E - 7 Day Services

David McDonald, Service Improvement Lead, Whole System Patient Flow Improvement Programme

Quality and Efficiency Support Team
Whole System Patient Flow Improvement Programme

queue

optimal patient care

sub-optimal patient care

incomplete

delay
Seven day Rehabilitation service at the Golden Jubilee National Hospital

Christine Divers Head of Rehabilitation
Shirley McCourt Head Occupational Therapist
Golden Jubilee National Hospital

- Regional and National heart and lung service
- Major centre for elective lower limb orthopaedics
- National waiting times centre for key elective services
- Beardmore Centre for Health Sciences which includes Scotland's new clinical and research training centre
- Beardmore Hotel and Conference centre
48 staff currently:

- 18 WTE (23) Physiotherapists
- 9.3 WTE (11) Occupational Therapists
- 3.6 WTE (4) Band 4 Practitioners
- 7.4 WTE (10) Rehabilitation Assistants

Two main clinical areas:

- Orthopaedics
- Cardiothoracic
**Orthopaedic service prior to 7 day working**

<table>
<thead>
<tr>
<th></th>
<th>Monday - Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physiotherapy (PT)</strong></td>
<td>8.00 am-6.00pm extended service to mobilise PoD 0 patients</td>
<td>Prioritised service for PoD 1, PoD 2 patients and those ready for discharge</td>
<td>Prioritised service to progress PoD 1 and PoD 2 patients</td>
</tr>
<tr>
<td><strong>Staffing</strong></td>
<td></td>
<td>2 Physiotherapists x 6 hours 1 Rehab assistant x 4 hours</td>
<td>1 Physiotherapist x 6 hours</td>
</tr>
<tr>
<td><strong>Occupational Therapy (OT)</strong></td>
<td>8.30am-4.30pm</td>
<td>Prioritised service for PoD 2, PoD 3 patients and those ready for discharge</td>
<td>No service</td>
</tr>
<tr>
<td><strong>Staffing</strong></td>
<td></td>
<td>1 Occupational Therapist x 6 hours</td>
<td>No staff</td>
</tr>
</tbody>
</table>
Drivers for change

GJNH pioneers of CALEDonian technique (2008)

Clinical Attitudes Leading to Early Discharge-onian?

- Enhanced Recovery Programme
- Pre op education and preparation
- Early mobilisation
- Timely co-ordinated discharge
- Consistent message from motivated staff

Except at weekends !!!!!!
Drivers for change

- 2009; target – 80% of patients discharged by post operative day (PoD) 4
- National picture; average length of stay 7 days
- Realisation amongst therapists that day of surgery impacted on length of stay

<table>
<thead>
<tr>
<th>Day</th>
<th>POD4</th>
<th>POD5</th>
<th>POD6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>79%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Tuesday</td>
<td>79%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Wednesday</td>
<td>68%</td>
<td>72%</td>
<td>80%</td>
</tr>
<tr>
<td>Thursday</td>
<td>59%</td>
<td>66%</td>
<td>80%</td>
</tr>
<tr>
<td>Friday</td>
<td>49%</td>
<td>80%</td>
<td>-</td>
</tr>
</tbody>
</table>
Drivers for change

• Interrogation of data
• Organisations awareness of limitations of 5 day model
• Perception that therapy services delayed discharge and OT were always a day behind PT
• Therapists concerns about the quality of service and pressure of fluctuating workload
• Patient feedback

*Increased awareness at all levels that the orthopaedic therapy service needed to be reviewed across 7 days*
Cardio-Thoracic service prior to 7 day working

<table>
<thead>
<tr>
<th></th>
<th>Monday - Friday</th>
<th>Saturday</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy (PT)</td>
<td>8.30am-4.30pm Daily on call service</td>
<td>Emergency respiratory service only</td>
<td>Emergency respiratory service only</td>
</tr>
<tr>
<td>Staffing</td>
<td></td>
<td>3 Physiotherapists average 16 hours No assistant support</td>
<td>2 Physiotherapists average 11 hours</td>
</tr>
<tr>
<td>Occupational Therapy (OT)</td>
<td>18.75 hours delivered over 3 days Discharge facilitation</td>
<td>No service</td>
<td>No service</td>
</tr>
<tr>
<td>Staffing</td>
<td>0.5 WTE</td>
<td>No staff</td>
<td>No staff</td>
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</table>
Drivers for change

• Introduction of Ventricular Assisted Device procedure
• Protocol required daily physiotherapy Rehabilitation service
• Pressure to deliver at the weekend with existing staffing levels
• Bottlenecks on Monday
• Lack of continuity of care
• Inequitable levels of service
Drivers for change

- ICU/HDU patients should also have continued rehabilitation over the weekend
- Ward patients should be progressed in line with their pathway
- Patient feedback
- Patients therapy input should not be dependent on day of surgery

*Increased awareness at all levels that the Cardiothoracic therapy service needed to be reviewed across 7 days*
Aim and Purpose of change

Aim

To introduce a Physiotherapy and Occupational Therapy service across 7 days by January 2014.

Purpose

To improve the access to therapy resulting in an equitable service delivering quality treatment not dependent on day of surgery.
Method

- Scoping - Identify key stakeholders (staff, MPT, staff side representatives and human resource advisor)
  - Early engagement with key stakeholders to discuss potential impact on other services
  - Development of an effective communication plan
  - Workshops with groups of staff to identify potential barriers to implementation
  - One to one meetings with Rehabilitation staff
Engagement

- Departmental consensus that 7 day working would provide a more equitable service for patients
- Identified 3 groups of staff all affected differently by the change to work patterns - *(lifestyle / financial)*
- Different unions with different approaches/ different priorities
- Shared information across the department from professional body (CSP) and national trade unions (Unison)
- Fragmented communication leading to rising concerns amongst staff
Engagement

• No black and white answers, no definitive rotas
• Too many options!!!! Risk of loss of focus
• Bogged down in minutia
• Grievance procedure and individual negotiations
• ‘It\textquotesingle s all about the patients in here’
• Made us think again about our aim
Process and Measurement

- Analysis of patient numbers, treatment times and theatre scheduling to determine staffing requirements and skill mix
- Establishing minimal staffing levels
- Plan Do Study Act (PDSA) methodology to develop rotas matching capacity to demand
- Development of a tool to monitor patient flow and activity levels using real-time data
- Collection of baseline data to evaluate the impact of change
Process and Measurement

• Guess - timation!
• Change on top of change
  \textit{(Introduction of band 4 and new service at the weekend)}
• Anxiety of reduced staffing at the beginning of the week despite anticipation of reduced demand
• Concerns about team fragmentation
• Time spent developing a generic tool that would capture and report what was actually happening across the service
• Expectation on senior staff to interrogate data and report findings
Advantages v’s Disadvantages

**Advantages**
- Increased clinical time/productivity
- Effective skill mix across the week
- Consistent senior cover across the week
- Less reliance on bank staff
- Increasing frequency for new staff will further increase capacity

**Disadvantages**
- Fatigue!!
- Loss of income!!
- Organisational change pay protection
- Departmental planning
Comparison of therapy hours before and after introduction of 7 day service

- **50% increase in therapy hours**: Saturday before, 38 hours; Sunday after, 75 hours.
- **400% increase in therapy hours**: Saturday before, 17 hours; Sunday after, 75 hours.
Metrics of success

- Consistently achieving PoD 3 discharge for 80% of patients regardless of day of surgery
- Can demonstrate co-ordinated discharge
- Improvements at PoD 1 and PoD 2 linked to improved flow
Orthopaedic discharge activity

**Discharge activity**

- Rises across the week
- Shadows theatre activity
- Is maintained across 7 days
Cardiothoracic patients seen for rehabilitation

- Over 200 extra patients were treated per month
- Now maintain clinical pathway
- Improved continuity and quality of care
Cardiothoracicic patients discharged at the weekend

• Prior to 7 day service only patients identified for discharge at the weekend received a service

• Discharge is now driven by patient potential not therapist availability
Cardiothoracic OT service

• Service redesign has led to 20% increase in clinical hours
• Minimal service now maintained across 5 days
• Bid to increase service which would extend the service over 6 days
Implementing the service

• Implementation took approximately 2 years during which time the department also went through a management review and restructuring

• After a 2 year process it was important to ensure that original model was still financially viable

❖ The Rehabilitation Department started delivering this service in January 2014 and have done so consistently to date !!
Achievements

- A consistent quality of person-centred services being maintained across 7 days
- Earlier co-ordinated orthopaedic therapy discharges (Average 3 days)
- More effective utilisation of orthopaedic beds and resources (1 day reduction in average length of stay)
- 80% of routine Cardiothoracic patients now achieving 4 day therapy discharge across 7 days
- Improved patient flow with the length of the rehabilitation programme no longer affected by day of surgery
- An embedded and sustainable service change with measurable patient benefits
Evolution

• Everyone joining the team commits to delivering a 7 day service
• Service development is now led by clinical demand
• No more reliance on guess-timation
• Have quality evidence which demonstrates achievements in service delivery
• Recognition that there is potential within the team and the service to further develop this model
<table>
<thead>
<tr>
<th>Your name:</th>
<th>Christine Divers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your address:</td>
<td>Rehabilitation Department</td>
</tr>
<tr>
<td>email:</td>
<td><a href="mailto:christine.divers@gjnh.scot.nhs.uk">christine.divers@gjnh.scot.nhs.uk</a></td>
</tr>
<tr>
<td>phone:</td>
<td>0141 951 5193</td>
</tr>
<tr>
<td>Name of individual/team nominated:</td>
<td>Rehabilitation Team</td>
</tr>
<tr>
<td>Excellence category:</td>
<td>Excellence in demonstrating our values</td>
</tr>
<tr>
<td></td>
<td>Excellence in involvement and collaboration</td>
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**Reason for nomination**

In no more than 250 words, simply tell us why the individual or team is “excellent”.

The Rehabilitation team deliver Physiotherapy and Occupational Therapy services across the hospital. They have demonstrated a commitment to quality care by extending the delivery of these services across seven days. This has enabled all patients groups to have equal access to Therapies regardless of day of surgery.

Although the team had identified that the existing structure resulted in inequality, it was also recognised that changes in work patterns would have a significant impact on individuals and require a period of adjustment and adaptation. This process has taken over two years to introduce and there have been considerable challenges and hurdles for staff to overcome during this time including lifestyle and contractual changes. The teams have also had to trouble shoot and make changes along the way as they came across unanticipated challenges. It however has been the teams ‘can do’ attitude and commitment to work together that has made this development a success and truly put the patient at the centre of their rehabilitation programme.

This has been a challenging year for the team but in the past nine months they have worked through their concerns to deliver an excellent quality of service. As we come to the end of our first year (January 2015) we want to celebrate and thank the team for what they have achieved to establish and embed a sustainable and effective seven day model of service.
Some of our ‘can do’ people
Sustainability and Seven Day Services

Daniel MacDonald
Medical Workforce Advisor
Scottish Government
Why Seven Day Services for Scotland?

• Health service already operates round the clock, but variation in how care is delivered out of hours and at weekends.

• Broad consensus that the delivery of appropriate seven day services will improve patient care and clinical outcomes.

• Seven day services will improve the utilisation and efficiency of the overall service.
What do we mean by Seven Day Services?

To ensure that people requiring healthcare have access to sustainable, high quality, person-centred, safe and effective care when it is clinically indicated and benefits the patient’s outcome, regardless of the time or day of week.

Taking a phased approach the programme will focus on:

• Ensuring that when clinically indicated all patients have access to an appropriate clinical professionals who can institute and deliver their care.
• Ensuring that all patients have access to appropriate investigations and tests when they are required.
• Ensuring that all patients have continuity of care including the capacity to be discharged and supported in their discharge from hospital seven days per week.
• Achieving the best possible outcomes and experience for patients by using the available resources in a sustainable manner.
How we will take this forward

- Establish the definition of seven day services
- Identify phase one services/specialties
- Identify and map current seven day services for phase one services/specialties
- Define requirements for seven day services in key/priority specialties
- Deliver the seven day service by redesign/resource/resource transfer
Phase One areas

- Critical Care
- Acute Surgery
- Acute Medicine
- Coronary Care
- Neonates/Obstetrics
- Trauma
- Primary care
- Radiology and Investigations

The Scottish Government
## Breakout Sessions

<table>
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<tr>
<th>Sessions</th>
<th>Room</th>
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<td>Erskine Fintry</td>
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<tr>
<td>B – Criteria Led Discharge</td>
<td>Mull</td>
</tr>
<tr>
<td>C – Flowopoly – Re-Enacting Patient Flow Using Table-Top Scenarios</td>
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<tr>
<td>D – Measuring Flow for Improvement</td>
<td>Callander Dollar</td>
</tr>
<tr>
<td>E – 7 Day Services</td>
<td>Allanwater</td>
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<td>F – Demand and Capacity Planning</td>
<td>Hermitage</td>
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<td>G – Patient and Staff Engagement to Support Redesign of Services</td>
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<td>Blair Atholl</td>
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