NHS
Institute for Innovation and Improvement

Releasing Time to Care

The Productive Community Hospital™

Patient Flow (MIU)

Version 1

This document is for clinical leaders and department managers

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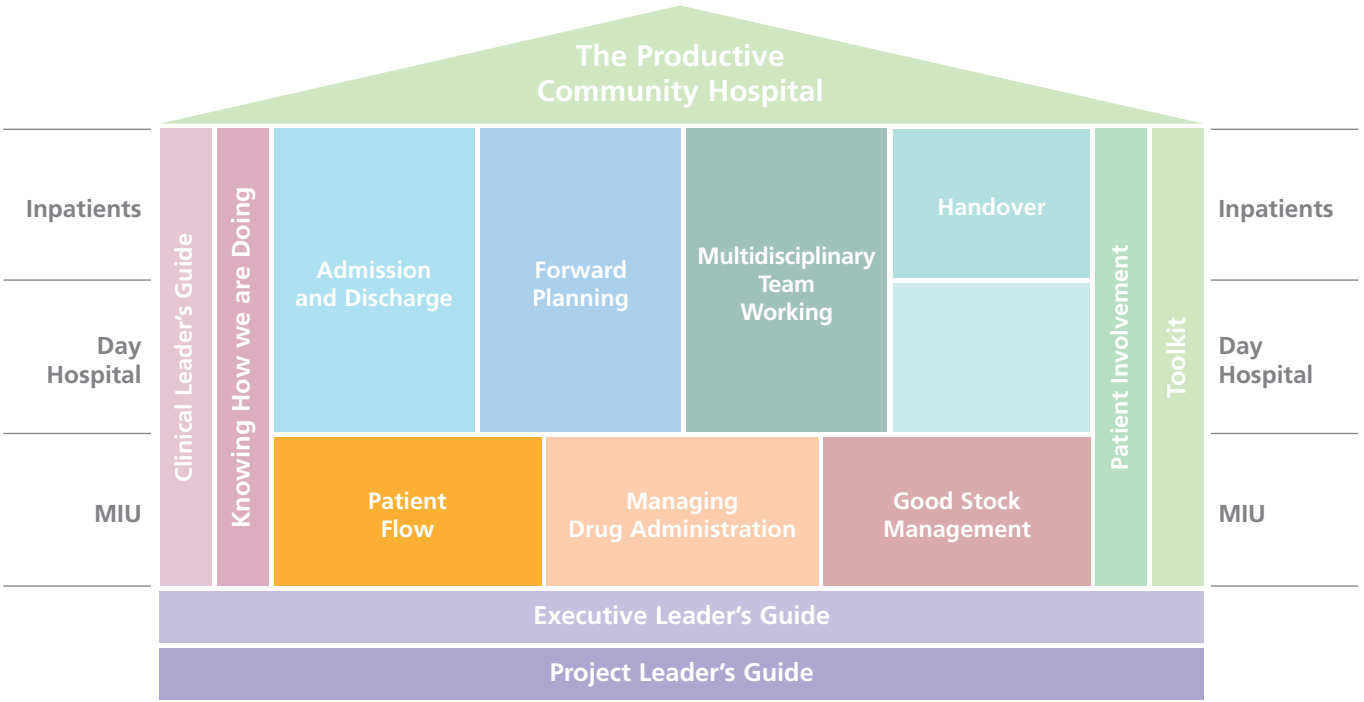
Contents

These modules create The Productive Community Hospital



Patient Flow

What is it?

An efficient and effective flow of patients in minor injuries unit (MIU) is essential to ensure patients receive safe and timely care. Having a standardised process, which all staff work to, will enable them to deliver quality care to their patients and contribute to developing The Productive Community Hospital. Getting your patient flow within the department working effectively and efficiently will result in:

- making this process more patient focused and productive
- improvements in safety and quality

Why do it?

Usually existing patient flows are based upon the experience of the staff setting up and running the units and tend to be derived from employment in accident and emergency (A&E) departments. Whilst there are recognised models of patient management and triage within the A&E field these are not necessarily appropriate for application in an MIU as most patients attending will fall into the same non urgent category.

Ref: Emergency Triage by Manchester Triage Group UK

What it covers

This module will improve your patient flow by demonstrating:

- how you currently manage your patient flow
- who are the key people that should be involved
- what tools you will need to use
- how to evaluate your improved patient flow and make continuous improvements to sustain the progress you have made

What it does not cover

This module will not describe best clinical practice. It will help you identify areas that could benefit from improvement work, understand how they could be improved and help you to make it happen.

Learning objectives

After completing this module, you will:

- understand what good preparation for improvement work is
- develop audit as an activity
- understand your current patient flow
- understand what is meant by productive patient flow
- develop your patient flow to be more efficient and effective

How will you achieve these objectives?
The first three objectives will be achieved through a step-by-step approach to assess the current ways of working and diagnose areas for improvement.

This is in the form of pre-improvement audits:

- first contact to first assessment audit
- average assessment time audit
- demand for follow-up appointments audit

By carrying out these audits you will be able to identify what you do well and not so well in managing your patient flow.

As you work through this module you will be able to identify what changes you need to make to improve the effectiveness of your patient flow.

By repeating these audits you will be able to measure the differences made to improving the patient flow within your department.

The last two objectives will be met through a step-by-step approach to describe what a good process is and how you can achieve it.

The 6 phase process

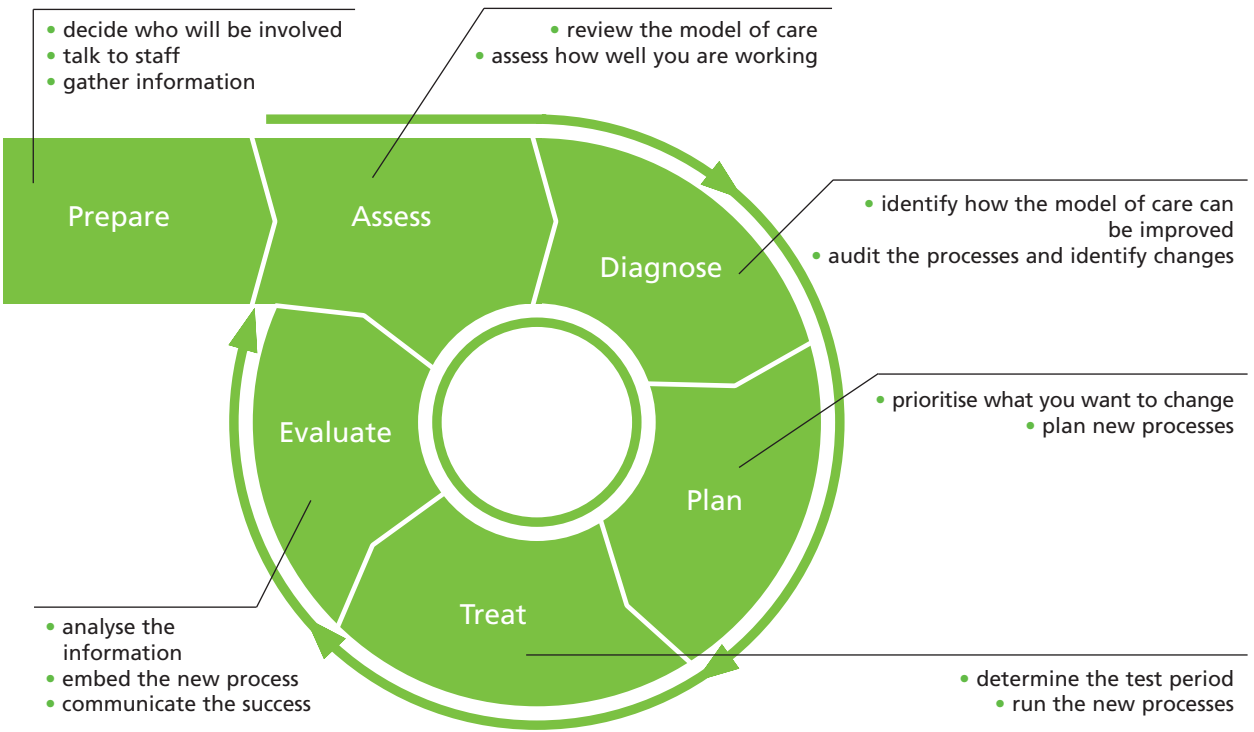
All of the modules in the Productive Community Hospital series are based on the standard nursing process of: prepare, assess, diagnose, plan, treat and evaluate.

While illustrated using a patient care cycle, the six phase process is the same as the generic improvement cycle Plan, Do, Study, Act and gives clinical staff a structured approach to improving clinical area processes that is very similar to the care cycle they are familiar with.

It is a cyclical process of continuous improvement. Once you have worked your way through this module, you should return to the assess section and repeat the steps. The results that you capture each time will show how you have improved since the last time.

As you work through the module you will be reminded about the stage of the process that you are working on.

The 6 phase process



The tools

In order to know how well you are doing and help you treat any problems that you find with your current patient flow you will need to use the tools listed below.

Tool	Toolkit reference number
Interviews	Toolkit General Section 2
Process Mapping	Toolkit General Section 3
First Contact Protocol	Good Stock Management 1
First Assessment Protocol	Good Stock Management 2

Copy the module checklist on page 57. Completing this will help you monitor your progress throughout the module.

What is productive patient flow?

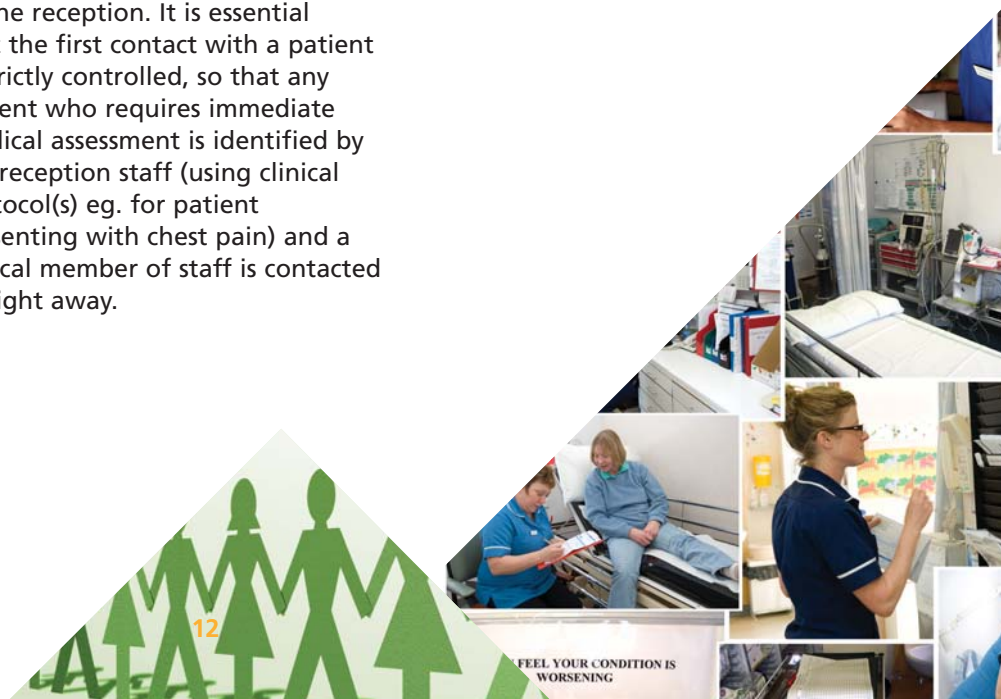
Productive patient flows are those which support a patient's journey through the department so that they receive appropriate care in a timely manner and are kept well informed during this process. This enables the department to maximise the number of patients that can be treated.

There are five key areas to be considered when looking at patient flows:

What is productive patient flow?

Stage one: first contact
The first contact that a patient has with a member of staff will typically be the receptionist who has an important role to play in the patient's visit to the unit. The receptionist's primary task is to take down basic patient information (name, demographics, etc.)

The next stage is the patient assessment and in some cases this will take place shortly after the patient has presented themselves to the reception. It is essential that the first contact with a patient is strictly controlled, so that any patient who requires immediate medical assessment is identified by the reception staff (using clinical protocol(s) eg. for patient presenting with chest pain) and a clinical member of staff is contacted straight away.



Stage two: patient assessment
An initial assessment of the patient should be made as soon as practically possible. This assessment is there to serve a single purpose, which is to **identify the appropriateness of the patient for the model of care provided by the unit.**

Every unit will have a policy which defines patients that it cannot treat (eg, a child under-two years, lower back pain, heart conditions). The identification of inappropriate patients early in a patient's attendance is important so that expectations and treatment are managed as quickly as possible.

Patients identified as inappropriate can be divided into two categories:

1. Patients **with** acute needs. These patients may require intermediate medical attention and potentially an ambulance will need to be called to transport the patient to the nearest A&E.
2. Patients **without** acute needs. These patients should be identified and provided with appropriate information about how and where they can get their condition treated.

Stage three: patient prioritisation
Appropriate patients will typically be treated on a first come first served basis. However, it may be there is some prioritisation in place (eg, children, elderly, etc).

If prioritisation is not defined, treatment will not be delivered consistently and patients are likely to be frustrated at the lack of transparency in the unit's operation.

Prioritisation should be a local decision and a local policy documented. This will ensure all staff apply any prioritisation rules consistently.

Patients should also be aware of any prioritisation rules (eg, posters in the waiting room, verbal communication at first contact) so that they are aware of the conditions that take priority.

Stage four: treatment
The process of treatment is well established in an MIU setting based on individual patient assessment.

Stage five: post treatment
There may be the need to ask patients to return to the unit, (eg, to have stitches or plaster removed) at a later date.

Whether patients are asked to return to the unit for a follow-up procedure or whether they should be instructed to see the practice nurse at their GP surgery is a local unit decision.

If a patient is asked to return they should be booked at a specific time and date convenient to the patient. Some mechanism for recording when patients have been asked to re-attend should be used. So that staff are well informed and can plan their work activities.

Prepare

Involving the right people

Decide who will be involved
To achieve effective patient flow you will need to engage with all members of the team.

- establish a core team who will lead and take responsibility for the work in this module. These might include those listed in the box
- widen this group when you require more involvement from other members of the staff and patients

Core module team	
Who?	**What will they do?**
Clinical manager/lead nurse	• ensure the appropriate stakeholders are represented • ensure information requirements are met to understand and solve the issues • ensure operational, financial and contractual issues are resolved appropriately
Emergency nurse practitioner/clinical team	• take the lead for implementing this initiative • communicate the goals and objectives • encourage and support the team throughout the initiative • keep the focus on searching for opportunities for improvement
Reception staff	• be willing participants in understanding the patient pathway and implementation of new approaches
Patient/carer	• bring a fresh perspective and a unique insight • ensure that improvements are patient focused

The 5 step process

1. Talk to staff
Use Toolkit General Section 2 and ask:
- what currently happens?
- what causes problems?
- how can issues be resolved/ improvements made?

2. Talk to patients
Use Toolkit General Section 2. To ensure that patient flow is patient-centred, their views should be sought as part of your general preparation.

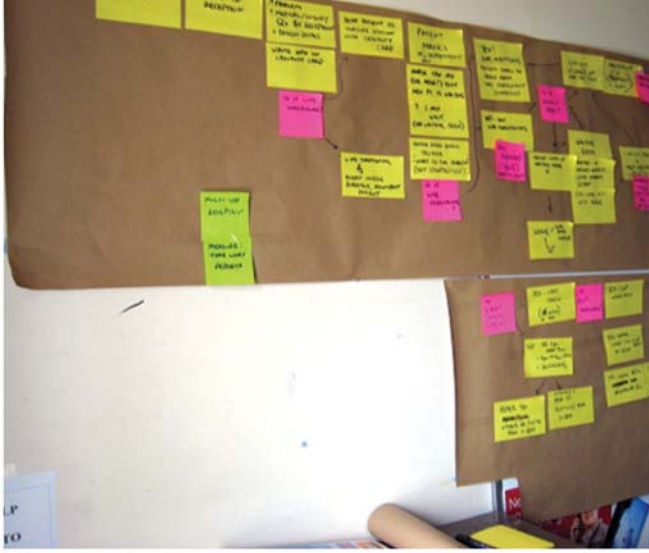
You should seek guidance from your nursing director/public and patient involvement lead:
- what is their view of the current patient journey?
- would they like to be involved in the planned improvement process?

3. Gather information from patient complaints:
- look back over the past year and identify any complaints that relate to patient flow, waiting times

4. Gather information from incident reports:
- look back over the last 20 - 50 incident reports (this is usually enough to identify the most regular incidents)
- look for any incidents or near misses regarding poor patient flow that may need to be addressed in your unit

5. Obtain your department operational policy:
- gain information regarding how and when patients should be seen and treated in MIU


PATIENT ATTENDANCE
We currently see patients in time order, BUT some patients may need to be seen out of order if they are very unwell, in severe pain or have attended with a condition we are unable to treat.
We will try and keep you advised of waiting times.
The Minor Injuries Unit is staffed by experienced Emergency Nurse Practitioners.
We are able to assess and treat the majority of patients that attend with minor injuries or minor health problems.
What can you expect ?
This can become a very busy unit depending on how many and when patients arrive.
We do ask for your patience and consideration at busy times and will be happy to answer any queries you have.
WELCOME TO
Minor Inuries Unit
QUEEN MARY'S HOSPITAL
Tel: 020 8487 6499
Roehampton Lane, Roehampton SW15 5PN
Surveys
We always listen to the views of our patients and constantly look to improve our service.
In a recent survey, you told us that we could improve our communication and provide more information.
Patient Documentation
There will be a delay between one patient leaving and the next being called.
Our Nurses use this time to complete the required documentation for the previous patient.
WAITING
Whilst you are waiting the waiting area is being monitored by the staff
If your conditions changes while we are waiting, please let the staff know

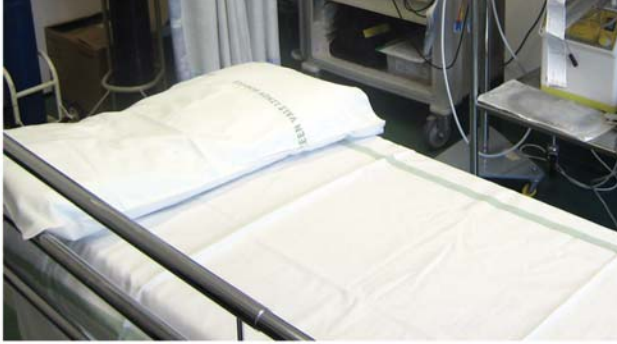


Prepare - milestone checklist

Move on to ***Assess*** only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Decide who will be involved	
Talk to staff	
Talk to patients	
Gather information from patient complaints	
Gather information from incident reports	
Obtain your department operational policy	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the whole process, not on limited individual steps?	



Assess

Assess the current patient flow

To assess what happens now, develop a description of how your patients currently move through the stages of care in your MIU. You can do this by taking a step-by-step view.

There is added value in getting everyone involved in understanding patient flows, agreeing on how things currently work and what the future should look like. To do this:

- use the Process Mapping Tool in the Toolkit General Section 3
- customise this to suit your own environment and stakeholders, identifying the key people who are involved in the patient flow. These will include yourself as department manager and a representative from each group, eg, reception staff, nurses, patients and carers

The scope of the patient flow you are going to map should include:

- the point at which the patient has a first contact with the service
- the identification and description of key points in the flow,
- the point when the patient leaves the department

Identify recurring issues and those which are rare exceptions.

Where there are recurring issues identified (eg, delays in triage/see and treat or other bottlenecks), undertake an audit or process map for that specific part to gain more detailed information on the causes of the problem.

Follow the guidance in the Process Mapping Tool in Toolkit General Section 3 to produce a draft of what an ideal future state patient flow would look like. Use this to underpin your improvement plan.

Assess - milestone checklist

Move on to ***Diagnose*** only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
There is an understanding of how the patient flow currently works?	
All the staff have been able to view their opinions of the patient flow	
All participants in the patient flow have been represented	
There is an understanding of the key milestones and bottlenecks in the patient flow	
There is a draft description of an ideal future state patient flow	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the whole process, not on limited individual steps?	


ATTENDANCE
What can you expect ?
WELCOME TO
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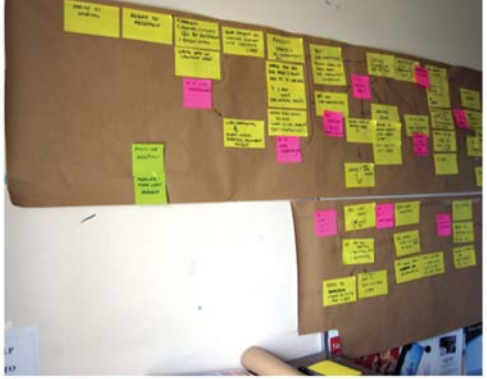
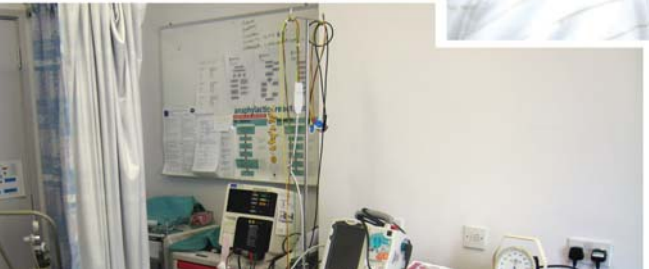
Patient Documentation
WAITING





Diagnose

The audit process

Audit is a vital tool to help you accurately diagnose the current status of your patient flow. We recommend you undertake the following pre-improvement audits specific to this module. These are:

- first contact to first assessment audit
- average assessment time audit
- demand for follow up appointment audits

An explanation of how to carry out these audits is provided on the next pages.

This is an overview of what they are

First Contact to First Assessment Audit	Assessment Time Audit	Demand for Follow-up Appointments Audit
Sample 50 patients. Count time from arrival to when a first contact with a staff member is made and the waiting time before the clinical assessment	Sample 50 patients. Count how long the clinical assessment takes	Over a six-week period, record the number of patients that are returning for a follow up treatment and how long the treatment takes (planned and unplanned)

First contact to first assessment audit

This audit identifies how long patients wait before they come into contact with staff in your department - both clinical and non-clinical.

What you need to do:

- devise the audit template - an example is given here
- aim to sample 50 patients to give you a reasonable average
- agree how the information required for the audit can be captured - it may be that you can undertake a retrospective audit if your systems capture this information routinely, or it may be that you need to ask staff to record this information for a given period of time
- from your information record the:
  - time to first contact, ie. the time a patient waits before having any contact with personnel (this might be an administrative staff member in some units)
  - time to first assessment which is the time a patient waits until they receive a clinical assessment from a clinician. If your current flow is strictly see and treat, you might have patients who wait 2 - 3 hours before a clinical assessment
  - calculate the average time to first contact and time to first assessment

Patient name	Time of arrival	Time of first contact	Time of first assessment

Assessment time audit

This audit identifies how long each assessment is.

What you need to do:

- devise the audit template - an example is shown below
- aim to sample 50 assessments to give you a reasonable average
- agree how the information required for the audit can be captured - it may be that you can undertake a retrospective audit if your systems capture this information routinely or it may be that you need to ask staff to record this information for a given period of time
- from your information record the assessment start and finish time
- calculate the average assessment time

	Staff Member	Time of Day	Assessment Start Time	Assessment End Time
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Demand for follow-up appointments audit

This audit identifies what the demand for follow-up appointments is in your unit.

What you need to do:

- devise the audit template
- aim to sample for a defined period of time to produce a reasonable average, six-weeks is suggested
- agree how the information required for the audit can be captured - it may be that you can undertake a retrospective audit if your systems capture this information routinely or it may be that you need to ask staff to record this information for a given period of time
- from your information record:
  - The number of follow-up appointments that took place
  - The length of each follow-up appointment
- calculate the:
  - average weekly demand for follow-up appointments by dividing the total number of appointments by the number of weeks in the audit
  - average appointment time per follow-up

Patient name	Date	Length of follow-up in minutes

Audit results - conclusion

You will now be able to diagnose what happens during the patient flow from the audit of current performance that you have completed. Display results on your communication board as described in the Knowing How you are Doing module.

Diagnose - milestone checklist

Move on to ***Plan*** only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Greater understanding of current patient flows and bottlenecks	
Know how long patients wait to be seen and treated	
Know how long a patient assessment should take	
Know how many follow-up patients you can expect to see	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the whole process, not on limited individual steps?	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Surveys
WAITING
Patient Documentation

Plan

Planning productive patient flow

Having diagnosed the current status of your patient flow, this section will take you through the planning steps to help you to make your process more efficient and effective for the patients you treat.

This will enable you to:

- create an appropriate patient flow model
- develop common protocols for patient first contact and patient assessment

It will do this by using the following examples:

- First Contact Protocol - Patient Flow 1
- First Assessment Protocol - Patient Flow 2

Create a first contact protocol

What will creating a first contact protocol do?

The objectives for creating a first contact protocol are to:

- standardise the patient information that is captured during this first contact to support the patient pathway
- support staff to identify the need for immediate medical assessment

What you need to do:

- identify what information needs to be captured at first contact
- identify who will use the protocol
- design the protocol
- if delivered by a non-clinical member of staff ensure that it contains no clinical references
- it should contain explicit information for the person delivering it to follow to ensure a patient with immediate medical needs is identified
- an example of good practice protocol is contained in the Toolkit, First Contact Protocol, Patient Flow 1

First Contact Protocol

IMMEDIATE ATTENTION REQUIRED

If a patient presents with any of the following symptoms/conditions

- Any Difficulty in Breathing
- Severe Allergic Reaction
- Chest Pain (without injury)
- Diabetic – feeling unwell
- Fit/Seizure
- Uncontrolled Bleeding
- Head Injury – drowsy or unwell
- Loss of Consciousness
- Unwell floppy baby/young child
- Pregnant with abdominal pain or bleeding
- Chemical Splash to the Eyes
- Any patient that you are worried about

Please do the following;

1. Immediately inform a member of Nursing Staff that the patient is here and what they have come in with.
(Don't be afraid to interrupt a Nurse seeing another patient!)
2. Tell the patient that a Nurse is aware of them being here and will be with them as soon as possible.
3. If possible, book the patient in.
4. Highlight the corner of the card with Yellow marker (Yellow Book)
5. If the patient has not been attended to within 2 minutes – contact a member of Nursing Staff again

- share the protocol with key stakeholders and ask for feedback
- refine the protocol based on feedback
- achieve protocol sign off by clinical director/governance committee/PEC (as appropriate to your organisation)

You now have a first contact protocol:

- agree a start date with the team and your line manager
- publicise the start date with a copy of the protocol
- after it has been used for an identified period of time review the success of the protocol and introduce any changes based on feedback or outcomes

First Contact Protocol

An example of Queen Mary's Hospital First Contact Protocol can be found in the Toolkit, Patient Flow Tool 1. This protocol is very specific about when to seek assistance from a member of nursing staff as the unit does not have sufficient resources to have a dedicated member of staff performing assessments.

When approached for feedback on the use of this protocol the clinical manager of Queen Mary's Hospital MIU said:

"The greatest frustration for me is when staff - even those who have worked here for years - do not work in a consistent way. Using these protocols has improved the consistency in the way we work together and the way we interact with our patients".

Create a First Assessment Protocol

The initial assessment is to identify appropriateness of the unit to meet the needs of the patient.

The aim of the unit should be that all patients identified as inappropriate leave the unit:

- medically stable
- as quickly as possible
- informed about an appropriate place for treatment

Identification and early assessment of the patients is important so that the expectations and treatment are managed as quickly as possible.

A clear assessment protocol will help your department to achieve this.

The objectives for creating an assessment protocol are to:

- support staff to swiftly identify patients whose needs are inappropriate for treatment within your MIU
- guide staff in suitable action to take for patients identified as inappropriate whose care needs cannot be met in your MIU

What you need to do:

- identify who will use the protocol
- identify what information needs to be captured during the assessment
- design the protocol
- it should contain explicit information for the person delivering it to follow to ensure a patient with immediate medical needs is identified
- an example of a First Assessment Protocol is contained in the Toolkit, Patient Flow Tool 2

MIU ASSESSMENT PROTOCOL

OBJECTIVES
To collect appropriate information and a brief history to ascertain if the patient is appropriate to be treated in minor injuries.
To commence first aid treatment!
To collect baseline observations where appropriate!
To ensure that all patients in the waiting room are assessed and are fit to wait.
To ensure that patients with urgent problems are dealt with without delay.

WE DO NOT SEE
Children under the age of 2 years
Headaches
Breast pain
Collapse
Head injury with a loss of consciousness
Neck or back pain

YOU MUST CONTACT THE NURSE IN CHARGE IF:
The waiting time for triage exceeds 20 minutes.
There are more than 4 patients waiting to be triaged.
A patient presents with any of the following:
Cyanosis
Acute shortness of breath
Chest pain
Altered level of consciousness
Acute blood loss
Severe pain

METHOD
Introduce yourself to patient and invite to be seated. Acknowledge any appropriate relatives who may be present. Ensure that the patient is happy with their presence .Gain permission to question patient.

DOCUMENT
A **brief** history and identify if the problem is an illness or injury.
Known allergies
Current medications if able
Any medication issued in triage – e.g., "1g paracetamol given orally at 09:00hrs" (use 24hr clock). SN Bloggs.
Observations as appropriate- write on paper

What you need to do:

- share the protocol with key staff and ask for feedback
- refine the protocol based on feedback
- achieve protocol sign off by clinical director/governance committee/PEC (as appropriate to your organisation)

You now have an assessment protocol:

- agree a start date with the working team and your line manager
- publicise the start date with a copy of the protocol
- after it has been used for an identified period of time review the success of the protocol and introduce any changes based on feedback or outcomes

An example of Sunderland's Grindon Lane MIU First Assessment Protocol is contained in the Toolkit, Patient Flow Tool 2. (They still refer to this stage as triage deciding not to change terminology that the staff are already used to).

Establish assessment waiting time guidelines

As the inital assessment is likely to be the first clinical contact for a patient it is important that the unit has processes in place to ensure that patients are seen as quickly as possible and waiting times are minimised.

Patients who experience a long wait during any part of their journey understandably become anxious.

The objectives for establishing waiting time guidance are to:

- improve patients experience of the service
- reduce unnecessary delays
- support staff to manage the service effectively and efficiently whilst providing patients with accurate information about expected waits
- reduce unnecessary delays when patients attend another department eg, x-ray
- reduce patient complaints in relation to waiting times

What you need to do:

- using the results of the first contact to first assessment time audit calculate the average length of time that patients wait for an assessment
- using the results of the assessment time audit calculate the length of an average assessment (remembering to measure this once the assessment protocol is in place)
- identify an ideal waiting time threshold for first assessment. To do this you will need to:
  - assess current waiting time performance to identify what is reasonably achievable with existing resources
  - consult widely with staff and patients on the ideal future state
  - analyse previous complaints relating to waiting times
- identify who will be responsible for calculating the waiting time for assessment to identify where improvements can be achieved

Establish patient prioritisation

Routinely, appropriate patients will be treated on a first come first served basis except in situations when more urgent cases need to be prioritised for treatment or for transfer to a more appropriate setting. The prioritisation policy should be documented, visible and well communicated to patients and staff (eg, posters in the waiting room) so they are aware of the conditions that take priority and understand why patients may be seen out of turn.

Improve patient communication

Lack of communication about what to expect from their visit is a frequent reason given by patients when reporting dissatisfaction with their experience.

What you need to do
Improve patient communication which describes what the patient can expect from their attendance.

The following page shows examples of the type of information that could be communicated to improve the patient experience at a local level.

Improve patient communication - examples

WAITING

Whilst you are waiting the waiting area is being monitored by the staff.

If your condition changes while you are waiting, please let the staff know.

WHAT CAN YOU EXPECT?

We aim to see patients in time order, BUT some patients may need to be prioritised if they are very unwell.

We will try and keep you advised of waiting times.

There will be a short delay between patients so the room can be cleaned and prepared.

PATIENT ATTENDANCE

Please be aware this department can become very busy at times.

We ask for your patience and consideration at these times. We will be happy to answer any queries you have.

The Minor Injuries Unit is staffed by experienced Emergency Nurse Practitioners.

We are able to assess and treat the majority of patients that attend with minor injuries or minor health problems.

PATIENT DOCUMENTATION

There will be a delay between one patient leaving and the next being called.

Our Nurses use this time to complete the required documentation for the previous patient.

Scheduling follow-up appointments

It is widely acknowledged that the root cause of many patient complaints is unnecessary delay.

If a follow up appointment is clinically appropriate ensure this is scheduled at a time when it is convenient for the patient and takes account of the peaks and troughs of the units workload.

By scheduling follow-up appointments during known 'quiet times' you can smooth peaks in demand, minimise delays and improve the patient experience.

What you need to do:

- using the results from the demand for follow-up appointments audit, identify the average number of follow-up appointments that are generated in a week
- create sufficient follow-up appointment slots to cover the calculated demand for these appointments
- establish an appointment system
  - follow up slots should be scheduled for the convenience of the patient
- develop clear booking rules to cover how these slots are used
- identify who will be responsible for booking follow-up appointments
- communicate the new system to staff together with a schedule for one week and ask for feedback
- refine the schedule as per feedback, repeating as necessary to achieve a continuous improvement


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Surveys
WAITING
Patient Documentation

Plan - milestone checklist

Move on to ***Treat*** only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Consider examples of ideas that have worked	
Consider results of the ***Assess*** section	
Redesign your patient flow	
Develop your common protocols	
Engage with all staff and patients	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the area/process, not on individuals?	

Treat

Treat

During the treat phase you will be testing the agreed changes.

What are you going to test?

- have we improved the experience for patients?
- have we improved the experience for staff?
- have we reduced waste?
- does everyone in the team understand the new process?
- are we sticking to the new process?

Before the test starts:

- determine what the time period will be for the test, it needs to be:
  - long enough to allow for failures
  - short enough to change and retest
- agree the time collection method and who is going to do it
- agree who will access the data and how it will be presented back to the team
- set the start and end dates and communicate them to everyone
- update all staff personally on progress, at meetings and across all shifts
- use your communications board as a secondary way of making sure that you communicate with all the staff 

During the test:

- get daily feedback from staff and patients (where appropriate) on how they feel the new process is working
- make sure that you ask all staff involved in patient care for their input
- be prepared to try new ideas and test them out
- listen to staff/patients suggestions for improvements
- learn from other areas who may have had similar issues with understanding their capacity and demand needs

Treat - milestone checklist

Move on to ***Evaluate*** only if you have completed ALL of the items on these checklists.

Checklist	Tick if complete
Test period defined	
All staff informed	
Try out the new processes	
Time new processes (where applicable)	
Get staff, patients and family feedback on the new processes	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the whole process, not on limited individual steps?	

Evaluate

Evaluate

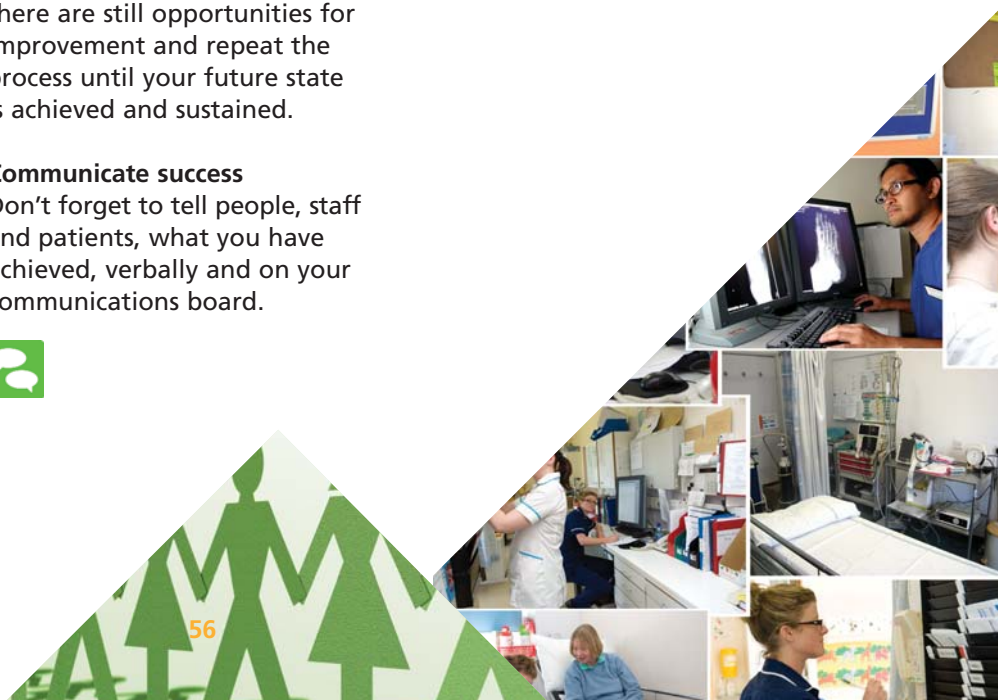
1. **Collect information**
   At the end of the agreed test period you will need to repeat:
   - first contact to first assessment audit
   - average assessment time audit
   - demand for follow up appointment audit

2. **Analyse the information**
   Set up a review meeting to include the original core team for The Productive Community Hospital Programme.

   Use the results from the audits to help you to evaluate the changes made.

3. **Further improvement**
   This information will help you to understand where you need to go back to. Decide where there are still opportunities for improvement and repeat the process until your future state is achieved and sustained.

4. **Communicate success**
   Don't forget to tell people, staff and patients, what you have achieved, verbally and on your communications board.



Evaluate - milestone checklist

When you have completed the checklists below, go to the module checklist on page 57.

Checklist	Tick if complete
Talk to staff, patients and relatives about the new patient flows	
Look at the before and after process times	
Look at the before and after value added times	
Communicate success	

Effective teamwork checklist	Tick if yes
Did all the team participate?	
Was the discussion open?	
Were the challenging questions discussed and answers agreed by all?	
Did the team remain focused on the task?	
Did the team focus on the whole process, not on limited individual steps?	

How to sustain the change?

Monitor and audit continually	• conduct the audits regularly to ensure that the changes that you have made are being continued and are working
Ensure leadership attention	• ensure that senior managers are engaged and informed of what you are doing • give regular feedback about the progress that you are making at meetings which involve key people • ensure that you display and discuss the audit results with department staff regularly to keep up the pace of change
Do not stop improving	• encourage the department staff to continue to find new and better ways of doing things – it is not about doing this once but about improving things continuously • encourage staff to suggest and implement changes themselves

Module checklist

The grid below allows you to measure your performance against the checklists for this module. You should copy this page and shade in the boxes according to your achievement of the measure (green for complete, amber for in progress and red for not started). Your progress will then be clearly visible.

Patient flow module checklist	Before	After 2 weeks	After 4 weeks	After 8 weeks
You have identified your five stage process				
You have a first contact policy				
You have an assessment policy				
You have a process to minimise unnecessary delays including for first contact				
You have a patient prioritisation process in place				
You have an agreed and standardised format for communicating with patients				
You schedule your follow up appointments				

Have we met the learning objectives?

Five objectives were set at the beginning of this module.

- test how successfully these objectives have been met by asking three team members (of differing grades) the questions in the grid on the next page. Ask the questions in the second column and make an assessment against the answer in the third column
- if all three team members' responses broadly fit with the answer guidelines then the learning objectives of the module have been met
- note the objectives where the learning has only been partly met and think about the way that you can approach the module next time

Remember, the results of this assessment are for use in implementing this module and are not a reflection on individual performance in any way.

Objectives	Question (ask the team member)	Answers for outcome achieved
Understand what good preparation for improvement work is	Describe the things that you need to do in the prepare stage of the module	• establish a core team • talk to staff and patients • find information relating to complaints • obtain policies on documentation
Develop audits as an activity	Describe the purpose of the audits and how you undertook them	• to measure the baseline before the improvements were commenced • key aspects of the patient flow was assessed in detail using a standardised format and sufficient numbers to provide a sound measure
Understand your current patient flows	Explain how you learnt about the current patient flow	• process map of current patient flow • measured how long it takes for a patient to be seen • measured the time it takes to do the assessments • understand how we manage follow-up patients
Understand what is meant by productive patient flow	What is a productive patient flow?	• one where the needs of the patient are paramount and a balance of efficiency and safety is present
Develop your patient flow to be more efficient and effective	How do you know if your patient flow is more efficient and effective?	• the repeated audits will show improvements • patient satisfaction will increase • unnecessary delays will be minimised










Case studies

Case studies

The hypothesis
The three test sites at Chippenham, Queen Mary's and Grindon Lane MIUs believe that patient flow within their care journey has distinct stages which can be standardised to improve throughput and quality of outcomes.

Their objectives
- to identify the key stages of a patient's attendance to an MIU
- to identify and develop examples of appropriate protocols to ensure that a patient's attendance to an MIU is managed in a clinically sound and safe manner
- to identify and develop examples of appropriate patient communication to support the patient's attendance to an MIU
- to minimise unnecessary delays

Rationale for development
Models of patient flow have been developed and implemented within the A&E area and many staff at each test MIU have considerable experience of working within A&E departments.

They unanimously agreed that due to the profile of typical patients that attend an MIU that these models are not appropriate to managing the patient flow within an MIU.

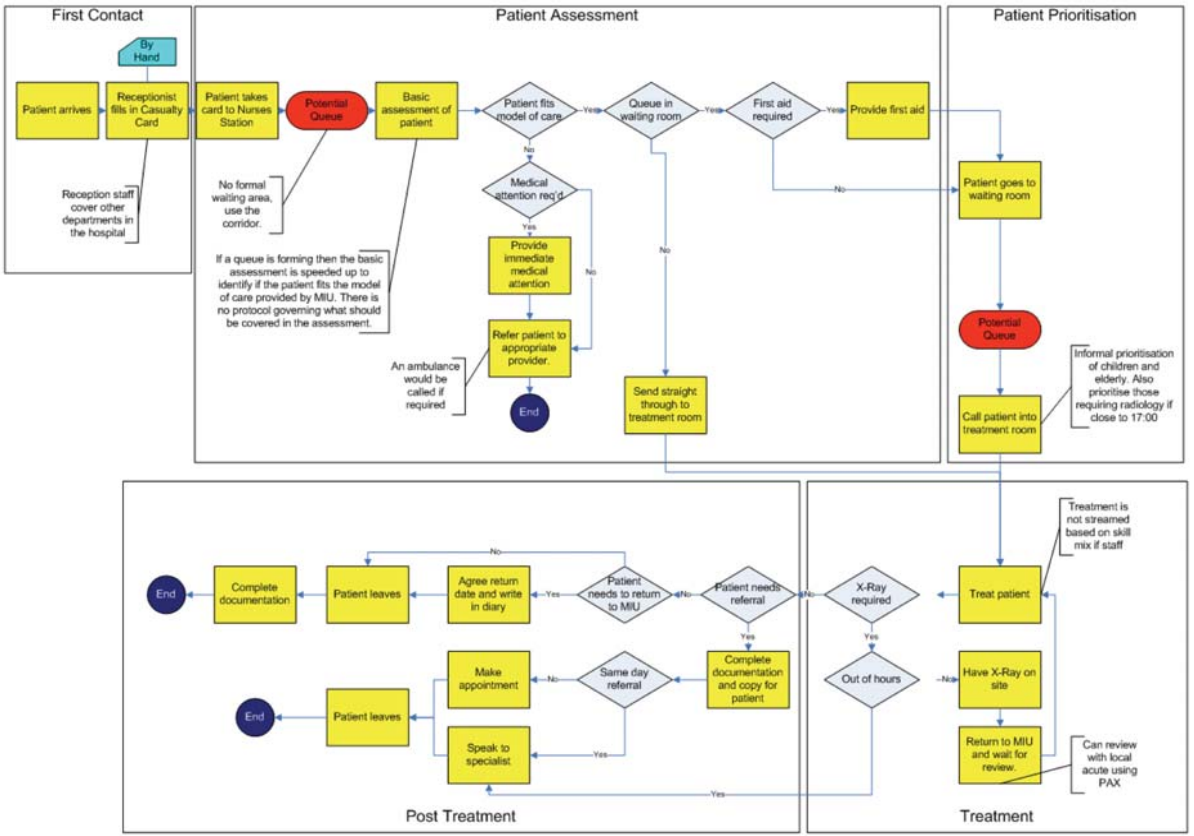
Each test site had developed their own service to make appropriate use of the facilities and resources available and when questioned at the start of the programme felt they operated in a unique manner (eg, with or without triage).

Once a more thorough understanding of the test site operations was achieved, it became clear that, whilst there were different approaches to delivering the service, the overall objectives and key stages of each operation were identical.

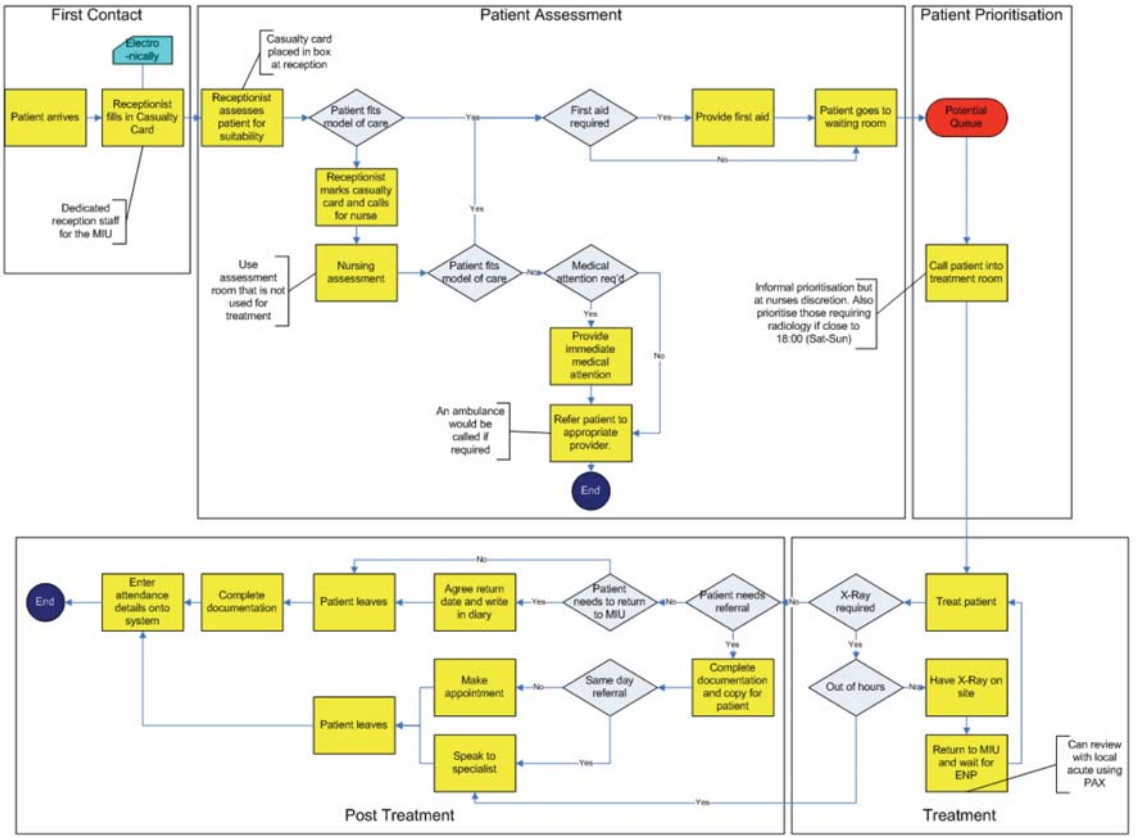
Each site relies to some extent on the significant experience of the staff delivering the service and it was agreed that some elements of each operation would be well served by the introduction of formal protocols and guidance. This would ensure that new staff could also give consistent and safe care.

Their findings
Each test site mapped their patient flow as a baseline to look for commonalities, as shown on the following three pages.

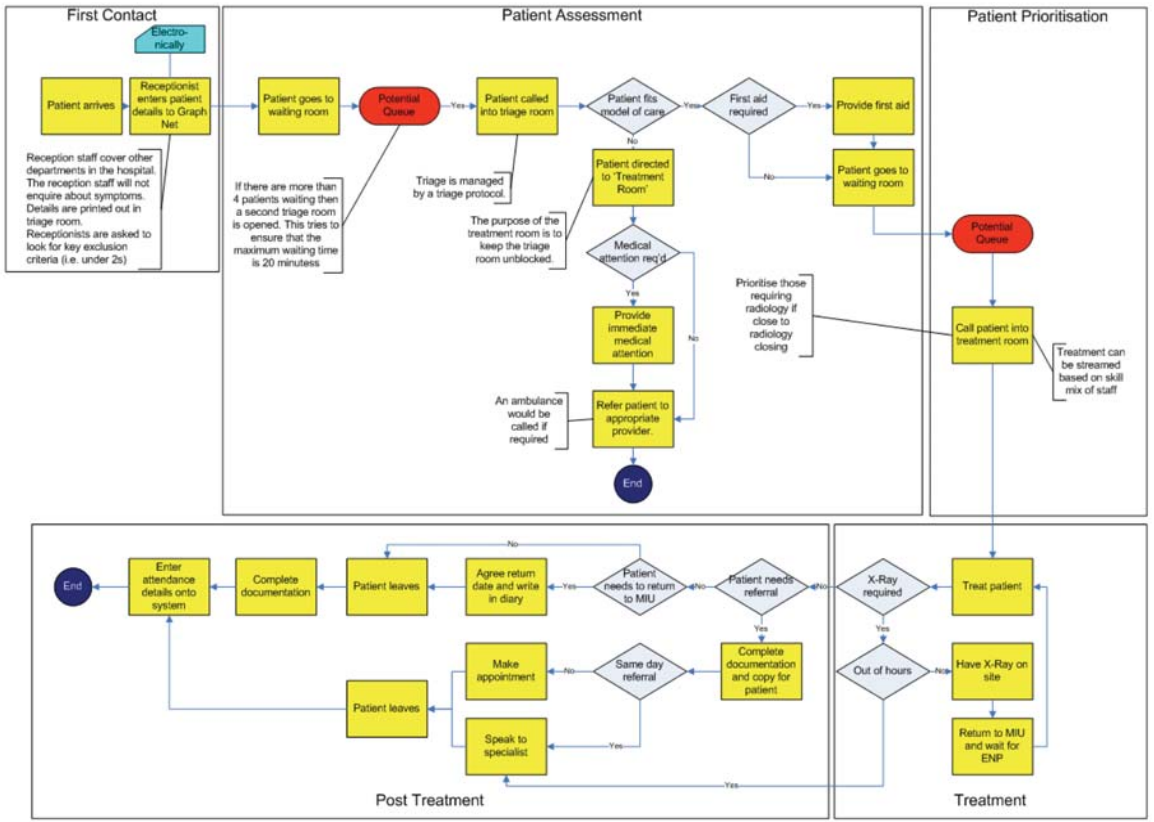
1. Chippenham Community Hospital



2. Queen Mary's Hospital



3. Grindon Lane, Sunderland



When approached at the start of the test phase the managers of the MIUs at Queen Mary's, Chippenham and Grindon Lane were certain that they managed the patient flow in their units in very different ways.

Grindon Lane stated they used a typical triage model, Queen Mary's stated they worked a see and treat model whilst Chippenham stated they alternated between the two depending on the number of staff available. The site managers were sure that their way of working was the most effective but were prepared to try out the alternative model to see what impact it had.

Workshops were held with senior members of the teams from Queen Mary's, Grindon Lane and Chippenham to share how they worked and to plan how they would test alternative models of patient flow.

At these workshops, process maps of each approach were developed and the attendees went through the process of challenging the tasks that were being conducted.

It was at this stage that it was identified that Grindon Lane did not operate a true triage system and Queen Mary's did not operate a true see and treat system.

Grindon Lane triaged all patients that attended the unit, but the purpose of the triage was not the same as that managed in a traditional A&E setting (eg, to stream patients based upon the severity of their symptoms).

To manage their triage procedure the managers of the Grindon Lane MIU had already put in place a triage protocol. The first line of this protocol was:

- to collect appropriate information and a brief history to ascertain if the patient is appropriate to be treated in minor injuries

Queen Mary's operated a procedure whereby if a patient arrived at reception and fitted specific criteria (eg, chest pains) which meant they were most likely to fall outside the model of care for the unit, the receptionist would inform a member of nursing staff who would perform an immediate assessment. If the patient was suitable for the unit then they would be returned to the waiting room to wait their turn.

It was identified that in both cases the processes in place were there to achieve two outcomes:

- to ensure that any patient who attends the unit with acute medical needs is identified and treated as quickly as possible
- to ensure that patients who do not fit the model of care provided by the unit are identified and referred on to the appropriate care setting as quickly as possible

It was agreed by all that the terms triage and see and treat were not truly representative of the service being delivered.

The leaders from the three sites then worked together to identify the five key stages that defined the patient flow within their operations and to identify where operational protocols would be required and what the objectives of these protocols would be.

"We have implemented a protocol for reception staff for initial assessment of patients. The result has been standardisation of assessment to improve care for patients".
Queen Mary's MIU manager


anaphylactic reaction


COMMUNITY HOSPITAL
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