Making a serious and sustained commitment to quality improvement

Insights from RCP Future Hospital Programme

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All physicians aim to continuously improve their services for patients

They need the skills to work at 4 levels,

• Large Scale Change - for population level strategic changes
• Service design and improvement within and across pathways
• Process improvements within current services
• Day to day problem solving.

We will develop support to physicians and their teams at all stages of their career to deliver improvements in care and services

Royal College of Physicians
What is Quality to RCP

- Safe Care
- Effective Care
- Person Centered
- Timely
- Efficient
- Equitable

Royal College of Physicians
Identifying and managing error, harm and poor performance

- Clinical Standards,
- Knowledge Management,
- Clinical Effectiveness,
- Clinical Audit,
- Clinical Pathways,
- QUALITY IMPROVEMENT,
- Training,
- Appraisal and Revalidation,

Achieving minimum standards

Innovation, Research and Development

Royal College of Physicians
Quality and Safety at the RCP

Education
• Developing Physicians and teams at all stages of their careers

Improving quality and safety:
• Evidence based guideline development
• Clinical audit
• Health informatics

Assuring quality and safety:
• Accreditation of services
• Invited service reviews
• Patient safety

Innovating quality and safety:
• Future hospital
• Quality Improvement Programme

Our vision: The best possible health and healthcare for everyone

Royal College of Physicians
500 years of medicine
Audit and Accreditation

Impact of the National COPD Audit Programme

- Inpatient mortality has reduced
- Progressive reduction in median length of stay (days)
- Median number of WTE respiratory consultants has increased
- Increase in patients discharged under the care of early/support discharge services

Accreditation Start Registered Accredited

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“I think it is a whole culture change that makes accreditation such a positive experience.”

500 years of medicine
The need for a new vision of clinical care

- Rising clinical demand
- Nearly two-thirds of inpatients are over 65
- Half of those over 60 have a chronic illness
- A quarter have dementia
- Increasing numbers of patients are comorbid
- Out-of-hours care breakdown
- Medical workforce crisis

Royal College of Physicians
Setting higher standards
In March 2012 the Royal College of Physicians established the Future Hospital Commission, chaired by Michael Rawlins, to address growing concerns about the standards of care currently seen in hospitals.

The commission published its final report, Future hospital: caring for medical patients, in September 2013 and it outlines the commission’s vision for hospital services structured around the needs of patients, now and in the future. The recommendations are drawn from the very best of our hospital services, taking examples of existing services to develop a comprehensive model of hospital care that meets the needs of patients.

Future hospital: caring for medical patients focusses on the care of acutely ill medical patients; the role of hospital services, and the role of physicians and doctors in training across the medical specialties in England. People’s needs are often complex, and hospital services must be organised to respond to all aspects (including multiple acute and chronic conditions), mental health and wellbeing, and social and support needs. The report proposes a new way of looking at hospital care, around the needs of patients.

For more information, visit the Future Hospital Commission website at https://www.rcplondon.ac.uk/projects/future-hospital-commission
Doctors propose cure for failures on wards

The King’s Fund
‘...the result could be a step change in the quality of care’

The Times
‘Doctors propose cure for failures on wards’

Department of Health
‘...bold and refreshing’

The Daily Telegraph
‘Let patients stay put, NHS is told’

BMJ
‘Hospitals without walls...’

NursingTimes.net
‘Medical college report calls for seven days a week hospital care’

The Independent
‘Welcome to the hospital of the future’
RCP Future Hospital 11 principles

1. Fundamental standards of care must always be met
2. Patient experience is valued as much as clinical effectiveness
3. Responsibility for each patient’s care is clear and communicated.
4. Patients have effective and timely access to care, including appointments, tests, treatment and moves out of hospital.
5. Patients do not move wards unless this is necessary for their clinical care
6. Robust arrangements for transferring of care are in place.
7. Good communication with and about patients is the norm.
8. Care is designed to facilitate self-care and health promotion.
9. Services are tailored to meet the needs of individual patients, including vulnerable patients.
10. All patients have a care plan that reflects their individual clinical and support needs.
11. Staff are supported to deliver safe, compassionate care, and committed to improving quality.
Berwick’s ten recommendations are:

1. The NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning.

2. All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support.

3. Patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of Trusts.

4. Government, Health Education England and NHS England should assure that sufficient staff are available to meet the NHS's needs now and in the future. Healthcare organisations should ensure that staff are present in appropriate numbers to provide safe care at all times and are well-supported.

5. Mastery of quality and patient safety sciences and practices should be part of initial preparation and lifelong education of all healthcare professionals, including managers and executives.

6. The NHS should become a learning organisation. Its leaders should create and support the capability for learning, and therefore change, at scale, within the NHS.

7. Transparency should be complete, timely and unequivocal. All data on quality and safety, whether assembled by government, organisations, or professional societies, should be shared in a timely fashion with all parties who want it, including, in accessible form, with the public.

8. All organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care.

9. Supervisory and regulatory systems should be simple and clear. They should avoid diffusion of responsibility. They should be respectful of the goodwill and sound intention of the vast majority of staff. All incentives should point in the same direction.

10. We support responsive regulation of organisations, with a hierarchy of responses. Recourse to criminal sanctions should be extremely rare, and should function primarily as a deterrent to wilful or reckless neglect or mistreatment.
The Future Hospital Programme

• Championed patient experience and patient-centred care
• Applied a standardised approach to measuring the impact of new ways of working through quality improvement methodology
• Supported development sites to improve front-line services within existing local resources with no additional transformational funding
• Advocated a front-line clinician-led approach to improvement
• Led the development of future clinical leaders through a bespoke leadership, management and improvement programme as part of the chief registrar project
• Used the expertise, resource and influence of a medical royal college to support improved patient care
Future Hospital development sites

Phase 1
- Focussed on improving care for people who are frail and elderly.
- Appointed in October 2014.

Phase 2
- Focussed on providing person-centred care across integrated healthcare services.
- Appointed in January 2016.
RCP Future Hospital Demonstration sites

Betsi Cadwaladr University Health Board - using telemedicine to improve access to care for frail and elderly patients in rural Wales
Mid Yorkshire Hospitals NHS Trust - develop an older people assessment service / unit as part of an acute care hub supporting frail older patients with fragility syndrome
East Lancashire Hospitals NHS Trust - delivering better quality and more effective services for frail and elderly patients using integrated teams working

Worthing Hospital: Emergency Floor.

Central and South Manchester - single respiratory integrated care service
North West Paediatric Allergy Network - empowering patients, parents and primary care professionals in the management of common food allergies
Sandwell and West Birmingham Hospitals NHS Trust - increasing early diagnosis and detection of respiratory conditions in the community
North West Surrey CCG and Ashford and St Peter’s Hospital - locality hubs for older people with frailty
RCP Future Hospital Demonstration sites

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Chief registrar programme

The FHP ran a pilot of **new, senior leadership roles** with a focus on delivering **high quality, safe care for patients**.

- The FHP pilot began in April 2016
- Programme lasts for 12-18 months
- Second cohort of 42 young doctors

If you would like more information about the role, please contact RCPQI@rcplondon.ac.uk
Tell us your story

If you would like to tell us your story, please contact

RCPQI@rcplondon.ac.uk
• Physicians effectively lead teams to improve care in complex situations
• At different stages of careers
• Patients and families must be a central part of the improvement teams
• Use an evidence based approach to improvement, and embrace that
• Measurement is key
• Creating communities of support makes delivery more likely and creates resilience and professional satisfaction
• Rcp sponsorship and coordination helps

➢ Reduced length of stay
➢ Earlier multiprofessional review
➢ More integrated care for patients and practitioners
➢ Improved patient satisfaction
➢ Staff satisfaction – more valued, work more rewarding
Engineering better care: a systems approach to health and care design and continuous improvement

http://www.raeng.org.uk/publications/reports/engineering-better-care
In-hospital care and support

Emergency Care Pathway

Joined up Care / In hospital Care and Support

- Community Support
  - Falls
  - Respiratory
  - Children
- Redesigned ‘Emergency Village’
- Model Ward
- Discharge Interface with Intermediate Care

Clinical Flow / Operating Management System
Designing Acute Medicine “front door”? Redesigning Acute Medical Care
Simple and complex – Care Bundles

Reliability in a complex system
Example of Testing
Multiple Changes

Improving acute medical care

Care Bundles  Handover  MDT working  Deteriorating patient

Royal College of Physicians
Setting higher standards
Front Door Frailty Team

121 patients seen by frailty specialist doctor with IHSS over 6 weeks

90 discharged, 23 admitted to AMU, 3 to other speciality, 5 direct to intermediate care, 55 followed up by IHSS

Quotes: re addition of Frailty Specialist Dr ED Consultant: “Gives me confidence of a safe discharge. She has the time to go into detail that I will never have. The team have a familiarity with support services”

OT: “She gives us confidence to make higher risk decisions. A greater understanding of what can be treated at home. I am reassured that the patient is going to the right place. We now work in a less risk averse way.”
“A Tale of 2 eras”
JB 81 yr Man- Limited mobility, type 2 diabetes, CABG

June 2015
• Fell in garden
• Fractured NOF, admitted RBH
• Operated, to be transferred to Clitheroe CH
• Post op infection delayed transfer by 3 weeks
• Transferred at 10pm to Pendle CH family phoned from ward.
  After 4 days back to RBH
• On discharge care package – did not arrive for 4 days. Change of provider
• Family took over care

August 2016
• Admitted with high blood sugar and reduced consciousness
• After stabilisation initial plan for Clitheroe CH, but changed to home with INT, and community Diabetes Nurse, District Nurse, physio
• Community pharmacist did medicines review in home
• Praise for INT coordinator
• District nurse liaises with GP
• Managed exacerbation without hospital
• “treat us as people not numbers”
Future Hospital Development Sites

Worthing:

- 0.48 days reduction in length of stay
- In the top 4 performing trusts for A&E waiting times
- Patients reviewed by a consultant within 5.5 hours (a 20% improvement)
- 95.8% of patients would recommend the service to friends and family (May 2016)
The data so far...

Mid Yorkshire:

– 99.5% of the frail elderly given Comprehensive Geriatric Assessment
– Length of stay has decreased by 12%
– 100% of patients surveyed in Q1 2016 reported being treated with dignity and respect, and care and compassion
– 100% of patients would recommend the service to friends and family (May 2016)
Future Hospital Development Sites

North West Surrey

• locality hubs
• fully coherent health and care system
• best possible outcomes for older population
• integrated health and social care services in the community supported by an MDT.
Delivering the future hospital

RCP is uniquely placed to support Physicians to improve patient care through:

- Supporting patients and carers to be part of improvement teams
- Harnessing its national and international prestige to improve patient care
- Facilitating collaborative learning and networking opportunities with peers and experts
- Supporting the next generation of clinical leaders and ensuring today's leaders are equipped with the skills to continuously improve patient care
Developed and delivered through a faculty of professionals with QI expertise and experience in leadership, coaching, and training.

Continuous quality improvement in all teams.

Better care, outcomes and experience for patients.
Engineering better care: a systems approach to health and care design and continuous improvement

http://www.raeng.org.uk/publications/reports/engineering-better-care
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Habits of an improver
Key factors for success supporting QI for Doctors in Training

- Copious amounts of encouragement
- Embedded within leadership and management training
- Pool of ideas
- Drop-in clinics
- Showcase opportunity
- Communications strategy
- Multidisciplinary team
- Core hospital business
- Administrative support
- Consultant engagement
UNDERSTAND THE PATIENT
- Need
- Condition
- Environment
- Aspirations

CONSIDER
- Potential interventions/actions
- Risks and benefits
- Share options with patient
- Agree actions

MONITOR
- Effectiveness of interventions
- Adverse effects
- Patients overall condition
Cultural, organisational and system level challenges

- Multiple changes in senior leadership
- Silos within organisation e.g. Nursing, medical, therapies, governance, QI, service development
- Regulation, operational and financial performance
- We know what to do.
- Organisational sign up and methodology
- Demoralised by failure
- Commissioning vs provision
- Time and space for QI and development
- Working as a single system
- Competing priorities

Professional and personal drive for improved care