Collaborative Working across the Acute Floor

Disclosures
Disclosures
MEASURING SURGICAL PERFORMANCE

The quality of care that patients receive in hospitals is coming under increasing scrutiny, driven by evidence that improvements in the system can enhance patient outcomes. While hospital doctors have traditionally focused on staying abreast of new surgical methods and technologies, there is a growing emphasis on performance measurement to ensure best practice and patient safety.

Some of the key areas of focus for improving surgical care include:

- Better Patient Access
- Better Quality Surgical Care
- Better Cost Effectiveness

The National Clinical Programme in Surgery at a glance:

- Audits: NCOA (NHS, INSR, ROJ, Trauma)
- Targets & Metrics: Healthcare, Re-admission Rates
- Planning & Change Management

Models of Care for Elective Surgery

- Pre-Admission Assessment
- Day Surgery
- Day of Surgery Admission
- Discharge Planning
- Elective Care Pathways
- The Productive Operating Theatre

Models of Care for Acute Surgery

- Consultant Delivered Service
- Separate Elective & Acute Pathways
- Acute Surgical Assessment Units
- Acute Care Specialty Specific Pathways

Manpower/Workforce (Consultants, NCHOs, Nurses, AHPs, Other Grades)

Resources (Beds, Theatres, Out-Patient Facilities, ICT, NQAIS)

Overarching Peri-Operative Hospital Governance Structure

NCPS Joint Lead, NCPS

10/5/2018
3 basic messages

- NCPS, EMP and NAMP *same hymn sheet*
- Developing Acute Floors in locations based on data and strategy
- New Clinical and Administrative governance
NCPS view on the
Acute Floor
Team Working
Risks

NCPS

Separation Acute/ Elective
Early Senior Decision Maker
ASAU

Models of “On Call”

Quality, Access, Cost
ASAU

- Learnt from AMAU
- Phased development
- Senior Decision Maker
- Minimum standards

Models of On Call

Supra Elective
Reduced Elective
Surgeon of the Week
National Laparoscopic and Open Appendicectomy BDU

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ASAU

◆ PET major outcome
◆ Standard Clinical pathways follow

◆ ASAU accreditation 2x Q1 2019
◆ National modeling, MTCs
◆ Network engagement regarding
  ■ Intra site working
  ■ Cross site departments

3 basic messages

◆ NCPS, EMP and NAMP *same hymn sheet*
◆ Developing Acute Floors in locations based on data and strategy
◆ New Clinical and Administrative governance
NCPS view on the Acute Floor

Team Working

Risks

Complexity
Wicked problem?

wicked problems

- clear problem definition
- single organization
- regular leadership: implement existing solution

- clear and finite problem definition, but urgent need for solution
- need for new solutions, more permission for action and innovation
- directive leadership: demand for action and for someone taking control

- unclear problem definition, not finite
- requires innovation and learning, as well as multiple agencies
- adaptive leadership to create multi-stakeholders environments and experiment

To MEASURING SURGICAL PERFORMANCE

The quality of care that patients receive in hospitals is coming under increased scrutiny. The pressure to deliver high-quality care is growing, with the expectation of improving patient outcomes. A*AU – Ambulance Emergency Care Senior Decision maker. ASU – Acute Surgical Unit. SSU – Surgical Support Unit. AEC (COT) – Ambulatory Emergency Care Senior Decision maker.

Diagnostics: Imaging; X-ray, Ultrasound, MRI, CAT, etc. Labs: Bloods, cultures, etc.

Discharge path: Inpatient Ward (observer/recovery). Outpatient referred in house. ED Treat (possible planned returns).

The National Clinical Programme in Surgery at a glance:

- Better Patient Access
- Better Quality Surgical Care
- Better Cost Effectiveness

Audits: NOCA (SARM, IND, IOC, Trauma) NQAIS

Planning & Change management:

Models of Care for Elective Surgery:

- Models of Care for Acute Surgery:

Manpower/Workforce (Consultants, NCIOs, Nurses, AHPs, Other Grades)

Resources (Beds, Theatres, Out Patient Facilities) ICT, NQAIS

Overarching Peri-Operative Hospital Governance Structure
Risks

- Another document(s) on the shelf
- Non collaboration/ poor governance
- Acute floor on every corner
- Reconfiguration fatigue
- Reconfiguration without resourcing
- Inadequate ambulatory/ community supports
- Inadequate Bed stock...............
3 basic messages

◆ NCPS, EMP and NAMP *same hymn sheet*

◆ Developing Acute Floors in locations based on data and strategy

◆ New Clinical and Administrative governance