Case Study:
Whole Systems Rapid Improvement for Tameside and Glossop Intermediate Care Tier of Services

Key Ideas: Whole Systems, Lean principles, Rapid Improvement Events, Health Sector, NHS, PCT, Local Authority, Joint Funding, Intermediate Care, Patient Quality, Service Redesign, Admission Avoidance, Early Discharge, Rehab and Maintenance, Tricordant Approach.

Background

Tricordant Ltd was commissioned by Tameside and Glossop PCT (T&G) in January 2008 to facilitate a Lean Design Review for Intermediate Care, Transfer, Podiatry and Dietetics Services. The Intermediate Care project was launched in March 2008 with support and collaboration from Tameside Metropolitan Borough Council’s Adult Services. It followed on from, and built upon, the previous successful project on Transfer Services and concluded with a two-day workshop in Glossop involving some 40 people on 17th and 18th April 2008. This document summarises the project background, process, resulting recommendations and the organisational vision created.

The Intermediate Care project had the following aim:

To develop an integrated Intermediate Care Tier of Services that best:
  - promotes optimum recovery from illness
  - Prevents unnecessary acute hospital admission
  - Supports timely hospital discharge
  - Maximises independent living through rehabilitation.

The project took into account the following background references, history and circumstances:

1. DoH’s NSF for Older People 2001 and Intermediate Care: Moving Forward 2002
2. The NHS’s ‘Our Health, Our Care, Our Say’ policy
4. Putting people First Dec 2007
5. Evolution over the years of T&G’s Shire Hill hospital and CARA team
6. Development of T&G’s Specialist Neuro Rehab team (SPRINT) and the recent launch of the Stroke Unit
8. Pressure from Acute on delayed discharge.
Project Process
The chart below outlines the project process followed:

The current structure of Intermediate Care services and the flows into and out of this tier of services is depicted in the two diagrams below, with current basic patient numbers and predicted growth in service demand then given in the table.
Intermediate Care – volumes and predicted growth

<table>
<thead>
<tr>
<th>People Benefiting</th>
<th>2003/04</th>
<th>2004/05</th>
<th>2005/06</th>
<th>2006/07</th>
<th>Say 26%</th>
<th>? 2025 ?</th>
</tr>
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<tbody>
<tr>
<td>SHICU</td>
<td>191</td>
<td>156</td>
<td>245</td>
<td>348</td>
<td>328</td>
<td>413</td>
</tr>
<tr>
<td>CARA</td>
<td>0</td>
<td>0</td>
<td>482</td>
<td>1225</td>
<td>1558</td>
<td>1963</td>
</tr>
<tr>
<td>SHI COPS</td>
<td>0</td>
<td>0</td>
<td>42</td>
<td>114</td>
<td>82</td>
<td>103</td>
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<tr>
<td>REFERRED ON</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>48</td>
<td>31</td>
<td>39</td>
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<tr>
<td>REFERRED BACK</td>
<td>0</td>
<td>0</td>
<td>26</td>
<td>294</td>
<td>359</td>
<td>452</td>
</tr>
<tr>
<td>TOTAL</td>
<td>191</td>
<td>156</td>
<td>800</td>
<td>2029</td>
<td>2358</td>
<td>2970</td>
</tr>
</tbody>
</table>
Workshop Participation and Consensus-Building

A wide variety of stakeholders from across this whole system were interviewed and then variously invited to the two workshop days facilitated by Tricordant.

Over the two workshop days people engaged enthusiastically in reviewing the current whole system, applying Tricordant’s set of ‘whole system organisation design’ and Lean principles, and in seeking ways to achieve the project aims. People reviewed the purpose of intermediate care and the scope and boundaries of the service. People also came to better see the whole system and how to create a tier of services going forward with a clearer identity, purpose, structure and with better cross-organisational team-working and leadership.

The two workshops allowed people to work together in mixed groups solving the many issues in a holistic way. Mixed teams pitched their best suggestions for improvement, building up over the days a high degree of consensus on the way forward and a refreshed perspective better ways of co-working proactively and unifying the tier of services. The pictures below show the participants at work:
Whole Systems Review - Final Recommendations

The second workshop day, attended by the service leaders from across the tier of services unanimously confirmed the following set of recommendations and needs:

- An integrated ‘tier of services’ organisational system to oversee all services involved in delivering intermediate care.
- Leadership based on a partnership of health, social services and other significant stakeholders
- A single point of contact (SPOC) for all referrals to intermediate care services
- Assessment processes in and out of IC needs to represent the views of all parties involved at that interface
- IC being delivered by a range of multi-disciplined / skilled teams
- Personalised patient pathways through one or more teams
- Pro-active pull through of patients whenever possible
- Patients on planned journey back to home
- Enabling IT systems (single point of truth)
- Meeting holistically patients’ physical, mental and social rehabilitation needs
- Learning organisation, responsive to changing demographics and opportunities
- There are gaps in services at present that need to be filled
- Services need to cater for step up as well as step down
- Some services are best delivered at home, other services are best delivered in range of settings other than homes
- Ongoing monitoring of the patients journey along their pathway
- Specialist support services pulled in when needed.

In the afternoon of the final workshop participants generated a detailed ‘Organisational vision’ for the tier of services going forward. This is captured on the single page diagram below.

If you would like to learn more about this case study or would like Tricordant to help your organisation, please contact: Simon Thane, Director, Tricordant Ltd, simon@tricordant.com, Tel: 07989 112062.
Intermediate Care Tier of Services
Organisational Vision

Strategy Group
- This team has the remit to review achievement of performance targets, long term resource requirements and to propose trials of new facilities or ways of working.

Operational Management Group
- This group has the remit to monitor demand, flows and bottlenecks and to flex resources across stream teams.

SPOC
- Takes all referrals from all sources
- Logs referrals
- Initial Screening assessment
- Direct to appropriate 'stream'
- Tracks patient journey (IT tool reqd)
- Gives advice and information

Inpatient Units
Selected nursing and residential settings
Could offer range of intermediate care re-cooperation and transition beds

Community Teams and Specialists
SALT, Community physio, advanced practitioners, District nurses, Mental Health support
Diabetic nurses, dieticians, ophthalmology
Age concern, wheelchairs, telemedicine, etc., etc.

Stream 1
Admission Avoidance Team
Assess -> Treat -> Discharge ->

Stream 2
Facilitating Early Discharge Team
Assess -> Treat -> Discharge ->

Stream 3
Rehab and Maint. Team
Assess -> Treat -> Discharge ->

Stream 4
Specialist Teams
SPRINT STROKE Others?
Assess -> Treat -> Discharge ->

Single Point of Contact (SPOC)
Open 24 hours 7 days a week
Manned by skilled, train admin support

Handover to locality-based services
91 day check & monitor role

Performance measures
- Numbers of service users
- On time acute discharge
- Length of journey
- In-patient length of stay
- Repeat admission rate
- Patient satisfaction
- % patients returned to own home
- Monitor/audit standards

The SPOC captures every IC referral and directs the patient to the appropriate stream. The 'Monitors' in each stream looks after the patient journey. They may or may not include a temporary stay in an inpatient unit.

Intermediate Care Monitors
- Each stream team to have a number of I.C. Monitors. Each patient is allocated a Monitor who assesses their patient need, plans pathways, including through inpatient units if required, and monitors the patient all through their journey home till handed over fully re-adapted to community services

Staff development and rotation
- Staff in stream teams belong to the IC tier of services and are rotated across the streams to ensure staff development and career paths.