

# Our emergency pathway performance

Presentation by Peter Homa

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## To cover:

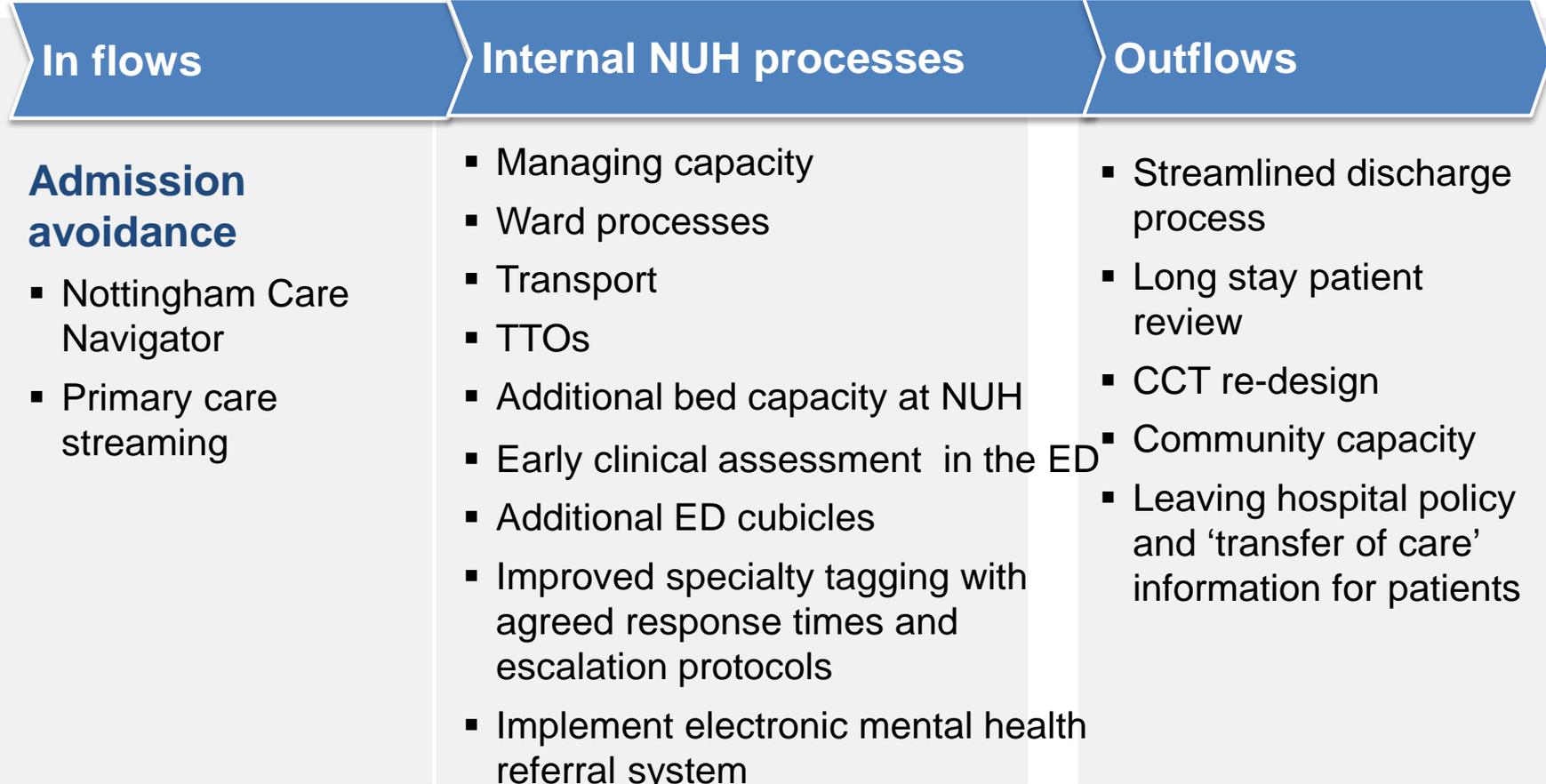
- **Preparing for winter 2014/15**
- Nine days of achieving the 95% standard
- The unique features of December and New Year
- Key learning

# Preparing for winter 2014/15

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- £10+M for the Nottinghamshire health and social care system
- 70 extra beds: NUH
- 48 extra beds: community
- 12 additional Emergency Department cubicles
- All extra capacity was opened on time

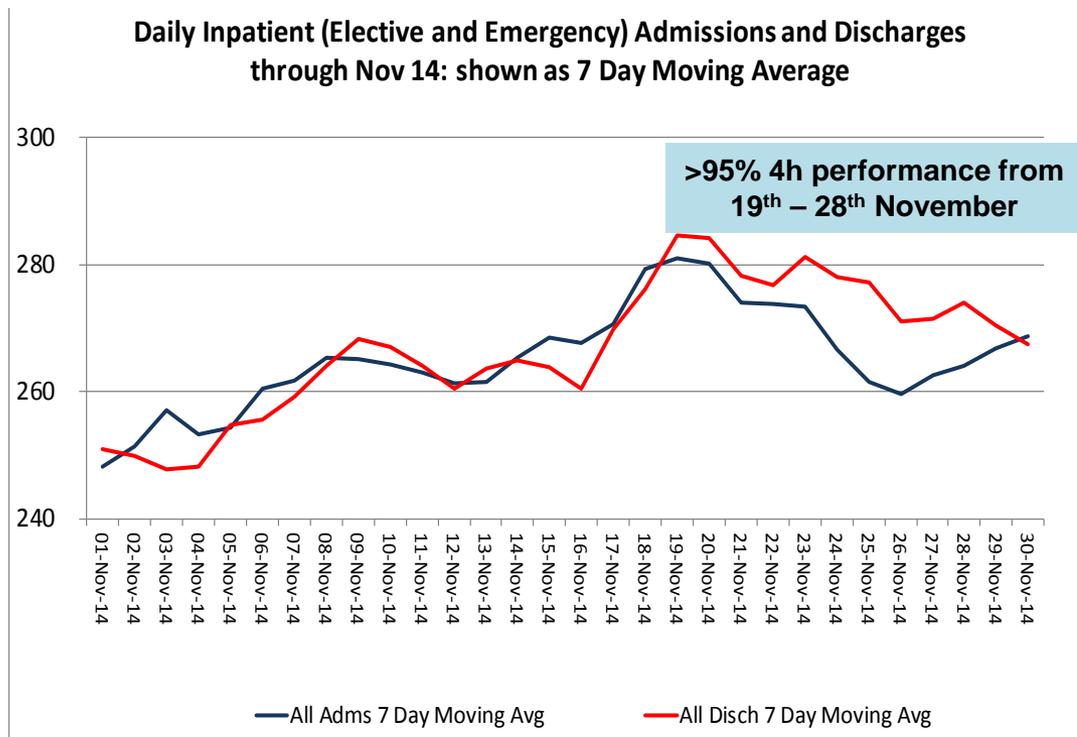
# Our key initiatives have been developed along all parts of the Emergency Pathway



NOTE: not an exhaustive list of all initiatives

# >95% for 9 consecutive days in November

Higher discharges than admissions built up capacity and allowed consistent flow out of ED



## Features

- Reduced emergency medical admissions
- Reduced elective admissions (due to theatre maintenance)
- Increased medical discharges
- Smoother admissions and discharges
- Introduced Gold Command & Control

## Each of these changes

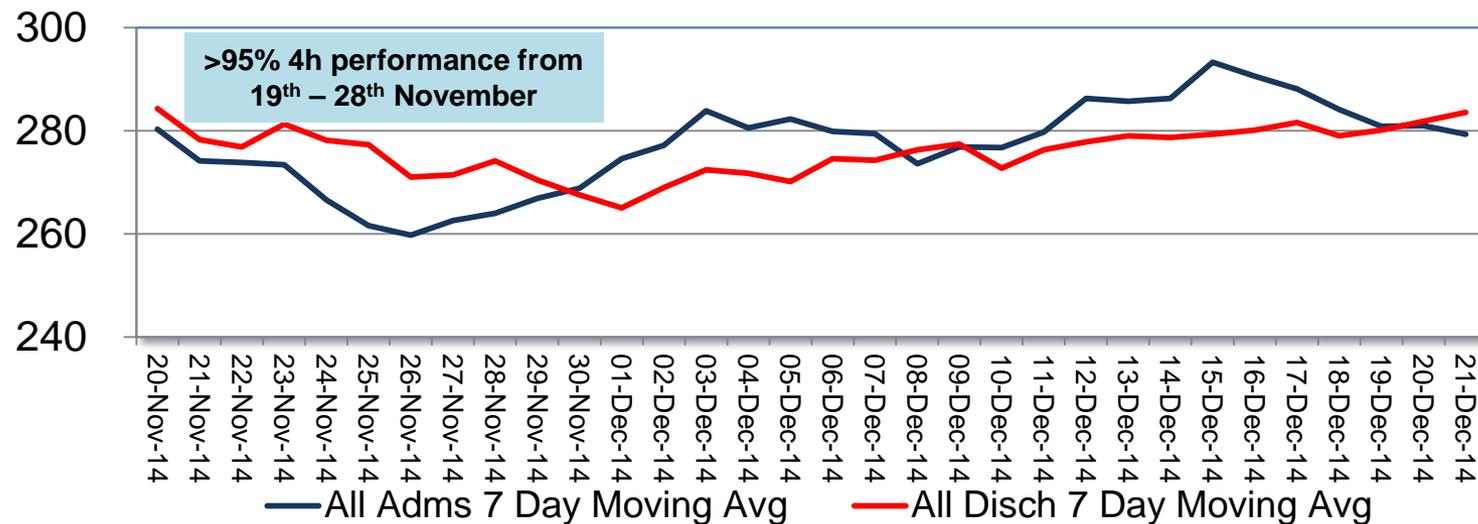
- Not themselves 'significant'
- Have been seen before without change in 4-hr performance

## Overall impact was

- Net flow atypically positive
- Occupancy rates reduced
- Consistent space for more efficient flow (notably faster flow from ED)

# Post nine days: admissions and discharges imbalanced and performance dropped

Daily Inpatient (Elective and Emergency) Admissions and Discharge for 20 Nov - 21 Dec 14: shown as 7 Day Moving Average



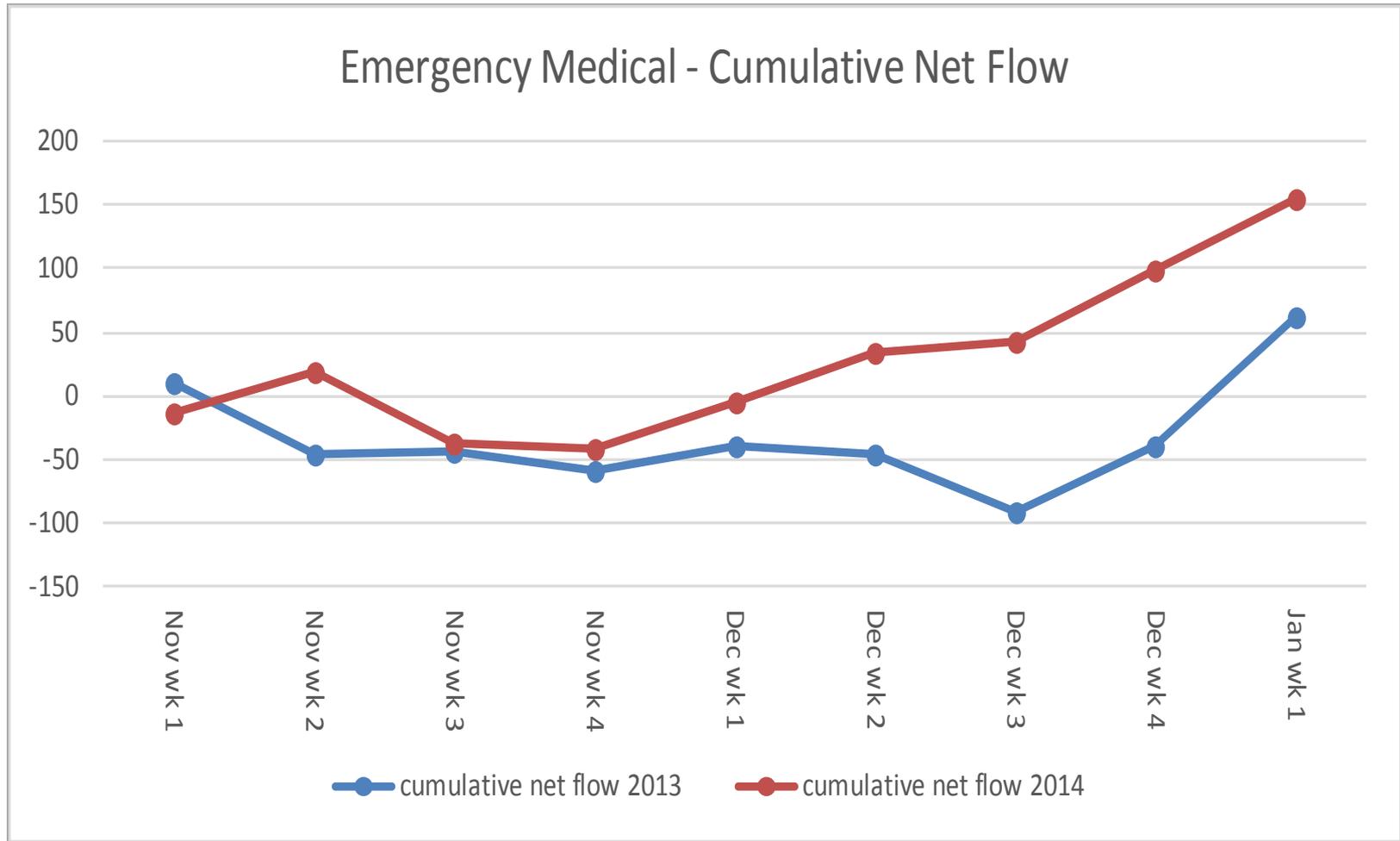
## Features

- Emergency medical admissions to typical
- Elective admissions to typical
- Medical (and total) discharges to typical
- Irregular day-by-day net flow re-established

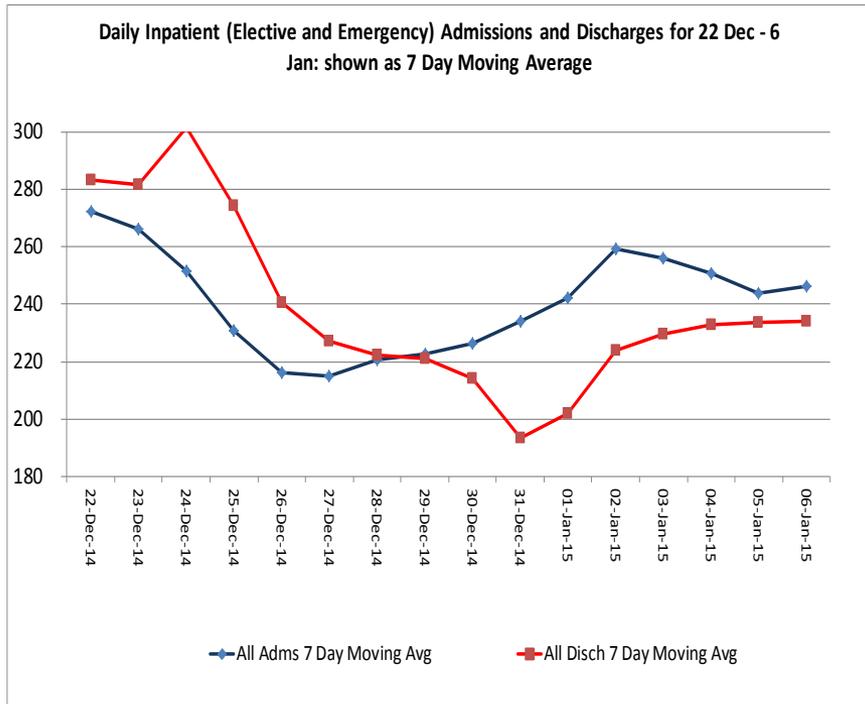
## Overall impact was

- Net flow typical
- Occupancy rates increased to typical high level by increased admissions in first two weeks of December
- No space for more efficient flow

# Our net emergency medical flow in December 2014 was far higher than in 2013



# Discharges below admissions into New Year



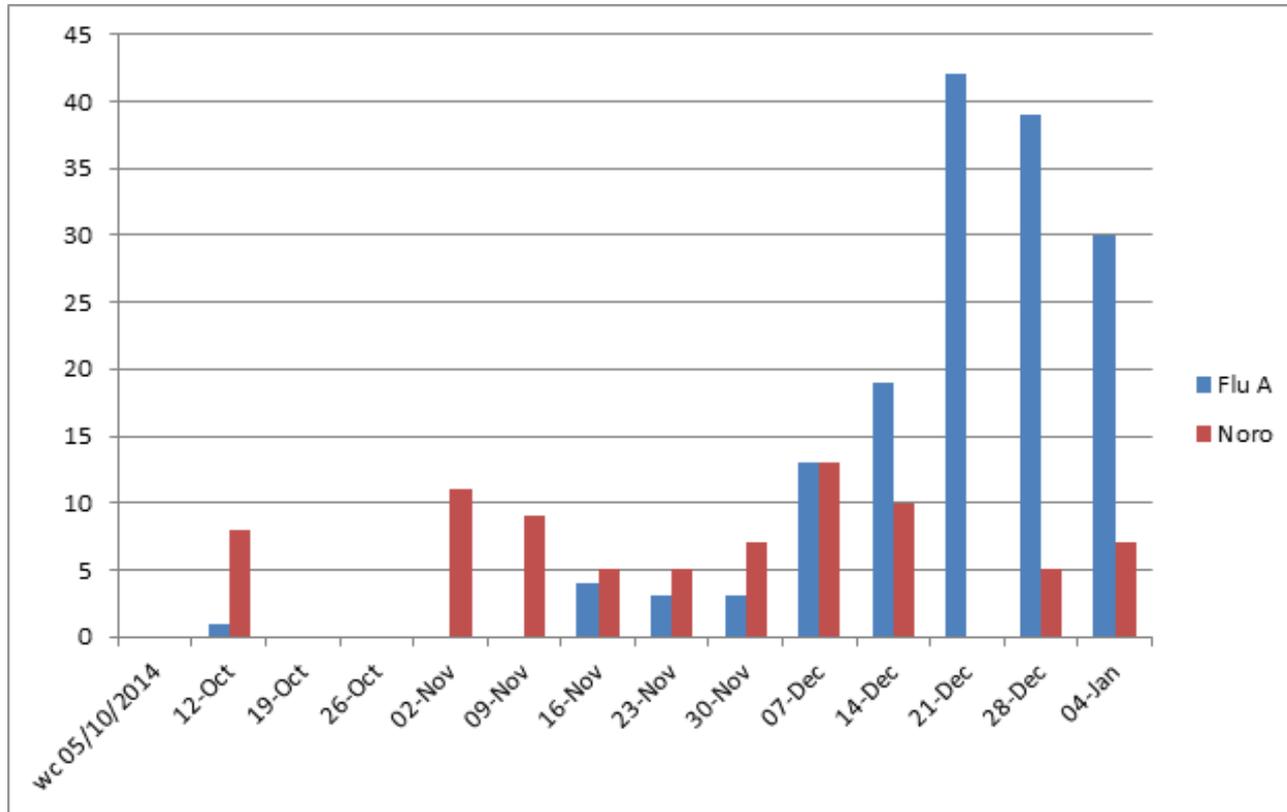
- Our **levels of admissions** were higher than planned
- **Acuity** was higher
- **Additional winter bed capacity was in place**
  - All additional beds in place as planned at NUH and community
  - New pathways opened for respiratory and surgical triage unit
- Some **beds unavailable due to infection** (Norovirus)
- **Pressure on paediatric capacity** due to over-running capital programme
- **All discharge arrangements were implemented successfully** prior to Christmas
- **All mitigations implemented vigorously**, but not enough to achieve 95% emergency performance

# Busiest winter on record

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- **Increase in admission volumes** vs. expected
  - ED attendances +13% (760)
  - **ED attendances over 65yrs + 23% (303)**
  - Bed-days for emergency admissions + 11% (1098)
- **More elderly patients**
  - **Increase in emergency admissions +3% (107) (disproportionately in >65yrs)**
  - Acuity high
- **Twice as many respiratory patients**
  - Vs 2013 at our Respiratory Assessment Unit
  - High admissions for children and adults

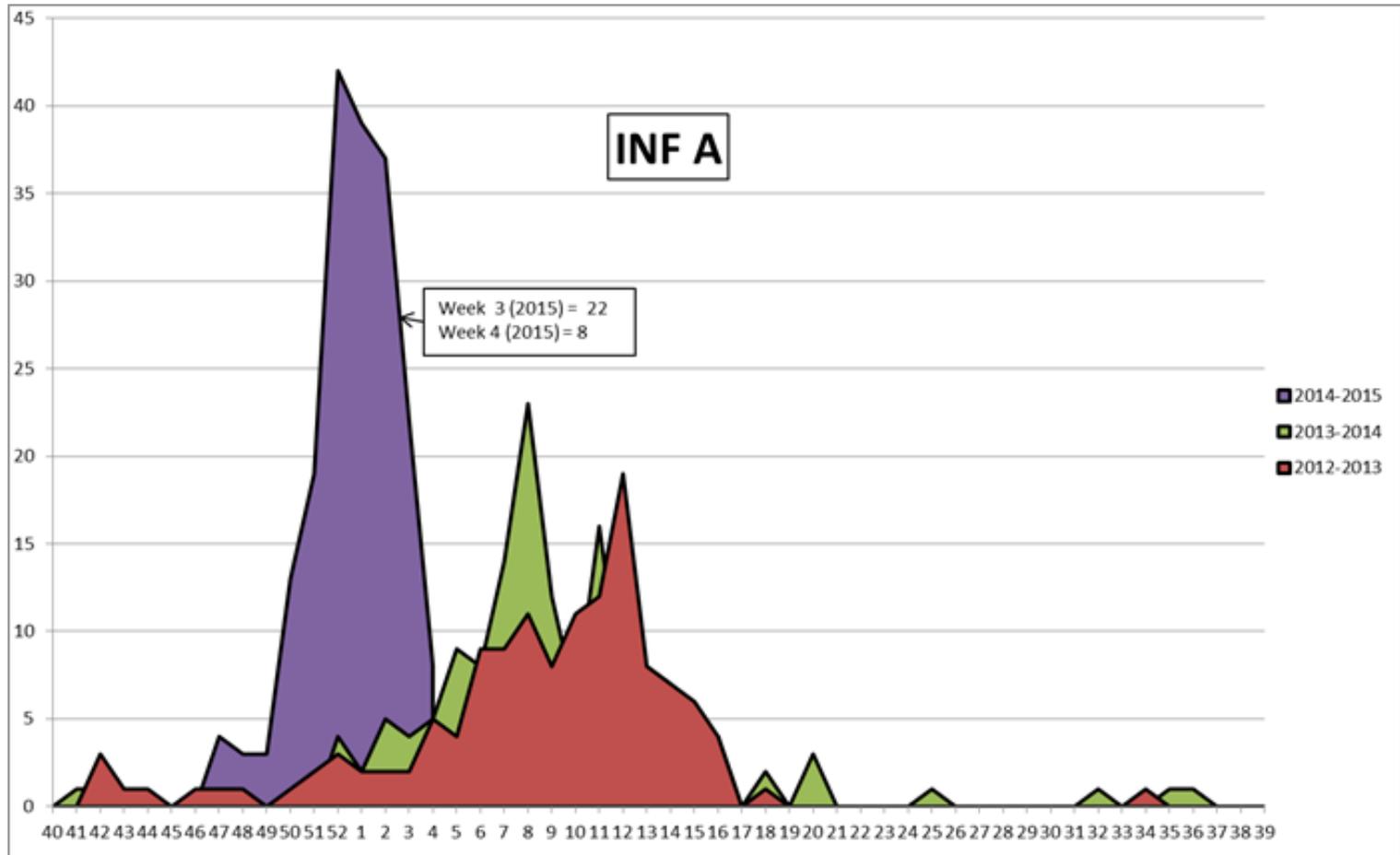
# Early flu & Norovirus



- Flu season started earlier this year, peaking over Christmas (NUH & community)
- In contrast, October-December 2013 we had zero cases of norovirus and peak activity (flu/norovirus) was Jan/Feb 2014, which led to a spike in admissions and ward closures

# Flu (Influenza A) – last 3 winters

Earlier peak  
in 2014/15  
Vs previous  
3 winters



# A set of pre-conditions to success are in place in Nottinghamshire

- A shared commitment and determination to improve care throughout the system—effective cross boundary working (both professional and organisational boundaries)
- A strong relationship with colleagues built on mutual respect and a non-defensive attitude
- Excellent analysis and diagnostics and a shared understanding of the issues to address across all system resilience partners
- Complete engagement from medical colleagues
- Highly responsive and action-oriented teams
- Effective 'system governance' with a robust PMO approach taken
- Incremental resources to build in the right long-term capabilities

# Continuing challenges

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- Funding of capacity beyond April
- Workforce sustainability
- Increasing ability to respond to demographic shifts in attendances and admissions
- Commissioned community capacity is at high levels of occupancy
- Availability of complex care packages and rehabilitation
- Continued delivery, at pace, of a large-scale transformation during the pressured winter period
- Hospital bed occupancy levels remain high; priority always on ensuring patient safety and quality of care