Managing In-patient Capacity and Flow

Emergency Care Pathways Programme

Erica Reid and Grant Archibald
National Learning Event
28 November 2012
Overview

• Emergency Care Pathways Programme

• What’s on the agenda?

• Why managing in-patient capacity and flow?
Emergency Care Pathways Programme

• Management of In-patient Capacity and Flow

• Clinical Decision Making

• Action Effect Diagram - cause and effect relationships in emergency care

• Information – local and national
Agenda

• Morning Plenary – Chair Grant Archibald
  – Stephen Gallagher
  – Gordon Birnie

• Workshops
  – Aligning Workforce to Demand
  – Proactive Management of the Patient Journey
  – Day of Care Audit
  – Action Effect Diagram

• Afternoon Plenary – Chair Calum Campbell
  – Tom Downes
  – Jason Leitch
Why is this important?
Why In-patient Capacity and Flow?

NHS SCOTLAND ED* attendance, 4 hr emergency care standard compliance, 12 hr ED* LoS breaches

Monthly compliance with 4 hr emergency access standard, %; average daily ED* attendance, n; ED LoS > 12 hr, n

Sources: ISD validated A&E2 datamart extract and ISD management information reports covering unscheduled activity for core ED sites Jul 2007 to Oct 2012

Notes: (i) ED* refers to EDs, MIUs and trolleyed assessment areas; (ii) NHS Lanarkshire data for Mar 2011 are incomplete due to recent PMS issues; (iii) control limits are unadjusted XMR based control limits; (iv) results are intended for management information only and are subject to change

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Avg daily ED* attendance (Oct 2012): 4,305

12 hr ED* LoS breaches (Oct 2012): 98

4 hr ED* LoS compliance (Oct 2012): 94.4%

HS6 national standard: 98.0%

Avg 4 hr ED* LoS compliance: 96.7%

Lower/Natural process limit**

Avg daily ED* attendance (Oct 2012): 4,305
NHS Scotland 4 Hour Breach Reasons: October 2010 - October 2012

Source: ISD Scotland - NHS Emergency Department Attendances management information reports. Results are intended for management information only and are subject to change.
“The causes of overcrowding, and hence the solutions, lie outside the ED. Solutions will mainly be found in managing hospital bedstock and systemic capacity (including the use of step-down and community resources) so that appropriate inpatient beds remain available for acutely sick patients.”

Richardson D.B and Mountain D, Myths versus facts in emergency department overcrowding and hospital access block MJA 2009; 190 (7): 369 – 374.
• Formed in February 2012
• Remit includes
  – To identify best practice on management of in-patient capacity and flow across NHS Boards
  – To identify key principles that are common in efficient management of in-patient capacity and flow
  – To share best practice identified in a format accessible to NHS Boards
Why is this important?

- **Quality** of patient experience
- **Patient safety**
- **Efficiency**

‘My mother, my sister, my daughter’