

Process Redesign, Change and Innovation to Improve the Patient Journey

St George's NHS Trust and the South London Cardiac and Stroke Network



This project aimed to provide a better patient experience: improving services from admission to discharge to provide a safe, equitable and accessible service for all. The results show an outstanding contribution to improving services.

Keys to our success:

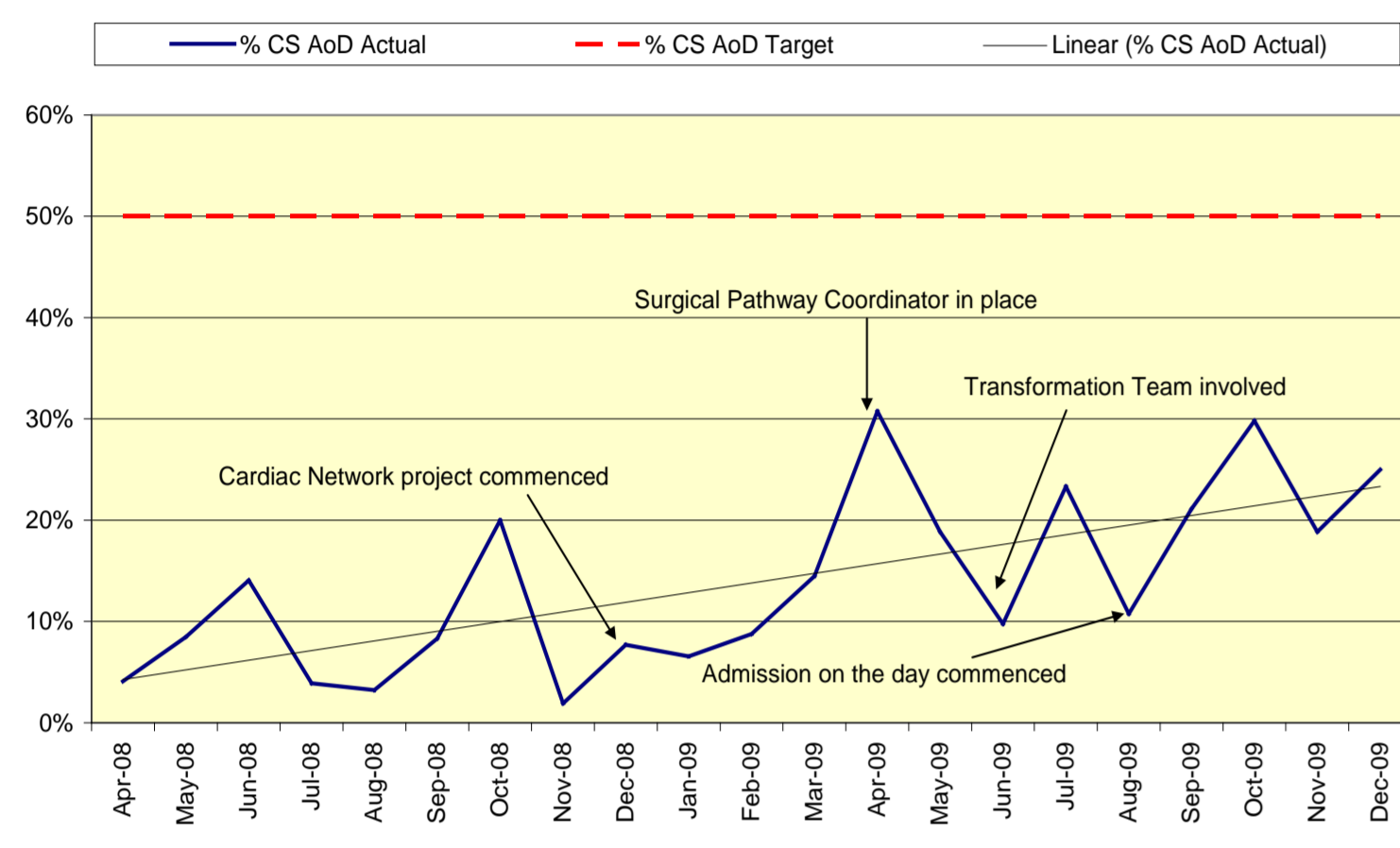
Creating a cross-functional project team chaired by the general manager with clinical and managerial membership and dedicated project management support from the Network. The team included service managers, heads of nursing, matrons, clinical nurse specialists, clinical audit, transformation project manager, consultant cardiologists and cardiac surgeons.

Agreeing on a set of key values that was integrated into the project objectives and reflected the Trust's strategic vision.

Defining the problem statement through baseline data which identified areas for improvement. The project developed into a whole pathway redesign that was subdivided into five key workstreams. Each workstream had a lead responsible for the work. Project team meetings were held every fortnight. In addition to progress reporting, these meetings improved team morale and commitment to the project.

Establishing the use of highlight reports for each workstream to monitor work against key goals, actions, risks and progress.

Admission on the Day of Surgery



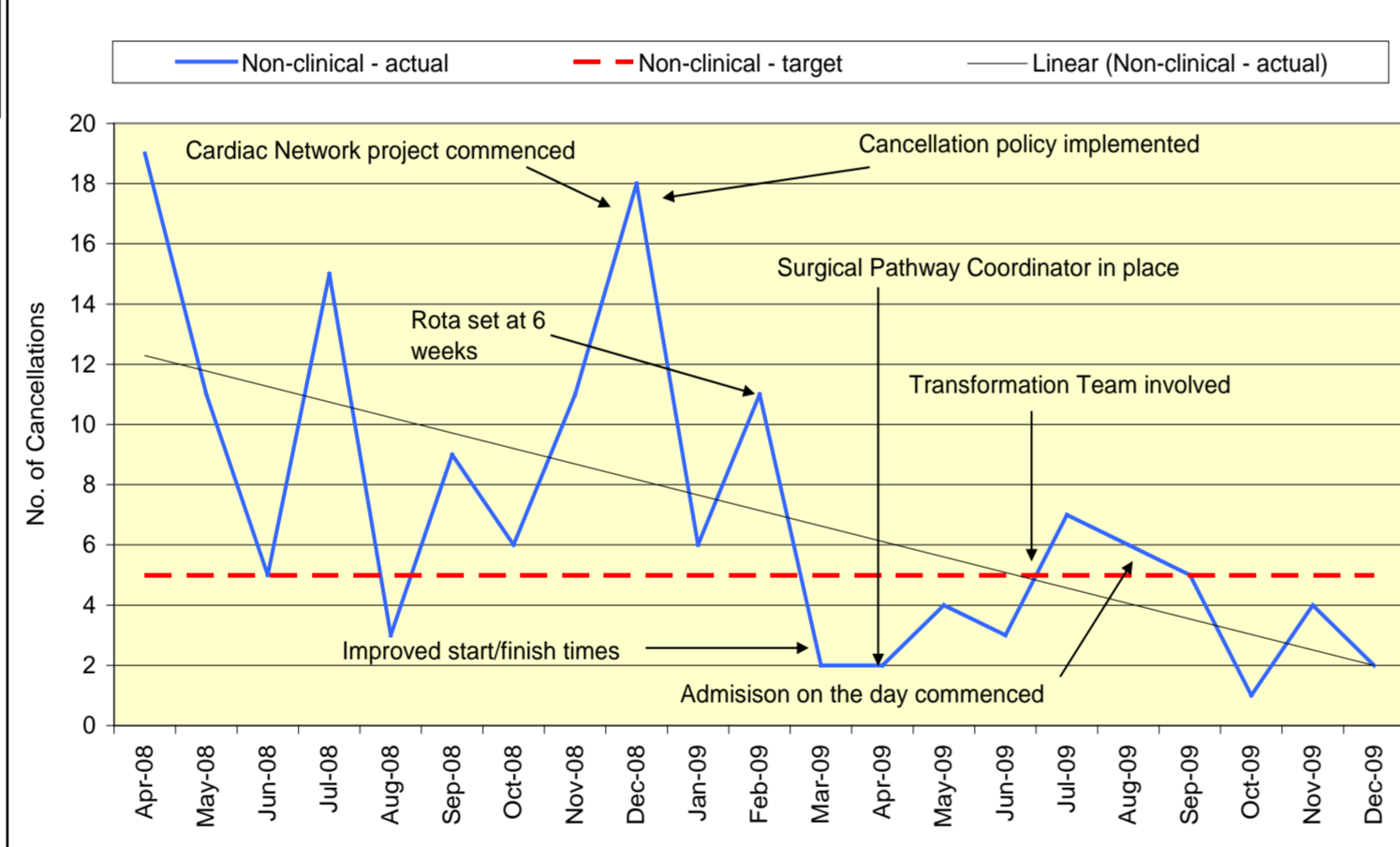
The percentage of patients being admitted on the day of surgery increased from 9% of all cases in February 2009, to 19% of cases in February 2010.

12% of cases were cancelled due to non-clinical issues in February 2009, but only 1% were cancelled for the same reasons in February 2010

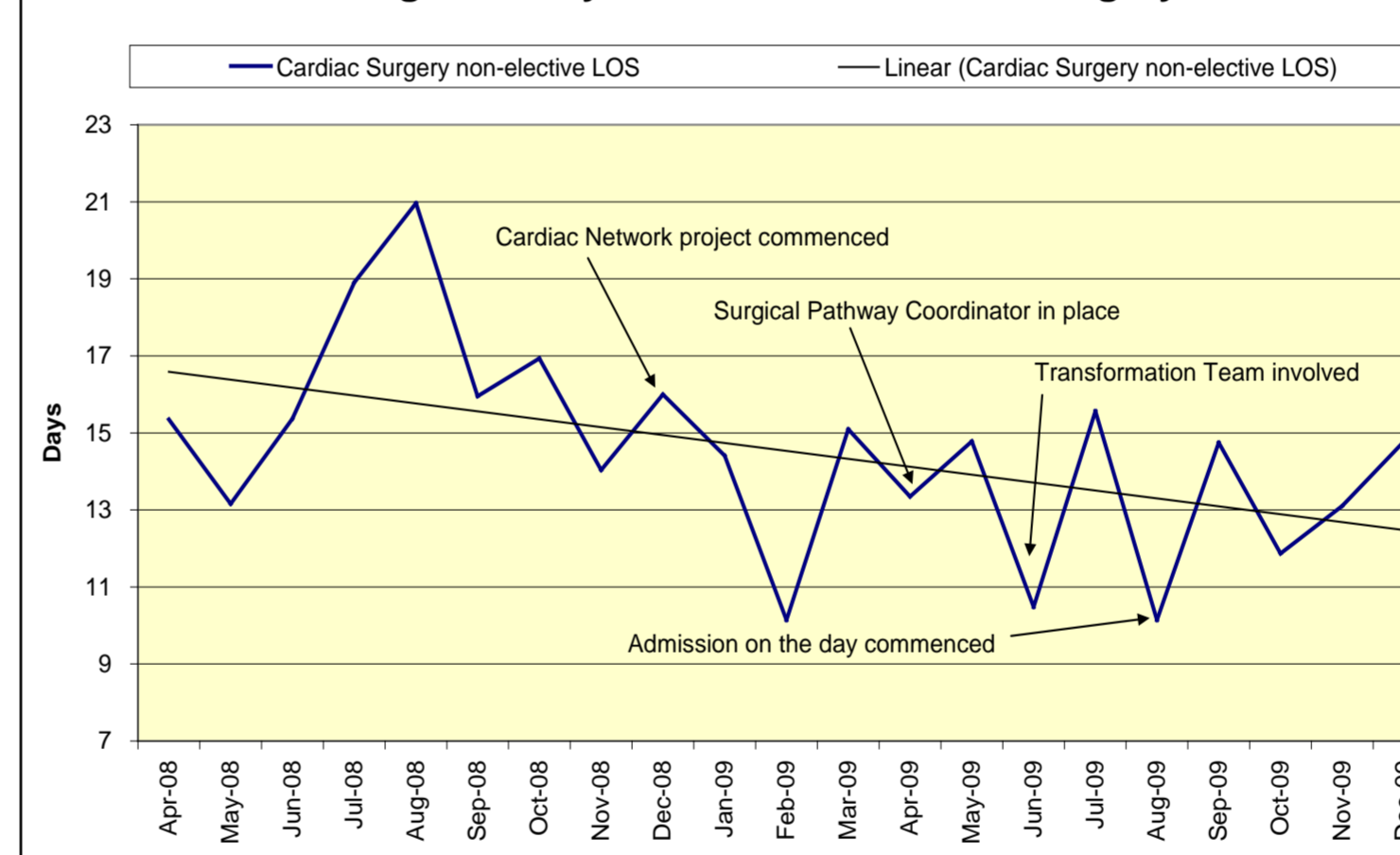
Length of stay of elective patients reduced from an average of 9.5 days in February 2009, to 7.6 days in February 2010.

Although the average length of stay for non-elective patients has gone up from February 2009 to February 2010, the overall trend is a decrease in length of stay. Work on this area is still on-going, and now being addressed in the cardiology project group as well.

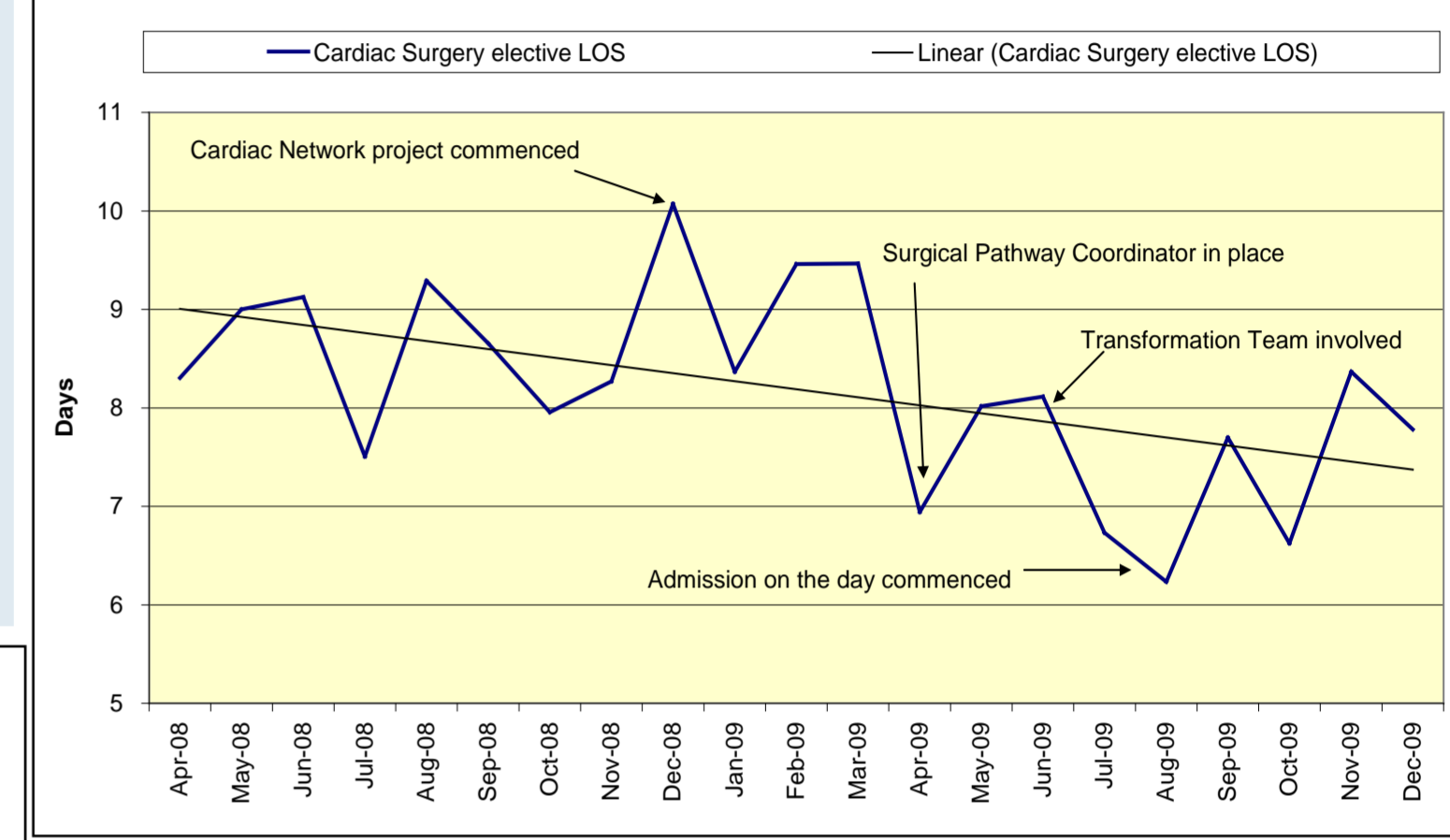
Non-Clinical Cancellations



Length of Stay - non-elective cardiac surgery



Length of Stay - elective cardiac surgery



“Working together on this project has brought the team together and I’m so proud of what we’ve achieved. We were all sceptical to begin with, but working with the Network and the Heart Improvement Team has encouraged us to start a similar project in cardiology – we’re now looking forward to a similar success story!”

Jane Fisher, General Manager

Quality

Safety improved by ensuring all patients were pre-assessed. Thorough work-up resulted in considerable reductions in cancellations and safer pathways.

Patient experience improved by reduced length of stay and cancellations.

Non-elective patients now receive information through their nurse-practitioner that previously only elective patients received

Jersey patients and their families will soon be able to stay in better accommodation.

All patients are given more notice of their operation date enabling them to plan their admission and work life, and arrive at hospital knowing what to expect.

Contacts: Laura Gillam, South London Cardiac and Stroke Network, laura.gillam@slcsn.nhs.uk, Jane Fisher, St George's NHS Trust, jane.fisher@stgeorges.nhs.uk

Innovation

The project demonstrates innovation in the improvements made to the Jersey patient discharge.

Airline flight restrictions meant patients were unable to fly until ten days after surgery. This resulted in their hospital stay extending by an additional five days.

The team designed a clinically safe, practical protocol to discharge patients on day five to a local hospital until day ten. Close working between the local and tertiary centres has improved relationships, and the work will lead to dramatic reduction in beds and increased patient satisfaction.

The model could easily be adapted to suit other hospitals or services who receive patients from overseas.

Productivity

By preventing and reducing cancellations and reducing bed days, improving theatre scheduling, increasing pre-assessment and increasing admission on the day – productivity has increased. The service has over performed by £103k nine months on.

Keep in the forefront that improvement does not need to come at a financial cost – but that by working more efficiently and more productively, patients can receive better care that is value for money.

As a result of working more productively, the number of bed days used by cardiac surgery patients have reduced dramatically - 310 bed days have been saved in one month alone, when comparing February 2009 with February 2010. This has meant the project was able to fulfil the trusts strategy to specifically save 10 beds, which in turn has increased senior engagement in the work.

Prevention

By critically analysing current practices, systems were changed to improve the patient care and clinical effectiveness, and prevent unnecessary cancellations, delays and repetitions in the pathways.

Databases now monitor stages of the pathway and show maintenance of change, and prompt investigation or action to prevent 'falling off the wagon'.

The nurse practitioner identifies and resolves risks and presents at multi-disciplinary team meeting, preventing delays in care.

Introducing electronic referrals enable all referrals for inpatients to be audited – long lengths of stay for patients waiting for their surgery in local centres, as well as the surgical centre, can now be reduced, and prevented.

