Thinking differently to improve flow: understanding risk and what matters to the patient.
NHSI Sept 2018

Discharge & Risk - reflecting on ESD & HomeFirst

Cris Mulshaw, MCSP
Head of Therapies
Salisbury Foundation Trust

Outstanding Every Time
HomeFirst – supporting patient choice

https://www.youtube.com/watch?v=i62tF3tOQ9Y
ESD Salisbury

• ESD continually evolving
  • HomeFirst ethos
  • “what matters to the patient”

ESD main outcomes
• 601 bed days saved in first year
• Reduced prescribed POC consistently
• Enhanced turnaround for readmissions
Why me, today?

- Community – Rapid response / admission avoidance
  - Do you want to stay at home?

- Acute – organisational & flow
  - Do you want to go home?
Myths or conflicts??

**Acute**
- Never any capacity in the Community
- No care available
- Too complicated, too many services
- Too easy to admit, “holiday respite”
- No communication
- Care can never start on a weekend

**Community**
- Risk averse
- No communication
- Chucking them out late at night
- Come out worse than they went in
- At least the patients are safe in hospital
- No-one to discharge patients at w/e
My priorities

• Restore confidence
• Enable innovation
• Develop leadership & empower clinicians

“I alone cannot change the world, but I can cast a stone across the waters to create many ripples.”

Mother Teresa
#WISEWORDS
Problematic

• Top down approach – lacked involvement of front line clinicians
• Engagement / Vision – all about the process
• Under-resourced / staffed – key clinicians doing on-top of the day job
• Uncertainty re future
Its all about the flow......

A hospital bed is a parked taxi with the meter running.

Groucho Marx
Patient Flow – it's all about the system

Bridge the gaps

1 bed can make all the difference
Pressures to discharge

https://www.youtube.com/watch?v=-QIoLrU4R9A
Early Supported Discharge Team

- Supportive culture
  - Check the data
    - Listen & support
    - Talk about it & look out
    - Gain support
    - Use the data
    - Create a plan
“More joined up & sustainable services help improve the health and care of local populations and may make more efficient use of available resources (by reducing avoidable admissions, facilitating timely discharge and improving people’s experience of care).”

Dept of Health 2017
Embracing risk; enabling choice to support patients to return #homefirst

NHSI - ECIST2

https://www.youtube.com/watch?v=hl07iA9-6qs
Developing the model:- Focus on quality and the patient, embrace the risk

Freedom to act / Trust
Time to listen
Support to take risks

Test the model
Keep the data
Accept failure as well as successes

Space to discuss options & identify risk
Co-production & feedback
Support to adapt the model
Have a vision

Support to take risks
Navigate & challenge the system
Celebrate success
Tell the stories
3 key messages – for HomeFirst as an ethos

1. **LISTEN to the person** – take the time and allow them to explore their own risks

2. **HomeFirst is an ethos** not a thing!

3. **BOTTOM UP!** – set the vision and empower staff to explore, test and refine their HomeFirst approach
It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly.

—THEODORE ROOSEVELT
Breakout session 2

- Bedside handover in a community hospital including the patient in the conversation (Rolls Suite: First floor)
- Transforming A&E using single clerking and innovative staffing solutions (Royce Suite: First floor)
- How to develop a home first model with new roles (Lancaster Suite: First floor)
- Developing a frailty model (Stanley Suite: First floor)
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“A GOAL WITHOUT A PLAN IS JUST A WISH”
“More joined up & sustainable services help improve the health and care of local populations and may make more efficient use of available resources (by reducing avoidable admissions, facilitating timely discharge and improving people’s experience of care).”

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Refreshment break

Wifi: ECISTconferences | Password: FLOWNHS710
Glisser: glsr.it/ECIST2018
Twitter: #TBC
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A Process Map!
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Act  Plan
Study  Do
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