

Red 2 Green Bed Days Approach – a 4 Month Overview Report

Author: Gill Staton, Head of Nursing

Sponsor: Richard Mitchell

Trust Board paper G1

Executive Summary

Context

The purpose of this paper is to provide the Trust Board with an overview of the progress made with the implementation of the Red2Green bed days approach across the Speciality Medicine Wards at the Leicester Royal Infirmary Hospital.

Questions

1. What activities are being undertaken?
2. What progress has been made?
3. What are the next Steps?

Conclusion

1. The Speciality Medicine wards at the Leicester Royal infirmary have embraced the R2G bed days approach and they are beginning to see improvements across the key metrics.

Input Sought

We would welcome the Board's input into:

- Receiving and noting this report
- Recognise the work that has been undertaken to date
- Supporting the proposed actions the Trust and our partners are undertaking to improve the care pathway for our patients.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

- Safe, high quality, patient centred healthcare [Yes /~~No~~ /~~Not applicable~~]
- Effective, integrated emergency care [Yes /~~No~~ /~~Not applicable~~]
- Consistently meeting national access standards [~~Yes~~ /~~No~~ /Not applicable]
- Integrated care in partnership with others [Yes /No /Not applicable]
- Enhanced delivery in research, innovation & ed' [~~Yes~~ /~~No~~ /Not applicable]
- A caring, professional, engaged workforce [Yes /~~No~~ /~~Not applicable~~]
- Clinically sustainable services with excellent facilities [Yes /~~No~~ /~~Not applicable~~]
- Financially sustainable NHS organisation [Yes /~~No~~ /~~Not applicable~~]
- Enabled by excellent IM&T [~~Yes~~ /~~No~~ /Not applicable]

2. This matter relates to the following **governance** initiatives:

- a. Organisational Risk Register [~~Yes~~ /~~No~~ /Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

| Datix Risk ID | Operational Risk Title(s) – add new line for each operational risk | Current Rating | Target Rating | CMG |
|---------------|--|----------------|---------------|-----|
| XXXX | There is a risk ... | | | XX |

If NO, why not? Eg. Current Risk Rating is LOW

- b. Board Assurance Framework [~~Yes~~ /~~No~~ /Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

| Principal Risk | Principal Risk Title | Current Rating | Target Rating |
|----------------|----------------------|----------------|---------------|
| No. | There is a risk ... | | |

3. Related **Patient and Public Involvement** actions taken, or to be taken: [Share Report at PIPEAC]

4. Results of any **Equality Impact Assessment**, relating to this matter: [~~Insert here~~]

5. Scheduled date for the **next paper** on this topic: [~~XX/XX/XX~~] or [TBC]

6. Executive Summaries should not exceed **1 page**. [My paper does /~~does not comply~~]

7. Papers should not exceed **7 pages**. [My paper does / does not comply]

REPORT TO: Trust Board

DATE: 4 May 2017

REPORT BY: Gill Staton, Head of Nursing/ Clinical Lead Red2Green

SUBJECT: A 4 Month Overview of the Implementation of the Red2Green bed days Approach to improving patient flow and prevent unnecessary waiting.

1. Introduction

- 1.1 The purpose of this paper is to provide the Trust Board with an overview of the progress to date with the implementation of the Red2Green (R2G) bed day approach across the Speciality Medicine wards at the Leicester Royal Infirmary Hospital site.
- 1.2 The NHS Five Year Forward View explains the need to redesign urgent and emergency care services in England for people of all ages with physical and mental health problems and sets out models of care needed to do so. It is recognised in order to deliver safe and effective urgent and emergency care it cannot be done in silos within organisational or commissioning groups, but requires cooperation between, and within, numerous organisations and services along with collaboration between clinicians and supporting staff who place patient care at the centre of all they do.
- 1.3 The Accident and Emergency Delivery Board (AEDB) provides the vehicle to review actions and monitor progress against the system recovery plan for urgent and emergency care. There are five key intervention streams to the plan; improved patient flow and improved discharge which form two key areas of the improvement plan that the AEDB are focusing on. The Trust and its partner organisations are being supported in this work by the NHS Emergency Care Improvement Team.
- 1.4 As a Trust we needed a step-change approach in the way we delivered our services to one where we deliver care in a safe and timely way, together with a quality service that improves the patient experience whilst in hospital at the level of efficiency which our commissioners and general public demand of us. The R2G bed days approach was the vehicle for doing this.
- 1.5 Since 12th December 2017 we have been working hard with our partners on this through the introduction of the 'SAFER' Patient Flow Bundle. This is a practical tool to reduce delays for patients in adult inpatient wards and blends five elements of best practice. When used in conjunction with the R2G bed days approach and followed consistently, length of hospital stay is reduced and patient flow and safety improves. R2G bed days are a visual management system to assist in the identification of wasted time in a patient's journey and are used to reduce internal and external delays.

1.6 The Trusts 'Better Change' methodology is being used to steer the R2G day's programme. Listening to our staff and patients forms the basis of this approach to change.

2. Red 2 Green Implementation

- 2.1 We commenced the rollout of our R2G days programme on 14 of our Speciality Medicine wards at the Leicester Royal Infirmary site in December 2016. The programme was implemented at speed with little time to prepare staff.
- 2.2 The R2G initiative had full support from our Chief Executive; with the whole executive team committed to clear their diary's to support our wards for the launch period of three weeks. This support has without doubt been beneficial and created the energy and enthusiasm for R2G at the inception. Two staff members were identified to lead and facilitate the roll out.
- 2.3 The R2G team spent the week prior to the 'intensive support week' planning and briefing staff about the implementation. Meetings were held with the hospital communication team to produce a number of promotional resources for staff, patients, and visitors. These consisted of posters, question cards, feedback cards, frequently asked questions, 'insite' information page and letters for patients and their relatives explaining what we were intending to do.
- 2.4 Meetings were held with staff groups to educate and explain the process, this also involved communicating with our executive team, explaining their roles and responsibilities. All staff were provided with information packs for the week, outlining the aims we hoped to achieve, roles and responsibilities and an explanation of what R2G was; only 2 of out of the 14 ward areas had prior awareness of this methodology.
- 2.5 Each ward was allocated an executive member to attend their board rounds in the morning, and a Lunch time team huddle on each ward was introduced, in which the nominated executive would also attend. The idea of the huddle was to recap on the actions from the morning's board round, identifying if delays had been addressed and highlighting any problems. A rota was devised to ensure wards had executive cover twice a day and it was planned that the discharge co-ordinator would attend a Red delay meeting at 10.00 hours daily.
- 2.6 We officially launched our R2G journey on the 12th December 2016. The 14 ward areas were divided into three groups with individual 10 minute time slots both morning and afternoon. Senior leads both managerial and clinical were present in each group. The ward discharge coordinator attended at the required time and gave a brief overview of both 'Red' and 'Green' patients on their ward.
- 2.7 The Leads of each of the 3 groups would then attend a delay meeting at 12.00 hours with

internal and external partners to escalate identified delays. The wards would then carry out their huddles at 13.00 hours on their wards. The second ward review meeting was arranged for 14.00 hours with the wards to agree on a final R2G status for the day. Finally a debrief was arranged, for the end of each day to discuss what went well and what we could improve.

2.8 After two days the process was changed as it was considered time consuming with staff concerned they were spending too much time away from the ward areas not having enough time to carry out their actions before the next meeting. At this point it was felt that the teams had a good grasp of the R2G principles so the process was changed to a once daily 10 minute time slot for each ward to present their RED patients. Internal and external partners were present at this meeting. This meeting took on average two and quarter hours each day. Whilst staff preferred this shorter approach many felt they were intimidated by the presence of unknown senior managers and external partners.

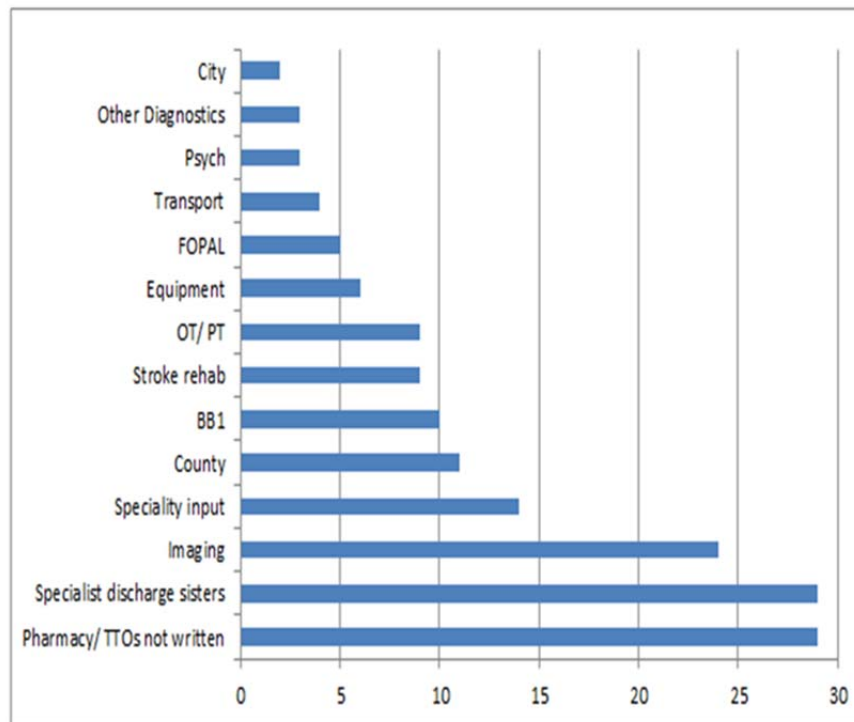
2.9 Initially we were reporting 31% of patients as being 'Red', by the end of the first week this had risen to 53%. Once we returned after the festive period the average had reached 70 % of patients being classified as red in the morning.

| Ward Code | Bed Stock | 14/12/2016 | | | 15/12/2016 | | | 16/12/2016 | | | 20.1.17 | | |
|-----------|-----------|------------|-------|---------------|------------|-------|---------------|------------|-------|---------------|---------|-------|---------------|
| | | Red | Green | % of Red Days | Red | Green | % of Red Days | Red | Green | % Of Red Days | Red | Green | % Of Red Days |
| R07 | 28 | 6 | 22 | 21% | 9 | 19 | 32% | 20 | 8 | 71% | 22 | 6 | 78% |
| R23 | 28 | 7 | 21 | 25% | 16 | 12 | 57% | 16 | 12 | 57% | 24 | 4 | 85% |
| R24 | 27 | 6 | 21 | 22% | 10 | 17 | 37% | 13 | 14 | 48% | 16 | 11 | 59% |
| R25 | 18 | 3 | 15 | 17% | 4 | 14 | 22% | 4 | 14 | 22% | 10 | 8 | 55% |
| R26 | 18 | 4 | 14 | 22% | 12 | 6 | 67% | 6 | 12 | 33% | 15 | 3 | 83% |
| R29 | 29 | 17 | 12 | 59% | 16 | 13 | 55% | 21 | 8 | 72% | 22 | 7 | 75% |
| R30 | 29 | 8 | 21 | 28% | 12 | 17 | 41% | 9 | 20 | 31% | 16 | 13 | 55% |
| R31 | 30 | 15 | 15 | 50% | 19 | 11 | 63% | 19 | 11 | 63% | 27 | 3 | 90% |
| R34 | 26 | 8 | 18 | 31% | 5 | 21 | 19% | 13 | 13 | 50% | 25 | 3 | 89% |
| R36 | 28 | 5 | 23 | 18% | 9 | 19 | 32% | 19 | 9 | 68% | 16 | 8 | 66% |
| R37 | 24 | 8 | 16 | 33% | 11 | 13 | 46% | 14 | 10 | 58% | 19 | 9 | 67% |
| R38 | 28 | 6 | 22 | 21% | 16 | 12 | 57% | 20 | 8 | 71% | 13 | 5 | 72% |
| REDU | 20 | 8 | 12 | 40% | 6 | 14 | 30% | 4 | 16 | 20% | 225 | 80 | 73% |
| RIDU | 18 | 8 | 10 | 44% | 6 | 12 | 33% | 8 | 10 | 44% | | | |
| Total | 351 | 109 | 242 | 31% | 151 | 200 | 43% | 186 | 165 | 53% | | | |

2.10 The new meeting was a success and feedback from the wards and external partners was positive. Professional relationships were being built, in addition more red delays were being identified that revealed internal delays were bigger than expected.

3 Early Findings

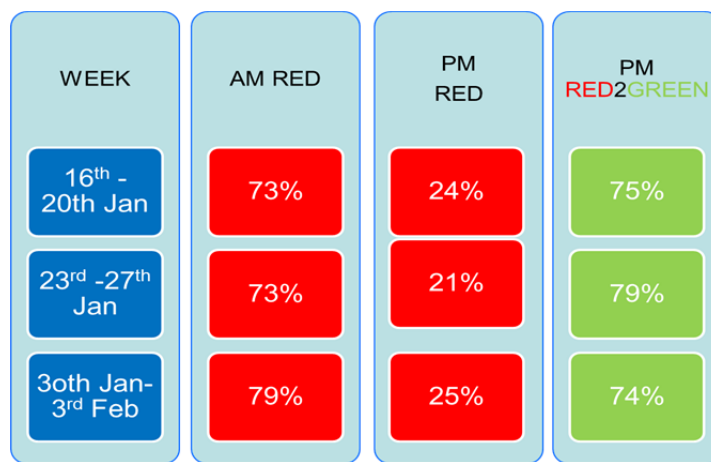
3.1 Early findings highlighted a number of internal delays. One of the key internal delays that was initially identified were delays for discharge medications.



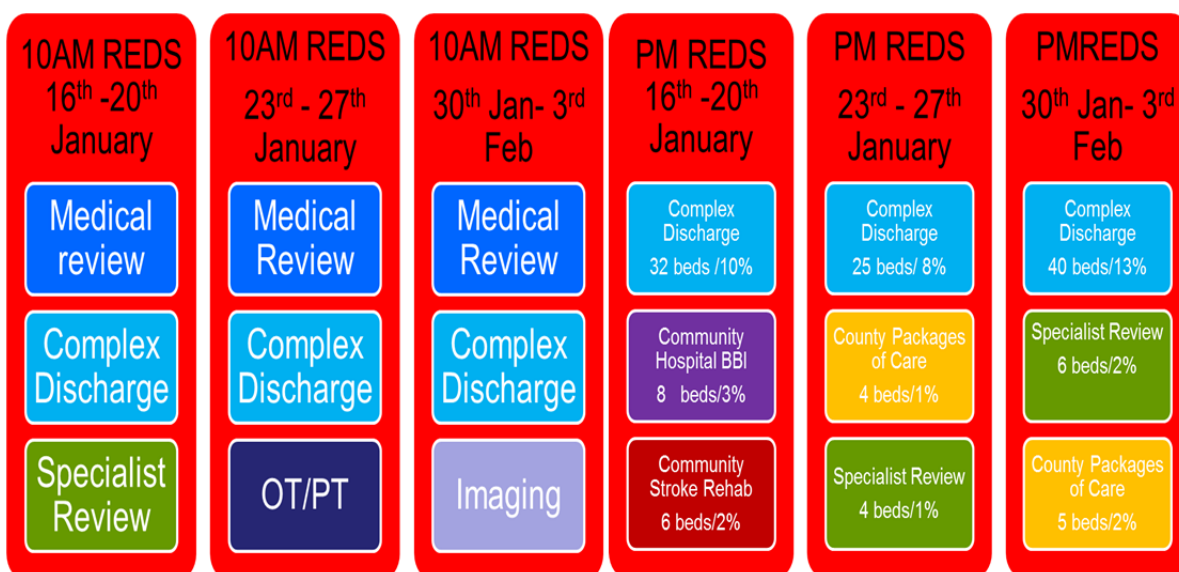
3.2 Discharge medication became an area of focus for our clinical teams and as such the following activity has been identified and planned:

- Medications for discharge being written the day prior to discharge and being preempted on discharge. All patients through the 'SAFER' Flow bundle are assigned an Estimated Date of Discharge (EDD) and a Clinical Criteria for Discharge (CCD) This work is being coordinated at the morning board rounds and afternoon ward huddles and trigger the need for medication to be written. Currently 53% of our medications are written the day before discharge across these wards. An internal standard of 80% for the wards to aspire to has been set.
- Discharge medication checking stations are being reintroduced to ward areas. These are located in a quiet area of the ward away from distractions and have been found to be beneficial in ensuring that the correct medication is provided to the patient on discharge thereby preventing delays.
- Work is planned to explore the feasibility of different healthcare roles within the discharge medication process.
- We are promoting Nurse led/ criteria led discharge which additionally promotes earlier preparation for discharge for our medically optimised patients, this concept has been shown to reduce the time patients' needs to wait for discharge.
- Work is planned to benchmark ourselves against the NHS Rapid Improvement Guide for 'Optimizing medicines discharge to improve flow'.

- 3.3 Due to the implementation of the afternoon Huddles and being more action focused in the board rounds, key internal waits were able to be addressed. These particularly were around ward teams undertaking the daily tasks in a more timely way and using computerised systems at the board rounds. In the first week when escalating delays for investigations for patients with the respective departments the feedback received was either; the patient had already had the investigation undertaken, or the investigation had already been reported on, or that the investigation had not yet been requested.
- 3.4 Conversion rates from R2G were on average 76% in the early weeks. The patients R2G Status is now recorded electronically on nerve centre, however data quality issues are apparent and electronic reports are currently unavailable. It is planned to undertake a manual collection in the near future to ensure that conversion rates are being sustained and improved.

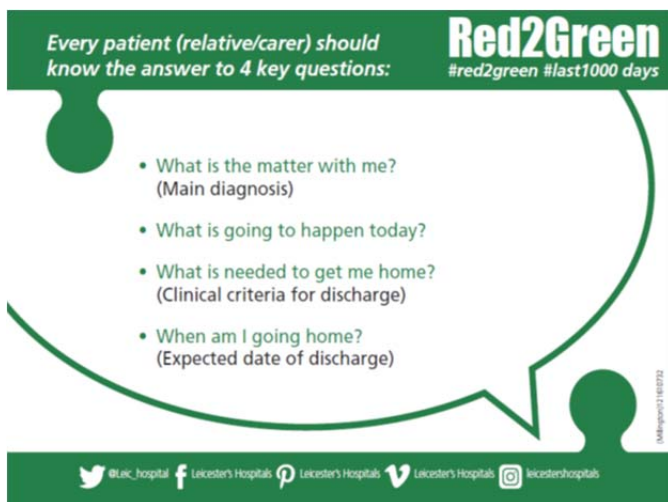


- 3.5 Red reasons in the morning remain fairly static (these primarily are the daily to do lists) with the afternoon red reasons for delays being largely 'external' to UHL.



4 Patient Involvement

4.1 Involving patients, carers and their families in making decisions about their care can lead to better outcomes and a better overall experience. Through the R2G bed days programme the person receiving the care is at the centre of the system and whose experience should be one of involvement and personal control. This is being achieved by working with teams to promote this through posters and individual patient/carer cards.



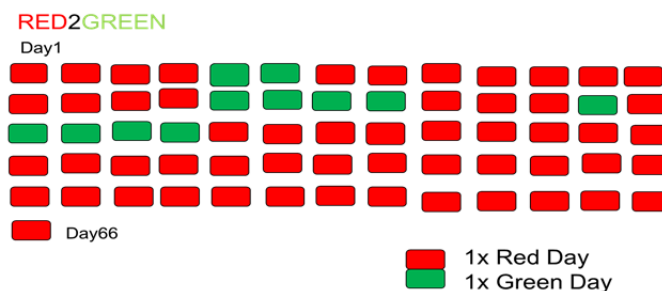
4.2 The 2016-17 Quality Commitment Patient Experience Pillar used patient feedback to drive improvements to services and care. A baseline audit was undertaken in quarter one which gave an overall result of 64% of patients knowing the answers to key questions. The results below clearly show significant improvements in patients knowing the answers to the key questions following an audit in quarter four. This occurred in all Clinical Management Groups (CMG) and involved 1000 patients in Quarter One (being asked 3702 questions) and 500 patients in Quarter Four (being asked 1859 questions).

4.3 ESM Clinical management group along with the other CMG’s have shown an improvement.

| Abbreviated Question | CHUGGS | | ESM | | MSKSS | | RRCV | | W&C | |
|---------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Baseline | Quarter 4 | Baseline | Quarter 4 | Baseline | Quarter 4 | Baseline | Quarter 4 | Baseline | Quarter 4 |
| Diagnosis | 90 | 99 | 78 | 96 | 94 | 100 | 95 | 92 | 96 | 100 |
| Happening today | 80 | 86 | 59 | 88 | 73 | 97 | 73 | 83 | 77 | 81 |
| Happening tomorrow | 58 | 60 | 37 | 61 | 48 | 70 | 53 | 69 | 56 | 63 |
| Need done to get home | 68 | 76 | 56 | 71 | 64 | 91 | 87 | 83 | 73 | 81 |
| When going home | 37 | 47 | 33 | 47 | 35 | 61 | 33 | 52 | 49 | 60 |
| Name of consultant | 68 | 85 | 35 | 47 | 80 | 76 | 59 | 78 | 51 | 66 |
| Name of nurse | 70 | 86 | 47 | 73 | 65 | 79 | 64 | 83 | 78 | 75 |
| OVERALL YES % COMPLIANCE | 67 | 77 | 49 | 69 | 66 | 82 | 66 | 77 | 69 | 75 |

4.4 The Trust received a recently published Heathwatch report ‘The Lived Experience of Hospital Discharge ‘which provided a timely and helpful insight into the discharge processes within Leicestershire’s Hospitals from the view point of patients, carers and our own staff. The report will be used to help shape the work in relation to these key aspects of patient care, a response to the report has been formulated.

4.5 A number of patient stories are being formulated to share with teams to highlight what can be learnt from and prevent further delays in patient care. The image below depicts a story about an elderly lady whose last 36 days in hospital were due to the Continuing Health Care process, the requirement for a ‘special bed for discharge and the training of carers to use this bed in the patient’s home setting. The lady was medically optimised for discharge, having no acute reason to be in hospital and wanted to go home.



BETTY’S PATIENT STORY

4.6 We are currently looking at how our teams can work to promote #endPJparalysis. The campaign promotes the encouragement of patients to stop wearing their nightwear or hospital gowns when not needed, as for many patients this reinforces the sick role and

can prevent a speedier recovery. Additionally it helps patients to get up, get dressed and get moving so helps prevent deconditioning. This will be promoted on wards by the Matron Team.

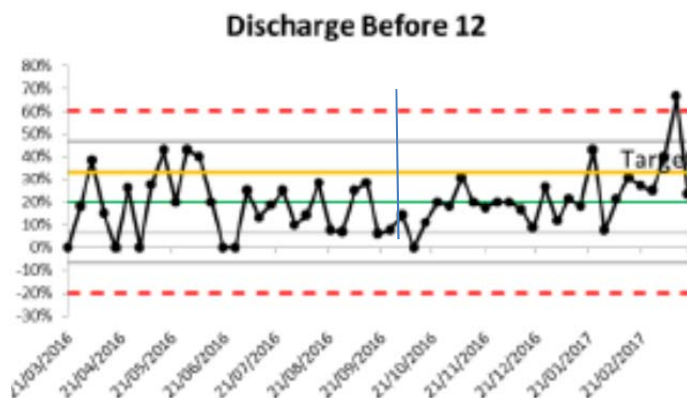


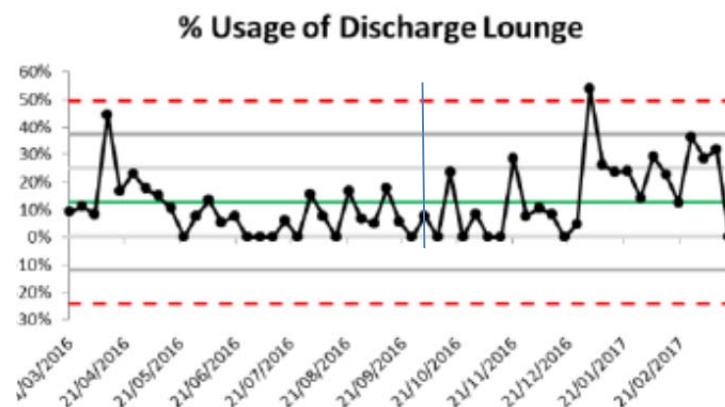
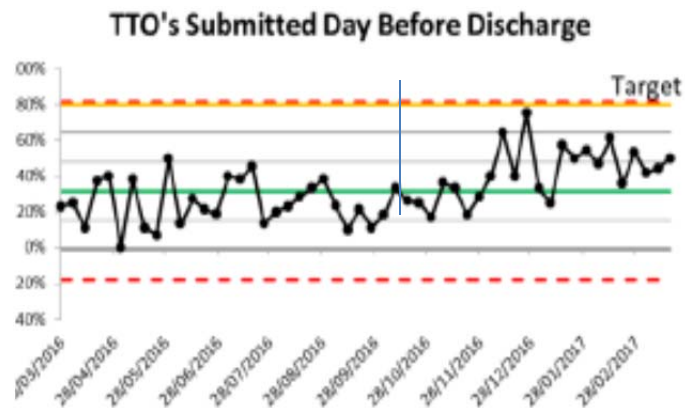
5 How are we doing?

5.1 In order to measure the success of R2G, weekly ‘metric’ information is collected on a number of key processes:

- Discharge before 12
- Use of discharge lounge
- TTO’s -day before discharge
- Stranded Patient

5.2 The wards receive weekly statistical process charts to display for their teams to know how they are performing. Improvements are being seen across the ward areas with additional intensive support being provided to those areas that are struggling. Below are examples of the charts provided. Data points to the right of the blue line are following the implementation of R2G.



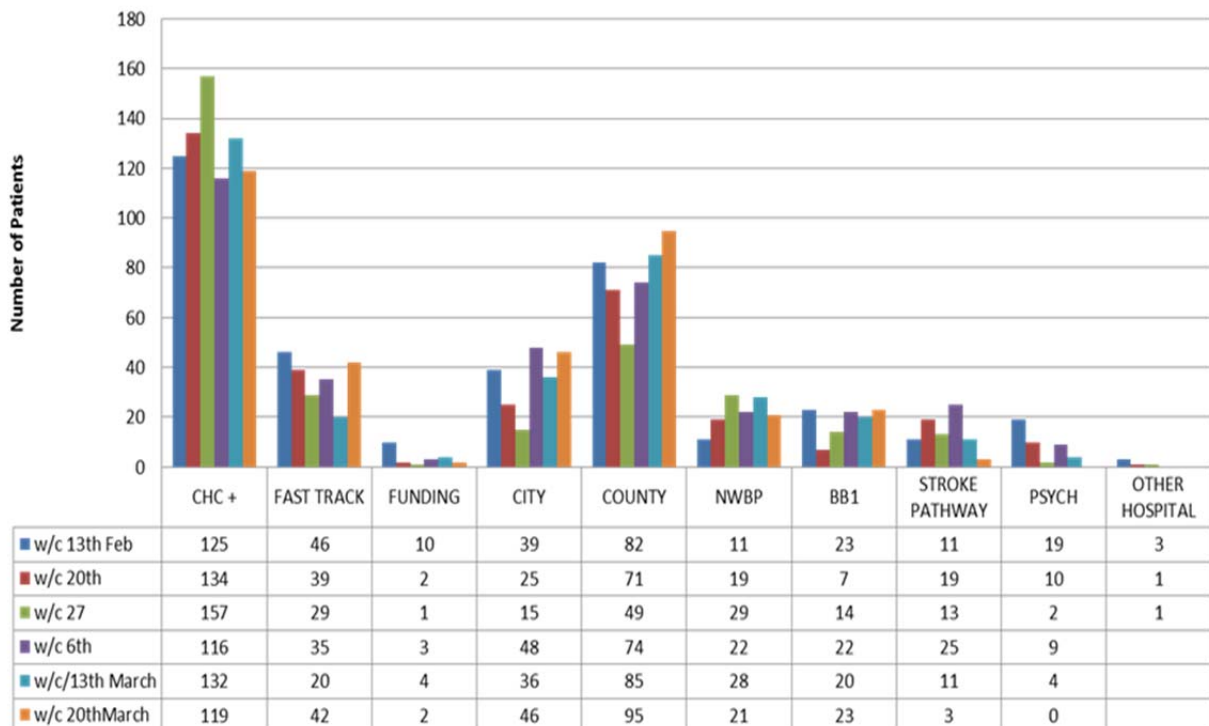


- 5.3 One of the key priorities that has been focused on is the 'E' from SAFER: *'33% of patients should be discharged from a base inpatient ward by midday'*. The number of patients discharged from our R2G wards before 12noon currently sits at 20.4%. (week ending 9th April 2017) against the Trust wide percentage of 12.3%.
- 5.4 One of the enablers to an early discharge is the writing of the discharge medicines. Currently 50% of discharge medications are written the day before discharge, this remains a key area of focus.
- 5.5 'Stranded patients' are being reviewed. These are patients with a length of hospital stay of greater than 7 days. All patients are reviewed at board and ward rounds but the focus has been on those patients stranded with a length of stay of greater than 20 days. A weekly 'Dragons Den' has been implemented where the top 3 longest length of stay patients for each ward is reviewed. The themes are largely around health and social care delays, although there are a small number of patients who are poorly and are on the correct management plans and also a small number who become unwell whilst waiting for discharge to occur. The table below provides a snap shot of when we started reviewing length of stay in February and data from 18th April 2017. We have seen a clear reduction in both the number of our most 'stranded' patients and the length of time they waiting.

| WEEK | | O-5 Days | 6-10 Days | 11-20 Days | >20 Days | Top 3 length of Stay |
|---------------------------------|--------------------|----------|-----------|------------|----------|--------------------------------|
| 20th February | Number of Patients | 135 | 74 | 58 | 41 | 146 Days 99 Days 74 Days |
| | Percentage | 43% | 24% | 18% | 13% | |
| 18th April | Number of Patients | 120 | 93 | 68 | 28 | 41 Days 38 Days 37 Days |
| | | 39% | 30% | 22% | 9% | |

5.6 Daily data is collected on the 'red' patients in delay. This equates to between 60-80 patients per day. The table below identifies the patient numbers per week. In order to address this twice weekly system calls/ meetings have been established with our partners where discussions are undertaken to unblock the delays in the process for our patients.

Weekly 'Red' Next Steps External to UHL Delays 13th Feb -24th March 2017



5.7 The Trust has committed to working with Social care partners, LPT and LLR to develop an integrated team approach to discharge. This will improve coordination, communication and

planning for discharge. The current process that is used to manage the most complex discharges (where patients need significant support after leaving hospital) is also being completely re-designed in conjunction with our partner organisations in NHS and social care. It is these complex discharges that cause the longest delays for patients.

- 5.8 The last 4 months have certainly seen a change in our practices and the 'complacency with waiting' has been changed to one of 'impatience to get things done' for patients in a timely manner.
- 5.9 An action plan has been developed that captures the actions required to help prevent the unnecessary delays. A key element of this is around staff training so 'staff guides' are being developed, along with a training video on a R2G board round and a R2G newsletter. Additionally work has commenced with our partners to:
- Review the process for referring patients for a 'medical step down/ rehabilitation bed (BBI form) community Hospital beds. An updated list of referral criteria has been produced and shared with teams and the referral process is currently being reviewed in order to determine whether this can be electronic and change the referral criteria so any health professional can complete the referral. Delays are currently caused by waiting for a doctor to complete the form.
 - Look at how improvements can be made to the interface with our Nursing/ Care Home colleagues with the aim of reducing the time to assessment and feedback from homes.
 - Review patient pathways and make these simpler for staff so that patients are adequately prepared for procedures.

6 Roll Out

- 6.1 Currently we are working with the CMG's across the Trust to look how they want to take the R2G day approach forward.
- 6.2 A further 3 wards within ESM on the LGH site are using R2G.
- 6.3 Renal, Respiratory, Cardiac and Vascular CMG have already started on their journey at the Glenfield Hospital (14 wards) with wards identifying R2G on the nerve centre. They are planning a formal launch in June 2017 with 3 ward areas in Renal launching the initiative in May 2017.

7 Conclusions

- 7.1 The Speciality Medicine wards at the Leicester Royal infirmary have embraced the R2G bed days approach and are beginning to see improvements across the key metrics.
- 7.2 It is recognised that a significant amount of work is required to achieve a fully sustained R2G bed days approach to care that removes the 'hidden' and unnecessary waits for patients in line with the SAFER patient flow bundle. But the continued focus internally and externally will ensure that this remains a key area of improvement activity.

8 Recommendations

The Board is invited to receive this report and note:

- The actions undertaken to implement R2G and continued planned activity to improve the pathway for our patients by decreasing the internal and external delays.
- The encouraging improvements achieved by the implementation of the R2G bed days approach in the first 3 months.

hello my name is...


Gill Staton
Head of Nursing / Clinical Lead
Red2Green

One team shared values





Reducing Internal Hospital Delays

Trust Board – Update May 17

One team shared values



Overview of Red2Green

- **What Activities are being Undertaken**
- **What Progress has been made**
- **What are the next steps**

One team shared values



Red2 Green Implementation



December 2016

- 14 Speciality Medicine Wards LRI



January 2017

- 3 Speciality Medicine Wards LGH



May 2017

- 3 Renal Wards LGH
- 2 Childrens Wards LRI



June 2017

- 13 Cardiology, Respiratory, Cardiac Wards GH
- 5 Childrens Ward LRI

One team shared values



Progress Made – Involving Patients and Carers

Caring at its best

Every patient (relative/carer) should know the answer to 4 key questions:

What is the matter with me? (Main diagnosis)

What is going to happen today? (Tests, interventions etc)

What is needed to get me home? (Clinical criteria for discharge)

When am I going home? (Expected date of discharge)

Red2Green
#red2green #last1000 days

University Hospitals of Leicester NHS Trust
Caring at its best

@uc_hospital | Leicester's Hospitals | Leicester's Hospitals | Leicester's Hospitals | Leicester's Hospitals



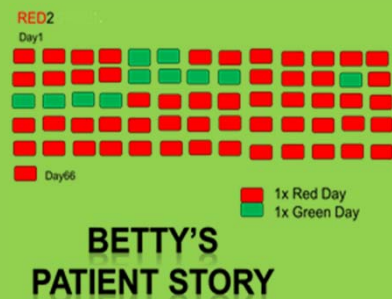
Every patient (relative/carer) should know the answer to 4 key questions:

Red2Green
#red2green #last1000 days

- What is the matter with me? (Main diagnosis)
- What is going to happen today?
- What is needed to get me home? (Clinical criteria for discharge)
- When am I going home? (Expected date of discharge)

University Hospitals of Leicester NHS Trust
Caring at its best

@uc_hospital | Leicester's Hospitals | Leicester's Hospitals | Leicester's Hospitals | Leicester's Hospitals



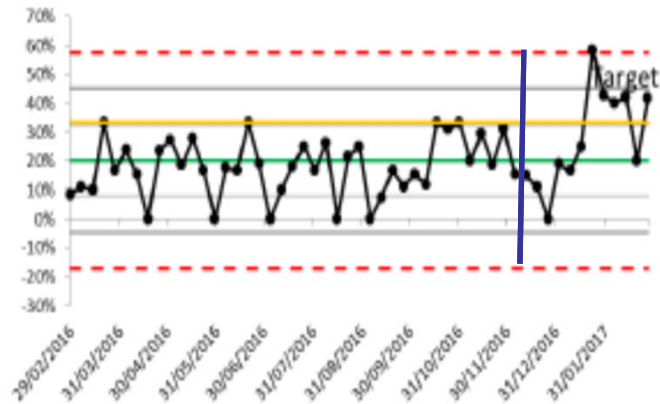
One team shared values



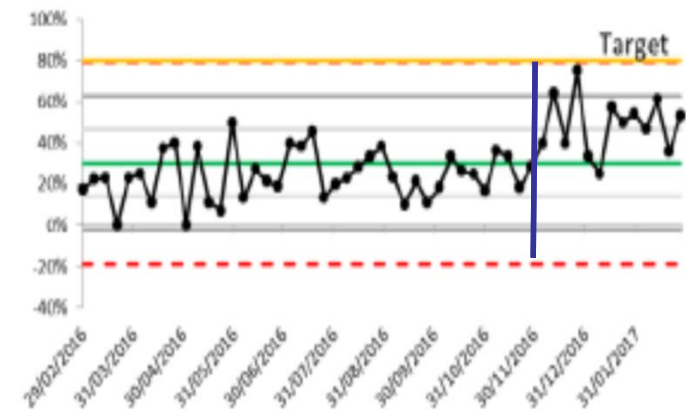
Measuring for Improvement

Caring at its best

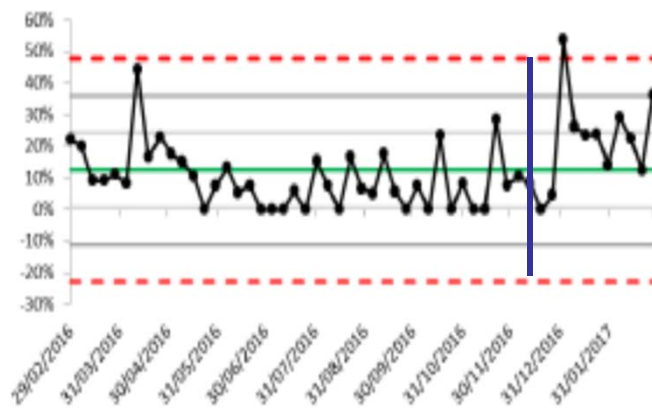
Discharge Before 12



TTO's Submitted Day Before Discharge



% Usage of Discharge Lounge



One team shared values



Stranded Patients

Caring at its best

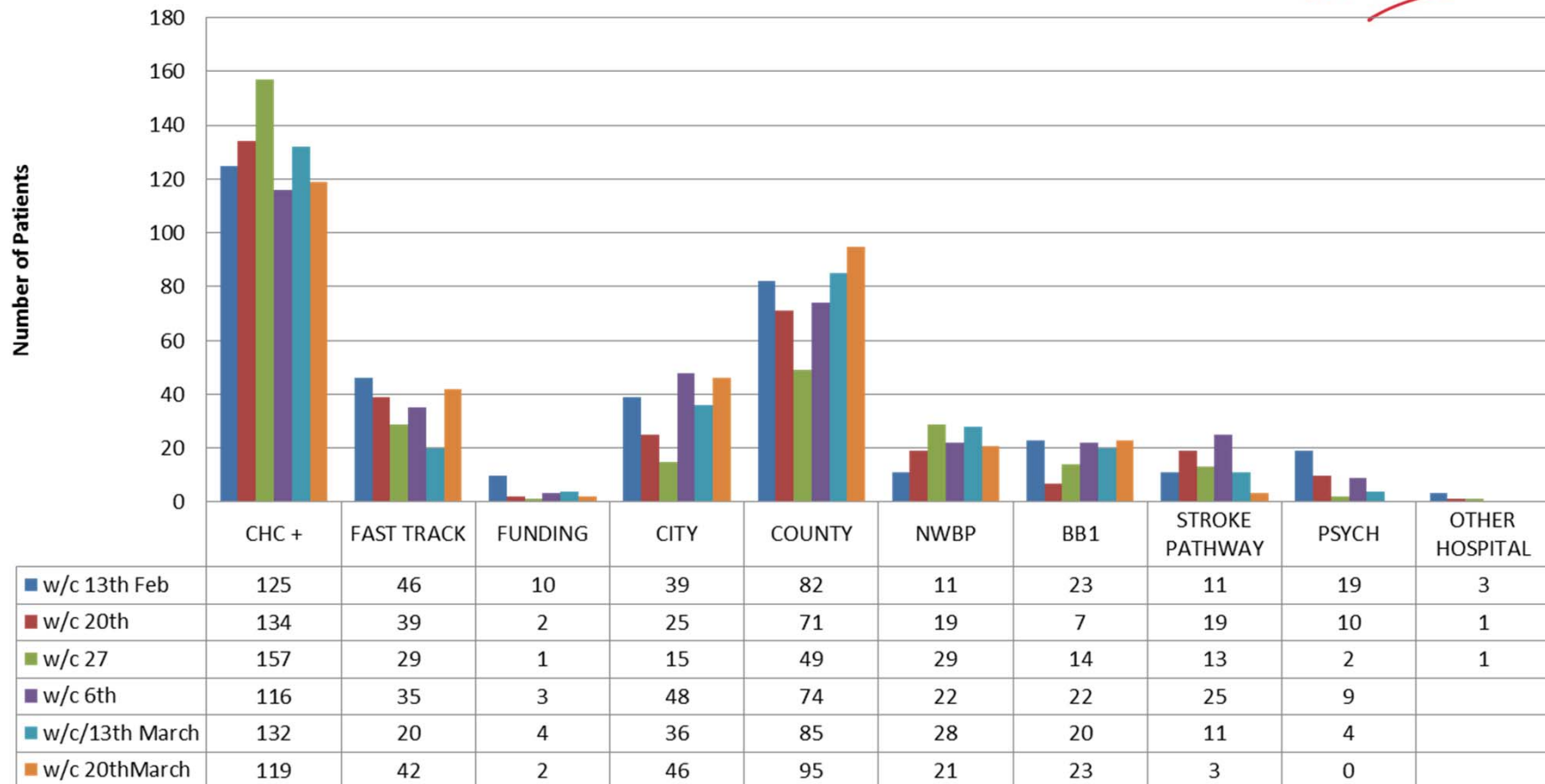
| week | 0-5 days | 6-10 days | 11-20 days | >20 days | Top 3 LOS |
|------------------------|----------|-----------|------------|----------|-----------|
| 20 th Feb | 135 | 74 | 58 | 41 | 146 |
| | 43% | 24% | 18% | 13% | 99 74 |
| 27 th Feb | 111 | 70 | 78 | 42 | 153 |
| | 36% | 23% | 26% | 14% | 81 71 |
| 6 th March | 131 | 67 | 69 | 34 | 88 |
| | 44% | 22% | 23% | 11% | 78 51 |
| 13 th March | 127 | 68 | 65 | 45 | 85 |
| | 42% | 22% | 21% | 15% | 58 54 |
| 20 th March | 114 | 79 | 64 | 44 | 92 |
| | 38% | 26% | 21% | 15% | 61 60 |
| | | | | | |

One team shared values



Weekly 'Red' Next Steps External to UHL Delays 13th Feb -24th March 2017

Caring at its best

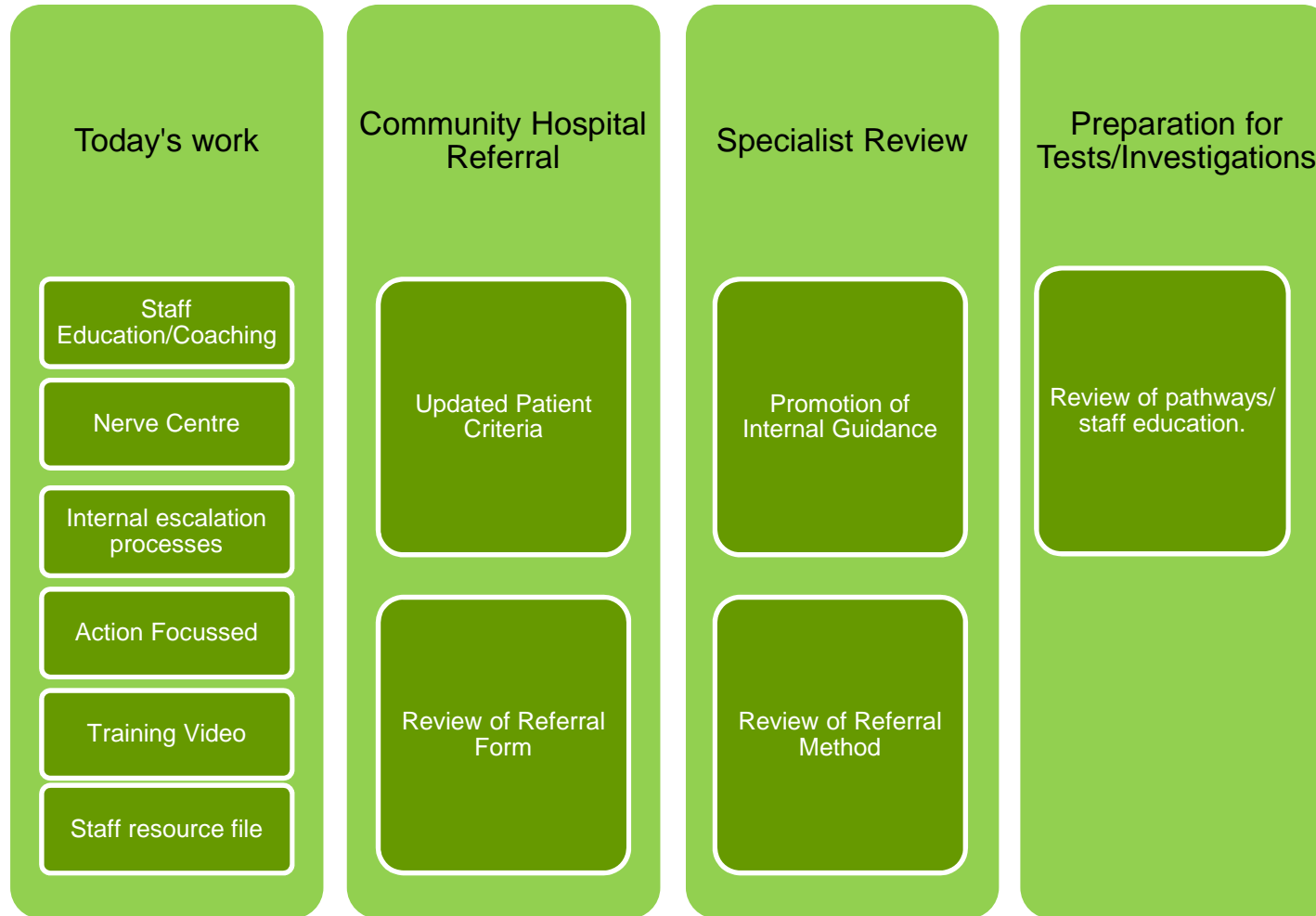


One team shared values



NEXT STEPS : Internal Delays

Caring at its best

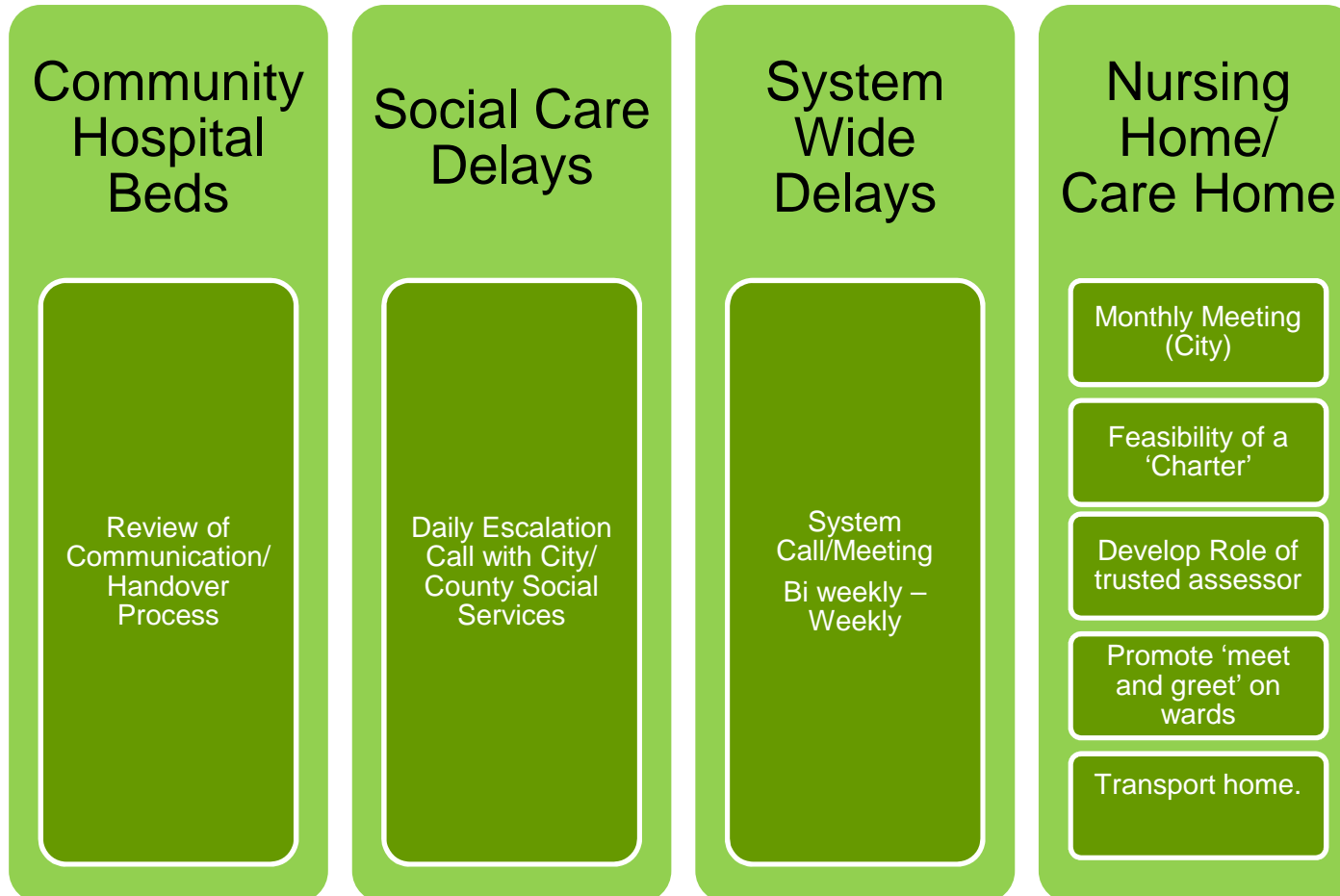


One team shared values



NEXT STEPS: External Delays

Caring at its best



One team shared values

