

# Emergency Care Review

Feedback Event

Reebok Stadium, Bolton

20<sup>th</sup> May 2009

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# What I can do today



- Self appraisal and peer review
- Performance – *quick wins*
  - Using information
  - PCT contributions
- Your feedback to NHS NW

# Self appraisal



- Capacity to meet demand:
  - Trusts 74%                      PCTs 49%
- Escalation and governance
  - Trusts 83%                      PCTs 72%
- Commissioning strategy
  - Trusts 59%                      PCTs 77%
- NHS NW Oversight & feedback
  - Trusts 33%                      PCTs 50%

# Peer review visits (11/23)

- Information and the way it is used
- Clinical teamwork in ED
- Medical pathways
- Corporate leadership and coping strategy
- Whole systems community
- *Each theme assessed against 5 anchor statements*

# Anchor statements – Use of information

<b>Grade 2/5</b>	<ul style="list-style-type: none"><li>- Patient tracking working well with some clinical interaction</li><li>- Links to performance reporting and capacity modelling in development</li><li>- Escalation triggers becoming pro-active</li><li>- Some systems support to clinical governance and audit</li></ul>
<b>Grade 3/5</b>	<ul style="list-style-type: none"><li>- IT based patient tracking in routine use</li><li>- Limited involvement of clinicians</li><li>- Integrated performance reports not immediately available</li><li>- Escalation is reactive and “late”</li><li>- Minimal support to clinical governance</li></ul>

# Anchor statements – Use of information

1	<ul style="list-style-type: none"><li>- Real-time, IT based patient tracking, Clinicians using system and information</li><li>- Integrated performance reports</li><li>- Dynamic demand and capacity monitor</li><li>- Escalation triggers and feedback</li><li>- Clinical governance and audit support</li></ul>
2	<ul style="list-style-type: none"><li>- Patient tracking working well with some clinical interaction</li><li>- Links to performance reporting and capacity modelling in development</li><li>- Escalation triggers becoming pro-active</li><li>- Some systems support to clinical governance and audit</li></ul>
3	<ul style="list-style-type: none"><li>- IT based patient tracking in routine use</li><li>- Limited involvement of clinicians</li><li>- Integrated performance reports not immediately available</li><li>- Escalation is reactive and “late”</li><li>- Minimal support to clinical governance</li></ul>
4	<ul style="list-style-type: none"><li>- Patient tracking is predominantly manual</li><li>- Does not interact with clinicians and predominantly reactive</li><li>- Performance reports compiled separately</li><li>- Virtually no support to clinical governance</li></ul>
5	<ul style="list-style-type: none"><li>- No systematic patient tracking or clinician support</li><li>- No IT support to flow management</li><li>- No integrated reporting of demand and performance</li><li>- No pro-active escalation triggers</li><li>- No information to support clinical governance or audit</li></ul>

# Performance

	Average	Last 30 weeks:	
		>95%	>98%
BLACKPOOL, FYLDE AND WYRE	99.0%	30	30
TAMESIDE HOSPITAL	98.4%	29	27
ALDER HEY CHILDREN'S	98.9%	30	26
NORTH CUMBRIA UNIVERSITY	98.5%	30	24
SALFORD ROYAL	98.0%	29	23
EAST CHESHIRE	98.2%	29	20
LANCASHIRE TEACHING	98.3%	29	18
MID CHESHIRE	98.0%	29	18
ST HELENS AND KNOWSLEY	97.1%	25	17
COUNTESS OF CHESTER	97.5%	28	17
AINTREE	97.1%	27	15
WARRINGTON AND HALTON	97.9%	30	15
CENTRAL MANCHESTER	96.0%	18	12
MORECAMBE BAY	97.4%	26	11
ROYAL LIVERPOOL AND BROADGREEN	95.4%	19	11
TRAFFORD HEALTHCARE	96.8%	24	10
STOCKPORT	95.0%	19	9
ROYAL BOLTON	93.5%	14	9
SOUTH MANCHESTER	95.5%	21	8
SOUTHPORT AND ORMSKIRK	93.9%	15	5
WIRRAL	95.1%	20	3
WRIGHTINGTON, WIGAN AND LEIGH	93.9%	16	3
PENNINE ACUTE	93.6%	15	3
EAST LANCASHIRE	81.0%	2	0
<b>NORTH WEST</b>	<b>95.9%</b>	<b>23</b>	<b>3</b>

# Using information – self assessment

Function	Acute Trust (23)	PCT (24)
Predict ED demand	14	9
Use information	10	8
Predict Admissions	18	
Use Information	13	
Monitor target in ED	21	
Use information	20	
Detect changes in demand (escalation)	17	15

# Pro-active use of information matters

Performance Group	Use of information	
	self-assessed	peer-visit
	<b><i>Pro-active</i></b>	<b>&gt;2</b>
	<i>p/r</i>	
	<b><i>Re-active</i></b>	<b>&lt;3</b>

# Quick wins.....

- Understand demand
  - » *Know your flows*
- Model resources against demand profile
  - » *Develop your care pathways*
    - Operational triggers activated early
    - Whole system flexibility
- Good communications
  - » *Build your teams*
- ***All the necessary tools and skills are already in use in NHS NW***

# Commissioners' contributions

Function	Acute Trusts (23)	PCTs (24)
Effective strategy review	14	16
Realistic contracts	16	15
Impact of investments assessed	14	20
Share performance risk	16	23
Regular performance. review	19	23
Effective social service partnership	4	16
Learning opportunities	12	16

# 4 things that are tried



- Point people at community services
- GP in Emergency Department
- OOH/UCC **is** front door
- Focus on length of stay

# What is the risk in hospital?

- 10.8% of patients experienced an adverse event
- Half of these events are preventable
- A third of adverse events lead to substantial disability, or death

*Vincent et al. Adverse events in British hospitals; preliminary retrospective record review. BMJ 2001; 322: 517-9*

†Adverse events in British hospitals: preliminary retrospective record review, Vincent et al BMA 2001;322, 517-9

# Feedback to NHS NW

The oversight model	Acute Trusts (23)	PCTs (24)
Assists with performance management	9	12
Encourages learning	7	9
Provides support	6	10
The SHA creates opportunities for learning	4	7

# In summary



- Quick wins
  - Match resources to anticipated demand
    - » *Know your flows*
    - » *Plan your care pathways accordingly*
    - » *Build your teams*
  - Work together and talk frequently
    - » *Point people at appropriate services*
    - » *Work together to reduce length of stay*
  - Use this opportunity to start sharing what works
- Look out for our final report!