Today's Agenda
Topic: Learning from the Emergency Care Hospital Improvement Programme

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<th>Agenda Item</th>
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<td>Wirral UTH project, data and QI approach</td>
<td>Anita Hayes on behalf of Dr Catherine Hayle</td>
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<td>Feedback from the Leicester ELCHIP project</td>
<td>Dr Julia Grant</td>
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<td>Discussion</td>
<td>ALL</td>
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<td>AOB</td>
<td>Anita Hayes</td>
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Wirral UTH project, data and QI approach

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

‘What matters most?’
Silver to gold bed days

12 December 2018
Anita Hayes on behalf of Dr Catherine Hayle
• 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

Silver to gold bed days

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

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.

Silver day

‘A day in which the patient experiences safe, high quality, compassionate care in hospital, but no specific actions are taken to support them in achieving their stated wishes’
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
- A wedding ceremony
- Physical symptom control
- A hospice bed
- Rapid discharge to die
- A good night’s sleep

Analysis of silver bed days

<table>
<thead>
<tr>
<th>Source</th>
<th>% Of Total Silver Bed Days</th>
<th>Detailed Analysis</th>
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</thead>
</table>
| Internal (PEOLT) | 39%                       | 23% symptom control
|               |                            | 8% capacity                                                                       |
|               |                            | 8% other                                                                          |
| Internal (WUTH)  | 22%                       | Widely spread. Most common = OHC 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

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>% OF TOTAL SILVER BED DAYS</th>
<th>DETAILED ANALYSIS</th>
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<tbody>
<tr>
<td>INTERNAL (PEOLT)</td>
<td>33.01%</td>
<td>33% Symptom control</td>
</tr>
<tr>
<td>INTERNAL (WUTH)</td>
<td>34.5%</td>
<td>Widely spread</td>
</tr>
<tr>
<td>EXTERNAL</td>
<td>32.04%</td>
<td>26% Package of care</td>
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<td></td>
<td></td>
<td>6.7% Hospice bed</td>
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### Silver bed days: Aug 2018

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>% OF TOTAL SILVER BED DAYS</th>
<th>DETAILED ANALYSIS</th>
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<tbody>
<tr>
<td>INTERNAL (PEOLT)</td>
<td>27.06%</td>
<td>25.46% Symptom control</td>
</tr>
<tr>
<td>INTERNAL (WUTH)</td>
<td>25.56%</td>
<td>4.5% Integrated discharge team</td>
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<tr>
<td>EXTERNAL</td>
<td>47.3%</td>
<td>19% Package of care</td>
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<tr>
<td></td>
<td></td>
<td>10% Nursing home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18.1% Hospice bed</td>
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### 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 requires effort.

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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…

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

Winston Churchill

Questions?

Feedback from Leicester NHS Trust ELCHIP Project

Dr Julia Grant
Leicester NHS Trust

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End of Life Care Hospitals Improvement Programme
Improving care for patients who may be in their last three months of life: the lens of acute hospital admissions

University Hospitals Leicester NHS Trust Hospital Palliative Care Team

Our initial project aims......
To improve the experience of care for patients attending hospital in Leicester who may be approaching the end of life

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.
Driver diagram

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

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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

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Lightning Learning: GREAT Discharge #EM3

WHAT?
- People admitted or transferred to the emergency department
- People in hospital for an extended period of time

WHY?
- Increased costs
- Increased risks
- Improved outcomes

HOW?
- Improved patient outcomes
- Reduced length of stay
- Increased resource efficiency

"People leave hospital at the end of the care process. We should measure the duration from discharge to the end of care, not only in a process driven by external cost planning."
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

Referrals to SPC from Emergency areas

Palliative Care CNS input on the emergency floor

“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
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

Safe, effective, reliable systems: Achievements

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

Measurement: Achievements

- Dashboard development with IT for EOLC
- NACEL

What have been are our challenges......
Our lessons learnt ......

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

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

Our next ECHO session……

Date: 16 January 2019
Topic: Bereavement care after death
Presenters: TBC