ENGAGING WITH IN-PATIENT TEAMS

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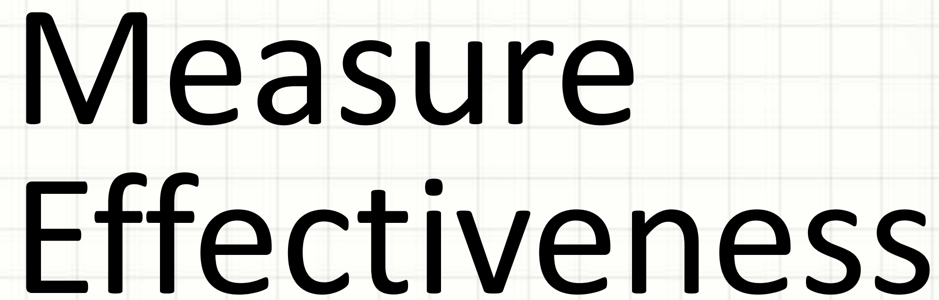
Engaging With In-Patient Teams

- Some strategies that I have found useful
- Some data of effectiveness
- Discussion

Coal Face

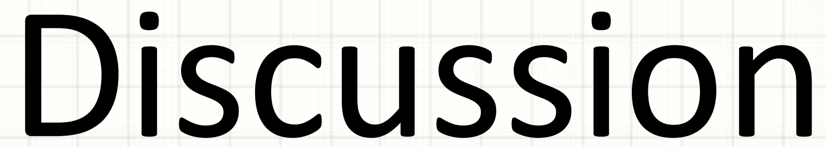
(local/departmental)

High level (organisational)



Change-sensitive metric

- ALOS
- Access block
- Discharges


Discussion

NEAT is Quality Care

Useful Strategies

Local/Departmental Approaches 1

- Meeting with HoDs and NUMs of each of the six biggest Internal Medicine Teams
  - Cardiology
  - Geriatrics
  - Neurology
  - Respiratory
  - Acute Medicine
  - Gastroenterology

Local/Departmental Approaches 1

- Meeting with HoDs and NUMs of each of the six biggest Internal Medicine Teams
- Education about reason for change (why)
- Providing some data on relative performance
- Finding out Departmental ideas

Why Change – Facility Quality

- Quality patient care is safe, timely, effective, and personal (patient-focused) (S.T.E.P.)
- Emotional connection to change
  - Patient voice – Every patient counts, and to them, every minute counts
  - Creating systems to deliver quality care and safer patient outcomes
  - Being part of a high performing organisation that produces quality outcomes

Local/Departmental Approaches 1

- Meeting with HoDs and NUMs of each of the six biggest Internal Medicine Teams
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Local/Departmental Approaches 1

- Meeting with HoDs and NUMs of each of the six biggest Internal Medicine Teams
  - Cardiology – CCU daily decision making
  - Geriatrics – Reduce in-patient numbers
  - Neurology – Reduce in-patient numbers
  - Respiratory – Winter strategy
  - Acute Medicine – Improve MAU performance
  - Gastroenterology

Local/Departmental Approaches 2

- Presentation of individual Departmental performance to HoD (year 1) then (year 2) to whole Department
- More formal presentation of relative Departmental performance in plenary sessions

Length of Stay Analysis

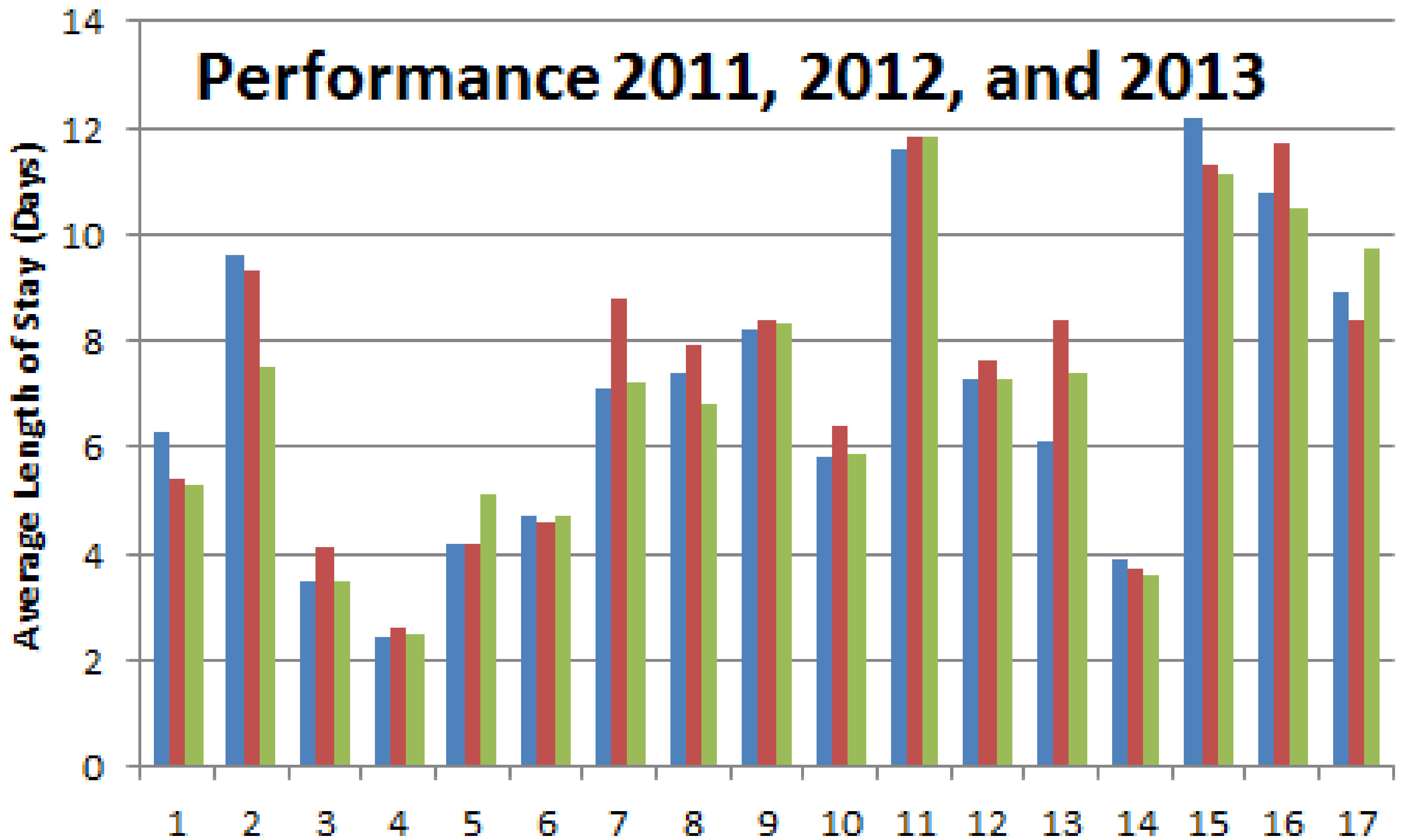
ALOS Including SD Cases	(Peer ALOS)	ALOS Excluding SD Cases	(Peer ALOS)	% Cases Less Than/ Equal To Peer ALOS: Incl SD	% Cases Less Than/ Equal To Peer ALOS: Excl SD	Overnight Episodes* Possible Days Saved and Lost versus Peer ALOS: Saved	Lost
10.9		11.1		53.1%	57.3%	733	-1,102
6.4	(5.5)	6.4	(5.5)	58.9%	58.9%	89	-138
4.5	(3.8)	4.5	(4.9)	58.1%	77.4%	52	-41
19.2	(16.4)	19.2	(16.4)	34.8%	34.8%	68	-133
8.1	(7.6)	8.1	(7.7)	63.6%	63.6%	45	-54

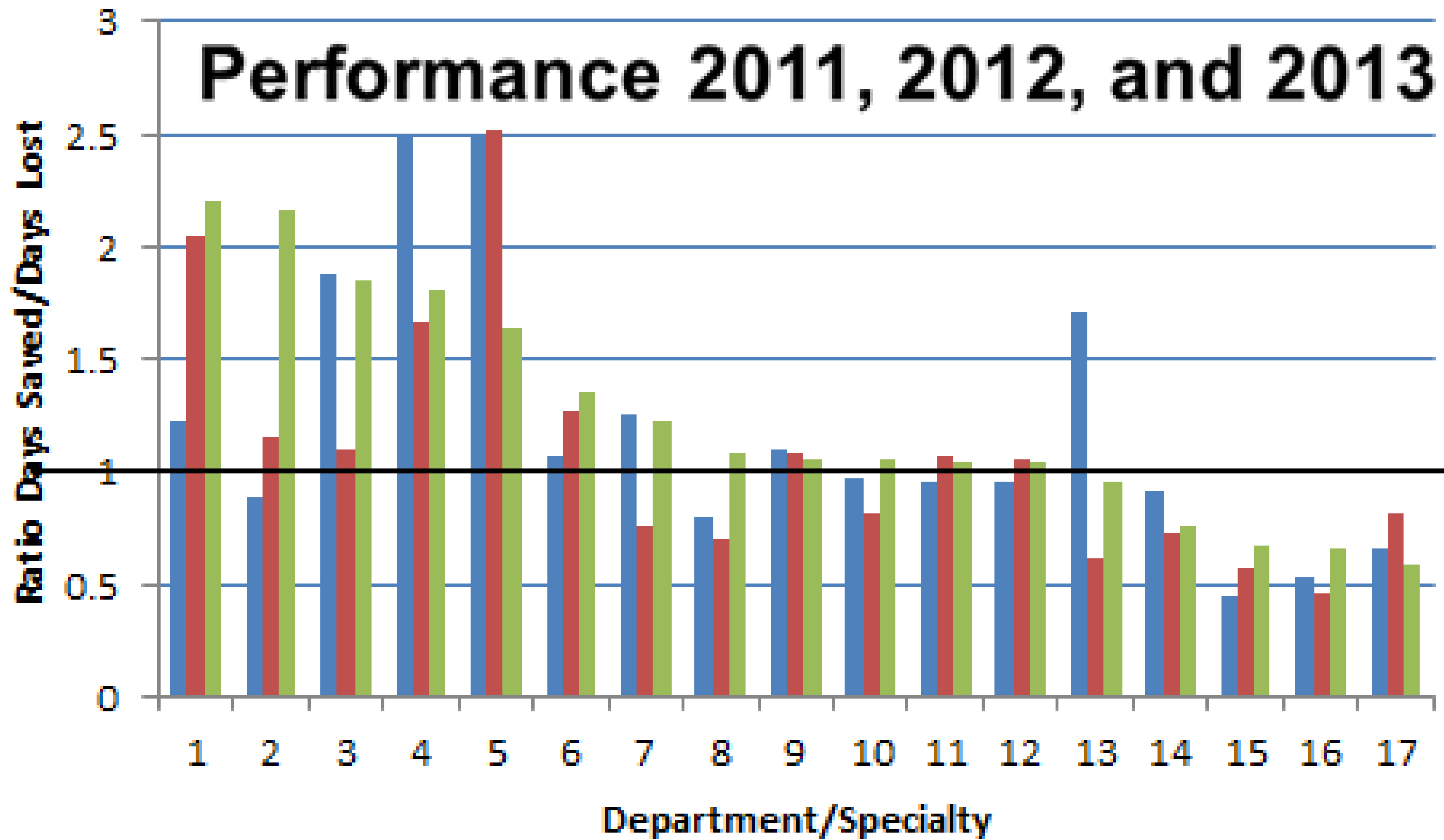
PMA301b - Acute A
DRG Version: 6.0
July to December i
D209 Liverpool Ho

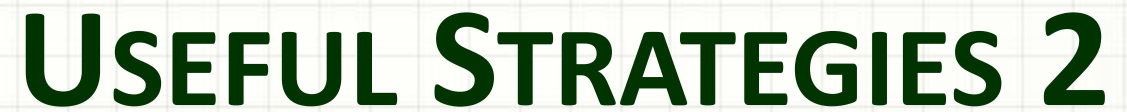
Case Types Included In ... ute Psychiatry, Dia

ANCE & SIGN

										Overnight Episodes* Days Saved and Lost versus Peer ALOS: Saved	Lost
Haematology	343	8	0	10.9		11.1		53.1%	57.3%	733	-1,102
R61B Lymphoma and Non-Acute Leukaemia W/O Catastrophic CC	56	0	0	6.4	(5.5)	6.4	(5.5)	58.9%	58.9%	89	-138
Q62Z Coagulation Disorders	31	0	0	4.5	(3.8)	4.5	(4.9)	58.1%	77.4%	52	-41
R61A Lymphoma and Non-Acute Leukaemia W Catastrophic CC	23	0	0	19.2	(16.4)	19.2	(16.4)	34.8%	34.8%	68	-133
Q60A Reticuloendothelial and Immunity Disorders W Catastrophic or Severe C	22	0	0	8.1	(7.6)	8.1	(7.7)	63.6%	63.6%	45	-54
R60A Acute Leukaemia W Catastrophic CC	18	0	0	28.3	(26.8)	28.3	(27.1)	44.4%	44.4%	69	-91
R60B Acute Leukaemia W/O Catastrophic CC	12	0	0	8.6	(5.4)	8.6	(9.0)	25.0%	83.3%	28	-23
R03A Lymphoma and Leukaemia W Other OR Procedures W Catastrophic or S	11	0	0	33.9	(22.5)	33.9	(23.0)	36.4%	36.4%	48	-168
E62A Respiratory Infections/Inflammations W Catastrophic CC	11	0	0	10.5	(9.9)	10.5	(10.2)	63.6%	63.6%	29	-32


Performance 2011, 2012, and 2013
Average Length of Stay (Days)
0
2
4
6
8
10
12
14
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17


Performance 2011, 2012, and 2013
Ratio Days Saved/Days Lost
3
2.5
2
1.5
1
0.5
0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
Department/Specialty



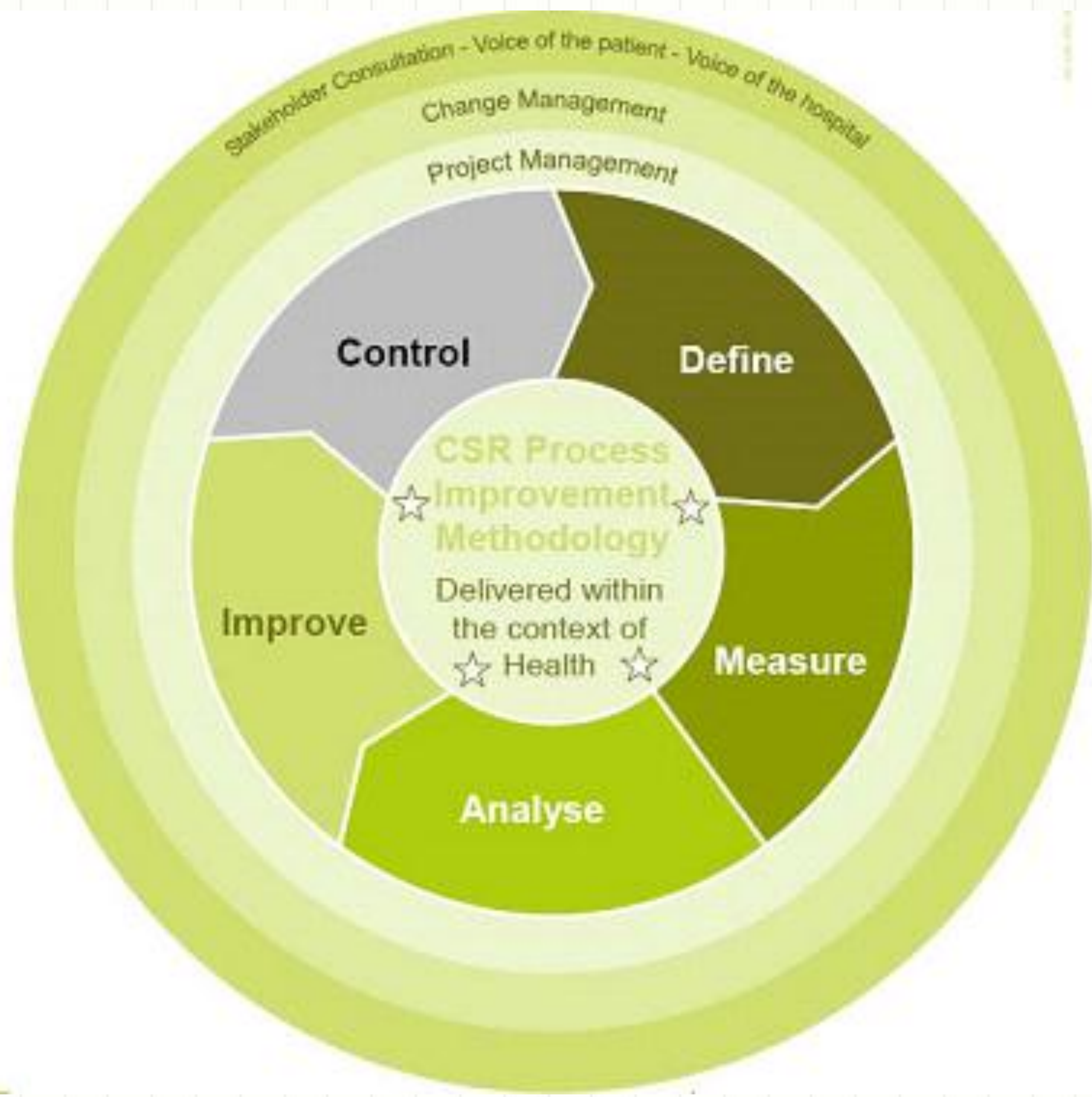
Useful Strategies 2

Organisational Approaches

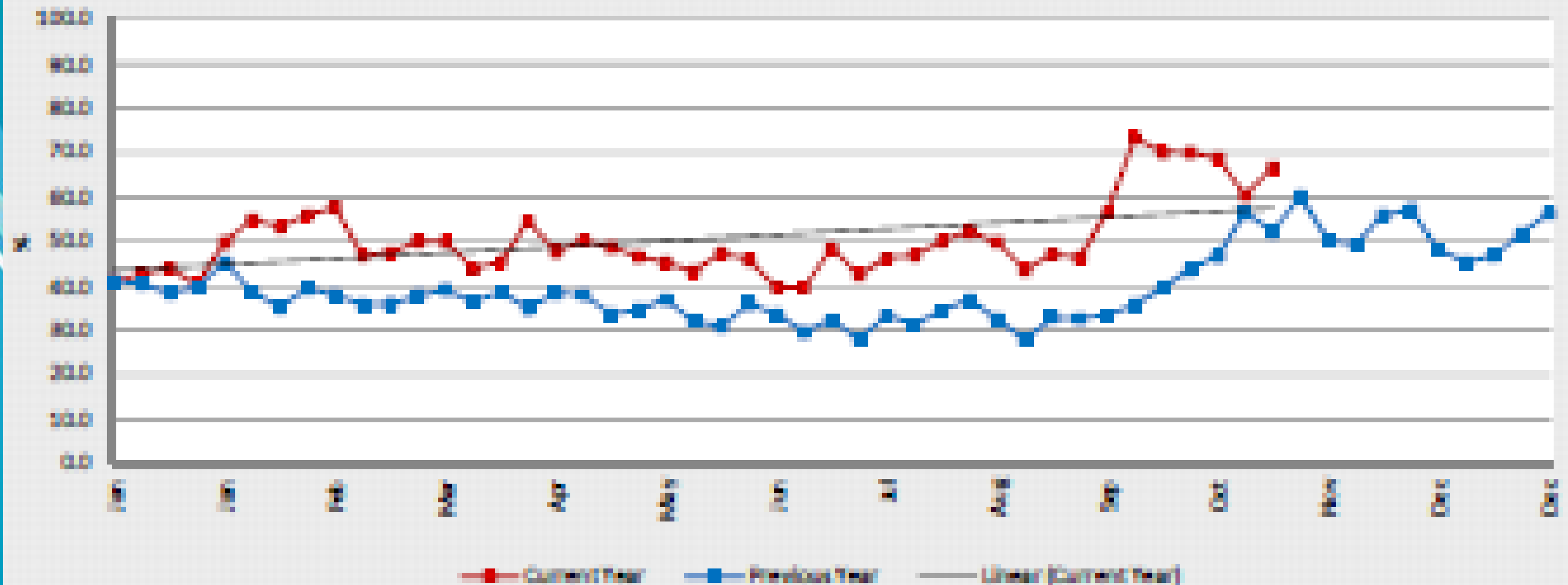
EXECUTIVE LEADERSHIP/SPONSORSHIP

- One Call Admission Policy
  - Memorandum from General Manager
- Facility-wide daily Journey Board Round (JBR) strategy
  - Ward audits, HoD/NUM workshop
- Surgical Teams – Text weekend discharge numbers to Director of Surgery
- Options for improvement - Insafehands

EVIDENCE OF EFFECTIVENESS


Stakeholder Consultation - Voice of the patient - Voice of the hospital
Change Management
Project Management
Control
Define
Measure
Analyse
Improve
CSR Process Improvement Methodology
Delivered within the context of Health

Facility-wide NEAT performance



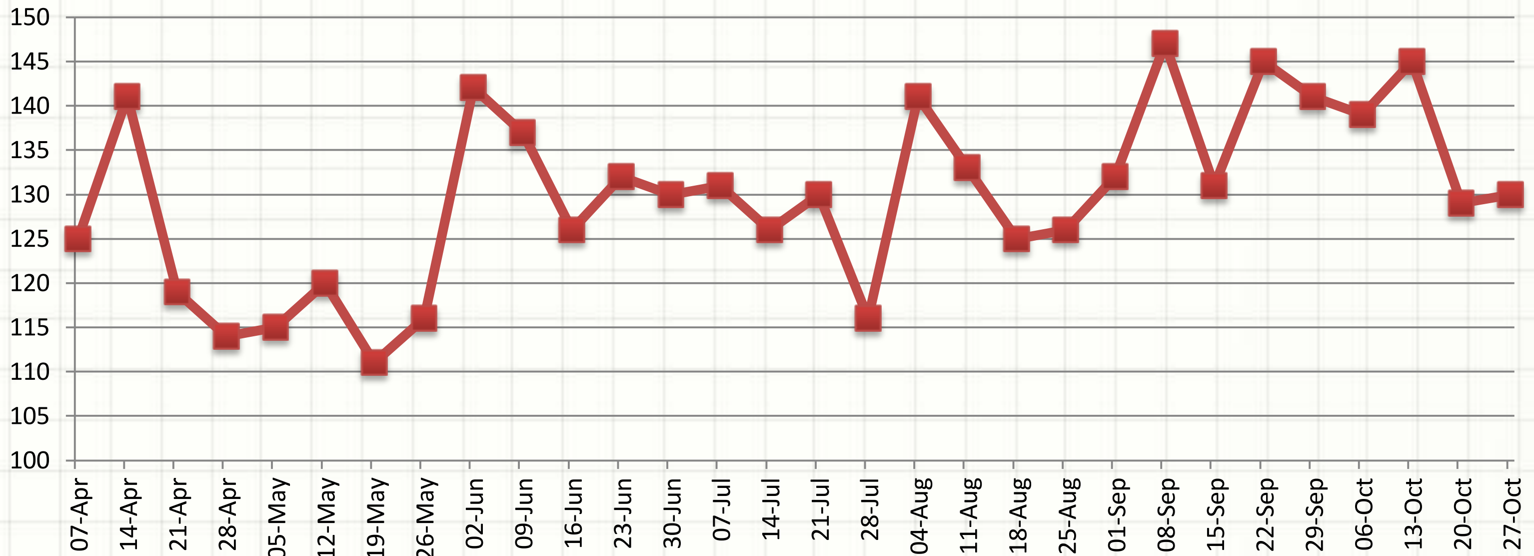
Local Approaches

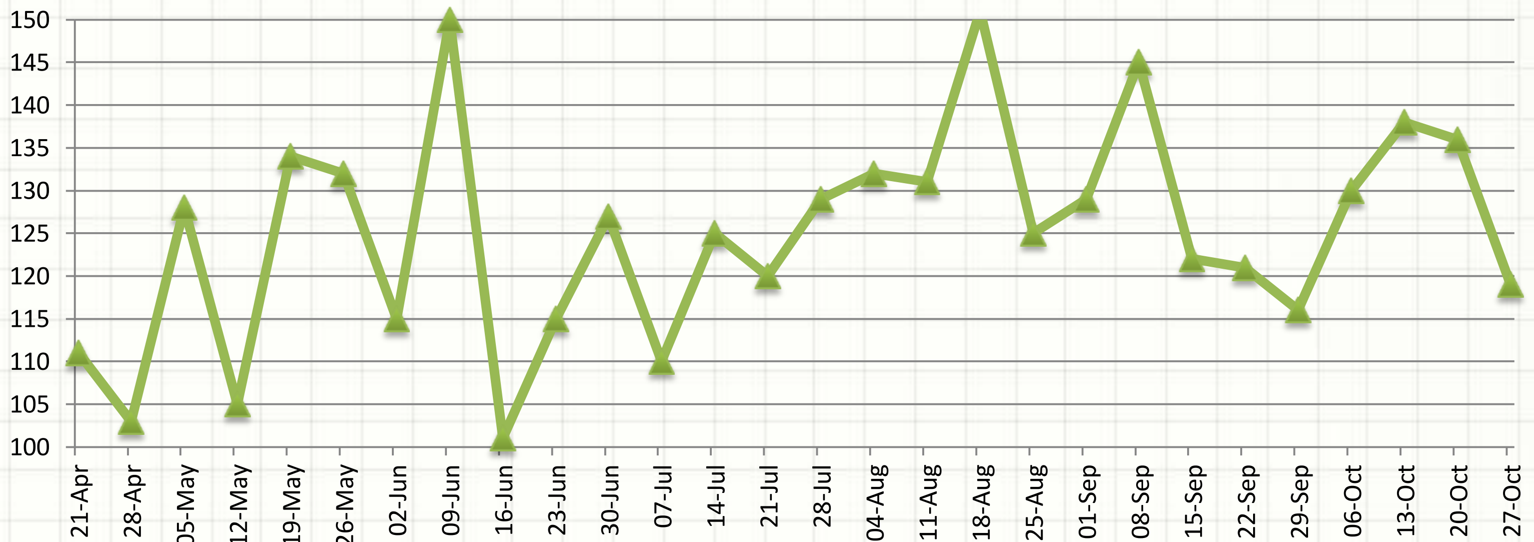
- Neurology
  - ALOS reduced by 1.7 days from 2012 to 2013
  - In-patient numbers 30’s rather than 40’s
- Cardiology
  - Doctor of the day in CCU to make decisions on colleague’s patients
  - Patients awaiting monitored bed in ED rare
- Acute Medicine
  - Dedicated Director -> dramatic performance improvement (MAU metrics)

Organisational Approaches

- Journey Board Rounding has become part of the Facility’s default culture
- Insafehands introduced to Orthopedics
- Surgical Friday Text to Director

Weekend Discharges


Friday
150
145
140
135
130
125
120
115
110
105
100
07-Apr
14-Apr
21-Apr
28-Apr
05-May
12-May
19-May
26-May
02-Jun
09-Jun
16-Jun
23-Jun
30-Jun
07-Jul
14-Jul
21-Jul
28-Jul
04-Aug
11-Aug
18-Aug
25-Aug
01-Sep
08-Sep
15-Sep
22-Sep
29-Sep
06-Oct
13-Oct
20-Oct
27-Oct


Sat + Sun
150
145
140
135
130
125
120
115
110
105
100
21-Apr
28-Apr
05-May
12-May
19-May
26-May
02-Jun
09-Jun
16-Jun
23-Jun
30-Jun
07-Jul
14-Jul
21-Jul
28-Jul
04-Aug
11-Aug
18-Aug
25-Aug
01-Sep
08-Sep
15-Sep
22-Sep
29-Sep
06-Oct
13-Oct
20-Oct
27-Oct

Summary

1
- Work at the grass roots and at the top levels

2
- Measure how effective your strategies are

3
- Embed successes into the organisational culture

QUESTIONS?