

STANDARD 2
TIME TO FIRST
CONSULTANT
REVIEW

STANDARD 8
ONGOING
REVIEW

STANDARD 5
ACCESS TO
DIAGNOSTICS



NHS
England

SEVEN DAY SERVICES CASE STUDY

SEPT 2015

Royal United Hospitals Bath NHS Foundation Trust

Improving access to senior clinical decision makers and diagnostics seven days a week

AT A GLANCE:

- Data from regular review of clinical outcomes in the hospital identified a higher mortality risk for non-elective patients admitted on a Saturday.
- New standards and pathways of care were implemented, including more weekend consultant ward rounds, seven day commissioned Emergency Surgical Ambulatory Care (ESAC) and the designation of part of the older people's unit bed base as a seven day Assessment and Comprehensive Evaluation (ACE) of older people. These changes increased the availability of seven day access to senior clinicians and to diagnostics.
- There has been an evening out of the relative risk of mortality for non-elective patients regardless of the day of admission in 2013/14 compared to 2011/12.
- There is a consistent and sustained reduction in the risk of mortality that is improving at a rate greater than the national rate of improvement.
- Length of stay for frail older patients admitted to ACE reduced from 14.9 days (standard older peoples ward) in 2012/13 to 5.3 days in the first 6 months and approximately 90 bed days per month have been saved by the implementation of ESAC.

Royal United Hospitals Bath NHS Foundation Trust (RUH) is a medium sized acute hospital which provides largely non-elective care, cancer treatment and relatively complex elective care to a semi-rural population.

Senior clinicians, led by the Medical Director, meet monthly to review clinical outcomes data including mortality rates. Historically, the trust has consistently had mortality measures (HSMR and SHMI) at or below the national average but the risk of mortality for patients who were admitted on a Saturday was found to be significantly higher.

As a result of this increased relative risk of mortality, combined with the prolonged periods of heightened escalation which the trust endured during the winter of 2012/13, RUH commissioned a review to understand the flow issues in the hospital, and the options for increasing senior clinical decision makers present on site out of hours, especially at the weekend. The focus has been on optimising patient pathways, adjusting staff work patterns, and providing more senior medical and nursing staff with initial investment in new consultant and specialist nurse posts in 2013/14.

How the improvements were made

The reviews helped to articulate patient flow issues at the 'front door', the 'middle hospital' and the 'back door' and more easily translate them into discrete work areas within the hospital's sphere of control. They were also able to identify the system-wide work priorities and where the provision of services across seven days would make the biggest impact.

These included:

- Use of designated registrars at weekends for discharge decisions and incorporation of weekend onsite working in relevant job plans, to change the way inpatient wards 'pull' patients from the emergency department.
- Development of ESAC, this service is commissioned and provides access to consultant surgeon led assessment, same day diagnostics, same day discharge to a virtual ward (the patient's usual place of residence) with daily telephone 'ward rounds', and planned admission to a booked dedicated theatre.
- Developing new pathways of care - examples include ACE in the older people's unit and acute oncology service seven days a week.
- New ward standards are being implemented with an emphasis on timely discharge. These revised standards for clinical teams are performance managed and openly reported. The standards include the need for every patient to have a consultant approved plan of care in place within 24 hours of admission, for a daily decision making ward round to commence at 09.00hrs and for patients being prepared for discharge that day to be identified by 12.00 noon.

Mortality rates and outlying clinical outcomes data are monitored monthly and responded to by the clinical divisions under the oversight of the Clinical Outcomes Group.

What was achieved

- Scheduled consultant ward rounds with review of in-patients now take place seven days a week in general medicine (post take ward round, older peoples unit, acute stroke, cardiology, respiratory medicine, gastroenterology (including acute bleed endoscopy list), medical assessment unit, acute oncology and haematology) general surgery and urology. Trauma and Orthopaedics, paediatrics, critical care and radiology have long been seven day consultant services.
- Radiology investigations are now reported 24 hours a day 365 days a year by consultants and booked outpatients and urgent inpatient CT, MRI and ultrasound are available 12 hours a day at weekends and reported on within 24 hours.
- An older people's unit designed to rapidly assess and provide comprehensive evaluation of older patients to support early discharge within 72 hours.
- The challenge the local system faces is how the community and social care partners align their own pace of response as pressure with the system builds and how the gaps in seven day services provision across the wider health and social care community are addressed.

What was the impact

- There has been an evening out of the relative risk of mortality for non-elective patients regardless of the day of admission in 2013/14 compared to 2011/12 (Source: Dr. Foster).
- Consistent and sustained reduction in the risk of mortality that is improving at a rate greater than the national rate of improvement and greater than the rate of improvement a similar peer group of acute providers in the South West of England) from a trend in HSMR in 2010/11 compared to 2013/14.
- 90 bed days are saved per month as a result of the ESAC unit. 82% of 140 to 160 patients seen per month are sent home on same day, saving approximately 30 pre-operative bed days per month.
- Reduced length of stay for frail older patients from 14.9 days in 2012/13 to 5.3 days in the first 6 months of ACE being implemented. The variation in length of stay of older people on non-elective pathways, between 2 CCG's, was reduced by five days through the intervention of seven day discharge co-ordinators.
- The standardisation of care, and subsequent reduction in variation by the secondary care provider, has facilitated a more focused discussion of priorities in the local wider health and social care system.

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