Case Study: #safer343 at Colchester

As a response to the emergency flow pressures facing Colchester and resulting A&E performance, on the 19 and 20 October the System Resilience Group (SRG) ran an ECIP-facilitated intensive review of all patients across all wards in the hospital, working as four system-wide multi-disciplinary teams. Lots of observations and future work programmes were identified - most were not new issues but those that take real cultural change and teamwork to crack.

Following this, ECIP set the challenge of devising a specific action that could commence on the 23 October to start to address some of these challenges. This was identified as providing intensive support to implement the Safer Care Bundle to the elderly care wards to gain flow within the hospital. Commitments were made in front of the system by the leaders, with a pledge made to always model the right behaviours to maintain strong relationships. Importantly, to achieve success it was felt that senior clinical and managerial input and senior commitment was essential, underpinned by a good communication plan including the use of social media. ECIP provided face to face support and via teleconference.

Simple rules were agreed, that a) an acute hospital is not the right place for any patient to be that is medically fit or can be safely treated in another part if the system and b) that no patients should be given longstanding care packages when they are acutely unwell or in a crisis. Reablement is there to enable patients to thrive and reach their optimum in an enriched environment, ideally their home.

On the 23 October the ‘Exemplar Ward Programme’ was launched, looking at three wards for three weeks (343), harnessing the energy gained during the ECIP visit, and keeping it going by building trust and relationships and a social media campaign on Twitter #safer343. The plan was to keep rules and processes simple, and to fully implement the SAFER bundle in a supportive cultural change model. Dedicated senior social care, community therapy and nursing leads were mobilised to each ward to support the board rounds and to provide education and morale support to the teams.
What does SAFER mean to Colchester?

S: Senior review every day Working with the three wards to ensure every patient is reviewed by a consultant or senior registrar every day early in the morning (measured) and quickly moving to twice daily senior board rounds to facilitate more timely discharges.

A: All patients have an expected date of discharge that is reviewed daily. All patients can articulate when asked, What’s happening to you today? What’s happening tomorrow? Do you know what you need to do to get out of hospital? Hospital registered volunteers were secured to conduct the audit without bias, with a very simple data capture tool.

F: Flow Wards agreed to pull a patient before 10am from the Emergency Assessment Unit, every day, 7 days a week. To enable this all wards must have an early discharge too.

E: Early discharges Morning discharges should be the norm. 35% of the ward discharges should be before midday.

R: Review System partners led a weekly review of patients with a LoS longer than 7 days, problem solving the discharge, unblocking challenges and supporting the safe discharge of complex patients. Sessions were designed to build strength and resilience within teams and reinforce positive behaviours.

dashboard for the three wards was produced to capture the measurable impacts of the new way of working, reviewed daily and containing the following three questions:

- What worked well today?
- What didn’t work well?
- What are we going to do tomorrow?

By mid-way through the second week, each of the care of elderly wards had beds and were able to support the EAU ward to take patients from A&E, improving the safety of those patients newly admitted to the hospital. After the first two weeks of the project medically fit patients on the three wards reduced by 50%, and performance against the 95% A&E four-hour standard, ambulance handovers and flow through the hospital all improved.

The softer gains achieved through this process have included recognition of the value of the support services to the ward, for example dedicated portering services for the early daily discharges and a review of the use of therapy resources on the ward to ensure the patient pathway is understood by all and blanket referrals to therapies are not delaying patients when they could be seen in the community.

Overall, the demonstrable difference in this project is seen in the energy and confidence building seen on the wards as well as the system working collectively to a common goal.

“The 3-4-3 project has brought the community and hospital teams together. The improvements in communication and therefore the speed with which we can meet patients’ needs has been a major factor in improving safety”. Shane Gordon, Chief Operating Officer, Colchester Hospital University NHS FT

“This work seems to have sparked a revitalised will to work together and the confidence that by getting the right people in the room the solution is there”

Jo Hall, Deputy Chief Operating Officer, North East Essex CCG