



**Healthy London
Partnership**

directors of
adass
adult social services

Taster session: Patient journey (flow)

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Supported by and delivering for:



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Outline of the taster session

Aims and objectives of the session:

- To understand the importance of effective patient flow throughout the whole pathway including coming into and out of acute settings

By the end of the session we will have:

- Increased awareness of importance of taking a whole system perspective and considering each step of the patient journey in order to maintain seamless patient flow, both into and out of acute settings
- Two priority actions and what support is needed locally to take actions forward

Change is part of everyone's role

“Everyone in healthcare has two jobs when they come to work; to do their work and to improve it. This is the essence of Quality Improvement (QI).”

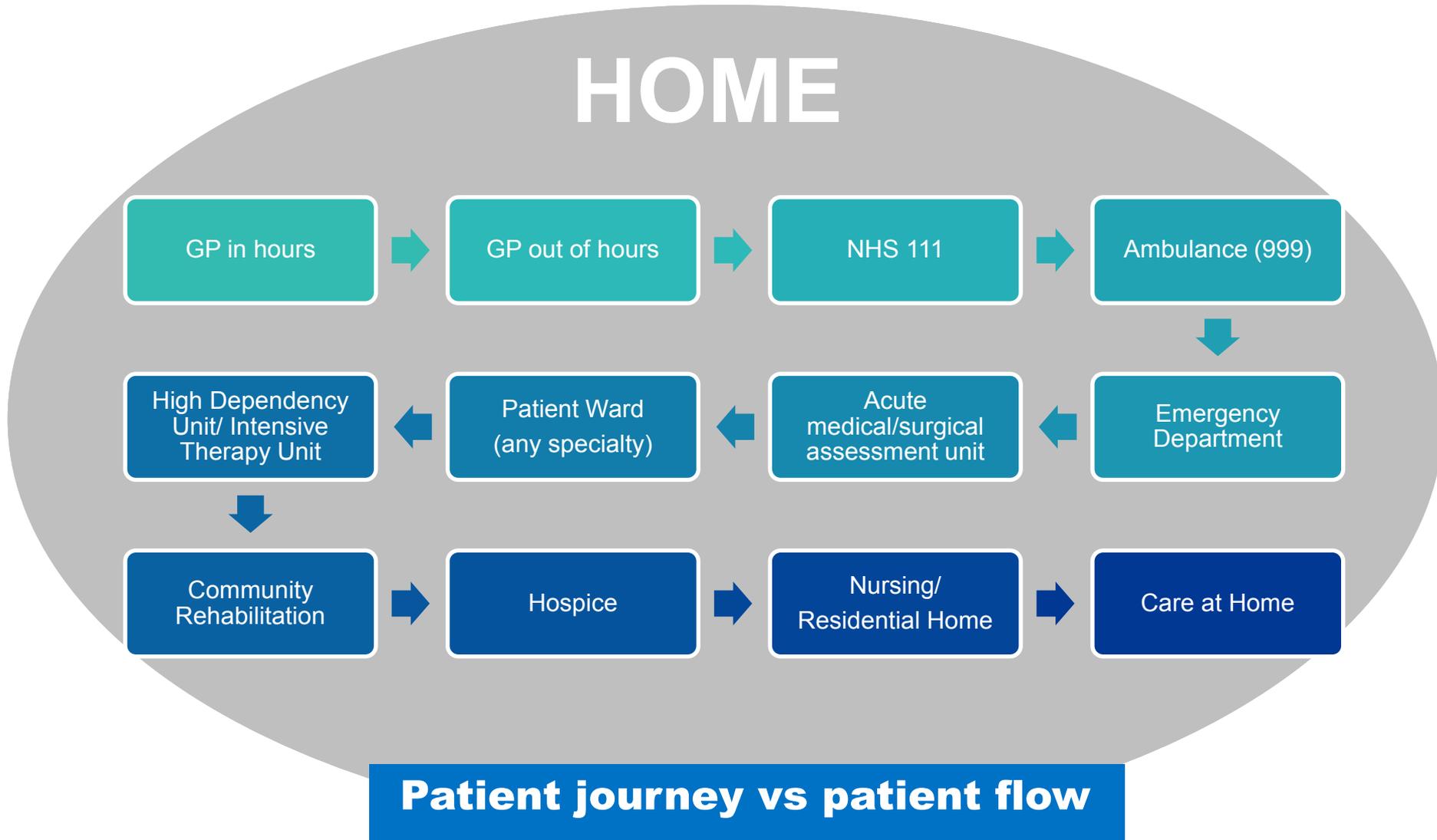
- *Paul B Batalden*



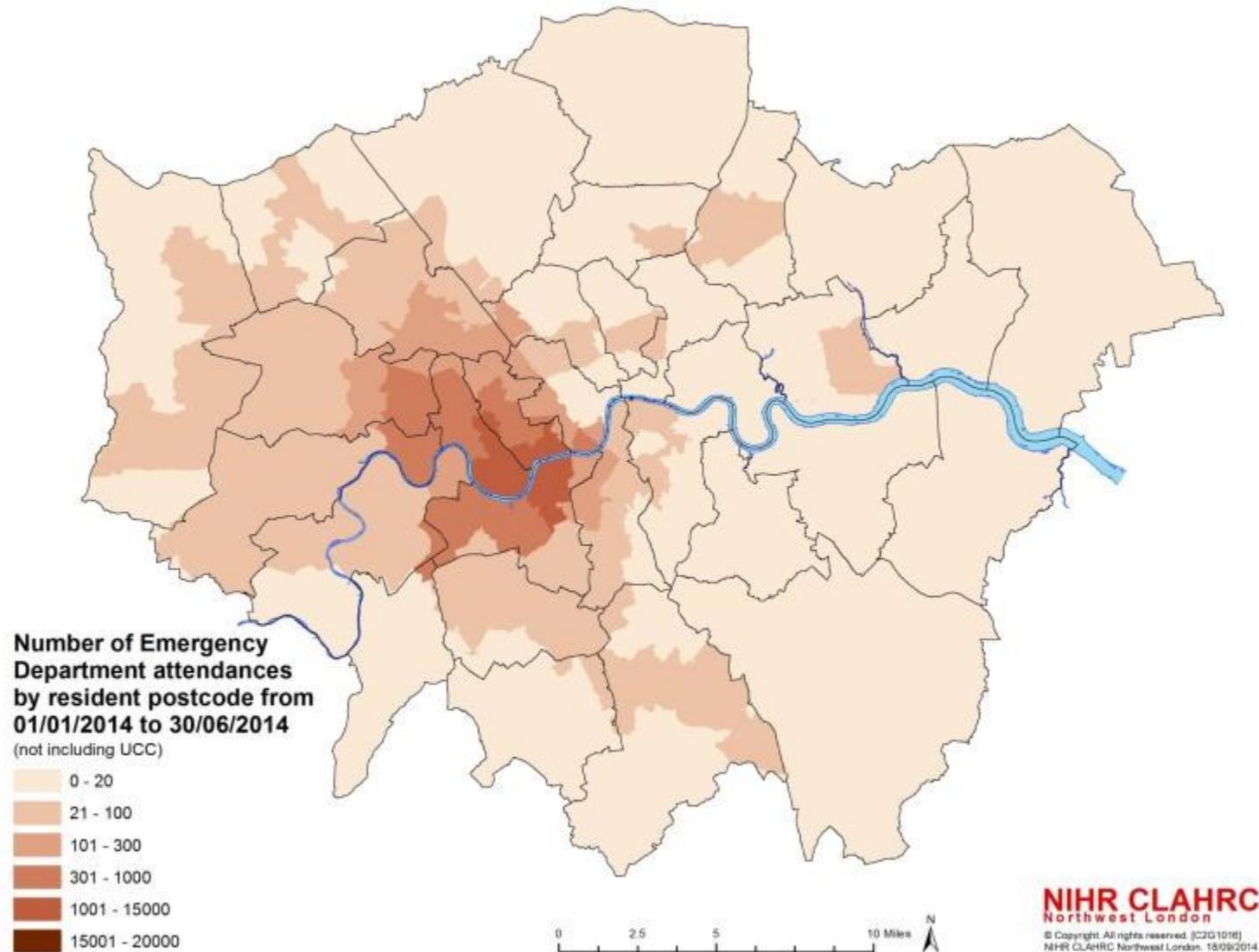
What is “quality improvement” and how can it transform healthcare?

Paul B Batalden and Frank Davidoff, *Qual Saf Health Care*. 2007 Feb; 16(1): 2–3.

Whole system's approach



Whole system flow



Hospital catchment areas are much larger than imagined

Emergency care flow is critical for patient experience, clinical outcomes & quality of care

Why Emergency Flow?

- Assessing & treating patients who require emergency care is time critical for good patient experience and outcomes
- Efficiently managing all patient groups accessing emergency care will improve patient flow through pathway
- For those being admitted, prompt assessment and transfer to appropriate in-patient area with the correct clinical staff, care team and equipment is essential to ensure high quality & effective care
- Evidence suggests the sooner patients moved to the right clinical environment, the better the overall outcomes



The 4-hour measure: A powerful marker of overall system function

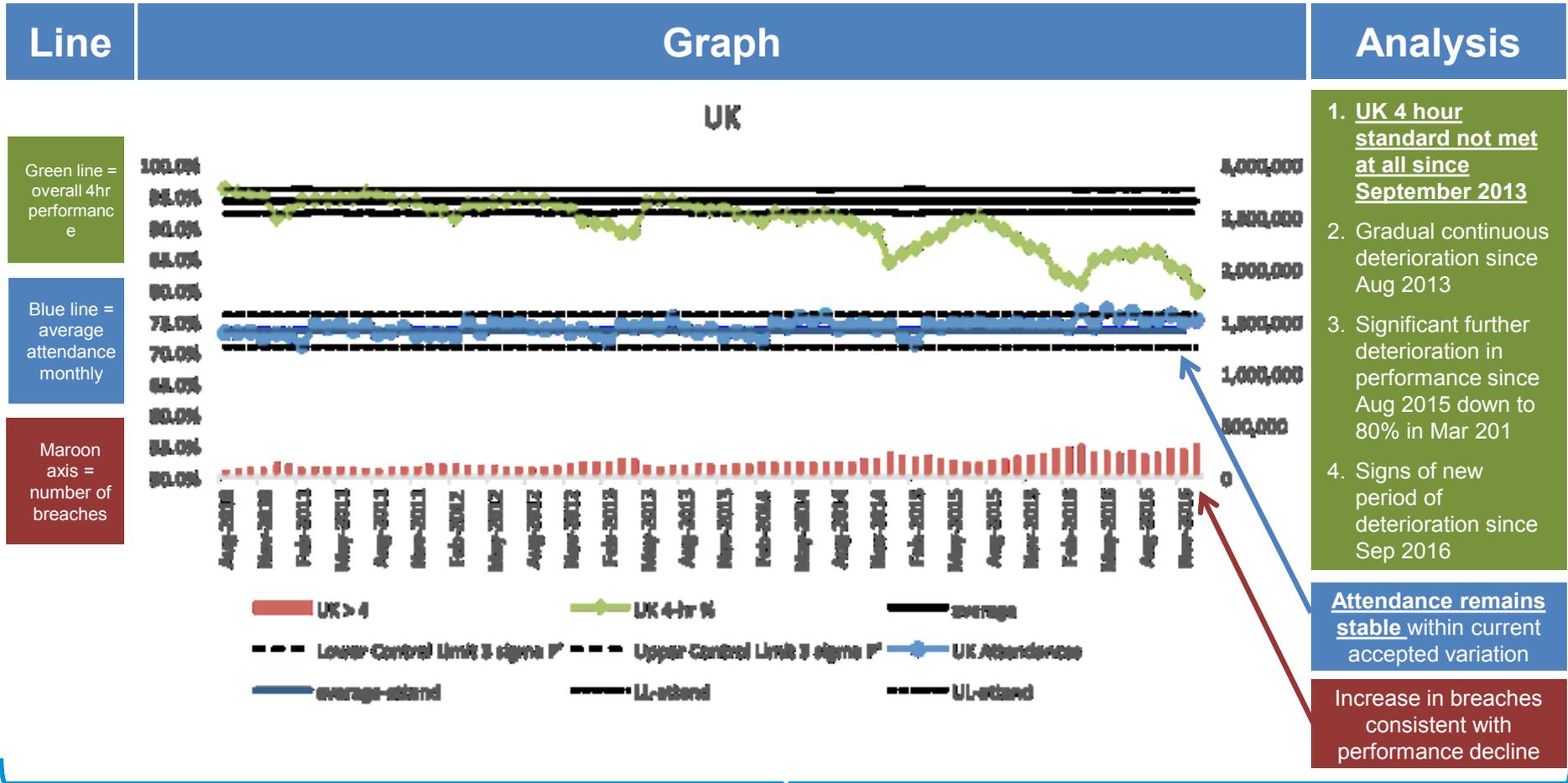


- ✓ A measure of the percentage of patients being seen by ED within 4hrs
- ✓ Important measure of overall patient flow and whole system performance
- ✓ An indicator of quality from a patient perspective
- ✓ System factors within the control of hospital services are primary drivers to improve flow
- ✓ Evidence suggests patients with longer waits have poorer clinical outcomes and poorer patient experience
- ✓ 4hr standard acts as a barometer or pulse, but we need other measures.

NHS Constitution: MINIMUM 95% of patients attending A&E must be seen, treated and admitted / discharged within 4 hours

UK overall performing poorly

→ 4hr standard progressively deteriorating since September 2013



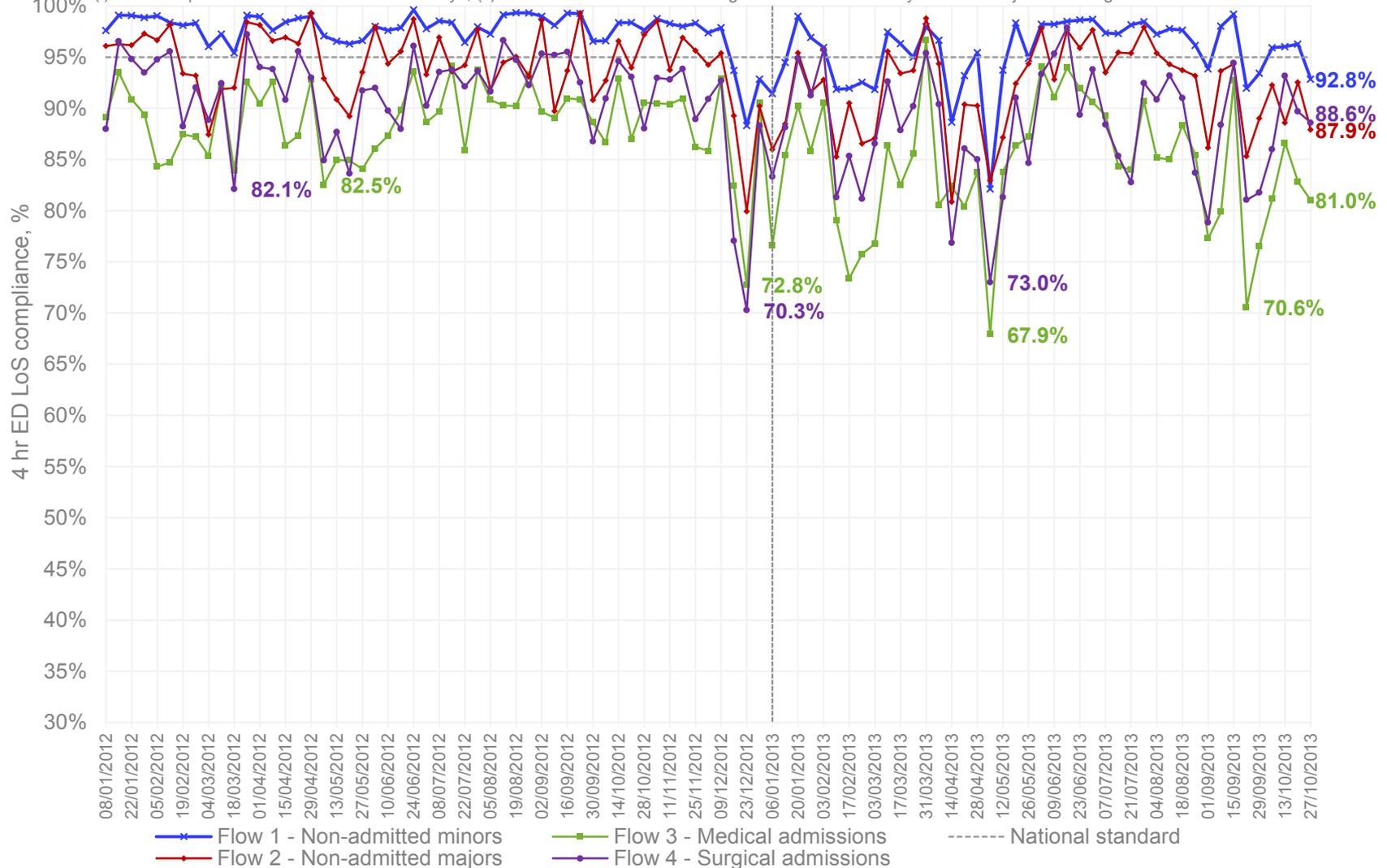
Gradual continuous decline in performance since 2013, despite a steady attendance. Worryingly, a new downward trend since September 2016, with performance down to under 80% in December 2016

Different groups of patients move at different speeds

Hospital 2: weekly 4 hr emergency access performance, 2 Jan 2012 to 27 Oct 2013

Weekly 4 hr ED LoS compliance, by patient flow group, %

Notes: (i) excludes planned reviews and ED ward stays; (ii) results are intended for management information only and are subject to change

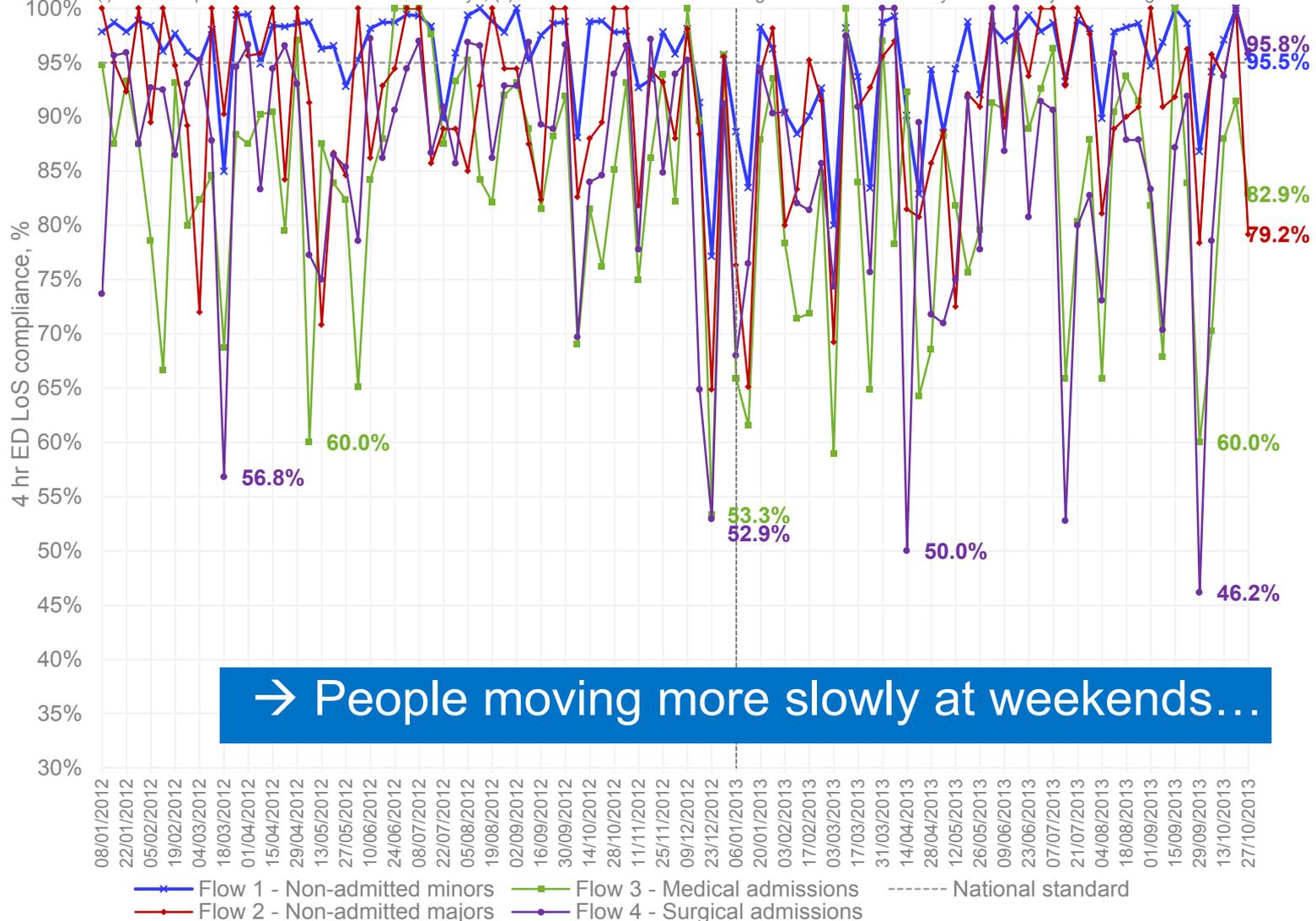


Different journeys, different days of the week

Hospital 2: weekly Monday 4 hr emergency access performance, 2 Jan 2012 to 27 Oct

Weekly Monday 4 hr ED LoS compliance, by patient flow group, %

Notes: (i) excludes planned reviews and ED ward stays; (ii) results are intended for management information only and are subject to change

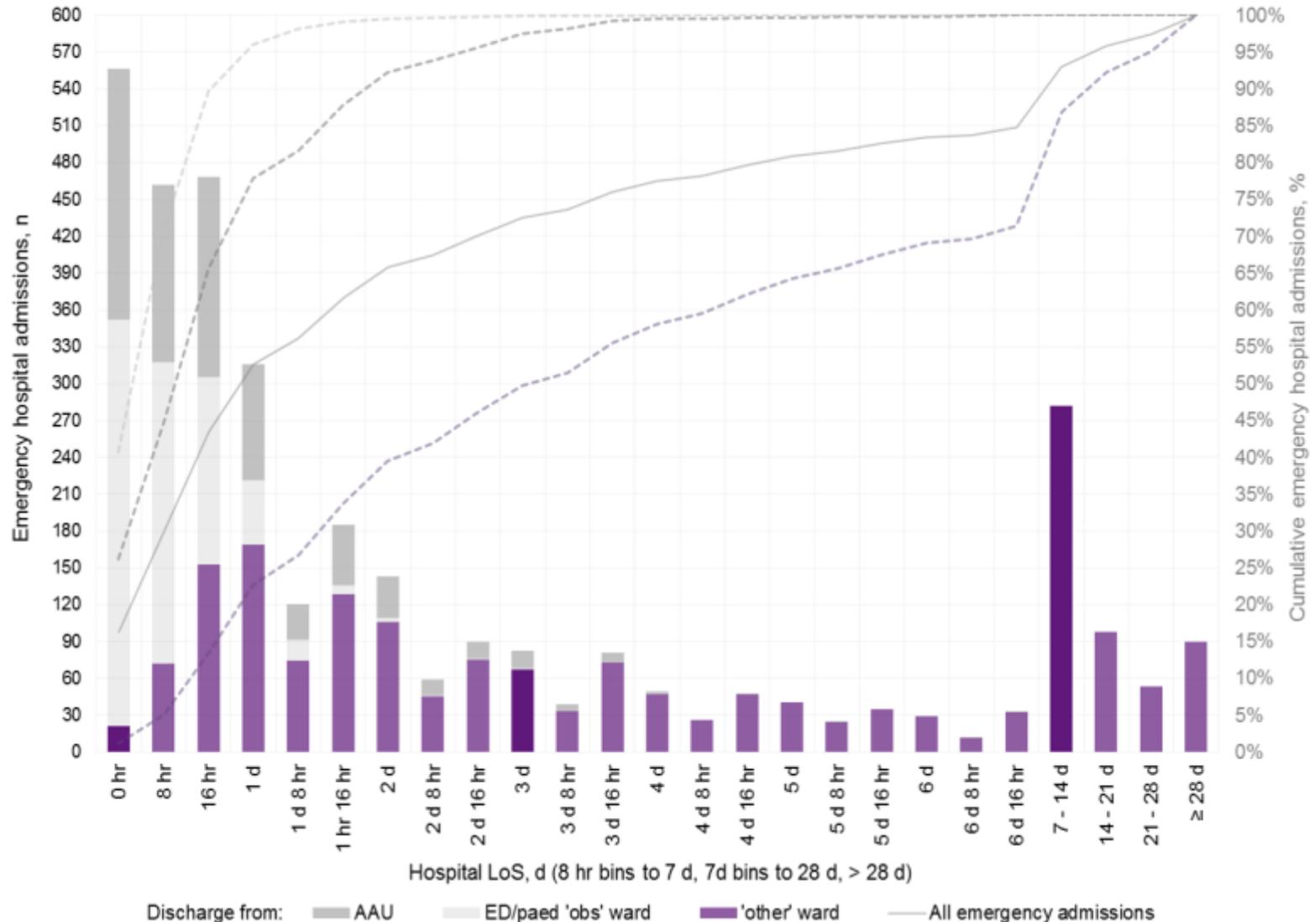


Movement across the whole hospital

Hospital 2: Hospital LoS distribution for emergency admissions 2 Sep to 27 Oct 2013*

*Hospital discharges 2 Sep to 27 Oct 2013 for patients admitted as an emergency, n; hospital LoS in 8 hr bins to 7 d, 7 d bins to 28 d, ≥ 28 d)

Notes: (i) hospital LoS calculated in minutes, incl. trolleyed ED LoS and excl. transit areas; (ii) results are intended for management information only and are subject to change



A single component of the patient journey

Hospital 2: AAU spell LoS distribution, 2 Sep to 27 Oct 2013*

AAU stays for *all patients discharged from hospital 2 Sep to 27 Oct 2013, n; AAU spell LoS in 2 hr bins to 72 hr, ≥ 72 hr

Notes: (i) AAU spell LoS calculated in minutes and excludes transit areas; (ii) results are intended for management information only and are subject to change

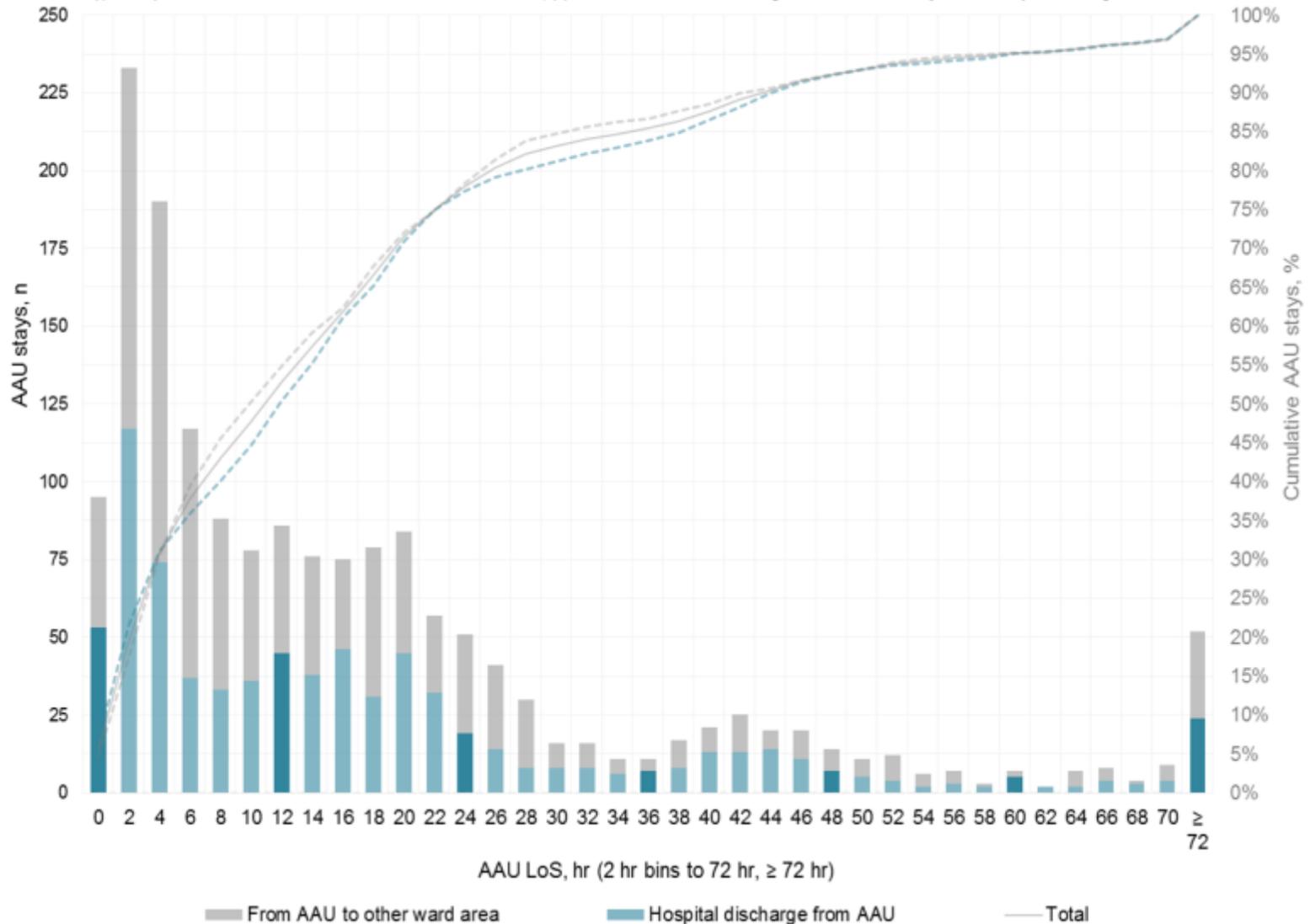


Table Discussion 1

In your tables consider the following scenarios during normal working hours:

Table 1

A patient at home has infective symptoms and will need a course of antibiotics. He/she will not require hospital admission.

Table 2

An elderly woman has fallen at home and has a painful hip. She is unable to walk and so her neighbour has called an ambulance.

Table 3

A patient is going home after a 5-day admission post surgery and is awaiting discharge letter and prescription...

Table 4

A man with terminal metastatic disease who is at home and has become acutely confused. He is known to local hospice team and hospital palliative care team

Discuss the potential steps in these patient's journey ..

Patients don't actually flow... they can get held up..



What's within your sphere of influence?



The Challenge

- Increasing demands to improve quality → increasing change initiatives at the point of care
- Many initiatives fail
- Reports of change fatigue due to:
 - Volume;
 - Associated workload (lack of capacity);
 - Lack of involvement;
 - Lack of perceived value of change

Four Ideas to Find Time for Improve- ment

1

Setting an
Improvement
Rhythm

2

Focusing on
“Highly
Adoptable
Improvement”

3

Use
Orchestrated
Testing

4

Stopping doing
things that don't
work or don't
work work well

The half-life concept

Setting time-based improvement targets

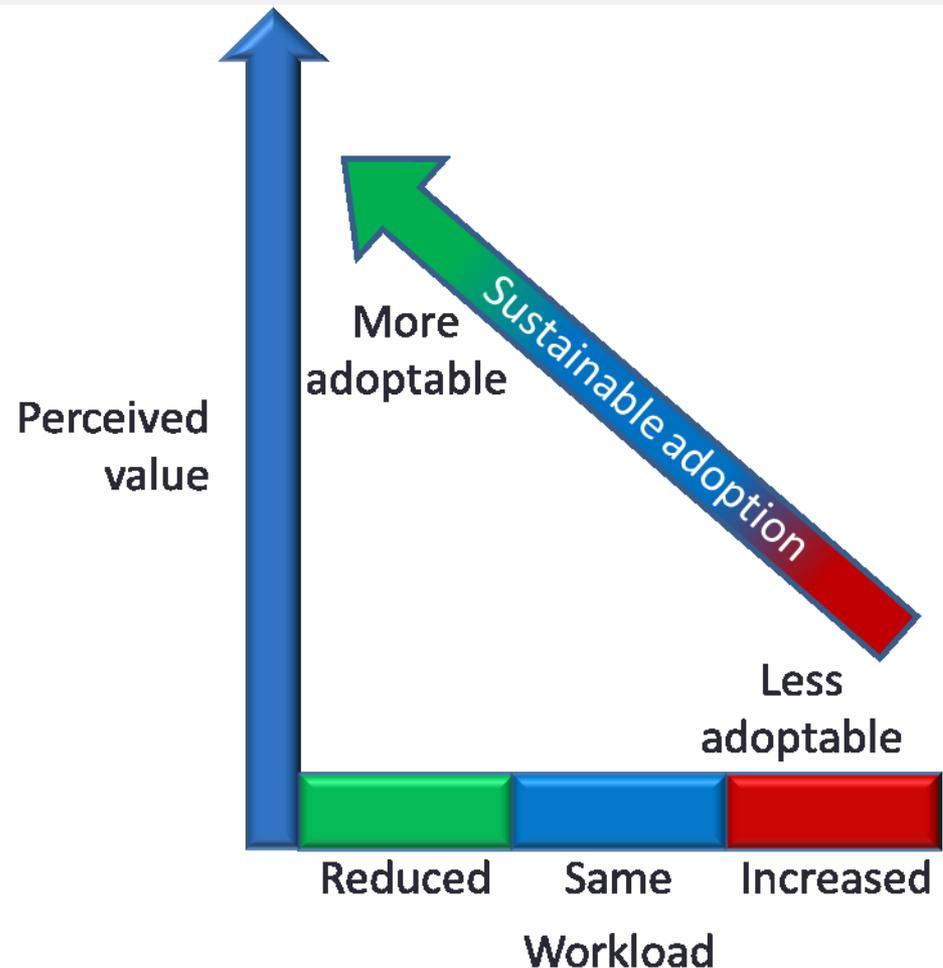
- The half-life concept focuses goal setting around the length of time it will take to reduce defects (or close a gap) by 50 percent.
- “half-life” accommodates the notion of perfection, yet accepts that it is achievable only in infinite time.“
- if the goal is to achieve 98% and current operational performance is 93% then gap is 5% so how long to achieve 2.5% as first stage – set achievable time trajectory based on data
- Effective framework for long-term planning

Maximally Adoptable Improvement

Hypothesis

Change initiatives that do not add additional workload & have high perceived value are:

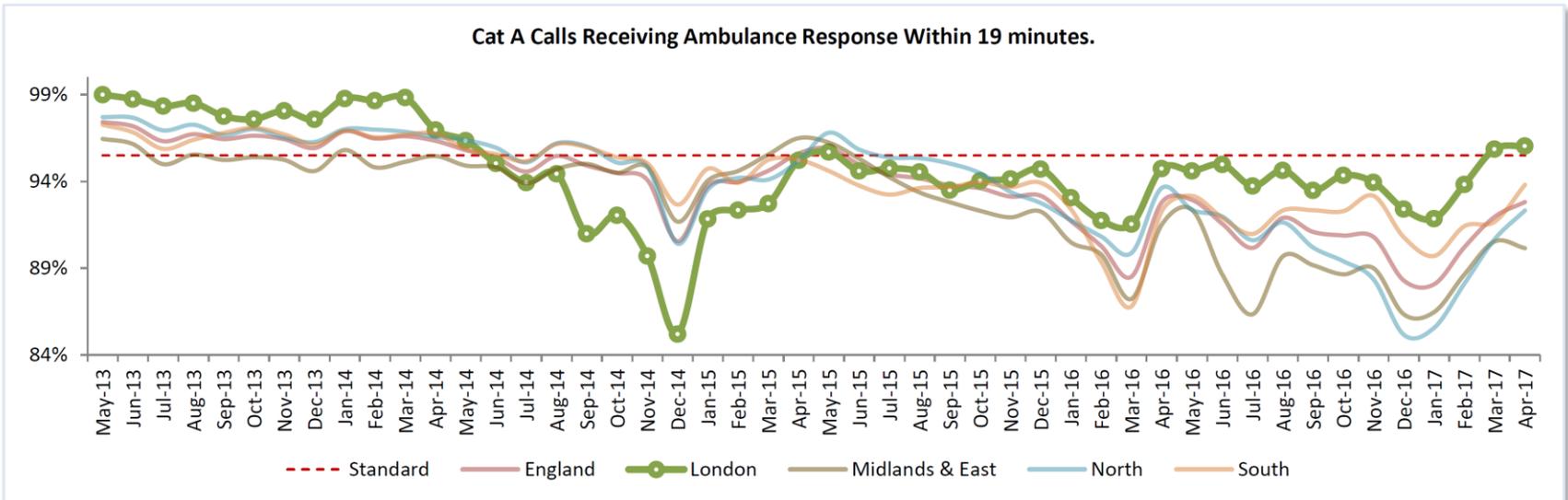
- more likely to be adopted
- cause less workplace burden
- achieve the intended outcomes



Understanding the data

Ambulance 19 Minutes

Category A (Red 1 and Red 2) Presenting conditions which may be immediately life threatening and should receive an ambulance response at the scene within 19 minutes irrespective of location in 95% of cases



- Notice the seasonality
- What is influencing the performance?
- This graph alone tells you about overall flow, but doesn't tell you what's happening...

Table Discussion 2:

In your tables consider the following scenarios during normal working hours:

Table 1

A patient at home has infective symptoms and will need a course of antibiotics. He/she will not require hospital admission.

Table 2

An elderly woman has fallen at home and has a painful hip. She is unable to walk and so her neighbour has called an ambulance.

Table 3

A patient is going home after a 5-day admission post surgery and is awaiting discharge letter and prescription...

Table 4

A man with terminal metastatic disease who is at home and has become acutely confused. He is known to local hospice team and hospital palliative care team

- 1. What would be necessary to improve your understanding of the patient journey? Use the scenario that you've worked on as exemplar.**
- 2. What support could the collaborative best provide you?**

Improving the patient experience/journey..

Improving the patient experience / journey...

