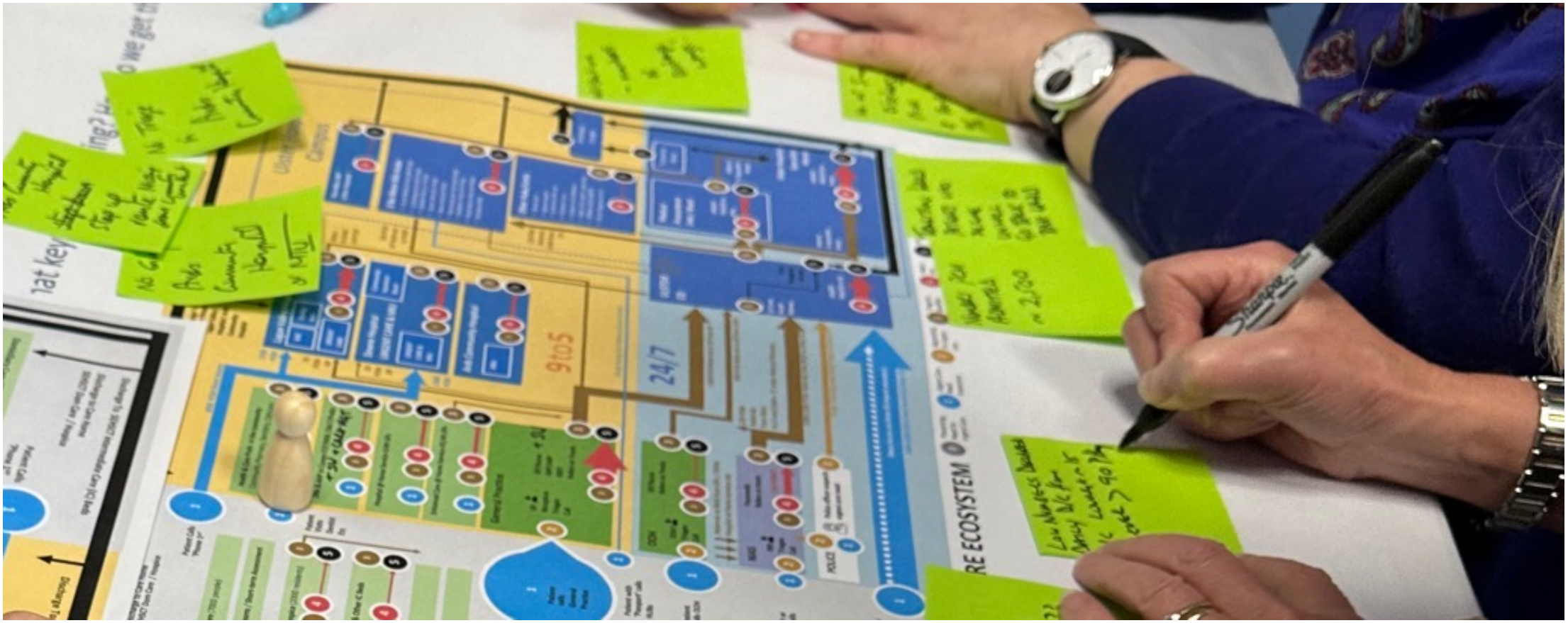

Patient Ecosystem Mapping to support future Quality Improvement Planning for SEHSCT Urgent & Unscheduled Care (U&USC).

Workshop Outcomes

Summary Prepared by Tom Inns, Cofink Ltd.

19th November 2023

South Eastern Health and Social Care Trust

cofink
collaborative thinking

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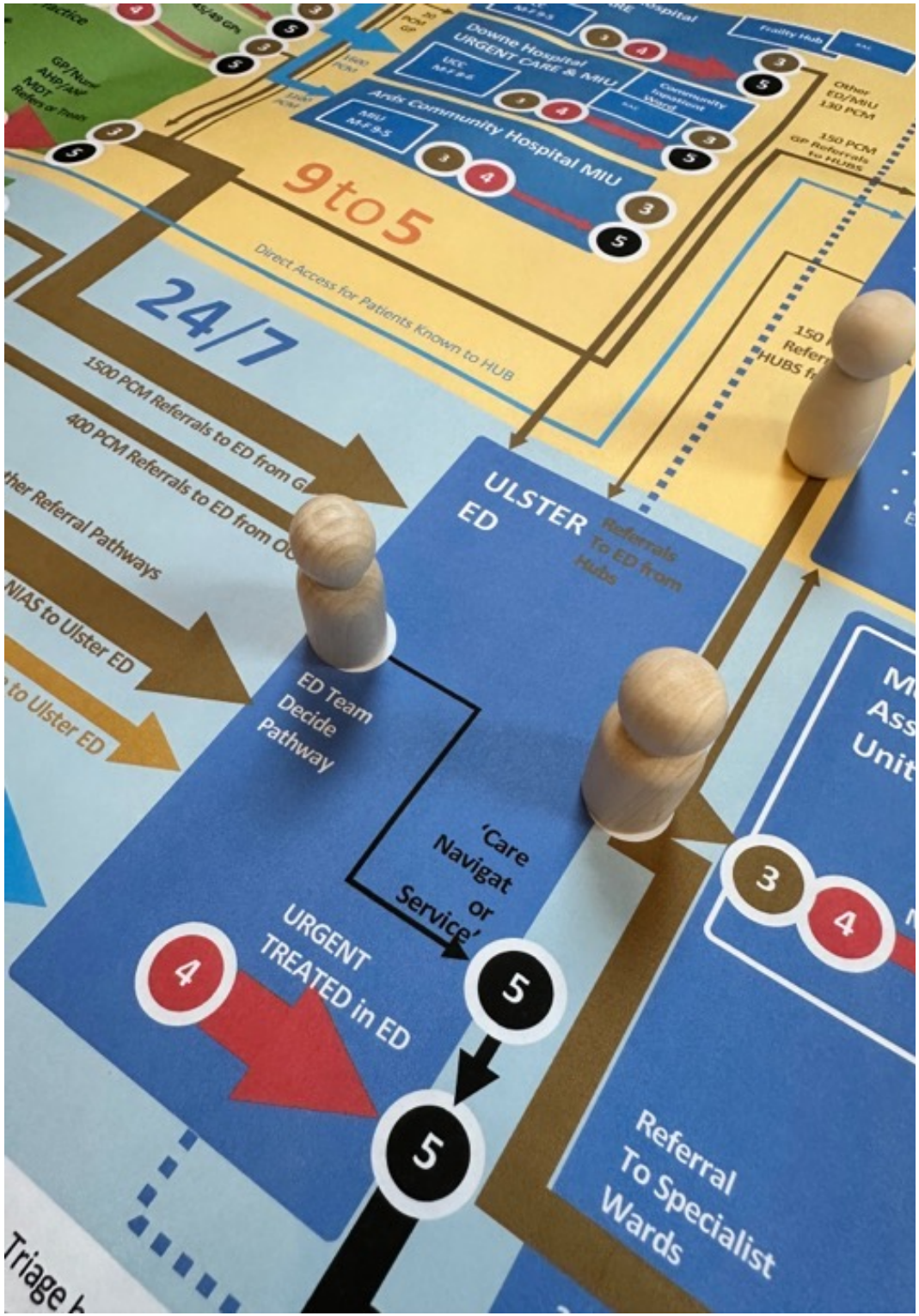


Executive Summary

Urgent & Unscheduled (U&USC) care services in the geographical area of Northern Ireland's South-East Health & Social Care Trust (SEHSCT) play a key role in supporting the health and care of people with a wide range of increasingly complex health and care needs. These services involve interactions between primary and secondary care and a range of other services including the Police and Northern Ireland Ambulance Services, GP Out of Hours services, Nursing & Residential Homes, Community Pharmacies and 3rd sector organisations etc. To support improvement of U&USC care services and increase shared understanding of how they work, a series of facilitated online and face-to-face workshops were initiated in July and August 2023 to map this complex ecosystem. This report describes these workshops, the maps that were developed and the insights that were generated to support future improvement, supported by Tom Inns (external project facilitator from Cofink Ltd.).

- The process was initiated with a half-day face-to-face workshop with stakeholders on 19th June 2023 at the Improvement Centre on the SEHSCT Ulster Hospital Campus. At this meeting Patient Ecosystem Mapping approach was introduced. The ambitions and boundaries of the SEHSCT U&USC Ecosystem mapping project were explored and a series of future online mapping workshops were scoped. Using information gathered from this introductory workshop a draft baseline map of SEHSCT's U&USC Ecosystem was developed
- In July and August 2023 six 90-minute online workshop were held on Zoom with over 60 stakeholders in SEHSCT's U&USC Ecosystem . Participants included health care professionals working in primary care (GPs, Nurse Practitioners, AHPs etc), paramedics, pharmacists, staff from the SEHSCT domiciliary care service. Health care professionals working in secondary care services from the Ards, Lagan Valley and Ulster Hospital, including staff in frontline services like Emergency Medicine. Teams responsible for patient discharge, specialist services like Palliative Care and Hospital at Home and staff with various leadership and management roles across the U&USC Care service. At these workshops the draft baseline map of SEHSCT's U&USC Ecosystem was edited and augmented with additional detail. Participants then reflected on challenges in the existing system, the existing improvement projects that were in play within the system and future improvement projects that could be initiated. In parallel with the mapping workshops flow rate data measured as patient flow per calendar month through SEHSCT's U&USC Ecosystem was collected (where available). This information was used to develop a finalised visual representation of SSEHSCT's U&USC Ecosystem as seen from a patient perspective (with relative flow rate data where this was available). This finalised map was then annotated to provide summaries of challenges and improvement opportunities within SEHSCT's U&USC Ecosystem from the perspective of the whole system, community-based healthcare and hospital-based healthcare.
- A half-day face-to-face follow-up workshop was held at the SEHSCT Improvement Academy at the Ulster Hospital on Tuesday 8th August with 15 participants from the online workshops. At this session the maps from the online workshops were reviewed to reflect on the day-to-day challenges faced by patients, the aims of SEHSCT's U&USC Ecosystem , further opportunities for improvement and the criteria that might be used to prioritise improvements.
- A recorded follow-up webinar was held on Monday 30th October to present key findings to participants from the online workshops.

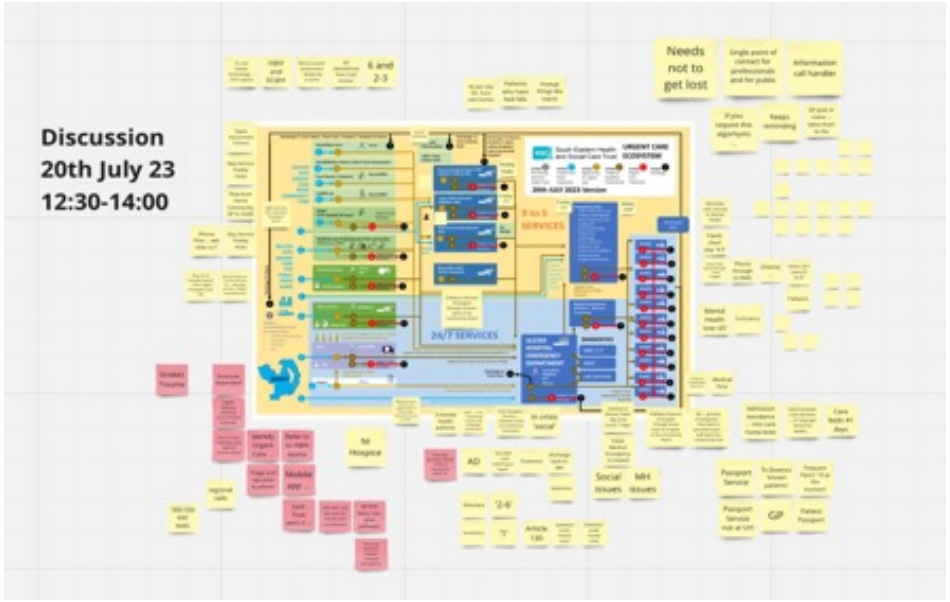
The workshop and mapping activities have highlighted how a whole-systems approach needs to be taken to improving SEHSCT's U&USC Ecosystem, localised initiatives within specific pathways in the system will bring improvement but greater impact may come from initiating improvements between different parts of the system (particularly primary and secondary care). Having more data on relative flows of patients will help prioritise improvements. Mapping real patient journeys will help identify challenges experienced in navigating what is a complex ecosystem of care. Having a set of shared aims for the SEHSCT's U&USC Ecosystem as a whole will help focus efforts to make improvements across the system.

Building & reviewing the SEHSCT U&USC Ecosystem

The SEHSCT U&USC Ecosystem map has developed through several iterations, informed by a series of workshops and discussions involving health and care professionals working within the ecosystem, other key stakeholders with an interest in the service and a number of service-user representatives.

Following initial online discussions with the U&USC project team a very high-level sketch map was developed through a face-to-face workshop held at the Ulster Hospital on 19th June 2023.

At six 90-minute online workshops (held on Zoom) on 5th, 20th, 21st & 31st July and x2 on the 1st August, attended by over 75 key stakeholders from across the service, the U&USC ecosystem map was adjusted further, with a series of corrections and additions being made at each session.



At a face-to-face meeting held on 18th August 2023 with key stakeholders from the U&USC Ecosystem the map from the six online workshops was adjusted further. At this workshop participants then.

- Explored what the available data can tells us.
- What some of the day-to-day challenges faced by patients were across the system.
- Staff perceptions of challenges in the system.
- What the aims of the system as a whole could be.
- How potential improvement projects could be prioritised.

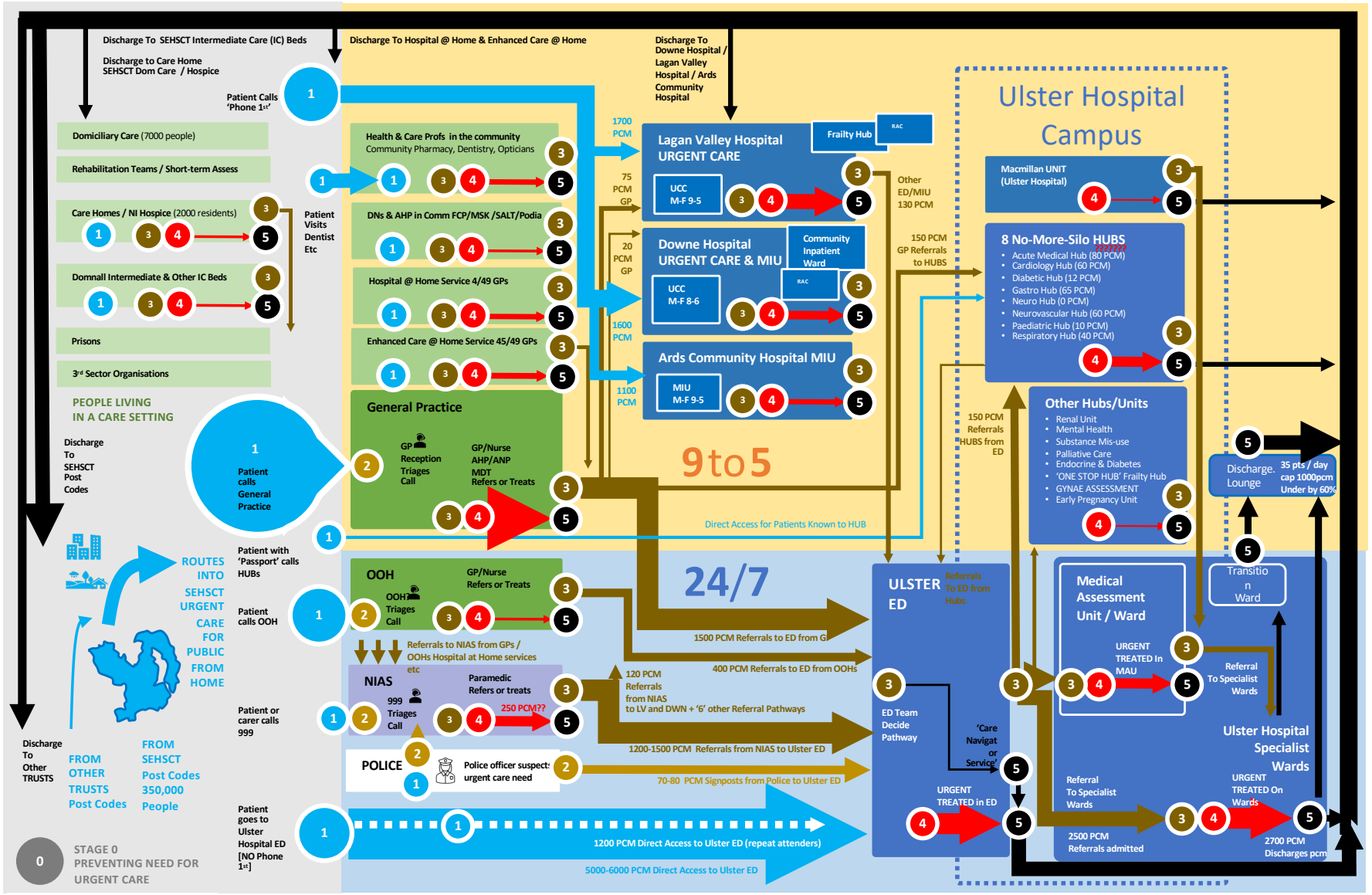
At a subsequent online meeting on 4th September with the commissioning project team outcomes from all meetings were reviewed and discussed. An online presentation was then made to the SEHSCT Executive team on 26th September.

A summary of the U&USC Ecosystem Map and findings was then presented on 30th October at a 60-minute online lunchtime seminar for participants who had attended the July and August mapping workshops.

Six online Mapping Workshops: 75 Participants

Intro Workshop 19th June | **5th July** | **20th July** | **21st July** | **31st July** | **1stx2 Aug** | **Review Workshop 18th Aug** | **Review Discussion 4th Sep** | **Executive Presentation 26th Sep** | **Webinar Presentation 30th Oct**

The SEHSCT U&USC Ecosystem Map



Definitions & Aims of SEHSCT's U&USC Ecosystem

The Department of Health, Northern Ireland's recent Review of Urgent and Emergency Care Services in Northern Ireland (March 2022) defines Urgent Care as *An illness or injury that requires urgent attention but is not a life-threatening situation.*

The SHECT U&USC Ecosystem mapping project suggests that this definition could be usefully expanded to describe U&USC Care as a process involving stages, as described below:

The anticipatory prevention, then, initiation, signposting, diagnosis / needs assessment and timely treatment / intervention and discharge of people who have a physical and / or mental health & social care need, that cannot wait until a pre-planned care appointment.

Discussion suggested that the primary aim of SEHSCT's Ecosystem of U&USC is to deliver maximum value from available resources to ensure the right, high quality care is provided to those with urgent care needs at the right time in the right place.

Secondary aims could be:

- Taking a shared responsibility across all services for providing urgent care to the patient within 24 hours of referral seven days per week, delivering: *Right Patient, Right Place, Right Care, Right Time – Right Everything.*
- Bringing everybody on board with the need to continuously improve the whole system by clearly communicating shared aims and sharing information about improvement projects widely.
- Develop a culture of shared accountability across the whole system, by highlighting the key contribution played by all services in delivering U&USC.
- Reducing the number of steps experienced by patients in accessing U&USC Care.
- Ensuring U&USC improvements are informed by the patient voice.
- Making U&USC care accessible accessible closer to home (where appropriate).

Whole System – Challenges & Improvement Opportunities

CHALLENGE: PATIENT URGENT AWARENESS

Do patients and their carers really know how to access U&USC Care Services? This challenge has many dimensions:

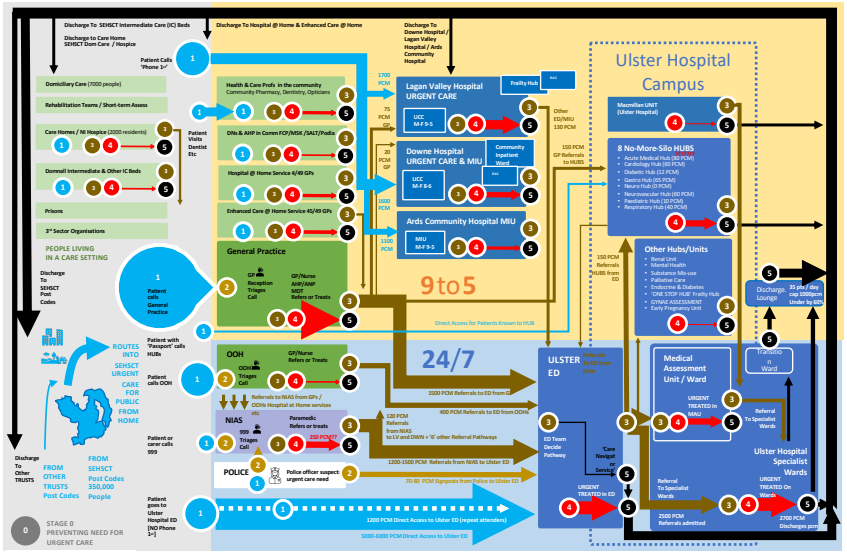
- The challenge for patients and carers in understanding what is an urgent care need.
- The challenge of inconsistent vocabulary. Does the vocabulary need to be normalised.
- Knowing which service to access.
- Having the contact details (telephone numbers) for that service. (SEHSCT has multiple telephone numbers for U&USC)
- Having easy to access and consistently presented web-based information. (There is significant variance in how information is presented online).
- Knowing what services are accessible/preferable for particular postcodes and how they change at different points in the working day.

IMROVEMENT:

- Map the consistency and accessibility of existing information
- Explore how others are doing this (access to U&USC Care is a universal challenge in health care systems – What public information campaigns and mechanisms for engaging the public have others used?)

CHALLENGE: STAFF URGENT AWARENESS

AS ABOVE: Do staff working in the U&USC system know what it looks like?



CHALLENGE: WHOLE SYSTEM U&USC CARE PERFORMANCE MEASURES

It would be very useful to decide what measures could be used to track the performance of the U&USC Care system as a whole in a way that would drive performance. At the moment certain indicators at key points in the system are gathered. (ie ambulance discharge times). These might drive local improvement, but not improvement to the system as a whole. Ideally all the potential improvement projects should be able to communicate their impact on patient flow through U&USC Care service – having appropriate measures in place would support this.

IMROVEMENT:

The process of 'painting' patient flow rates onto the 'Whole System' map should continue, with an agreement on what the preferred metric is across the system. In workshops it was suggested this could be **patients per calendar month** with a monthly total being averaged across the last 12 months.

CHALLENGE: ORGANISING IMPROVEMENTS

Currently there is no model in place for organising improvement to U&USC Care as one Whole System of Care within SEHSCT (ie covering 'Community Care' & 'Hospital Care'.

IMROVEMENT: It would be useful to develop:

- A cohesive Primary & Secondary Care interface – 'Guiding principles' for communication
- A system in place to prioritise and track interventions, perhaps using a common Urgent Care Project Charter.
- Resources to release time to Operational Owner & QI support.

CHALLENGE: UNDERSTANDING PATIENT WHOLE SYSTEM EXPERIENCE

Some information is currently gathered about patient experience, but this is largely a satisfaction rating and comments about a particular part of the service. More meaningful information could be gathered to enhance system understanding.

IMROVEMENT: It would be very useful to gather patient feedback on the experience of the whole journey in particular:

- What were the stages in the journey experienced?
- What worked well and what was challenging about each stage of the journey?
- What was the patient experience of the hand-over from one team to another. (Only the patient experiences the interfaces between systems)?

Community – Challenges & Improvement Opportunities

CHALLENGE: SIGNPOSTING TO ED

Instances exist of systemically well patients being referred to ED by GP receptionists etc, what can we learn from this?

IMROVEMENT:

Clear, agreed protocols for referring, supported with staff training.

CHALLENGE: ED AS ACCESS TO OTHER SERVICES

GPs have to signpost patients to ED because they cannot refer directly to certain services (ie fracture clinic for patients returning from abroad with fractures).

IMROVEMENT:

Clear, agreed protocols for referring, supported with staff training.

CHALLENGE: GP ACCESS TO DIAGNOSTICS

GPs in SEHSCT don't have access to hospital based diagnostics (Xray etc), unlike GPs in Belfast. This impedes ability to diagnose and treat in the community.

IMROVEMENT:

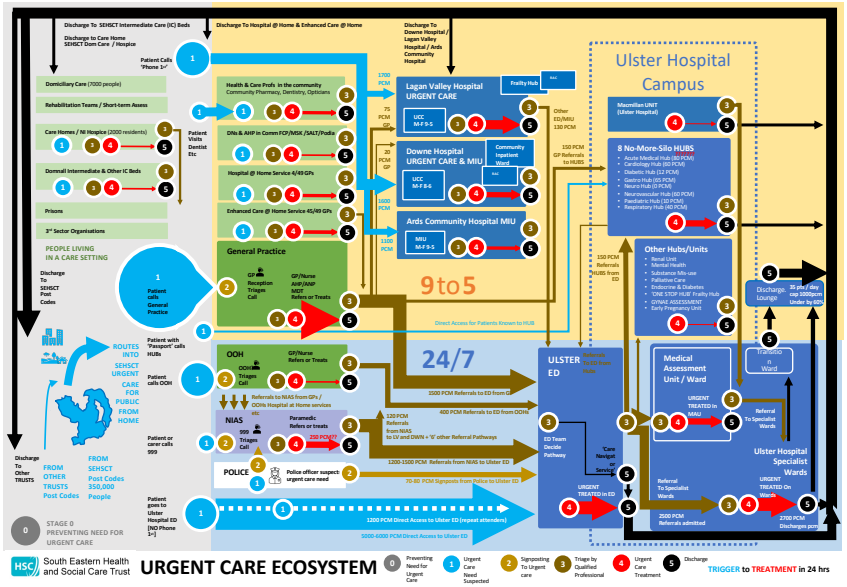
Clear, agreed protocols for referring, supported with staff training.

CHALLENGE: GP AWARENESS OF HUBS etc

GPs have digital system in place to connect patients to points of specialist referral, but this might not capture full range of services and access arrangements in ambulatory hubs etc.

IMROVEMENT:

Clear, agreed protocols and maps for referral



CHALLENGE: HOSPITAL AT HOME

Key challenge is ensuring the successful roll-out of Hospital at Home (H@H) and transition from Enhanced Care at Home. Challenges within this include:

- Workforce Plan for H@H
- Workforce plan for sub elements within this (for example Community Infusion service)
- Capturing data as H@H is rolled out and communicate benefits
- Putting in a place a plan for roll-out of H@H

IMROVEMENT:

Clear Planning, widely communicated with resources in place.

CHALLENGE: SYSTEM DIVERSION

Currently some referral pathways that are widely used in other UK Trusts and Boards are not operating in SEHSCT (For example direct referral by GPs to Medical Assessment Unit rather than to ED).

IMROVEMENT: Develop new agreed and widely communicated protocols and resources that enable GPS and NIAS to divert more patients to Community Services, Hubs and Medical Assessment Units.

CHALLENGE: DIRECT HOSPITAL ACCESS

A very small number of patients within SEHSCT with chronic conditions have 'passports' that enable them to self-refer to Hospital Based services.

IMROVEMENT: The opportunity to expand this access arrangement to a wider cross section of patients should be explored.

Hospital – Challenges & Improvement Opportunities

CHALLENGE: IMMUNOSUPPRESSED PATIENTS

Requirement for immunosuppressed patients to access hospital services through Emergency Department.

IMROVEMENT: Is it possible to offer alternative more shielded access points for immun0suppressed patients?

CHALLENGE: EQUIPMENT ORDERING:

Overcome delays caused by equipment not being ordered in a timely way. (This results in patients being discharged to interim care beds as they await essential equipment needed for discharge etc.)

IMROVEMENT: This is already highlighted as an issue with ward staff, QI project would improve this by sharing process mode widely.

CHALLENGE: DISCHARGE COMMUNICATION

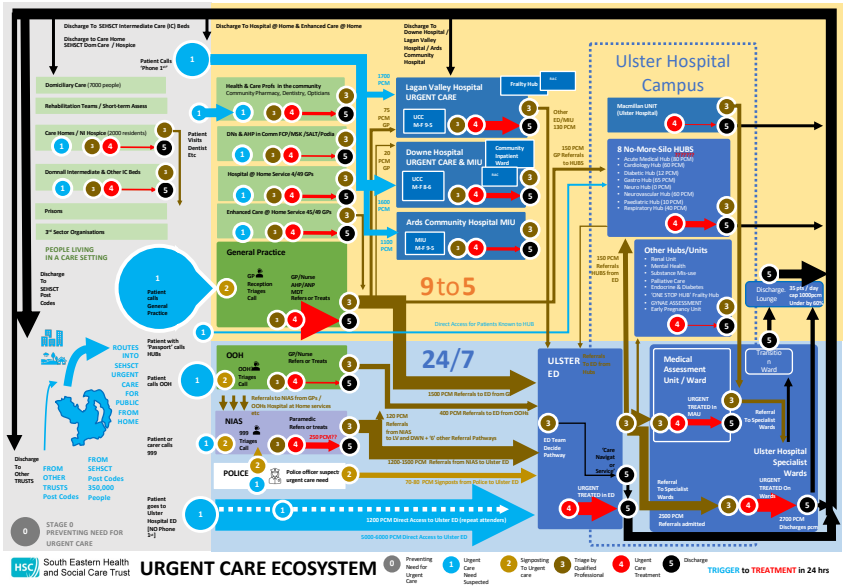
Communication to patients and family about discharge planning and arrangements is not consistent across all wards

IMROVEMENT: Clear, agreed protocols for supported with staff training.

CHALLENGE: BED MANAGEMENT PLAN

Problem: Lack of accountability for Non-Designated-Beds. Aim should be reduce the length of time waiting in ED by 75% after 20:00. (1/70th of excess deaths are when there has been an average wait of 19 hours)

IMROVEMENT: Proactive accountability across the system.



CHALLENGE: FLOW RATES FROM ED TO WARDS

Key challenge is increasing moves and flow from the Emergency Department by particular time points in the day. By 1200 (midday-day), by 16:00 reduce number of moves from ED to wards between 00:00 – 08:00. Many dimensions to this challenge:

- Senior Decision making Capacity
- Consistent Staffing
- Evaluation of protocols & policies (Agree an escalation policy (including agreed NDB policy).
- Developing a 3 site model
- Reworking AMU

IMROVEMENT: Clear Planning, widely communicated with resources in place.

CHALLENGE: TRUST-to-TRUST INTERFACES

Receiving patients from bordering Trusts can be challenge due to variance in policy and procedures.

IMROVEMENT: Sharing and benchmarking of approaches between Trusts, agreement on common approaches.

CHALLENGE: AMBULATORY HUBS

No clear overview of exactly how many ambulatory hubs exist? What Urgent Care services they offer? What are their days and hours of opening? What access routes do they have (direct GP access, passport patients)

IMROVEMENT: Clear published and accessible list of access arrangements and protocols. Could be:

- PHASE 1: Cardiac, Surgery & Gynae etc.
- PHASE 2: All other Hubs

CHALLENGE: CLEAR DISCHARGE PRINCIPLES

IMROVEMENT: Project developing and implementing a range of clear discharge principles:

- Estimated Date of Discharge (EDD) for all patients
- Consistent Decision-Making
- Shared Language and Team Approach
- Engagement with Discharge Lounge

CHALLENGE: TRUST-to-TRUST INTERFACES

Arranging discharge to bordering Trusts can be challenge due to variance in policy and procedures.

IMROVEMENT: Sharing and benchmarking of approaches between Trusts, agreement on common approaches.

Criteria for prioritising improvements in the SEHSCT U&USC Ecosystem?

Through Ecosystem Mapping workshops many opportunities for improving the delivery of U&USC Care were identified. Discussion suggested clustering these improvements into 2 groups of improvement projects.

IMMEDIATE IMPROVEMENTS – REACTING TO 23/24 U&USC Winter Care Pressures

- With SEHSCT U&USC system now entering the pressures of the 23/24 winter, against the backdrop of facilities and estates changes in the Emergency Department at the Ulster Hospital and the roll-out of new digital systems in the autumn of 2023, there are some very immediate challenges and opportunities for service improvement. Many of these are now in the improvement pipeline as SEHSCT reacts to the latest data comparing its U&USC care performance compared to other trusts in Northern Ireland. A majority of these improvements are focused on very specific changes in practice to one part of the system with the hope of making real-time improvements during the 23/24 winter period.

MEDIUM TO LONG-TERM IMPROVEMENTS - PRO-ACTIVE improvements across the current system of U&USC Care.

The ecosystem mapping workshops then identified improvements that could be made across either parts or the whole system of U&USC Care in SEHSCT to drive improvement in the medium to long term. For example, working with General Practice to develop new pathways into secondary care that alleviated pressure on Emergency Departments, fast-tracking the roll-out of Hospital at Home to increase 24/7 Urgent Care capacity in the community etc. It was noted that having clear criteria to evaluate and prioritise these potential projects would be extremely helpful.

SUGGESTED EVAUATION CRITERIA

- The impact on ongoing measures of U&USC care performance – For example, ambulance offload times.
- The extent to which the improvement effectively & efficiently diverts from Emergency Department Front Door.
- Degree to which it is perceived by senior management to be a priority.
- Whether it increases flow in the system (Measures for determining this need to be developed).
- Whether the improvement enhances patient safety.
- The availability of data to support the project.
- Whether it has a positive influence on public behaviours and mindset towards U&USC.
- Whether it delivers on long term strategic objectives of the SEHSCT, for example:
    - Does it deliver Health Equity.
    - Does it enable independent living.
    - Does it deliver maximum value from available resources.

Logical next steps

Clearly SEHSCT needs to deal with the immediate Winter 23/24 pressures on U&USC Care. A range of projects are already in play to make immediate improvements to the system. The Ecosystem Mapping project has, however, highlighted the opportunity to see U&USC Care more as an interconnected system and action a series of proactive developments across the system. Next steps could include:

Developing a system-wide approach to improving U&USC.

This would involve:

- Establishing an improvement forum with stakeholders and decision-makers from across all parts of the U&USC Care system.
- Developing and agreeing a set of shared aims for the U&USC Care system.
- Agreeing a portfolio of improvement projects from across the U&USC Care system, ideally contributing to a set of shared kpis for the system as a whole, for example a contribution to an agreed measure of U&USC Care flow rate.
- Improving data collection and sharing across the U&USC Care system.
- Connecting SEHSCT U&USC Care improvements to initiatives in neighbouring Trusts.
- Mapping real patient journeys across the whole system to understand 'highs' and 'lows' experienced by real service-users.

To deliver collective impact it was suggested that an improvement theme for U&USC Care could be established for a 6-12 month period. This might be:

- Improvements for a focused demographic for, example patients over the age of 80. A very high-level of U&USC Care resources are used to care for this age group and the number of patients in this age range is increasing year-on-year. Improvements to Urgent & Unscheduled Care for this patient group could be made at all stages in the U&USC Care journey. Focusing on this age group could bring innovations that would improve care for all age groups.

Develop a speculative 2030 U&USC Care Ecosystem for SEHSCT

This could be mapped using a similar approach to the earlier project work. The aim of the map would be to speculate on how a wide range of improvements and interventions over the next 5+ years could build towards a future enhanced system of Urgent & Unscheduled delivery by 2030. The map would be informed by predictive data about shifting demographics in SEHSCT (notably an increase in elderly service-users) and by mapping the potential impact of anticipated improvement and development projects in SEHSCT. The map would also take into account potential improvements that could be adopted based on developments in urgent care services elsewhere.

The mapping workshops will allow stakeholders from across the system to reflect on how the U&USC service in SEHSCT will need to evolve to accommodate shifting demographics. It will also allow stakeholders to see the cumulative impact of proposed improvements to the service. The ensuing 2030 Urgent & Unscheduled Care Ecosystem Map would help:

- Open-up discussions with patients and service users about the U&USC care service they would like to see in place by 2030.
- Communicate SEHSCT ambitions to key decision-makers.
- Communicate a long-term ambition and aims for the service, this will be key in aligning current improvement projects against a shared aim.