Increasing Staff Engagement to facilitate Change

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In this talk...

- Take you through a small project we did
- Demonstrate the magic that can be created by motivated teams in a short time
- Identify what led to staff engagement
Over 75’s Frailty Flow project

**January 2016**
Launch of Flow programme

**May 2016**
PDSAs/Pilots started

**October 2016**
Standardized sustainable PDSAs and Implemented
How did we work?

- We believe that any sustainable improvement is best delivered by people in the **frontline**.

- We brought all stakeholders into **one room** – The Big room.

- We agreed on **why** we wanted to do the project – shared common purpose.

- We enabled the team to take **ownership** of their ideas on **what** to improve and **how** to improve it.

- Used patient stories, data, implemented small changes with evaluation.

- Senior management supported by breaking traditional barriers and myths between teams, departments, divisions and organisations.

 safe, effective, compassionate, trusted
Global Aim – decided by the team

To minimise decompensation associated with prolonged hospital stay by:

- Early recognition of frail elderly,
- Retaining ownership and management by the frailty team,
- Enabling early discharge with appropriate support,
- Leading to decreased LOS.
Data shown – simply

Over 75s are nearly half of the medical admissions

safe, effective, compassionate, trusted
Everybody understands

<table>
<thead>
<tr>
<th>All Patients attending ED</th>
<th>Discharged</th>
<th>Admitted</th>
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**Medical**

- Over 75 – not frail
- Frail, acutely sick
- The short stay frail older people

Small numbers, but the impact is high

safe, effective, compassionate, trusted
When are our patients coming?

Busiest period between 8.30 am and 6pm
Who refers them to us?
What special skill do the frailty team have?

- Extra *time* for assessment (CGA) to identify what is 'normal' for them and tease out the current problem and the *appropriate* needs.

- There is often lack of expertise, motivation and most importantly *the time* to do this for the ED or Acute medical teams.
Using patient stories, process mapping and value stream mapping
Team approach – Bottom up
Team approach – Top down

WMAS area manager
AMD
Deputy COO
CCG GP
GP
GP Federation MD
Previous Frailty Pathway

Current Frailty Pathway

safe, effective, compassionate, trusted
PDSA 1

5 days a week 0800 to 2000hrs
Paramedics given access to frailty and consultant phone
PDSA 2

5 days a week **0800 to 1700hrs**
Frailty team access from ED triage
System Change from PDSAs

Number of key changes to frailty service:

1. Single point of Access to frailty service through ACPs.
2. Early ACP identification in ED at triage
3. First contact assessment by Frailty team bypassing ED
4. Early CGA by Multi-therapy team
5. Ownership of those admitted at front end by frailty team.
System Change

1. Frailty take 9-5 PM five days a week
3. Morning Frailty ward round on all front end wards
5. Direct transfer to best place of care
6. Rapid CGA and discharge plan from point contact.
Results of Flow Project
Time to see ANP/Geriatrician – in hours
Over 75s Admissions - up to April 2017
Medical Over 75s: Average LoS

PDSA starts

8AM to 8PM
Over 75s LOS up to April 2017
Occupied Bed days up to April 2017
Why did it work?

- Open invitation to ALL involved in the pathway
- Ground rules - no hierarchy, respect everybody
- Patient focus – not ‘me’ or ‘you’
- Visual presentation of the problem – every understands
- PDSAs owned by team – very small change to big change
- Everybody gets minutes every week, whether they attend or not
- Effective meeting skills
- Honesty and transparency
- Keeping pace and momentum
- Show results quickly- reinforces belief
- Recognition of the work – present at various platforms
- Dedication and commitment from leadership
- Celebrate success
Questions....?