Project Highlight Report

Project Name: *Emergency Care Pathway Implementation Programme (ECP)*

Period:	22nd February 2013	**Summary position**	
Author(s): **Tessa Walton**		Last period: A	This period: A

1 - Status Update

Programme Status

Go Live - implemented on 18th February.

- Since Monday there has been very good performance in the assessment bay in ED through the creation of a joint initial assessment team with the streaming bay Walk In team.
- The ED have had some ongoing issues with timely decision making which are being addressed through performance management and review of systems when staffing is reliant on locum staff and staff shortages.
- In the Rapid Assessment Unit (RAU) and Short Stay Assessment (SSA) and Clinical Decisions Unit (CDU) the teams are working well with 2-3 ward and board rounds per day and reviewing new patients within 30minutes in hours (9-9)
- Assessment unit juniors and nurses are working in bays to manage flow more effectively with some nurse shortages this has proved difficult
- GP referred patients were conveyed directly to the assessment units (in hours) on 22nd and 23rd February with the escalation process working well to divert via ED where capacity issues have arisen.
- Refinements to the model following implementation include work to improve the telephone handover process and safe escalation processes when capacity and demand is mismatched. Additional work to improve the streaming process and allocation of 'Acute Frailty Patients' also required from ED to the Assessment units.
- It will be important to maintain on going briefings and monitoring to reinforce and reduce variation in practice. Divisional ownership to ensure this is maintained is critical.

Stakeholder Engagement and Communications

- On going briefings daily to ensure staff are aware of the changes to reinforce the model
- CCG Board meeting presentation
- Meeting with Sue Carr regarding changes to junior roles and enhancing training opportunities across clinical areas and subsequent creation of briefing materials for the deanery visit

Next Steps:

- Robust de-brief and finalise evaluation of Implementation developing a clear action plan for any outstanding issues changes required
- Complete planning for Phase 2
- Finalise Options Appraisal for future bed configuration
- Complete communications evaluation
- Finalise KPIs for daily, weekly and monthly reporting
- Trust wide dissemination of the changes from the programme and updating of the relevant SOPs/documentation to reflect these
- Final documentation to be uploaded onto shared drive in readiness for phase one completion

Milestone	Target date	Status (R/A/G)*	Estimated date of completion

Implementation completed	28-02-13	G	28-02-13
Phase 2 Mobilisation	14-02-13	G	14-02-13

Description	Risk Rating (RAG)	Mitigating action	Owner	Review date
Significant resistance from key stakeholders.	A	Early engagement of stakeholders and strong Programme board leadership. Robust use of Escalation Process.	Jeremy Tozer, Pete Rabey	28/02/13
Programme momentum will degenerate once programme structure is removed.	A	Plans to ensure performance management becomes 'Business as Usual'. Workstream meetings to embed accountability and sustainability from outset, informed by relevant performance metrics.	Acute Division – Monica Harris and Pete Rabey	26/02/13
Lack of clinical engagement and inability to obtain consensus on the medical model may impact on design and implementation of the Emergency Care Programme	A	Engagement through Workstreams and existing forums, e.g. physicians and nursing meetings to ensure wide communication of designs	Pete Rabey	28/02/13
Additional scrutiny of the Trust by external agencies e.g. CCG / SHA and impact on decision making	A	Key messages internally and externally as to the benefits of the future design model and timeframes are being disseminated via a tailored Communications Board	Jeremy Tozer, Pete Rabey	04/03/13

R There are significant issues that require immediate remedial action.

A Issues have been identified that will require remedial action if project is to remain within tolerance.

G Project is progressing to plan.

Key Performance Metrics:

Measure	Baseline	Average	ECP Target	Commentary

	(Average from 28/01/13-17/02/13)	Performance since 18th February		
Conversion Rate	26.4%	20.6%	20%	
% Ambulance Handover not undertaken within 15 minutes	6%	4%	0%	
Minutes to be seen in Majors	99 mins	89 mins	60	STAT team arrivals to be seen in 30minutes
Minutes from arrival to bed request	179.5 mins	186 mins	180	
Arrival to Treatment in Minors	83 mins	71 mins	30	
Arrival to treatment in Resus	45 mins	40 mins	30	
Discharge Home rate RAU	31%	38%*	30%	To be combined with discharge home rate from Acute Medical Clinic to achieve 60%
Discharge Home rate SSA	26%	45%	50%	
Discharge Home Rate Acute Medical Clinic	79%	73%*	90%	
Discharge Home Rate CDU	35%	35%	50%	

*Streaming to the appropriate area is critical to ensure that the appropriate discharge home rate can be achieved. This is being refined between ED and Assessment Units and is part of the on-going refinements.