

Case Study:

Whole Systems Rapid Improvement for Tameside and Glossop Transfer Services

Key Ideas: Whole Systems, Lean principles, Rapid Improvement Events, Health Sector, NHS, PCT, Local Authority, Joint Funding, Transfer Services, Delayed Discharges, Blocked Beds, Patient Quality, Service Redesign, Intermediate Care, Tricordant Approach.

Background



Tricordant Ltd was commissioned by Tameside and Glossop PCT in January 2008 to facilitate a Lean Design Review for Intermediate Care, Transfer, Podiatry and Dietetics Services. The Transfer Service project was launched in collaboration with Tameside Metropolitan Borough Council. It was the first sub-project to be started and concluded in March 2008. This case study summarises the project background, process, outcomes, recommendations and expected benefits.

The Transfer Service project had the following aim:

To review Transfer Services as a whole system and understand how to significantly improve:

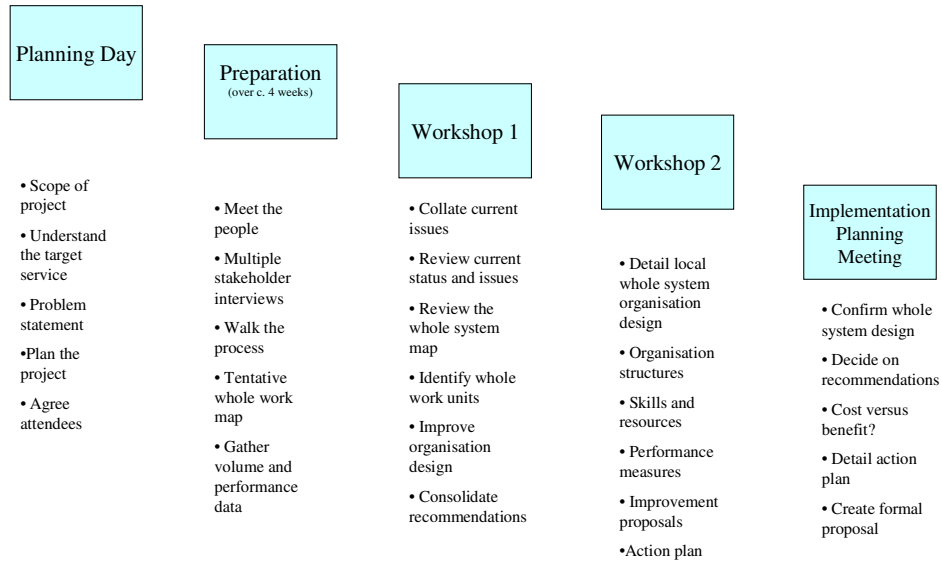
- *The Patient experience and quality of outcomes when transferring into community social and health care*
- *Achieving right-first-time, on time, safe discharge*
- *The avoidable hospital re-admission rate*
- *The capture rate of patients entitled to services*

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

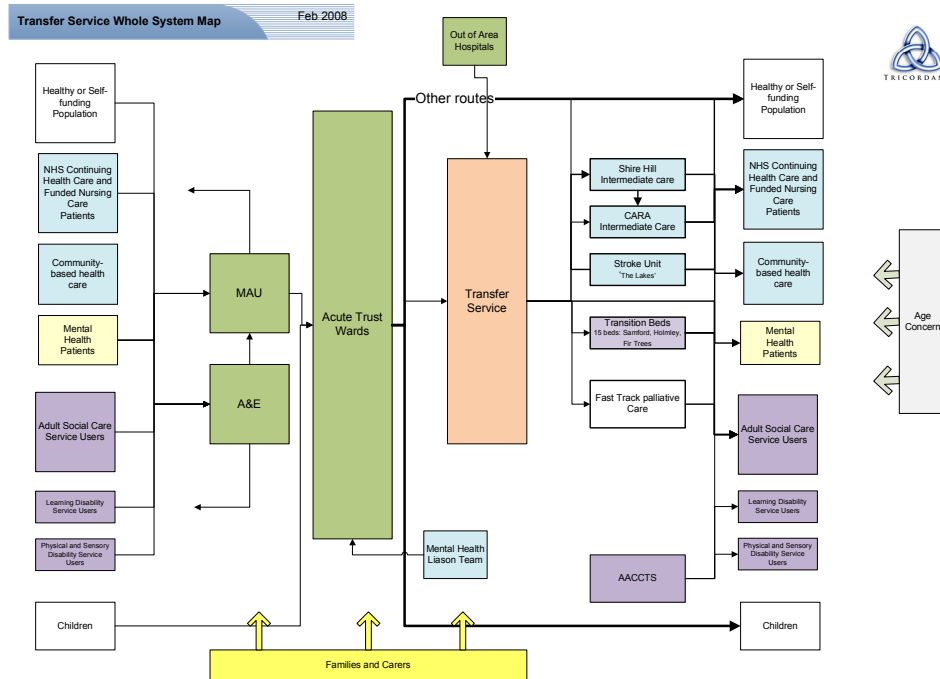
- The Transfer Service had been successfully jointly funded by the PCT and Local Authority (LA) Adult Services for over 10 years.
- The ‘Community Care (Delayed Discharges Act) 2003’ had made a defining impact on the current service, driving its current process and framing the relationship of the jointly funded Transfer Service with the local general hospital acute trust.
- The PCT, LA and acute trust had developed and signed a ‘Joint Protocol for the Management of Delayed Transfers of Care and Reimbursement document’ in Dec 2005. It was a good, balanced document, but all its recommended processes had not been sustainably established.
- The current focus of time and effort between the parties was on understanding the delayed discharge statistics and pushing to resolve ‘blocked beds’. Conversations were therefore often reactive and pressured. There was a well-established interplay between the stakeholders, though individual relations were good and an ultimate emphasis on patient care was sustained.
- A recent coroners report following investigations into a series of unexpected deaths at the hospital following the discharge of elderly patients led to a ‘Dignity in Care Action Plan’ which recommended, amongst many other things, actions for improving discharge processes and patient quality experienced upon transfer to intermediate care or community services.
- Age Concern’s and PALS’ feedback had repeatedly raised worries about the effectiveness of the whole system surrounding discharge of elderly patients.

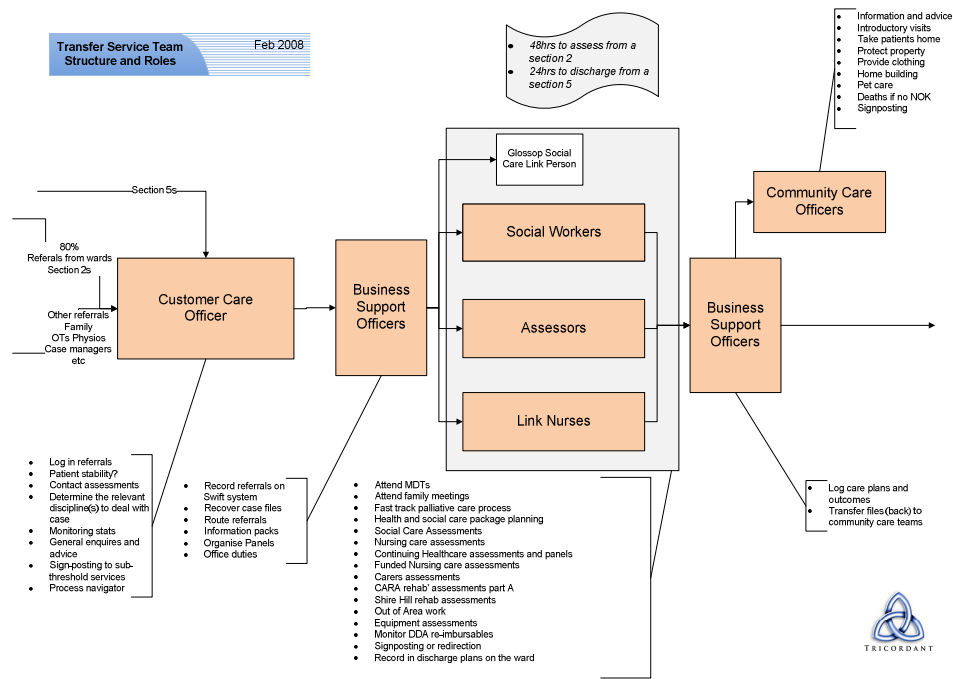
Project Process

The chart below outlines the project process followed:



The 'Transfer Service Whole System' is depicted in the map below. A wide variety of some 63 transfer services staff and representative stakeholders from across the whole system were interviewed and then variously invited to the 2 workshop days facilitated by Tricordant.





Current Health of the Whole System

This Tricord™ Analysis summarises the views of the current transfer services, as a tripartite whole system, held by the people interviewed and which was debated further and confirmed at the workshops.

• Identity

- Disjointed heritage – Changing organisations and Government Interventions
- Many stakeholders
- Triple Identity (Acute, PCT and Local Authority)
- Unclear core purpose
 - Differing stakeholder purposes
 - Differing stakeholder drivers
 - Process seems to be independent of patient

• Strategy

- No obvious combined strategy or improvement plan
- No visible combined whole team objectives
- Budgets act as drivers
- Legislation acts as driver
- Strong NHS and LA values and ethics
- Dichotomy between patient care and available resources
- Many independent improvement initiatives

• Systems

- Technology
 - Manual, Existing files, Swift, Lorenzo, Medway, phone
 - Multiple databases
 - Completion of assessments
- Processes
 - Linear push processes
 - Multiple handovers
 - Multiple assessments
 - Low visibility of whole
- Skills and Roles
 - No combined objectives for personal development and assessment
 - People are either LA or PCT employees with different terms, conditions, procedures, etc
- Measures
 - Competing sets of measures
 - Emphasis on blocked beds and delayed discharges (Appendix 2)

• Culture

- Professional pride
- Self-motivated in own areas
- Tension between patient care and processes
- Organisational tensions
- No overall performance drivers from within the teams, only local drivers

Workshop Participation and Consensus-Building

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 came to better see how they fit into the whole system and why a particular mind-set and culture has established itself between the various stakeholders.

Each of the two workshops allowed people to work together in mixed small group solving the many issues in an 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 on the full purposes of the system, and on better ways of co-working proactively.

The pictures below show the participants at work:



Whole Systems Review - Final Recommendations

The final management meeting day, attended by the senior service leaders representing PCT Commissioning, PCT Delivery, TMBC Social Services and the Acute Trust, unanimously confirmed the following final set of recommendations to go forward for approval:

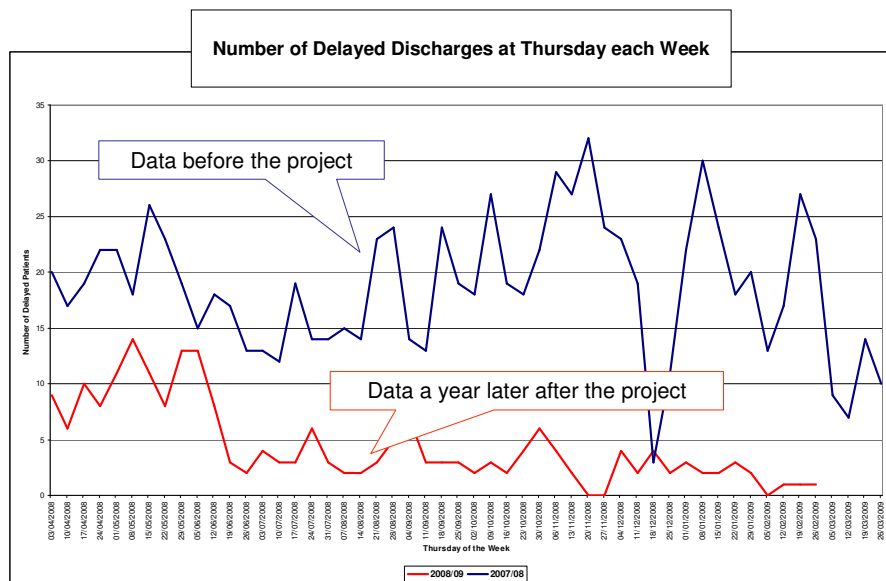
1. Transfer Service split into 2 multi-disciplinary whole work teams with clear leadership and measures
2. Split patients across the 2 teams based on adult medicine vs. elective surgical and orthopaedic wards.
3. Transfer Service teams to be more ward-based, finding and pulling patients into the service.
4. Process starts at patient admission.
5. Stream patients and agree different processes and pathways for each stream (e.g. those with a pre-existing care worker vs. new patients)
6. Handover to community services at point of patient stability (depends on circumstances: 24 hours? first review?)
7. Wider virtual membership / nominated link staff (mental health, acute, other social services teams)

8. Physical co-location of the wider discharge/transfer whole system. Acute and transfer services alongside each other sharing a single common set of data and charts
9. A control room with visual management boards and traffic light system
10. A balanced set of measures shared and agreed with all stakeholders
11. Clear communication and protocols between health and social care and the acute trust
12. Step-down re-ablement facility required
13. In-reach assessments by other teams coming and pulling patients through to their services (e.g. intermediate care, Physios and OTs)

Systemic Benefits of Faster and Safer, Planned Discharges

By December 2008 the following outcomes had been achieved:

- Tameside General Hospital official ‘Sitrep’ performance on delayed transfers
 - Before project - June and July 2007 av. = 4.8% (*Centre of ‘Average’ band nationally*)
 - After project – June and July 2008 av. = 0.9% (*In the top rank at ‘Significantly better than average’.*)
- Average delayed discharges down from running at c. 20 to be consistently below 5 (see graph)
- Increase of 160% and 233% of patients being captured and assessed by transfer services team through A&E and Medical Assessment Unit respectively in the first month of the new model.
- Queue for patients awaiting funding approval eliminated
- ‘Significantly improved partnership working with the hospital staff and team morale is much better’
- ‘Improved reputation of the team with clinical staff’
- ‘We have coped with winter pressures significantly better.’



Contacts

If you would like to learn more about this case study, please contact: Simon Thane, Director, Tricordant Ltd, simon@tricordant.com, Tel: 07989 112062.