

WIRRAL UNIVERSITY TEACHING HOSPITAL, NHS FOUNDATION TRUST
ACTION PLAN WDP & RG 2009/10 (Updated June 3rd 2009)

IDENTIFIED ISSUE/AREAS AND RECOMMENDATIONS	ACTION REQUIRED	LEAD MANAGER (s) IN WUTH	PERFORMANCE MANAGEMENT GROUP REPORTING ARRANGEMENTS	PERFORMANCE METRICS & EVIDENCE	Timescale
<p>2. ASSESSMENT / ADMISSION PROCESS ISSUES</p> <p>(a) Little information available to patients at pre admission about their estimated length of stay when admitted for planned care</p> <p>(b) Top ten reasons for inappropriate admission to hospital are related to non-specific clinical conditions e.g. shortness of breath, abdominal pain, generally unwell</p>	<p>i) Ensure there is written discharge planning information at pre-op/procedure assessment</p> <p>ii) Information booklet given to pre operative patients prior to admission contains discharge information</p> <p>i) Clear clinical pathways beginning and ending at the patients usual care environment for specific clinical presentations will be developed, implemented and monitored</p> <p>ii) Improve patient documentation and coding process to reflect accurate reason for admission to assessment areas</p> <p>Actions Completed Issue Raised at DMB's Issue raised at Directorate Meetings/Clinical meetings Discussed at daily bed meetings</p>	<p>DLN's</p> <p>DLN's</p> <p>ADO's</p> <p>ADO's & CHD's</p>	<p>WDP&RG</p> <p>WDP&RG</p> <p>WDP&RG via Modernisation Teams</p> <p>WDP&RG</p>	<p>Baseline Report from Patient feedback questionnaire & Corporate Nursing Audit Results</p> <p>Corporate Nursing Audit Results</p> <p>Pathways in place</p> <p>Diagnosis on PCIS will be amended on the post take ward round and evidenced in the discharge summary & on repeat audit</p>	<p>August 2009 & then Biannually</p> <p>March 2010</p> <p>Sept 2009</p> <p>June 2009 COMPLETED</p>

	<p>iii) Consideration given to a Primary Care presence in A & E</p> <p>Actions Completed A&E facilitated a local induction programme for 3 GP's. A&E are happy to repeat if it results in GP's being present in the A&E service To date GP's have not attended to provide support to A&E. apart from the 'care home GP'</p> <p>Care Home GP is now based in A&E and has completed 3 audits in response to identified local issues. .Audits being presented to the Urgent Care Network</p> <p>i) Weekly Urgent Care MDT is meeting to discuss inappropriate A&E attendances in respect of catheter/continence issues, falls and care home issues.</p>	ADO (MED)	Urgent Care Network	Appropriate Primary Care presence in A & E	<p>April 2009 COMPLETE</p> <p>June 2009 COMPLETED</p>
(c) Delays in the diagnostic testing process	i) The WUTH Diagnostic Liaison Group to review the process and responsibilities for accessing, reporting, responding and clinical intervention when diagnostics are required	ADO (Diagnostics)	WDP&RG	Reduced length of time between investigations being ordered and intervention.	March 2010

d) Patients staying in more than one ward	i) Review capacity issues within the system to reduce variations in discharges by day of the week	ADO's (Med & Surg)	Urgent Care Network	Reduced number of patient ward moves Reduction in cancelled operations Reduced number of outliers Reduction in LoS	Sept 2009 June 2009 COMPLETED
	Actions Completed Baseline Activity available 08/09 for number of patient ward moves cancelled operations number of outliers LoS WEHS training for key staff				
	i) Reduce variations in elective activity and protect elective capacity	ADO's	WUTH	Elective activity plans agreed by speciality	April 2009 COMPLETED
	ii) Introduction of WUTH daily sitrep reporting	Patient Flow Manager	Urgent Care Network	Reports produced daily by exception	April; 2009 COMPLETED
	iii) Review WUTH escalation plan for managing peaks in service demand to dovetail into Economy escalation plan	DN/M	Urgent Care Network	Escalation plan reviewed	June 2009 COMPLETED
	iv) Explain to patients the rationale for admission to assessment areas and the reason for moving wards	DLN's	WDP&RG	Patient feedback questionnaire & Corporate Nursing Audit Results	August 2009 & then Biannually
v) Care Standards Executive project on single sex bays	DN/M		Project Report Available to WDP&RG	Sept 2009	
	Actions Completed Funding for improvements from				

	DOH secured and allocated to a capital plan Monthly update on Trust Internet site				
(e) Lack of staff awareness of available services to support patients with communication / language difficulties	<p>i) Appointment of WUTH Diversity & Inclusivity Manager</p> <p>ii) Review practice and use of available services and identify gaps in provision</p> <p>Actions Taken Changes made to intranet information Meetings scheduled with Disability Advisor about the education of ward staff re role of Disability Advisor role</p>	DN/M	WDP&RG		March 2009 COMPLETED
		D&I M	WDP&RG	Increase in access to specialist communication services	June 2009 COMPLETED
				System of raising staff awareness agreed	June 2009
					April 2009
3. INPATIENT ISSUES					
(a) Poor communication with usual caregivers	<p>i) Establish a system which ensures patients under the care of community matrons are flagged on the IT system on arrival at hospital.(1)</p> <p>ii) Improve communication with Primary Care</p> <p>iii) Input into LLP/ICO project team</p>	WHIS & NHS Wirral	Case Management Group	Patient identification flagging system on PCIS is in place	June 2009
		ADO's	WDP&RG	Audit discharge checklists	August 2009 & then Biannually
		ADO (Ops)	WDP&RG	Integrated Care Organisation Pilot Principles adopted	Sept 2009
(b) Poor communication with patients	i) Improve communication with patients	DLN's	WDP&RG	Patient feedback questionnaire & Corporate Nursing Audit Results	Sept 2009

(c) Lack of continuity of care (2&4)	ii) Ensure discharge planning information is communicated to patients on a daily basis	DLN's	WDP&RG	Audit completed discharge checklists within the new Nursing documentation	August 09
	i) Clinical management plans reviewed and updated daily	ADO's CHD's	WDP&RG	Audit Clinical management plans documented in the patients medical records and on discharge summary	Oct 2009
	ii) Ensure discharge planning process begins on admission to hospital.	Patient Flow Manager	WDP&RG	All Patient Flow Practitioners Complete Training programme & achieve competencies	June 09
	iii) Process shared with ALL WUTH staff	Patient Flow Manager	WDP&RG	Plan agreed for the roll out of awareness raising of discharge roles & responsibilities Roll out implemented	June 09 Sept 09
	i) Review the referral process from WUTH to DASS	Patient Flow Manager & SSD	WDP&RG	The establishment and launch of locality services, with clear referral pathways and integrated working between health and social care teams. Completion of a review of the EDT function. Establishment of revised DASS hospital team.	June 09 Sept 09 Sept 09
(d) Lack of information or explanation in regard to what is happening or of what to expect on discharge (2,3&4)	ii) Ensure discharge information is communicated to patients and carers on a daily basis	DLN's	WDP&RG	Audit nursing documentation, Discharge checklists Nursing & Midwifery audit results	August 2009 & then biannually

<p>(e) Attitude of staff (2&4)</p>	<p>i) Ward Managers performance manage staff on their ward and take action as required in respect of poor communication and attitude</p>	<p>DLN's</p>	<p>WDP&RG</p>	<p>Reduced number of complaints relating to poor communication and attitude</p> <p>Quarterly PALs/Complaints data</p>	<p>August 2009 & then biannually</p> <p>August 2009 and then biannually</p>
<p>f) Lack of staff awareness of available services to support patients with communication /language difficulties (4)</p>	<p>i) Review ward practice and the use of available services and identify gaps in provision or access to specialist help and advice</p>	<p>DLN's</p>	<p>WDPR&RG</p>	<p>More appropriate referrals to Disability Advisor</p>	<p>August 2009</p>
<p>(g) Patients with a LoS in excess of 30 days</p>	<p>i) Establish a reporting system to flag up patients and take remedial action to progress their journey</p> <p>Actions Completed Weekly vis wall item for exec team Weekly remedial actions monitored</p>	<p>Patient Flow Manager</p>	<p>WDP&RG</p>	<p>Reduction in LoS & numbers of Patients in hospital more than 30 days</p>	<p>June 2009 COMPLETED</p>
<p>4 SPECIFIC ISSUES RELATING TO THE DAY OF DISCHARGE</p>	<p>i) Raise awareness of the use of the discharge lounge with ward managers</p>	<p>Patient Flow Manager</p>	<p>WDP&RG</p>	<p>Increased use of the discharge lounge</p>	<p>May 2009 COMPLETED</p>
<p>(a) Patients not aware of or using the Discharge Lounge (2&3)</p>	<p>ii) Agree ward targets for the use of the discharge lounge and timed discharges</p>	<p>DLN's</p>		<p>Targets set</p>	<p>June 09</p>
	<p>iii) Establish monitoring reports</p>	<p>DLN's</p>		<p>Targets achieved</p>	<p>Sept 09</p>

(b) Poor information about leaving hospital e.g. access to wheelchairs for relatives to take patients to the car park and pick up points for relatives to park for short periods	i) Improve information given to relatives	DLN's		Reduction in the number of incidents/complaints relating to discharge baseline identified	June 09
	ii) identify pick up points for short stay parking at the hospital	Patient Flow Manager		Identified pick up points for short stay parking	April 2009 COMPLETED
(c) Lengthy waiting times for medication	i) Review the ordering process for take home medication	Lead Pharmacist	WDP&RG	Report available to WDP&RG re Improved supply of take of home medication	June 2009 COMPLETED
(d) Lack of consistency and clarity in the application of the discharge process (1,2,3&5)	i) Disseminate the Discharge policy to ensure that all staff involved in the discharge process are aware of their duties and responsibilities	Patient Flow Manager		Improved Audit results from policy KPIs (Baseline established)	June 09 COMPLETED
	ii) All Patient Flow Practitioners Complete Training programme	Patient Flow Manager	WDP&RG	Evidence of completed training programme	June 2009
	iii) Plan for the roll out of awareness raising of discharge roles & responsibilities	Patient Flow Manager	WDP&RG	Plan in place	June 2009
	iv) Roll out implemented	Patient Flow Manager	WDP&RG	Evidence of rollout	Oct 2009
	v) Consider the recommendations of the review of the Wirral economy wide discharge function by Price Waterhouse Cooper	Lead Commissioner (SQ)	WDP&RG	Recommendations brought to WDP&RG	June 2009
	vi) WUTH & NHS Wirral agree the roles and responsibilities of	ADO (MED) & D of PC (NHS)	WDP&RG	Agreement in place	Aug 2009

<p>(e) Poor written information at the point of discharge to health and social care staff who will be providing continued care and support for the patient (4)</p>	<p>the Patient Flow team and the Integrated discharge team</p> <p>i) Review the content & timeliness of the information required at discharge</p>	<p>Wirral)</p> <p>ADO's</p>	<p>WDP&RG</p>	<p>Improved communication with health and social care colleagues</p> <p>Reduced number of complaints</p> <p>Nursing & Midwifery audit result</p>	<p>Aug 2009</p>
<p>(f) Delay in communication to the patients GP following hospital admission (2&4)</p>	<p>i) Ensure patients and carers are aware of what is expected to happen following discharge from hospital and that this is documented on the discharge checklist given to the patient and the discharge summary sent to the GP</p>	<p>DLN's</p>	<p>WDP&RG</p>	<p>Audit discharge checklists given to patients</p>	<p>Aug 2009</p>
<p>5. Post Discharge Issues</p> <p>(a) No routine follow up check in the community following discharge (4)</p>	<p>i) Develop a WUTH referral pathway to VCAW out of hospital service being commissioned by the PCT for patients who have no-one at home to prepare for their discharge from hospital</p> <p>ii) Develop a community pathway as above</p> <p>ii) Explore the feasibility of a routine post discharge visit as part of the integrated care at home scheme for vulnerable patients not in receipt of care</p>	<p>ADO (Ops) & VCAW & PCT</p> <p>NHS Wirral & VCAW</p> <p>NHS Wirral PROVIDER SERVICE & COMMISSIONERS</p>	<p>Joint Commissioning Group for Older People</p> <p>Joint Commissioning Group for Older People</p> <p>Case Management Group</p>	<p>Pathway in place</p> <p>Measure the uptake of the out of hospital service</p> <p>Pathway in place</p> <p>Vulnerable patients are followed up automatically following discharge from hospital</p>	<p>April 2009 COMPLETED</p> <p>August 2009</p> <p>April 2009</p> <p>Oct 2009</p>

b) Gap in guidance for specific patient groups	i) The Wirral Wide Discharge Policy needs to be reviewed to ensure that it supports the principle that people DO NOT routinely make life changing decisions about their long term care in an acute hospital setting	Patient Flow Manager	WDP&RG	Specific Guidance in place as part of the Discharge policy	Sept 2009
	ii) Develop protocols which clarify roles and responsibilities for the care and follow up of patients discharged into intermediate and community settings	Patient Flow Manager	WDP&RG	Specific Guidance in place as part of the Discharge policy	Sept 2009
	ii) Develop and implement guidance for people who are homeless or living in temporary or insecure accommodation (5)	Patient Flow Manager	WDP&RG	Specific Guidance in place as part of the Discharge policy	Sept 2009
	iii) Develop a protocol to clarify the process for arranging transport options for patients	Patient Flow Manager	WDP&RG	Specific Guidance in place as part of the Discharge policy	Sept 2009

Key

DLN's Divisional Lead Nurses

ADO's Associate Directors of Operations (Surgery, Medicine, Diagnostics and Women & Children)

CHD's Clinical Heads of Division (Surgery, Medicine, Diagnostics and Womens & Children)

DN/M Director of Nursing & Midwifery

D&I M Diversity & Inclusivity Manager

WHIS Wirral Health Infomatics Service

ADO (Ops) Assistant Director of Operations

WDP&RG Wirral Discharge Planning & Review Group