



Keeping Patients safe 24/7

Diana Hamilton-Fairley MD, FRCOG

Consultant O&G

Dean of Secondary Care Specialties London

LondonDeanery

Guy's and St Thomas'

NHS Foundation Trust



Aim

- Explain the context of medical workforce challenges faced by the NHS
- Current thinking on patient pathways in the UK
- Describe 2 different hospital wide solutions
 - Acutely Unwell patients
 - Enhanced roles
 - New roles
- Departmental solution

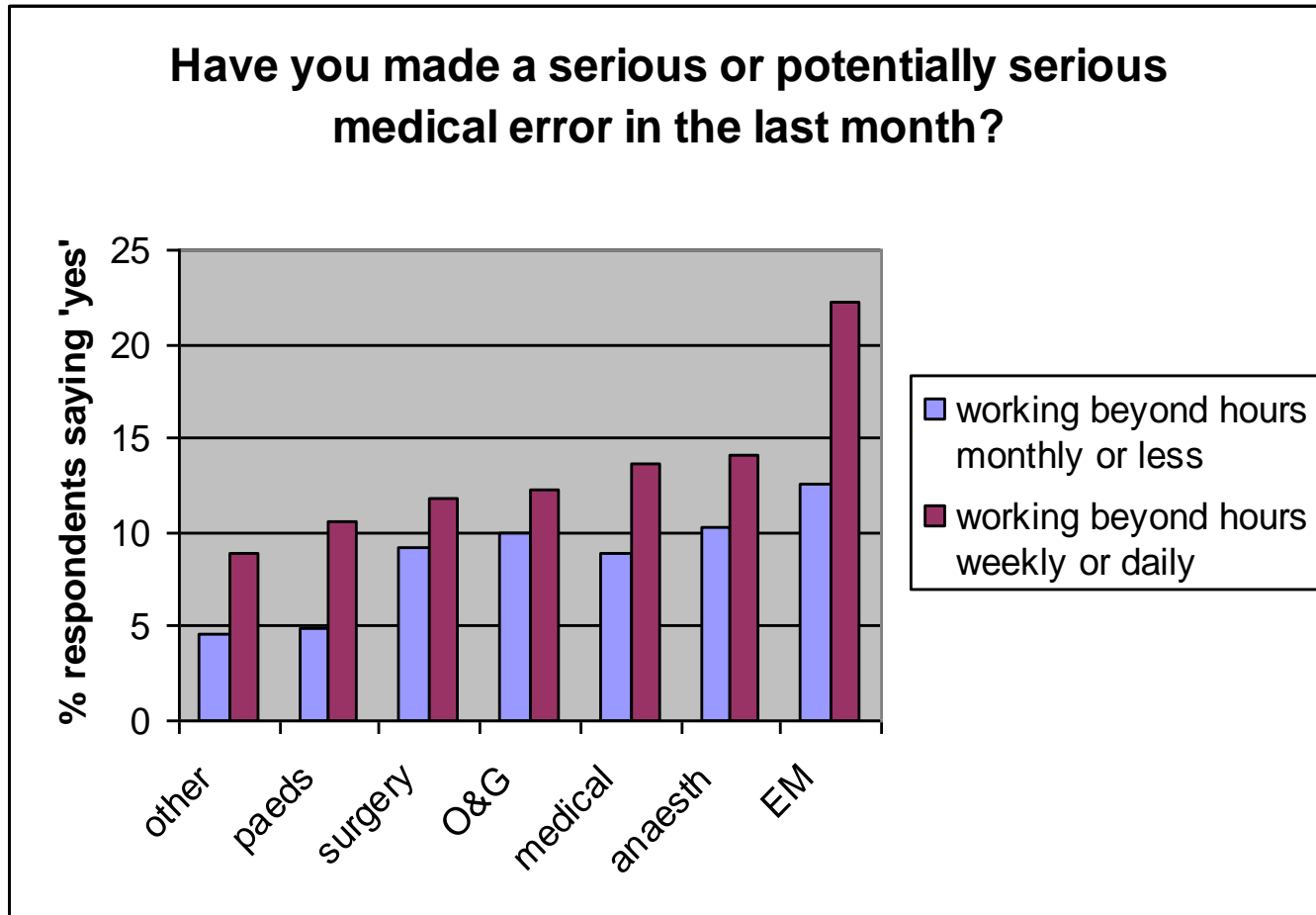
Clinical Errors

- *40% of patients suffer harm because of clinical errors made by staff in hospital.*
- *10% of these lead to significant and long lasting harm for the patient.*
- *USA, Australia, UK*
- ***So do the hours matter....***

Workforce Challenges

- Reduction in Junior Doctor Hours
 - 1981 102 hours considered normal
 - 1993 96 to 72 hours (New Deal)
 - 2001 72 to 64 hours (56 actual worked)
 - 2004 64 to 56 hours EWTD Part 1
 - 2009 48 hours for all staff EWTD Part 2
- Regulation of rest periods
 - On site = work even if asleep
- Reduced time to complete training
- Drive for “consultant “ delivered care

Working long hours is bad for everyone's health



Patient Pathways

- Elective / Planned / Scheduled
 - Predictable but things can go wrong
- Emergency / Acute / Unplanned / Unscheduled
 - Unpredictable Access to services
 - Relatively predictable needs
 - Variable duration of stay
 - Things can change
- Drive to keep patients out of hospital and in the community

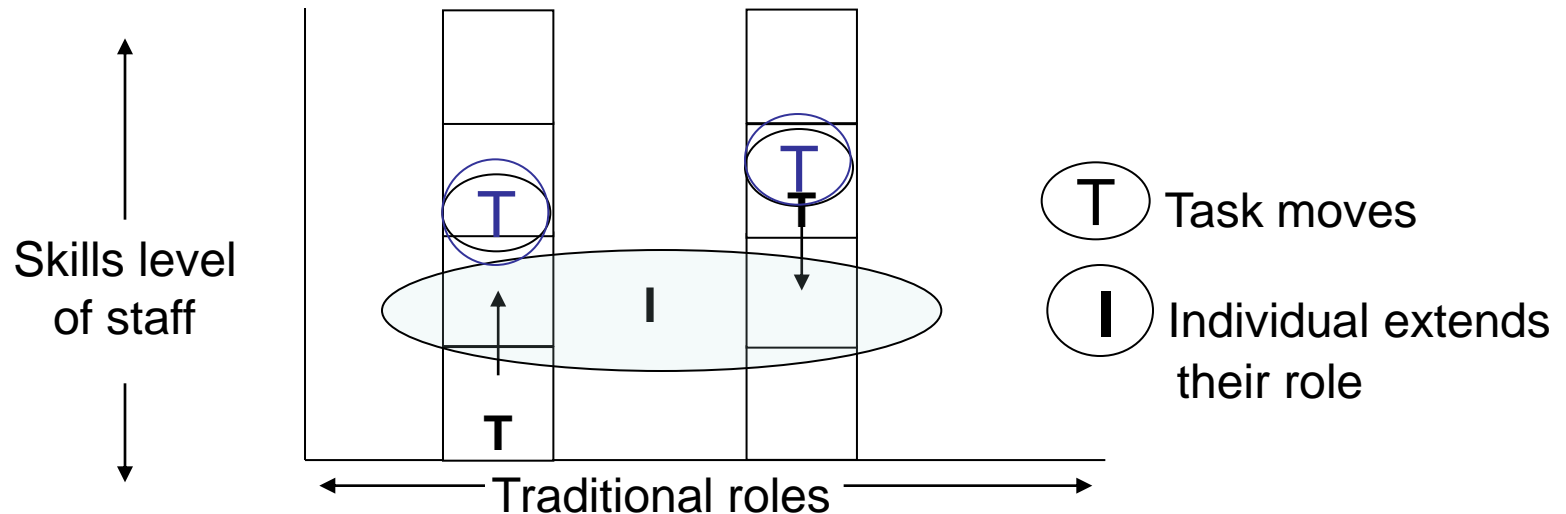
Recognition

- We needed to do things differently
- No more junior doctors in the system
 - Were they the right answer for safe patient care?
 - Need to have reliable skill sets in the workforce?
 - Need to meet patients needs 24/7
 - Need to keep costs down

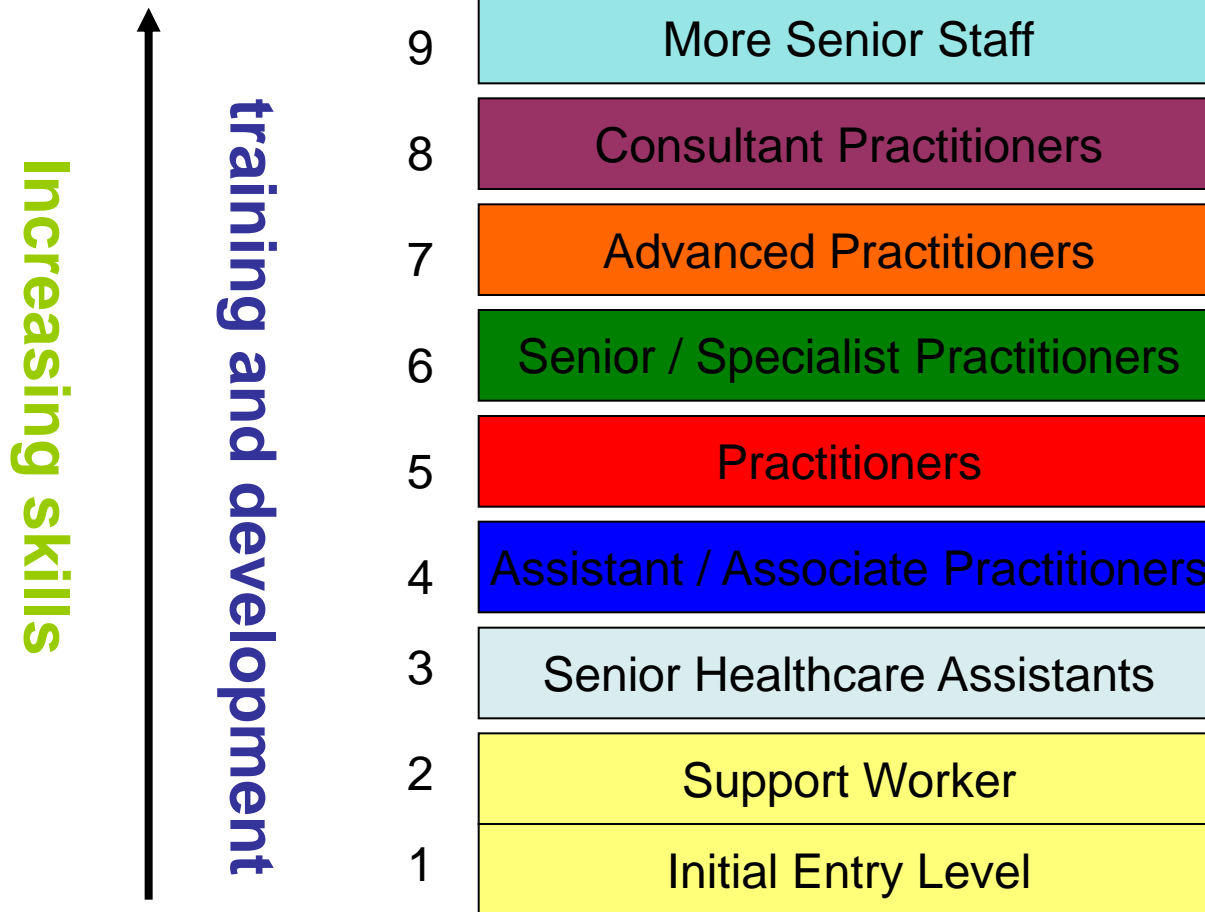
How?

Identify the skills and competencies needed,
ask who can do that now,
who could do it in the future

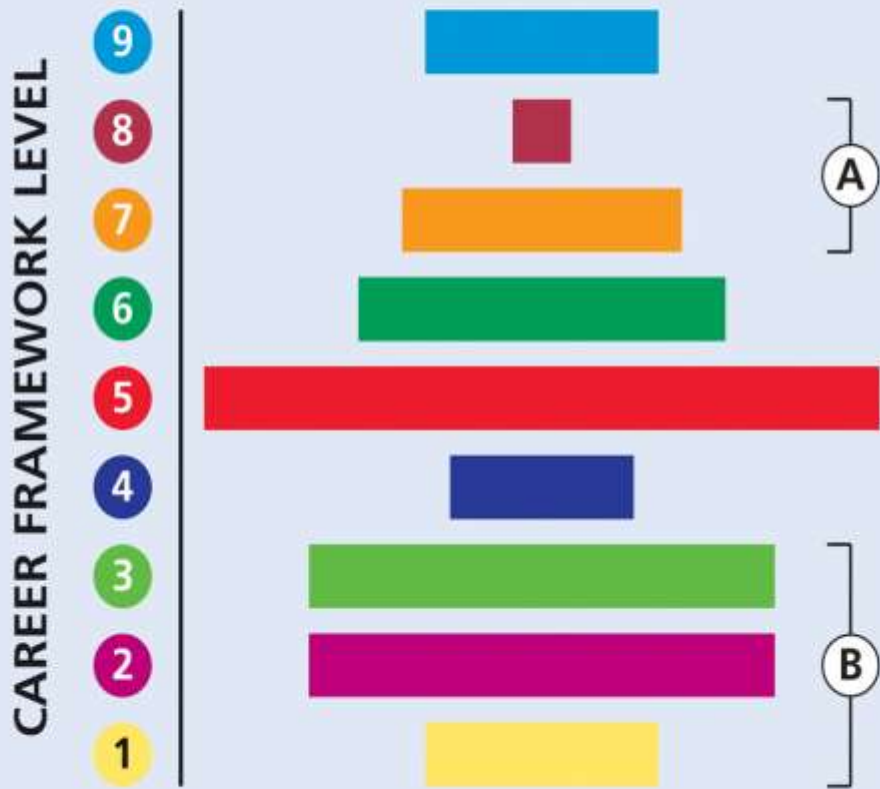
Tasks move up the skill ladder, Tasks move down the skill ladder
Individuals extend their skills across the traditional roles



The skills escalator



PROFILE OF THE CURRENT NHS WORKFORCE



A

A There is the opportunity to improve skill mix by developing posts at levels 7 and 8, in order to aid initiatives that will improve services to patients.

B

B The wider healthcare team of support workers makes up an estimated 20–30% of NHS organisations. On average most spend 19–25 years in service.

Hospital @Day & Night

- The aim is that patients are cared for *day and night* by
 - **The right person with**
 - **The right skills at**
 - **The right time**

= PATIENT SAFETY

Taking Care 24/7

- Improve quality of care for the Acutely ill patient
- Separate Emergency from Elective pathway

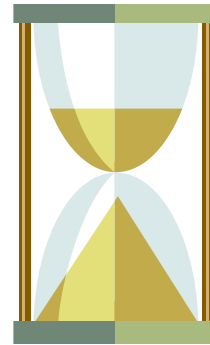
And;

- Achieve EWTD
- Minimise inappropriate duties for all professions
- Optimise supervision and support of junior staff
- Maximise training opportunities
- Keep costs down

Guy's & St Thomas' NHS Foundation Trust

- Foundation Trust – 2004
- Two of the oldest teaching hospitals in London
- 1150 beds
 - **Guy's Hospital – mainly elective and tertiary (350 beds)**
 - **St Thomas' Hospital – Acute, Emergency and some elective (730 beds)**
- Evelina Children's Hospital 120 beds
- 850,000 patient contacts per year
- Annual Budget £980m
- 10000 staff
- Academic Partners: Kings College London, Kings College Hospital, South London and Maudsley, & London South Bank University
- 2500 Clinical Trainee Placements per year

The Past



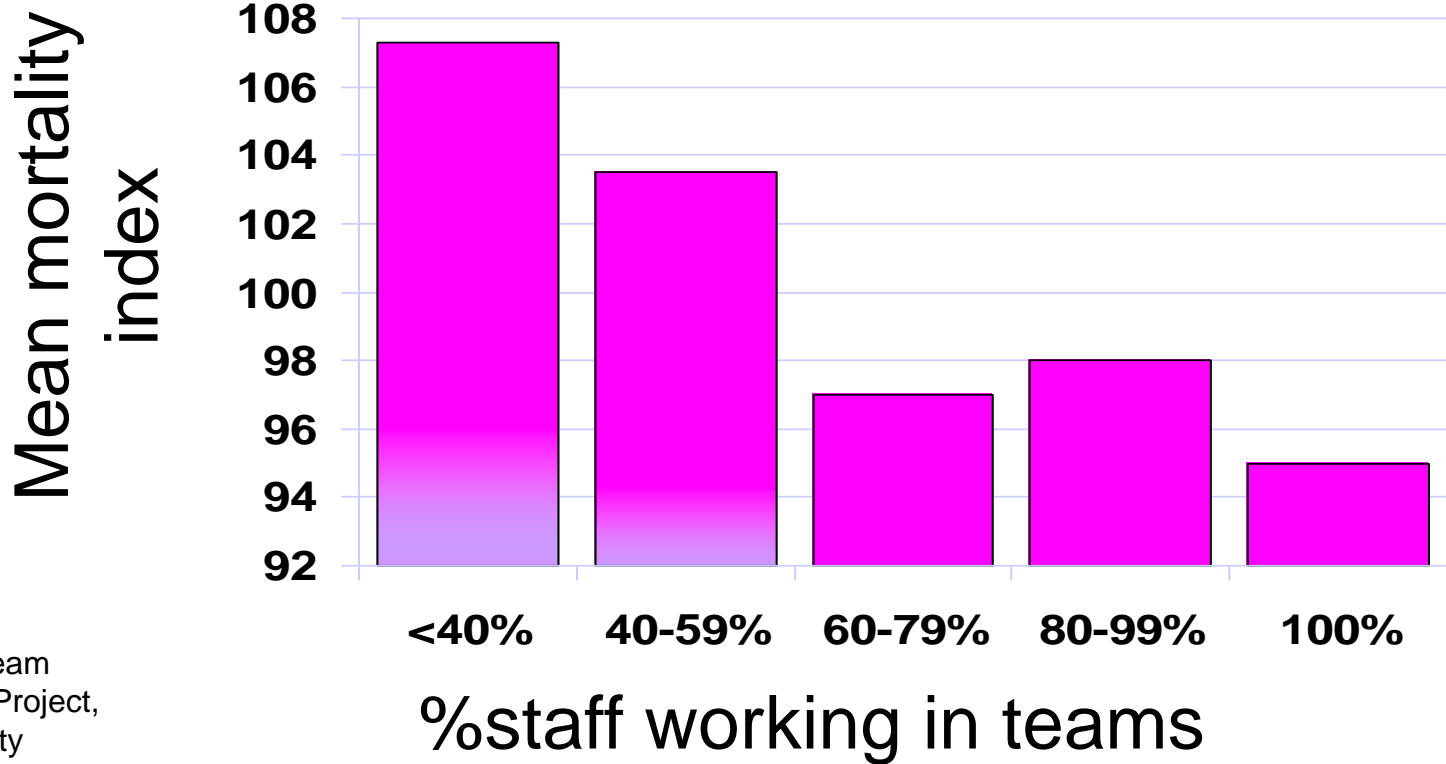
Why Team Approach

- In acute medical situations, there are usually *multiple tasks* that need to be performed *simultaneously*, and there is generally an associated *time pressure*
- However the rest of the show must go on;
 - Small but important tasks
 - Movement of patients
 - Routine observations
 - Investigations
 - Operating

Message to the team

- Patients are not specialty / team specific
- Patients are people who have medical needs overnight that any member of the team will be called upon to help according to need and your skills
- 95% of skills needed are generic not specialist
- It is not only doctors that can deliver them
- **TEAMS SAVE LIVES**

Teams save lives



Source:

Health Care Team
Effectiveness Project,
Aston University

System

- Simple
- Consistent
- Competency based
- Meet patient's needs
 - Same bleep numbers night and day
 - All bleeps via single point of contact
 - Structured handover
 - Stable staff base

Acute Response Team

- Multi-professional team
 - Senior Nurse Practitioners (SNP)
 - Doctors
 - Physiotherapists
 - Clinical Assistant Practitioners / Physicians Assistants
 - Diagnostics
- Co-ordinated to respond to the patients' needs

Responding to Unwell Patients 24:7

At All Times Call Own Medical Team as well Where Possible

Emergency Resuscitation Team

Cardiac arrest, collapsed, fitting or unconscious patient

Dial 2222 and state your location

Critical Care Response Team

PAR Score 6, or patient meets the Surviving Sepsis criteria, or requires admission to Critical Care

St Thomas' site bleep - 0610, Guy's site bleep - 0762

Staff must also bleep the Clinical SNP- see below

Acute Response Team

PAR Score 4 or more call the SNP.

St Thomas' site bleeps; East wing - 0161, North wing surgery - 0164,

North wing medicine - 0166 . Guy's site bleep - 1162

Staff should also call the SNP for any patient they are concerned about. At night this includes patients who are; PAR scoring more than 2, confused, or at risk of falls, or going missing.

Acute Response Team

Model based on:

- Handover x2 per day
- Referral of unwell adults (based on PAR score) to SNP not doctor
- SATTs – assess, treat &/or refer
- Priority 4 review
 - P0 – urgent/immediate care
 - P1 – within 1 hour
 - P2 – within 2 hours
 - P4 – within 4 hours
- Clinical management pathways followed by all

SNP Competencies

– **Clinical Skill set**

- Core clinical skills
- Prescribing
- Airway management
- Cardiac arrest
- Advanced skills – ABG, ECG, CXR, Result interpretation

– **Managerial Skill set**

- Site management – escalate to Exec. Director
- Bed management
- Clinical co-ordination
- Hospital coordination
- Leadership

H@N Team - St. Thomas' Hospital (820)

Evelina Children's

PNP

Paed Reg

Paed SHO

Paed A&E SHO

Acute Response Team

Covers all areas

SNP 1 (Beds)

Medicine Reg / SHO

Surgery Reg / SHO

Ortho / Plastics SHO



East & South Wing

SNP 2

Cardiology SHO

Cardiac surgery Reg

North Wing

SNP 3

FY1

Periop

3 Anaesthetic Reg,

1SHO

ICU

1 Reg, 2 SHO

Obstetrics

2 Reg, 1 SHO

Neonates

1 Reg, 1 SHO / ANP

LondonDeanery

Guy's and St Thomas'



NHS Foundation Trust

24:7 Team Guys Hospital (330)

H@D

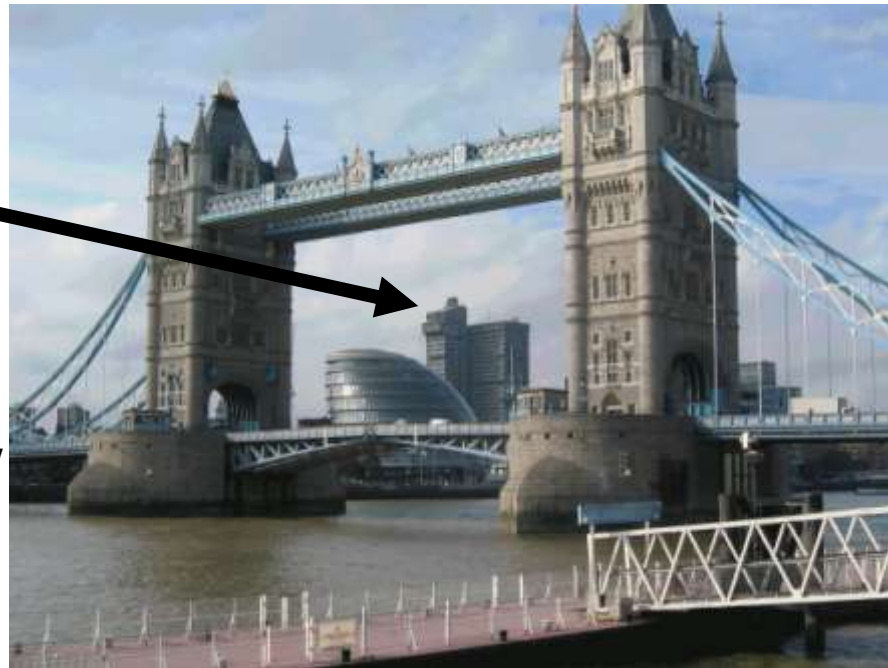
2x SNP

Consultant Physician
Surgical and Medical
Teams

H@N

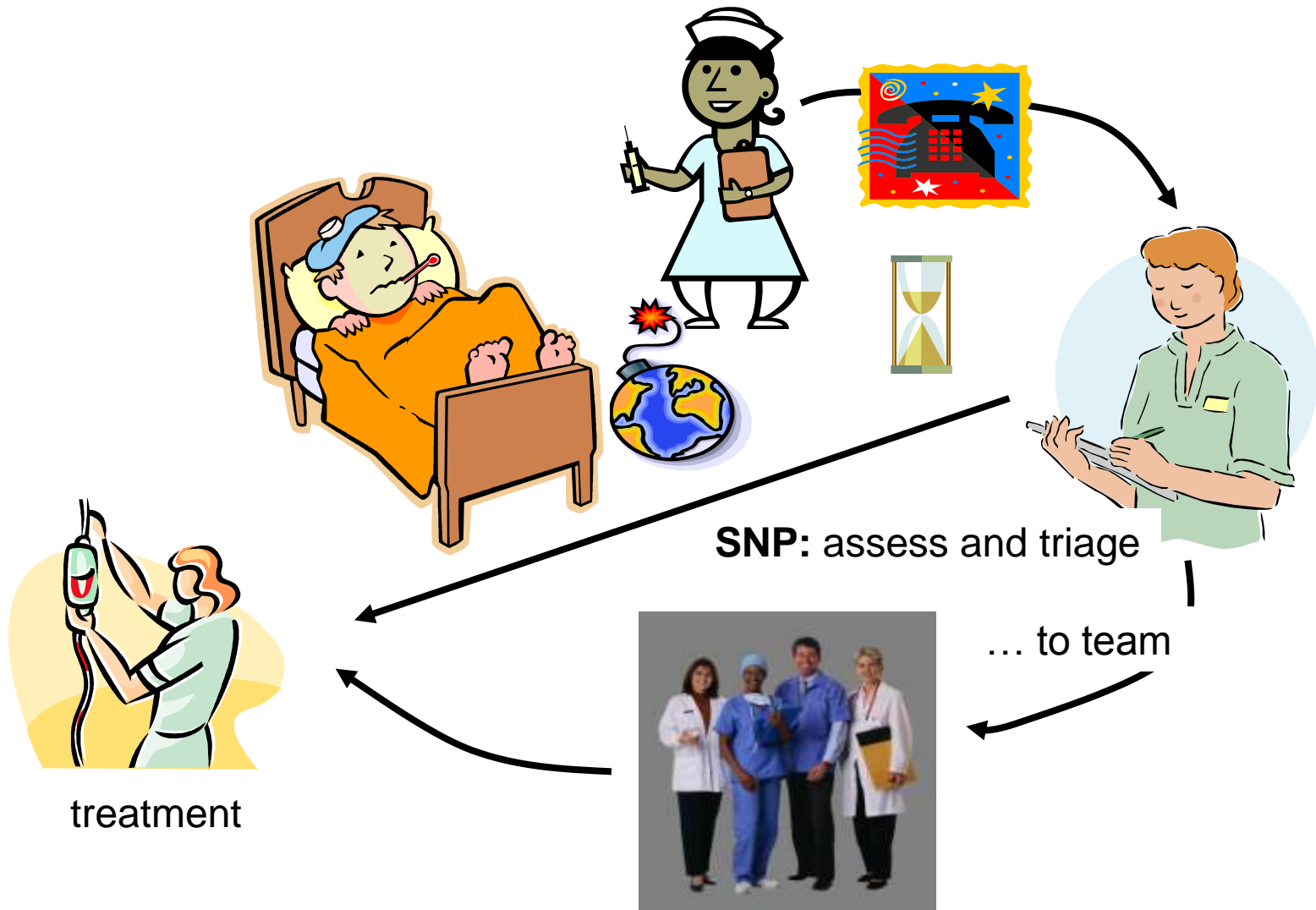
1xSNP

ENT / Urology / Thoracic /
Breast / Ortho F2 / SHO
Renal SHO
Oncology/ Haem SHO
Anaesthetic Reg
GCCU Reg



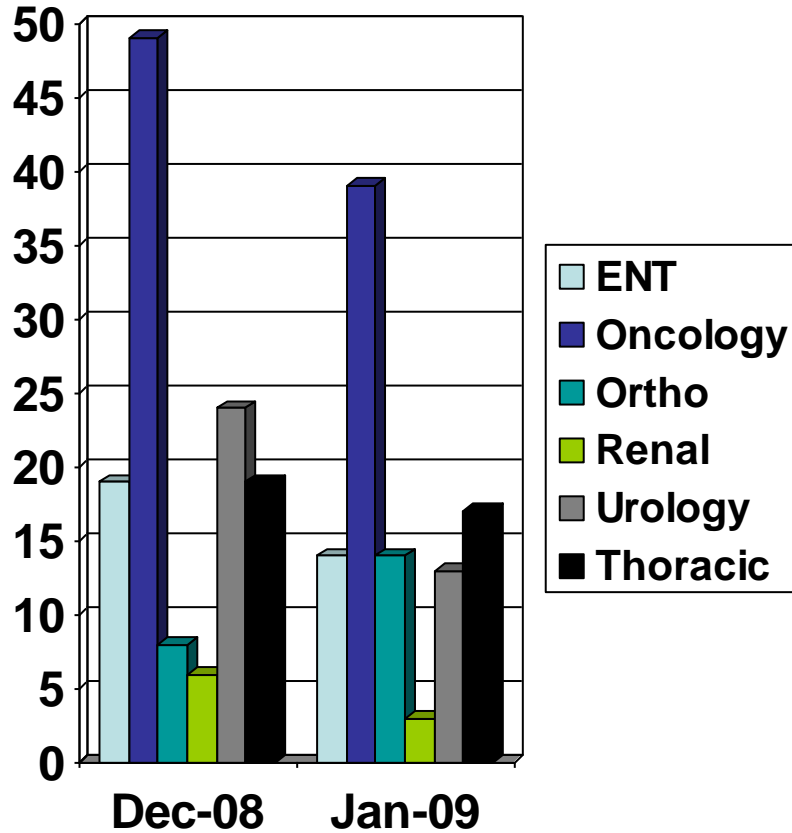
LondonDeanery

Following Hospital 24/7

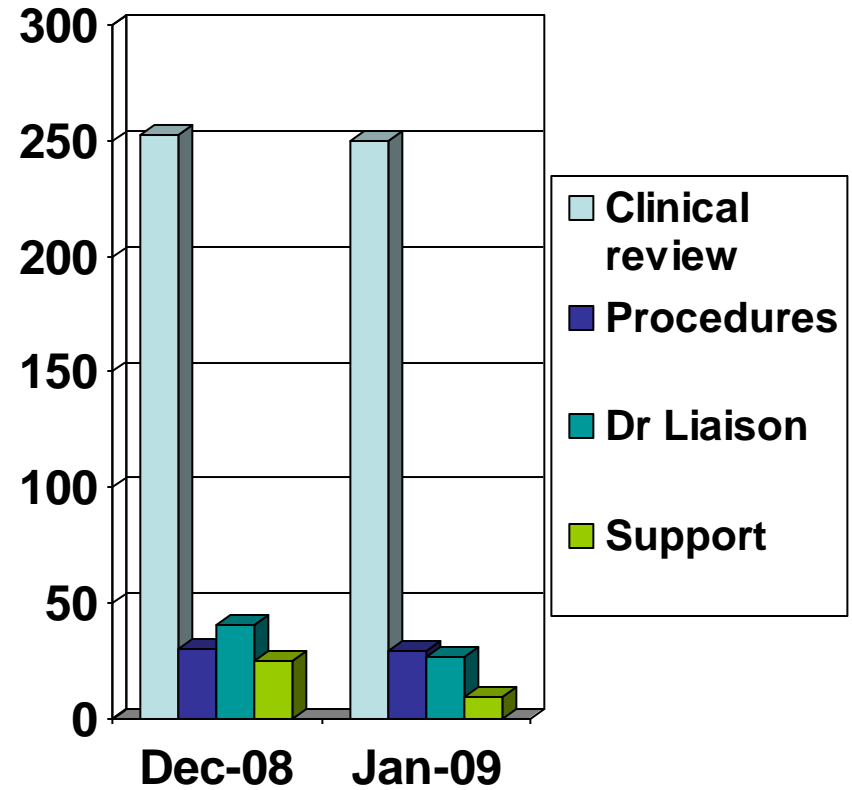


SNP service

Referral by specialty

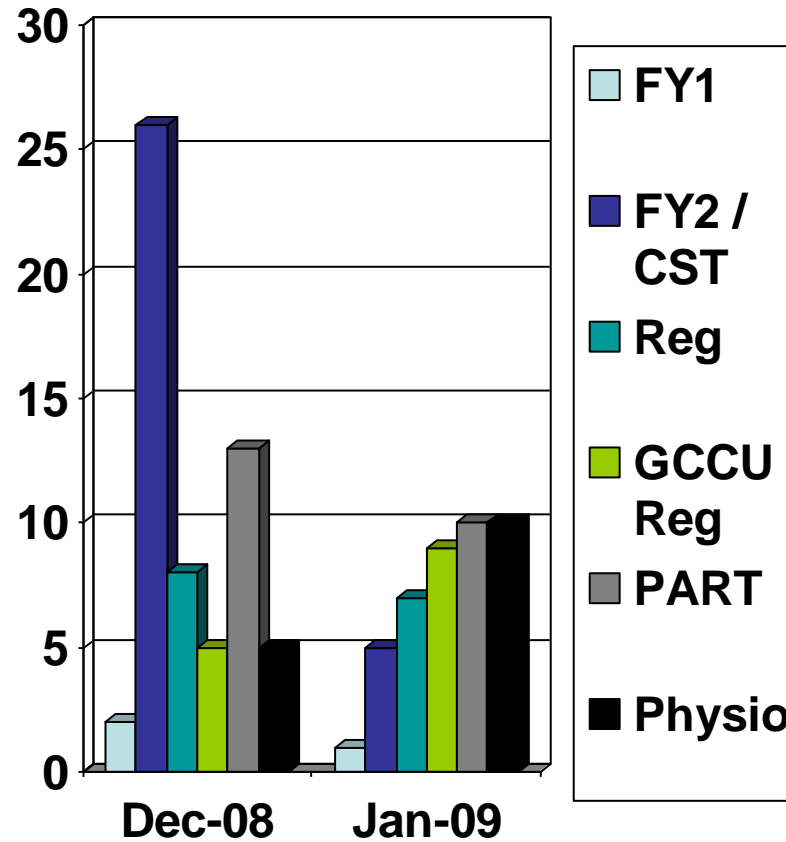


Activity

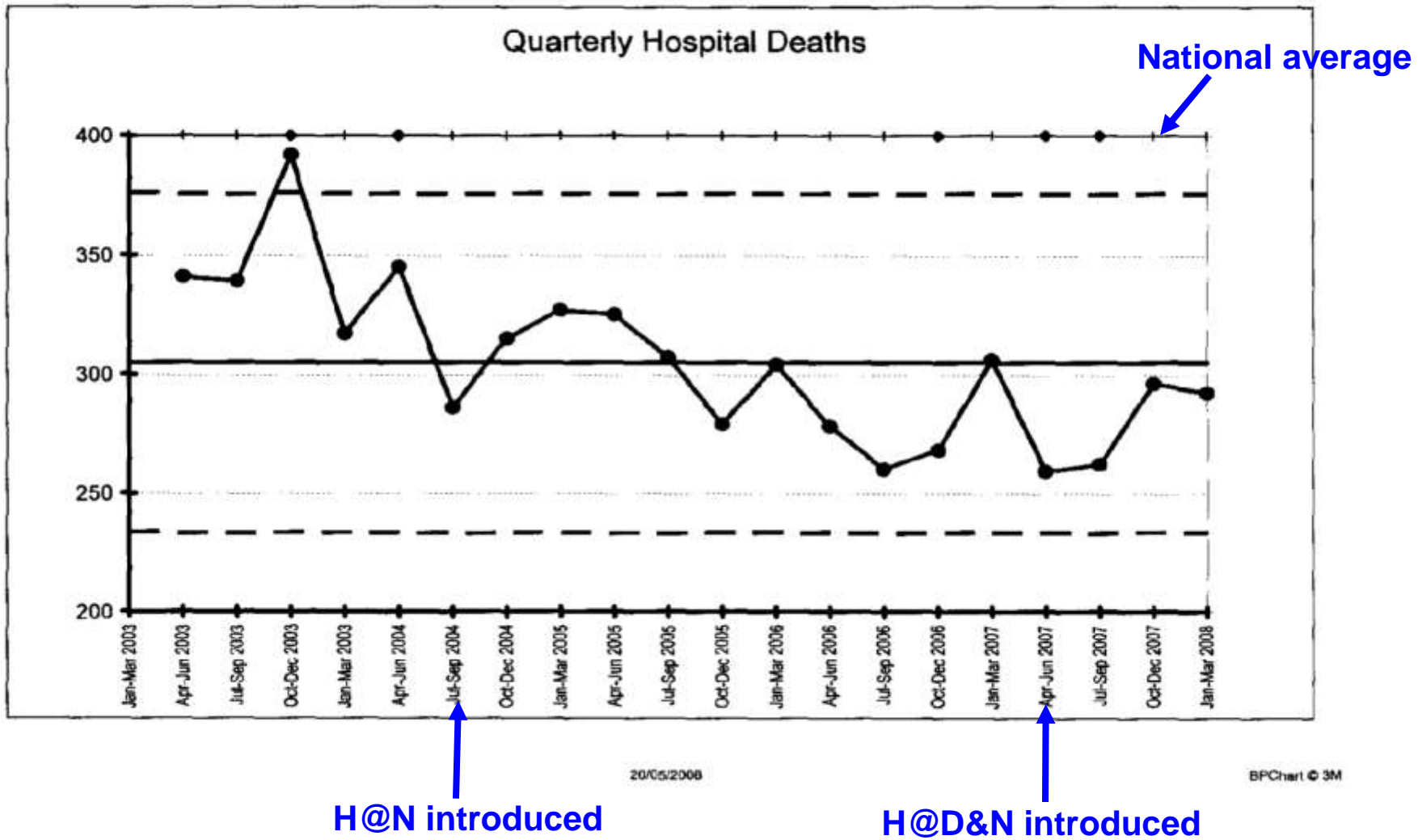


SNP service

Referral



HSMR Data 2003-2008



Homerton Hospital

- District General Hospital
- 470 beds
- High Deprivation Index
- 80% acute / unplanned admissions

Acute Admissions Unit

- Adjacent to ED
- Consultant Physician 12 hours per day
- Consultant surgeon available to unit 12 hours per day
- Medical and Surgical Registrars / Core Trainees / FY1 and 2 24 hours per day
- Twice daily ward rounds
- Team available to rest of hospital overnight

Hospital by Day & Night – process is:

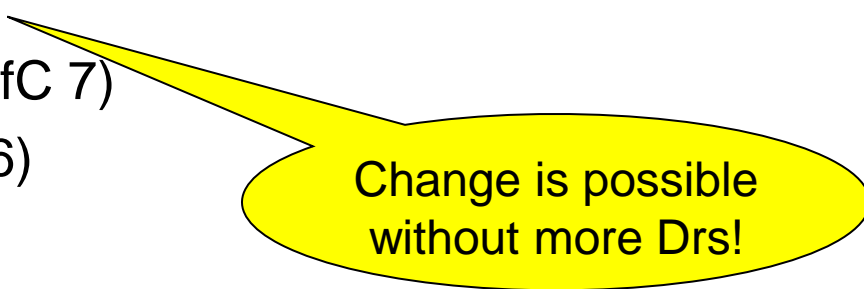
- Coordinated
- Cooperative
- Prioritised
- Concentrated
- Minimal waste
- Appropriate referral
- Good supervision and training
- Multiprofessional Team

Patient safety

- Reduced incidents
 - Serious untoward 16 in 2003, 1 in each of 2008,09,10
 - No cardiac arrests at Guys for 110 days, still at 25% of pre 2009 levels
 - Reduction in MRSA 87 in 2003, 7 in 2010-11
 - Reduced LOS – closed 270 beds in last 4 years with overall increase in activity of 8%

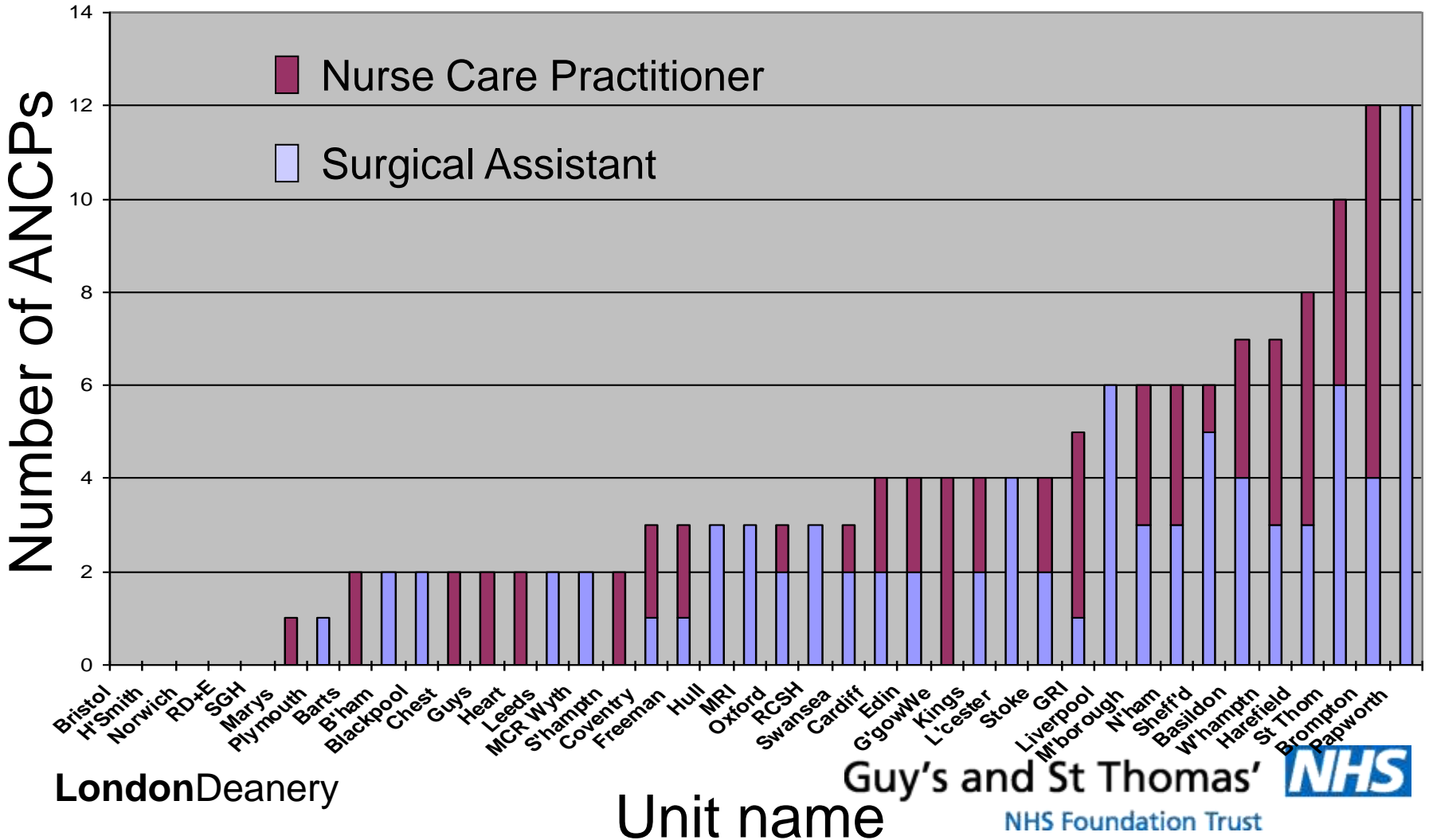
Reducing dependence on junior medical staff

- Cardiothoracic Surgery
 - 10 SHOs to August 2007
 - 2 SHOs from August 2008 – based at Guys for thoracic training (now 5)
 - 0 SHOs for cardiac surgery
- From August 2007
 - 3 Nurse Case Managers (AfC 7)
 - 6 Surgical Assistants (AfC 6)
 - 1 WTE Pharmacist



Change is possible
without more Drs!

UK Cardiothoracic units and numbers of ANCPs



Success of H@D&N

- Reduced patient risk
- Care managed via handover
- Improved communication
- Reduction in clinical incidents
- Reduction in mortality rates
- Improved communication
- Improved team-working out of hours
- Improved training & support for junior staff
- Recurrent saving of £4.1m

Thank you

Dr Diana Hamilton-Fairley

Diana.Hamilton-Fairley@londondeanery.ac.uk

Guy's and St Thomas'
NHS Foundation Trust

