Acute Hospitals Community of Practice
ECHO Knowledge Network
Series 2

12 December 2018

Hospice UK Project ECHO

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Today's Agenda

Topic: Learning from the Emergency Care Hospital Improvement Programme

Agenda item		Duration
Welcome and introductions	Claire Henry	5 minutes
Wirral UTH project, data and QI approach	Anita Hayes on behalf of Dr Catherine Hayle	15 minutes
Feedback from the Leicester ELCHIP project	Dr Julia Grant	30 minutes
Discussion	ALL	30 minutes
AOB	Anita Hayes	10 minutes

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Wirral UTH project, data and QI approach

Anita Hayes on behalf of Dr Catherine Hayle
Wirral University Teaching Hospital

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'What matters most?' Silver to gold bed days

12 December 2018

Anita Hayes on behalf of Dr Catherine Hayle

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A Red day is when a patient receives little or no value adding acute care. The following questions should be considered:
• Could the care or interventions the patient is receiving today be delivered in a non-acute setting?
• If I saw this patient in out-patients, would their current 'physiological status' require emergency admission?
If the answers are 1. Yes and 2. No, then this is a 'Red bed day'
Examples of what constitutes a Red bed day:
• A planned investigation, clinical assessment, procedure or therapy intervention does not occur.
• The patient is in receipt of care that does not require an acute hospital bed.
• The medical care plan lacks a consultant approved expected date of discharge.
• There are no consultant approved physiological and functional clinical criteria for discharge in the medical care plan.
A RED day is a day of no value for a patient
A Green day is when a patient receives value adding acute care that progresses their progress towards discharge.
A Green day is a day when everything planned or requested gets done.
A Green day is a day when the patient receives care that can only be in an acute hospital bed.
A GREEN day is a day of value for a patient
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Silver to gold bed days
• Time is our most precious commodity… especially as we approach the end of life
• Could this concept be translated to suit a palliative care inpatient population?
• Focus felt to be patient flow… and leaving hospital is not always the patient's priority as the end of life approaches
• In palliative care, patient experience should be the priority
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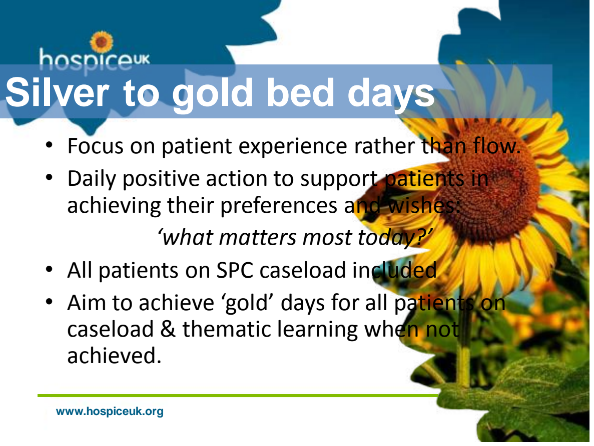
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Silver to gold bed days
• Focus on patient experience rather than flow.
• Daily positive action to support patients in achieving their preferences and wishes:
'what matters most today?'
• All patients on SPC caseload included
• Aim to achieve 'gold' days for all patients on caseload & thematic learning when not achieved.
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Silver day
'A day in which the patient experiences safe, high quality, compassionate care in hospital, but no specific actions are taken them to support them in achieving their stated wishes.'
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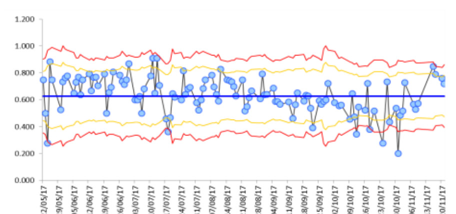
Gold day

'A day in which a specific action occurs which enables progress in achieving the patient's expressed wishes'

Examples have included:

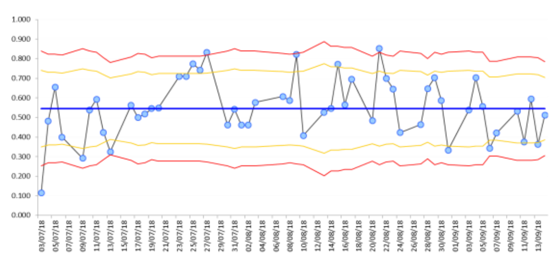
- A wig - The Everton Match
- A urinary catheter - A choir
- Complex spiritual care - Physical symptom control
- A wedding ceremony - A hospice bed
- Rapid discharge to die - A good night's sleep

SPC chart



Analysis of silver bed days

Source	% Of Total Silver Bed Days	Detailed Analysis
Internal (PEOLT)	39%	23% = symptom control 8% = capacity 8% = other
Internal (WUTH)	22%	Widely spread. Most common = CHC application process 7%
External	37%	16% = lack of availability of package of care 15% = awaiting hospice bed 4% = nursing home bed



Silver bed days: July 2018

SOURCE	% OF TOTAL SILVER BED DAYS	DETAILED ANALYSIS
INTERNAL (PEOLT)	33.01%	33% Symptom control
INTERNAL (WUTH)	34.9%	Widely spread
EXTERNAL	32.04%	20% Package of care 6.7% Hospice bed

Silver bed days: Aug 2018

SOURCE	% OF TOTAL SILVER BED DAYS	DETAILED ANALYSIS
INTERNAL (PEOLT)	27.06%	25.56% Symptom control
INTERNAL (WUTH)	25.56%	4.5% Integrated discharge team
EXTERNAL	47.3%	19% Package of care 10% Nursing home 18.1% Hospice bed

Team Experience

- Increased team cohesiveness, focused on ‘what matters most’ to the patient and those close to them
- Move away from individual caseloads – shared responsibility and increased peer support (board rounds)
- Sense of achievement with each gold bed day
- Analysis of silver bed days allows increased sense of ownership and control over challenges
- Greater proactivity

Challenges

- Ensuring ‘what matters most’ is taken verbatim from the patient themselves.
- Keeping board rounds succinct!
- Capturing the patient experience
- Admin support - ongoing data collection has been challenging
- Clinical capacity/demand
- Ethos embedded. Processes still require effort.

Reflections

- We need to stop advising from the sidelines and get stuck in!!
- The patients should define this – can we cut out the 'middle man'?
- How can IT help us?
- Data to inform commissioning? Patients' wishes can drive service improvement.
- Your ethos may emerge in other areas…

Wirral University Teaching Hospital NHS
NHS Foundation Trust

Success is not final, failure is not fatal: it is the courage to continue that counts.

Winston Churchill

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Questions?

Feedback from Leicester NHS Trust ELCHIP Project

Dr Julia Grant
Leicester NHS Trust

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University Hospitals Leicester NHS Trust
Hospital Palliative Care Team

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Our initial project aims......

To improve the experience of care for patients attending hospital in Leicester who may be approaching the end of life

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Driver diagram

Outcomes:

- Care that is compassionate, equitable, reliable, improves the care experience, makes best use of resources.
- Full compliance with national quality markers.
- Reduction of harm.

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Driver diagram

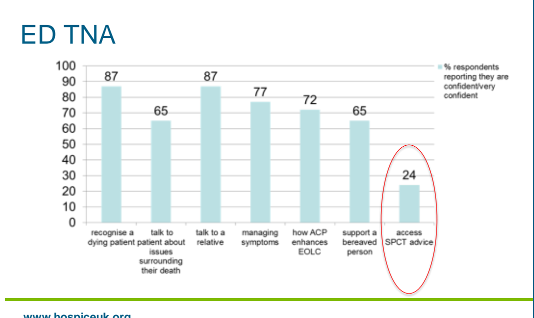
Primary Drivers

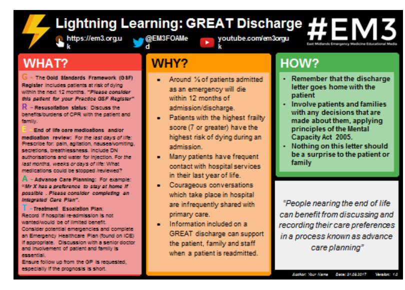
- **Person centred/family care**
- **Leadership**
- **Effective teamwork**
- **Safe, effective reliable systems**
- **Measurement**

Person centred/ family care: Achievements

- Website update for SPC and EOLC
- Dying Matters Week May 2018
- Training needs analysis of staff groups in ED
- Education for emergency floor staff
- Review of patient information (ongoing)
- Funding for resources on Emergency Floor

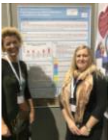
ED TNA





Leadership: Achievements

- UHL End of Life Care Strategy
- SPCT Operational Policy- pending
- SPCT data collection and reporting, benchmarking against similar trusts
- Poster for Hospice UK conference



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Referrals to SPC from Emergency areas

400
350
300
250
200
150
100
50
0
Sept 2016 Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug 2017
Total new
Total from emergency areas
FU LRI

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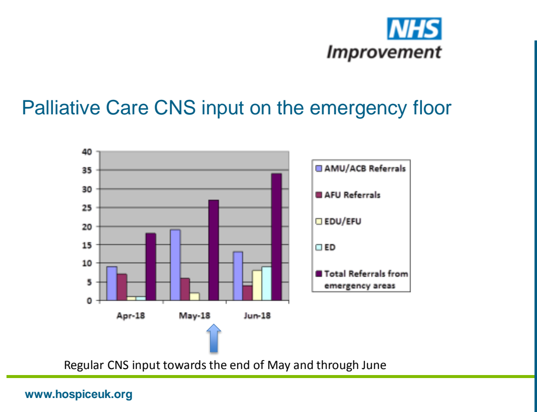
NHS Improvement

Palliative Care CNS input on the emergency floor



Regular CNS input towards the end of May and through June

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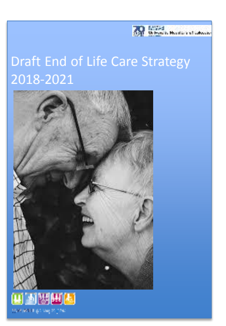

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

'Every Moment Counts' National Voices, National Council for Palliative Care and NHS England

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Effective teamwork: Achievements

- Sharing ELCHIP findings with Board, ED, SPCT, AMU, Friday Forum, Frailty Oversight Group, Frailty Summit
- Alignment with Frailty
- Joint working with SPCT and ED- CNS input
- Funding for GREAT discharge cards
- EOLC Champions on emergency floor
- Work on SCR2 and SystmOne access for ED and SPCT staff

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Safe, effective, reliable systems: Achievements

- Engage with EOLC Board LPT and CCG EOLC Leads
- Working group and pilot re Rapid Discharge home to die

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Measurement: Achievements

- Dashboard development with IT for EOLC
- NACEL

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What have been are our challenges......

Time
Clinical workload
IT
Other strategic priorities
- Business Case for SPC
- KPIs
- CQC

Resources
NACEL
Sickness in team
Scale and pace of change
Change

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Our lessons learnt ......

Early engagement/sharing the message
Time for QI
Alignment to Trust priorities
Involving others in the team

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NHS
Improvement

What we want next is......

QI work with ED around uncertain recovery
Dying Matters planning 2019
Simulator training
Rapid discharge
Patient information updates
Operational Policy update for team
Positive outcome from Macmillan Bid

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Our next ECHO session…

Date: 16 January 2019

Topic: Bereavement care after death

Presenters: TBC

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