

RUH

Medical Division, Presentation to Trust Board

February 9th 2011



RUH Clinical Manager and Matrons in the Division of Medicine

DIVISION OF MEDICINE

Mandy Rumble	Alison Flower	James Stevenson	Jane Davies	Sue Leathers
Emergency Directorate/ GUM	Diabetes & Endocrinology/ Gastroenterology/ Neurology	Acute Medicine / Discharge Centre	Cardiology / Respiratory	Older Persons Unit/ Stroke

RUH Current Developments

Jane Davies

Respiratory
Length of Stay
Project

Alison Flower

Management of H1N1
Marlborough ward

**James
Stevenson**

Shared front door project
EMSA

Sue Leathers

Acute Stoke Unit
Dementia care

Mandy Rumble

Reducing ambulance
handover delays

RUH Respiratory Length of Stay Project

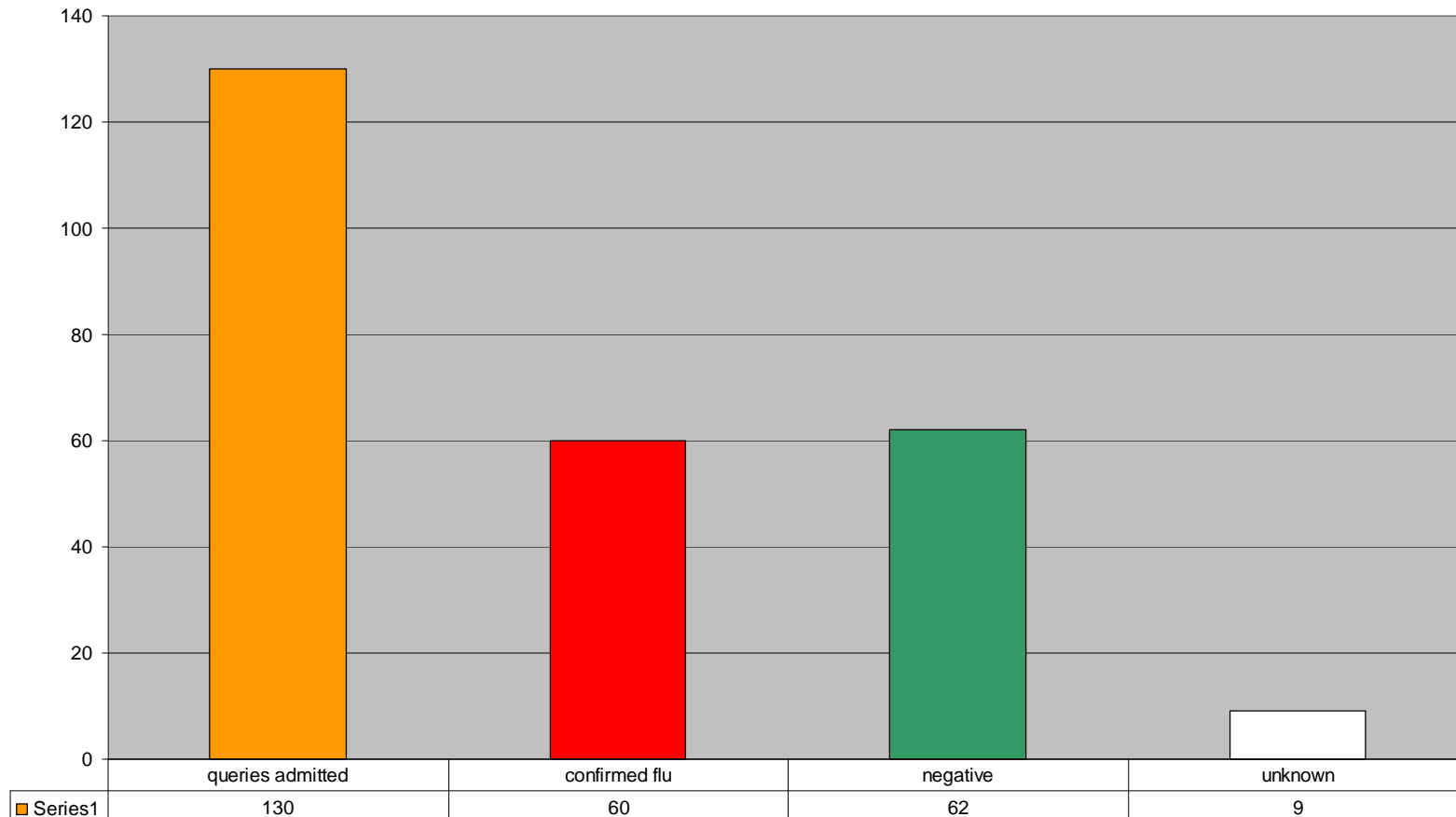
- Target LOS for Respiratory Ward is 8 days
- Average LOS in 2009/10 was 10 days.
- PDSA project, which identified that patient flow was an issue for the ward. Only 48% of the patients on the ward at the beginning of the project had respiratory problems.
- Collaborative working between the respiratory nursing team, medical team and site teams, identified a new patient pathway.

RUH Respiratory Length of Stay Project

- Patient flow is planned for that day. This prioritises the respiratory patients within the rest of the hospital to come to the ward, along with patients to be admitted from home.
- The results: Now 95% of patients on the ward have respiratory problems. Increased pull of patients from MAU. No waiting list for patients to come in from home. Average LOS now 7.8 days. 100 bed days per month have been released by this reduction.
- Respiratory Ward LOS Project received Team of the Month for December and Team of the Year for 2010.

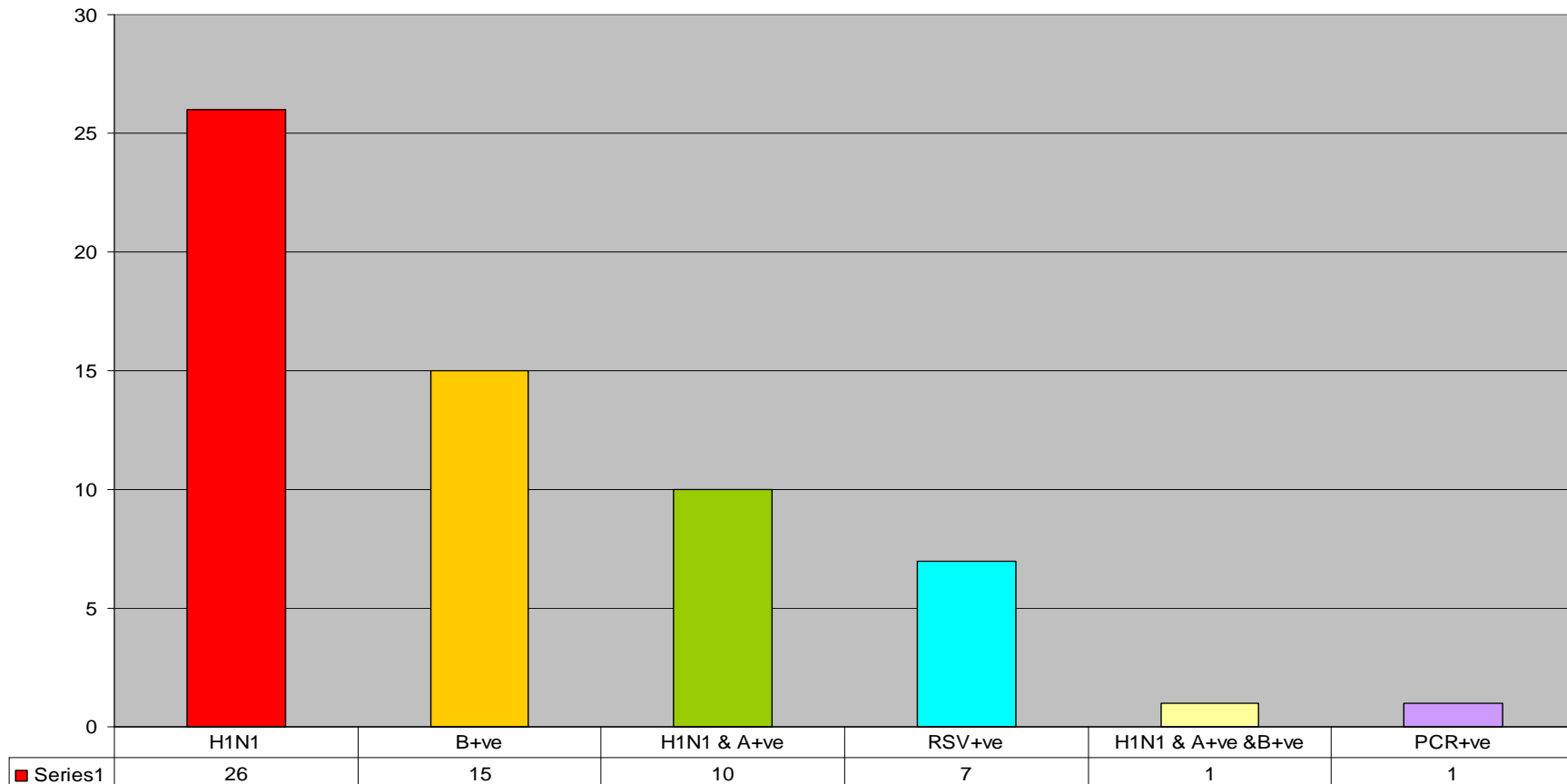
RUH H1N1 Winter 2010-11

Numbers of possible H1N1 admissions



RUH H1N1 Winter 2010-11

Number and types of confirmed influenza



RUH H1N1 Winter 2010-11

- Greatest cohort of admissions between 20th December and 9th January.
- Average LOS 2.2 days.
- Turnaround of Virology swab results decreased from 3 days to Max 24hrs.
- Marlborough Team created a system of result checking on a 2 hourly basis and formulated a register of vaccines used, to enable a more accurate audit trail.
- In conjunction with the site team, managed flow to and from ITU into appropriate beds.

RUH Shared Front Door Project

- Relocation of SAU to “front end” of Hospital
- Provision of large “managed” escalation areas over winter
- Redesign of streamlined and co-located short stay areas for Medicine and Older Persons at the “front end”
- Intended to maintain length of stays of 3 to 5 days and promote patient flow

RUH Eliminating Mixed Sex Accommodation

- NHS organisations are expected to eliminate mixed sex accommodation, except where it is in the....
“best interests of the patient or reflects their personal choice”
- “Providers of NHS-funded care are required to monitor their estate, and the way they use it in order to ensure that the highest possible standards are maintained.
- EMSA Breaches of bathroom accommodation are also to be monitored at organisational level, and if necessary plans put in place to address.
- Where breaches occur, commissioners can impose financial sanctions.

RUH Eliminating Mixed Sex Accommodation

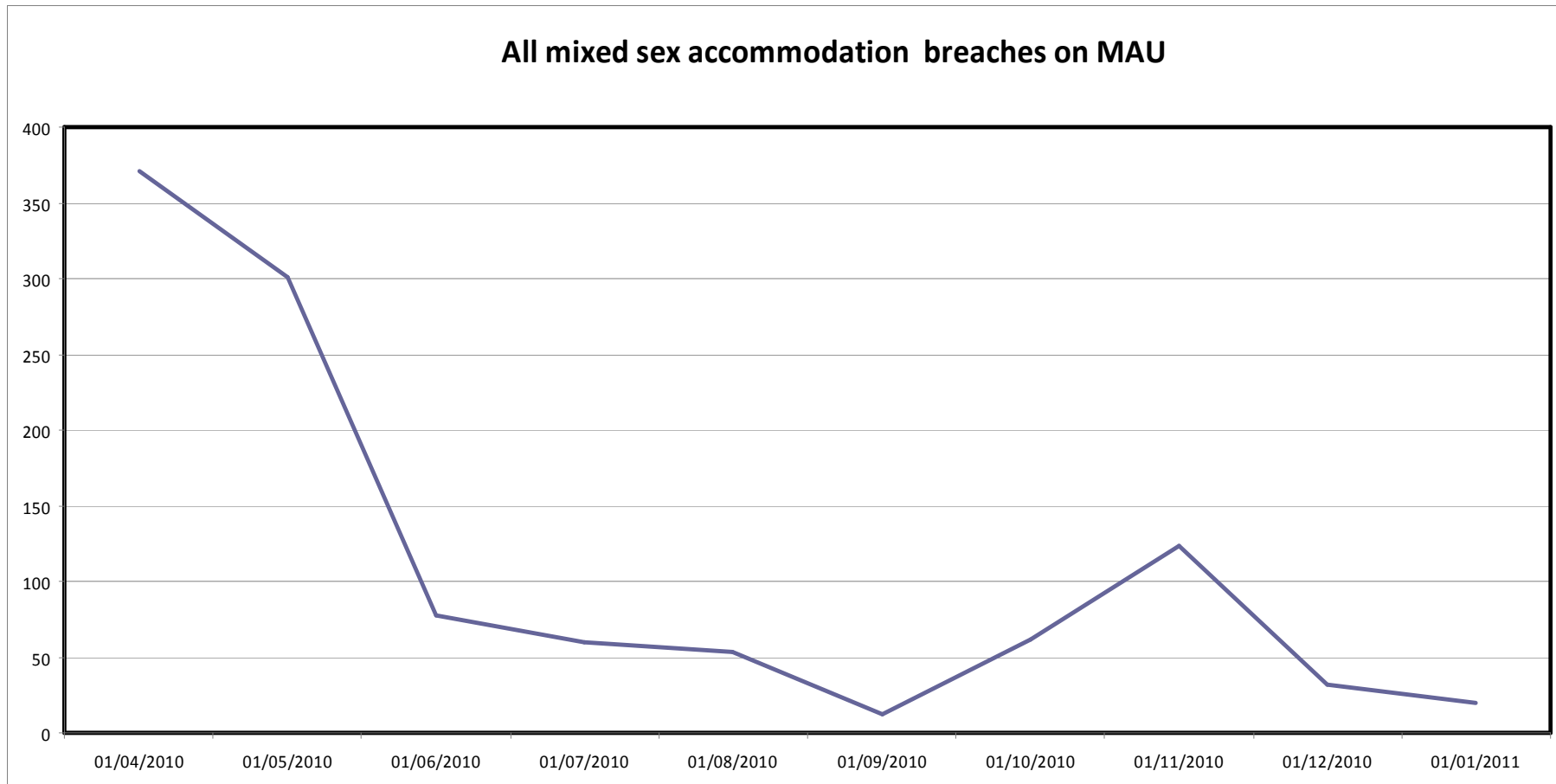
Collaborative task force commenced to

- create action plan for compliance
- provide local guidance
- monitor performance against the national standard
- encourage culture that promotes EMSA

MAU physical environment reviewed

- Unit already divided into 3 “lock down” areas for ICT
- Model of sub dividing an area to provide privacy and dignity whilst allowing very flexible bed base identified
- additional shower/toilet facilities installed in areas A&B

RUH Eliminating Mixed Sex Accommodation



RUH Eliminating Mixed Sex Accommodation

Results

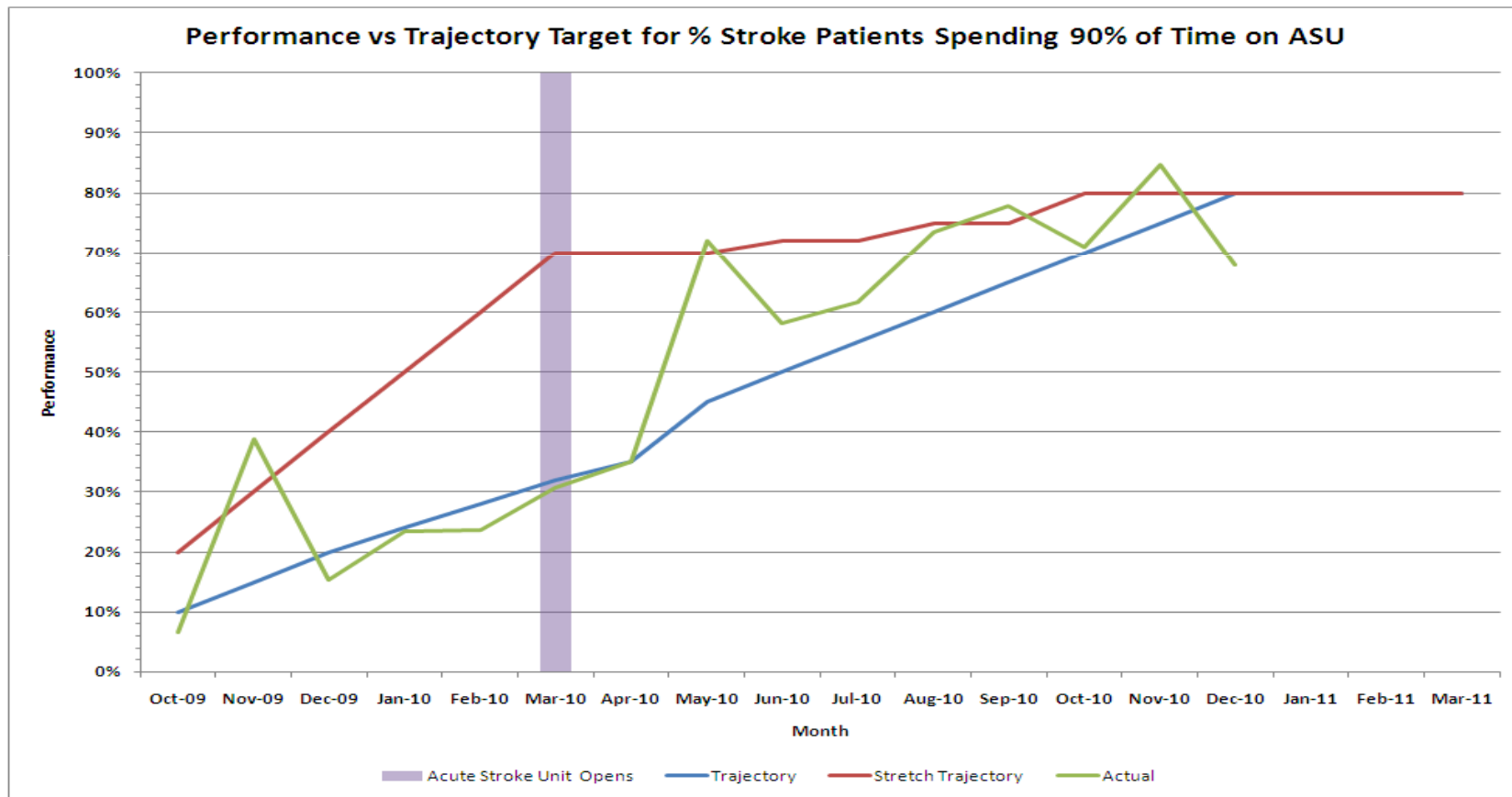
- Zero returns for non clinical breaches in December and January
- Total breaches fall from 371 in April to just 20 in December

RUH Acute Stroke Unit

Opened in March 2010

- Focus on patient pathway
- Patients directly admitted from ED / CT
- 4 bed hyper-acute bay for first 24 hours
- 26 beds in total
- Transfers to PCT stroke units

RUH Stroke Performance



RUH Acute Stroke Unit

Achievements

- Improved staff recruitment / retention and morale
- Patient feedback
- All RN's able to commence swallow assessments
- Submission of audit data
- (SINAP)
- 333 days between c.diff cases

Priorities

- Sustain performance
- Improve information for patients
- Improve continence assessment

Teamwork – whole team
have contributed

Determination to succeed –
improving care for stroke
patients.

Investment

- Trust
- Forever Friends

RUH Dementia Care

National Audit

- RUH participating in the enhanced audit .
- Ward organisation
- Ward environment
- Staff questionnaires
- Carer / patient questionnaires

- Observational Module
- Audit reports from the end of November through to autumn 2011

Standards of Care

- RUH Charter mark & South West Standards

RUH Older People's Wards



RUH

Reducing Ambulance Handover Delays

Mandy Rumble
Clinical Manager, Emergency Directorate



RUH

Emergency Department – Royal United Hospital



RUH Emergency Department context

- GWAS ambulance conveyance approx 500 per week
- SWAST ambulance conveyance approx 80 per week
- Majors/minors split 50% - 50% (YTD)
- Attendance to admission ratio 36.7% (YTD)

RUH Key changes

- Ownership
- Partnership
- Validation of ambulance delays

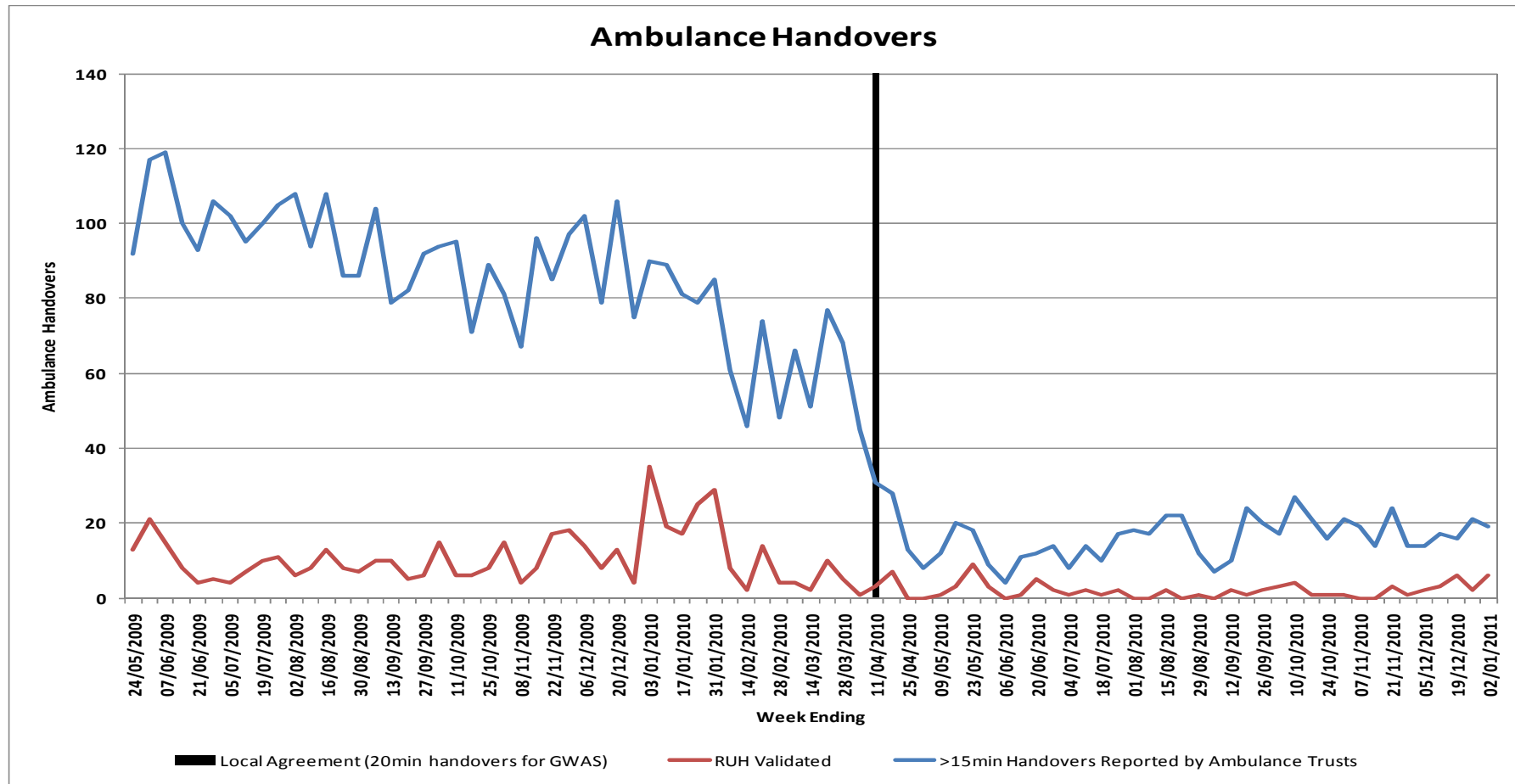
RUH Ownership

- It is “our problem”/ culture change
- More trolleys
- Shift co-ordinator to take handover if nurse on escort
- Transfer facilitator
- ED escalation triggers
- Persistence

RUH Partnership

- Meet ambulance crews and patients immediately
- Close liaison with senior ambulance staff
- Trust

RUH RUH and Ambulance Trusts Data



RUH Validation

- Dual signature on patient report form
- Daily validation of ambulance delays
- Weekly validation with Steve Blackmore/
Alan Jacobs
- GWAS representative on RUH 4 hour
taskforce
- Data checks with BIU
- Trust and improved working relationships