SDEC as part of a whole system improvement

Croydon Health Services NHS Trust

The challenge

Croydon University Hospital was an early adopter and trailblazer in terms of SDEC and already had in place a unit that included AMU, Frailty and SDEC function. The unit had been very successful, seeing large numbers of patients and having a wide scope in the type of patients seen. However, over time increasing pressure on inpatient beds as well as some changes in senior positions across the emergency pathway had led to the bedding of their trolley-based assessment area. This meant that they had had to focus on a less acute and complex patient cohort in terms of same day care (those who could be managed from a chair and were certain to go home) which in turn led to higher admissions – catch 22.

What they did

The team had recently refocussed improvement efforts on the emergency pathway combining a number of projects into an overarching High Impact Improvement Programme (see below) and completed a hugely successful project focussing on frailty.

High Impact Improvement Programme Phase Two

Proposed Programme Overview - Emergency and Non Elective Care

SDEC links

NHS
NHS Croydon CCG
Croydon Health Services NHS Trust

1. Right care, Right time, Right place

- Provide insight through analysis of trends in activity
- Use effective communication to help Croydon population access the right care, at the right time from the right place.
- Optimise existing alternative care pathways (ACPs) and identify new ACPs to develop
- Reduce demand from high intensity users
- Ensuring GP incentive schemes support locality development

2. UEC

- Design and implement new non-admitted model of care
- Workforce delivery plan (with support of ECIST)
- Improve internal pathways
- Optimise on-site avoidance schemes
- **CQI projects:** triage, handovers, RATT

3. Leaving hospital

- Improve patient and public engagement.
- Embed effective discharge planning for all patients
- Ensure effective processes for patients with complex discharge needs, and reduce extended stays.

4. Models of care

- Develop and implement Acute Frailty Service
- Increase ambulatory care offer to 7 days per week.
- Enhance SDEC offer through participation in AEC Accelerator programme
- Embedding effective escalation (including full capacity protocol)

5. UEC Mental Health

- Understand and reduce MH demand at Croydon University Hospital (including from high intensity users)
- Improve availability of mental health beds by reducing inpatient bed occupancy.
- Embed effective escalation within and across organisations
- Develop and implement suitable option for assessment/decision unit at Croydon University Hospital.

Out of hospital

One Croydon

Existing programme with six projects: Optimising phase 1 (LIFE, Huddles); Phase 2 (care homes, falls, end of life); OPAT; CHC discharge to assess

Patienteer

Separate steering group, reporting to Clinical Systems Group, overseeing implementation of Patienteer in four areas: Inpatient wards; Escalation; Site team; ED.

information insight improvement

Croydon Quality Improvement

- HIIP Phase Two will model QI principles
- Will actively promote CQI, including identifying projects
- Work-streams to keep abreast of relevant CQI projects, but not duplicate reporting requirements

The energy and appetite for change was incredible and having SDEC clearly defined as part of this wider system level programme gave the team the high-level support they needed to make changes that might result in brief dips in performance before reaping benefit. There were a number of changes that took place:

- Introducing GAP score as part of patient selection
- Focus on removing escalation from the trolley-based assessment
- Working with bed managers to hold nerve during times of pressure and not used SDEC as escalation
- Introducing senior Exec oversight on escalation usage
- Patienteer – a flow management and tasking system that has improved efficiency across the emergency pathway

Aim	Driver	Intervention	Measure
Increase the proportion of Emergency Patients seen in Ambulatory Emergency Care (AEC) to 40%	Improve the identification and selection of patients through enhanced understanding of patient population	Review the profile of "missed" patients "(top 10 conditions)	• Time of day and admission of "missed patients" • Nº. "Missed patients" reason for admission & Los
		Use GAP score to undertake retrospective assessment of emergency patients	• GAP score of patients seen in AEC • GAP Score of admitted patients
		Enhance streaming	• ↓ AEC Patient waiting time in ED • ↓ in ED breaches
	Improve access and referral routes to AEC	Introduce Direct Access for LAS/SECAMB	• ↑ Nº. Ambulance attendances to AEC • Nº. of admissions arriving by Ambulance • Referral Source
		Specialities to enhance SDEC pathways for LTC (e.g. management of ascites)	• ↑ Nº. speciality patients managed in AEC • ↓ admissions for identified diagnosis/ procedures
	Improve capacity through reducing waiting time in department	Reduce waiting time for diagnostics	• Order time to test done & reported • ↓Length of time in the Dept. • Patient Experience (FFT) • Audit of use of diagnostics
		Protect AEC & RAMU from becoming escalation area	• Nº. of admissions to RAMU IP • ↑ Nº. of Patient s seen in AEC
		Improved understanding of patient journey through AEC	• Patient Experience (FFT) • Length of time in department plus ED wait
		Enhance opening hours with medical cover in line with demand & capacity	

What they found/achieved (the outcomes/data)

The team managed to combine the small gains from each of these improvements to facilitate returning the SDEC function to their Trolley-based assessment area. This was certainly not an overnight transformation and required continuous drive (as well as reassurance for stakeholders) to gradually achieve the aim. As SDEC function returned admission rate reduced allowing further shift – the journey has not been without setbacks, but the trajectory has remained positive.

Next Steps

There will be ongoing effort required to ensure the situation does not slip back to where it was but all players are signed up to making this work. There remains some further opportunity to engage specialities beyond Medicine and Care of Older People and this work is underway.

For further information, please contact:

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