SAFER Journey and collaborative
Setting scene
Setting Scene
Beginning Both Sites..........

- Late Board rounds
- No use of discharge lounge
- No AM discharges
- Lack of consistency in daily planning
- Lack of ownership and accountability
History of SAFER

• SWIST (SAFER ward improvement support team)
• Upcoming AHR (acute hospital reconfiguration)
• 4 hour care standard
• Stranded metric
Risks and Challenges

- Motivation in ward areas
- Clinical engagement
- Sustainment
- Buy in from some teams
- Understanding from all
- Time challenge to staff
All wards, all teams, all the time.
Early results and progress

<table>
<thead>
<tr>
<th>Date</th>
<th>Gate 41</th>
<th>Gate 42</th>
<th>Gate 43</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/1/16-20/7/16</td>
<td>368</td>
<td>229</td>
<td>377</td>
</tr>
<tr>
<td>30/1/17-20/7/17</td>
<td>463</td>
<td>324</td>
<td>492</td>
</tr>
<tr>
<td>Extra discharges</td>
<td>95</td>
<td>95</td>
<td>115</td>
</tr>
</tbody>
</table>

- Significant and consistent increase in all 3 wards with regards discharge

**Median length of stay**

<table>
<thead>
<tr>
<th>Date</th>
<th>Gate 41</th>
<th>Gate 42</th>
<th>Gate 43</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/1/16-20/7/16</td>
<td>16.61</td>
<td>21.03</td>
<td>16.96</td>
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<tr>
<td>30/1/17-20/7/17</td>
<td>13.96</td>
<td>15.72</td>
<td>13.40</td>
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<tr>
<td>Reduction of:</td>
<td>3.56</td>
<td>5.31</td>
<td>2.65</td>
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</table>

- Significant reduction in PT LOS
ECIST Collaborative

- Mid Yorkshire NHS Trust
- University Morecombe bay trust
- Countess of Chester
- Wirral University teaching hospitals
Peer reviews

- Cross MDT working and relationship building
- Better engagement from teams
- More critical approach to working. EG S1 R2G
- Important for outside in opinion
What worked.............

• Good learning around what is “working well” and not
• ECIST support
• Ideas to take away in relation to implementation. One size does not fit all.
• Focus a critical eye. Different approach
• Focus our own teams as part of review
Didn’t work

- Trust in different positions.
- Data and informatics
- Time management of day as initial visit
- Specific time discussions so miss out on potential learning
Going forward

• Lots of good work
• Celebrate and recognise
• Know what you want to influence and measure improvement
• Proud to work at Mid Yorkshire NHS Trust
• Continual learning visits and open communicative channels
## With Collaborative

<table>
<thead>
<tr>
<th></th>
<th>Discharges 1-1-16-1-7-16</th>
<th>Discharges 1-1-18-1-7-18</th>
<th>LOS 1-1-16-1-7-16</th>
<th>LOS 1-1-18-1-7-18</th>
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<tr>
<td><strong>Medical</strong></td>
<td>17.81</td>
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<td>8.8</td>
<td>7.8</td>
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<td>26</td>
<td>7.77</td>
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<td>20.33</td>
<td>12.23</td>
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<tr>
<td><strong>Medical</strong></td>
<td>14.74</td>
<td>19.46</td>
<td>16.66</td>
<td>12.69</td>
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</tbody>
</table>
Because of collaborative

• EDD compliant
• Daily senior review
• Clinical engagement
• Improvement in discharge times
• Better utilisation of Discharge
• Strong SAFER message
• “buzz”