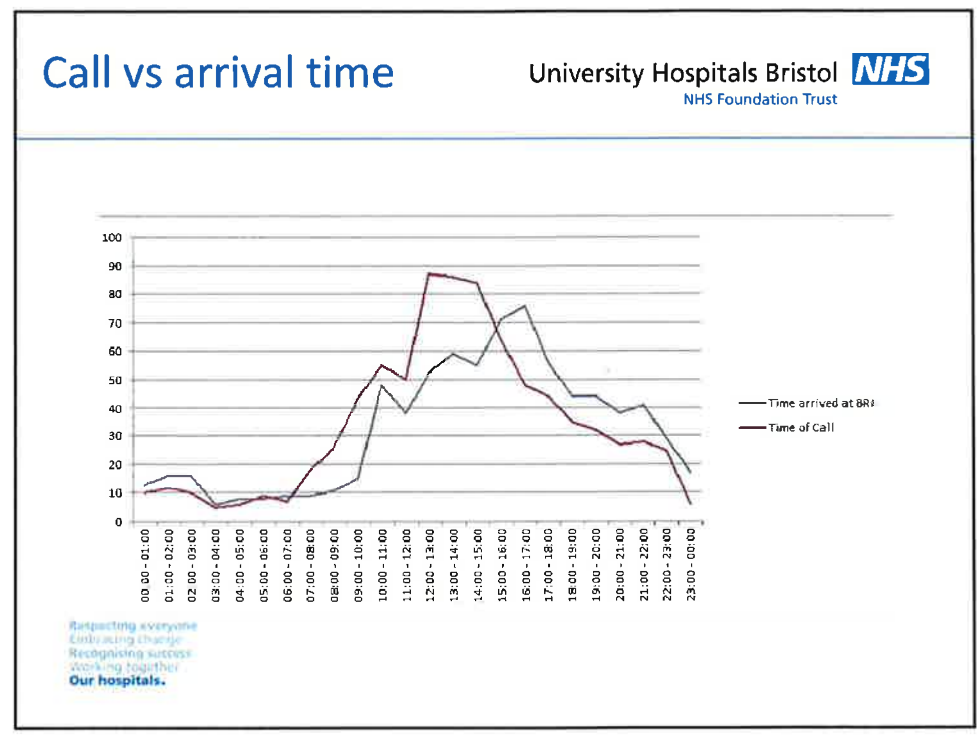

HCP demand
University Hospitals Bristol NHS
NHS Foundation Trust
HCPA calls - Bristol
Volume
200
180
160
140
120
100
80
60
40
20
0
Time of Call
Time Call Answered
Time Left Scene
Time of Arrival at Dest
00:00 - 01:00
01:00 - 02:00
02:00 - 03:00
03:00 - 04:00
04:00 - 05:00
05:00 - 06:00
06:00 - 07:00
07:00 - 08:00
08:00 - 09:00
09:00 - 10:00
10:00 - 11:00
11:00 - 12:00
12:00 - 13:00
13:00 - 14:00
14:00 - 15:00
15:00 - 16:00
16:00 - 17:00
17:00 - 18:00
18:00 - 19:00
19:00 - 20:00
20:00 - 21:00
21:00 - 22:00
22:00 - 23:00
23:00 - 00:00
Time of Day
Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Further work / next steps 1

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NHS Foundation Trust

Discharge

Recognition of "back door" as the key to maintaining flow

- Management of increasing age and complexity
  - Creation of Hospital Hub
  - Increasing capacity for managing complex discharges
  - Changing ward management structure "Supervisory Sister" role
- Managing > 14 day LOS as the critical success factor in bed access

Our hospitals.

Further work / next steps 2

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NHS Foundation Trust

Ambulatory Care

- Maximise the use of existing pathways e.g. DVT, Low Risk PE.
- Creation of a an Ambulatory Care Unit
- Co-location of primary and secondary Care clinicians in shared service
- Potential alternative delivery/triage point for "referred" or redirected patients
- Increasing alternatives to admission

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Further work / next steps 3

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NHS Foundation Trust

Assessment & admission

- Improving medical assessment and speciality input at the "front door"
  - Increasing senior resource at the front door to ensure appropriate assessment and avoid unnecessary admission (2 x WTE Consultants)
  - Redesign of the medical "take" to give greater priority to emergency flow

Delivery of greater 7 day working to reduce the weekend effect on bed access

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Further work / next steps 4

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NHS Foundation Trust

Joint work

- Healthy Futures Programme – work with all urgent care partners to implement transformational system changes, e.g. care of long term conditions
- If conveyance required, increase access to appropriate destination within hospital: medical, surgical, hot clinics, oncology, chest pain
- Further development of patient care pathways: mental health, drug and alcohol services etc.
- Implement findings of IST report (June 2012) recommending how alternate care pathways could have greater impact

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