



The Mid Yorkshire Hospitals
NHS Trust



Mid Yorkshire Hospitals NHS Trust

SAFER JOURNEY

Bed Census September 2016

- Census across all medical wards and the DDH surgical wards – 643 patients
- Only 351 (55%) needed acute clinical care
- Only 27 identified for discharge – other 265 were waiting for something!
- 96 were waiting for something within MYHT remit
- For 50 there was insufficient info to categorise

Mid Yorkshire Hospitals NHS Trust ED attendances

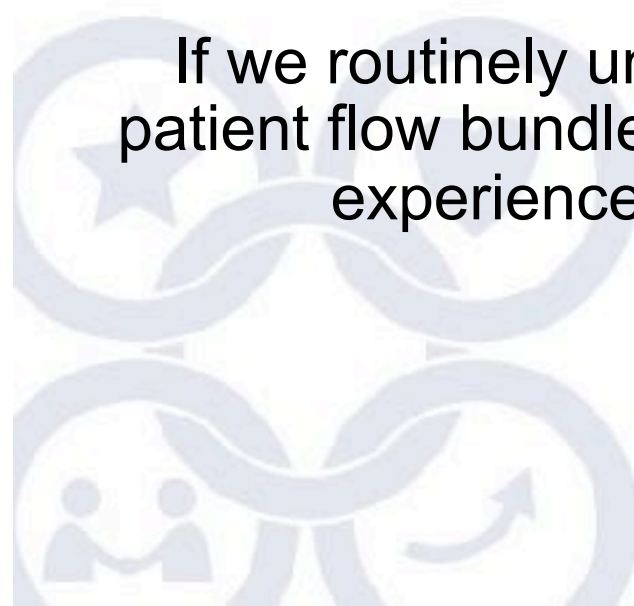
	Total	Increase	% Increase
15/16	232,968		
16/17	236,647	3,679	1.6%
17/18	239,785	3,138	1.3%

What can we do to support patient flow

SAFER Patient Flow Bundle

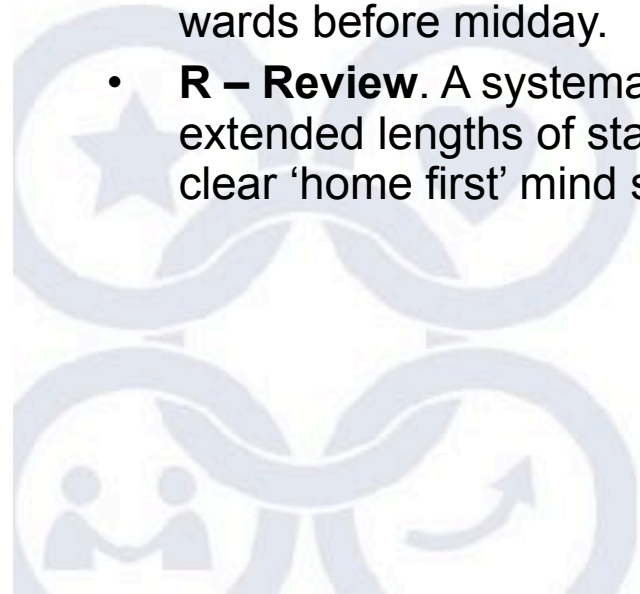
The patient flow bundle is similar to a clinical care bundle. It is a combined set of simple rules for adult inpatient wards to improve patient flow and prevent unnecessary waiting for patients.

If we routinely undertake all the elements of the SAFER patient flow bundle we will improve the journey our patient's experience by reducing unnecessary waiting



The SAFER patient flow bundle

- **S - Senior Review.** All patients will have a senior review before midday by a clinician able to make management and discharge decisions.
- **A – All patients** will have an Expected Discharge Date (EDD) and Clinical Criteria for Discharge (CCD), set by assuming ideal recovery and assuming no unnecessary waiting.
- **F - Flow** of patients to commence at the earliest opportunity from assessment units to inpatient wards. Wards routinely receiving patients from assessment units will ensure the first patient arrives on the ward by 10am.
- **E – Early discharge.** 33% of patients will be discharged from base inpatient wards before midday.
- **R – Review.** A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay (>7days – also known as ‘stranded patients’) with a clear ‘home first’ mind set



Continued.....

- SAFER began on 03 January 2017
- Executive sponsor and engagement
- Project managed (DHON)
- Designated Matron and support (MDT)
- Clear terms of reference
- Clinical agreement
- Weekly performance meetings

Function/purpose of Board round/PM huddle

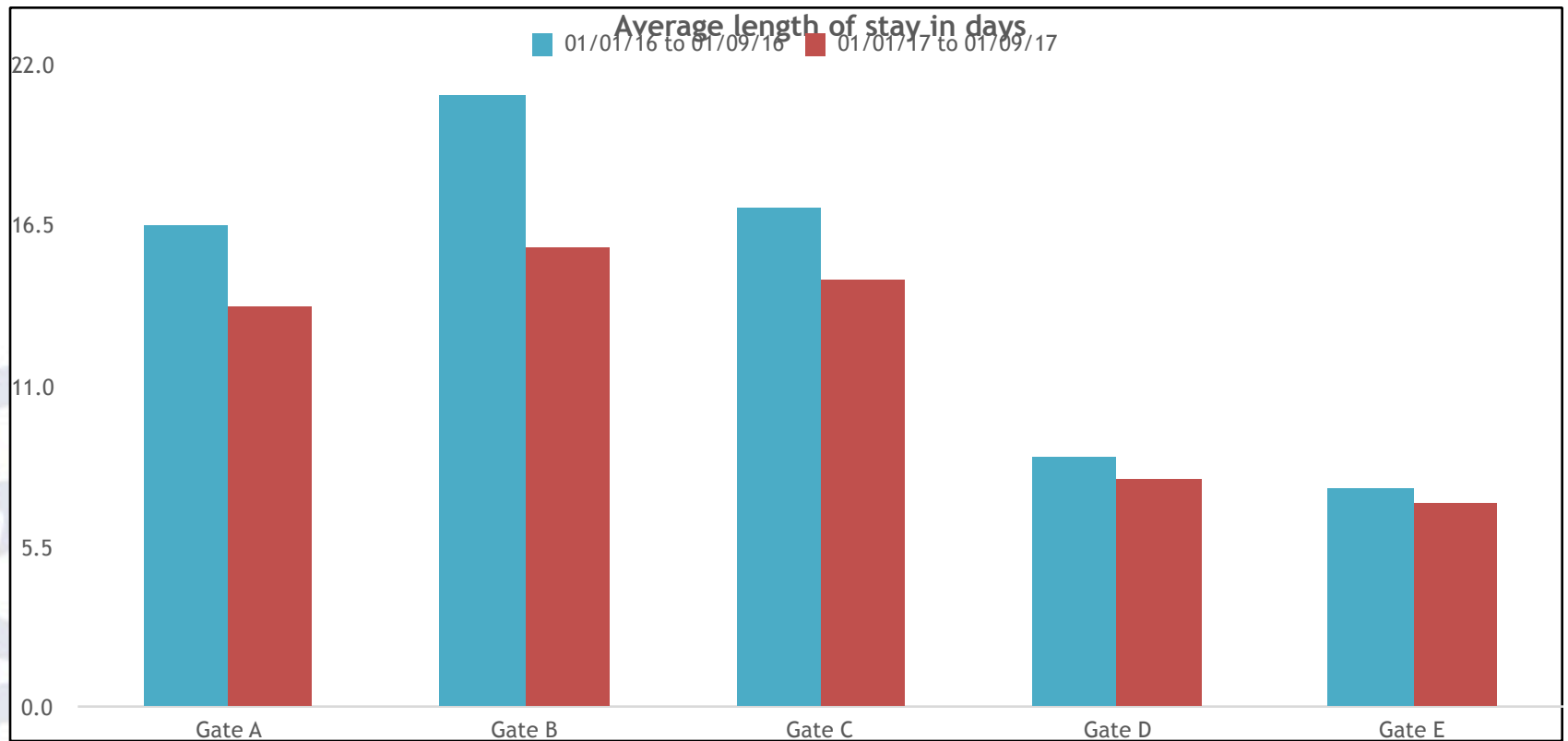
Board Round am- all MDT

- Discuss all patients
- Allocation of tasks and identify lead
- Enforce SHOP
- EDD
- Identify Red2Green day actions

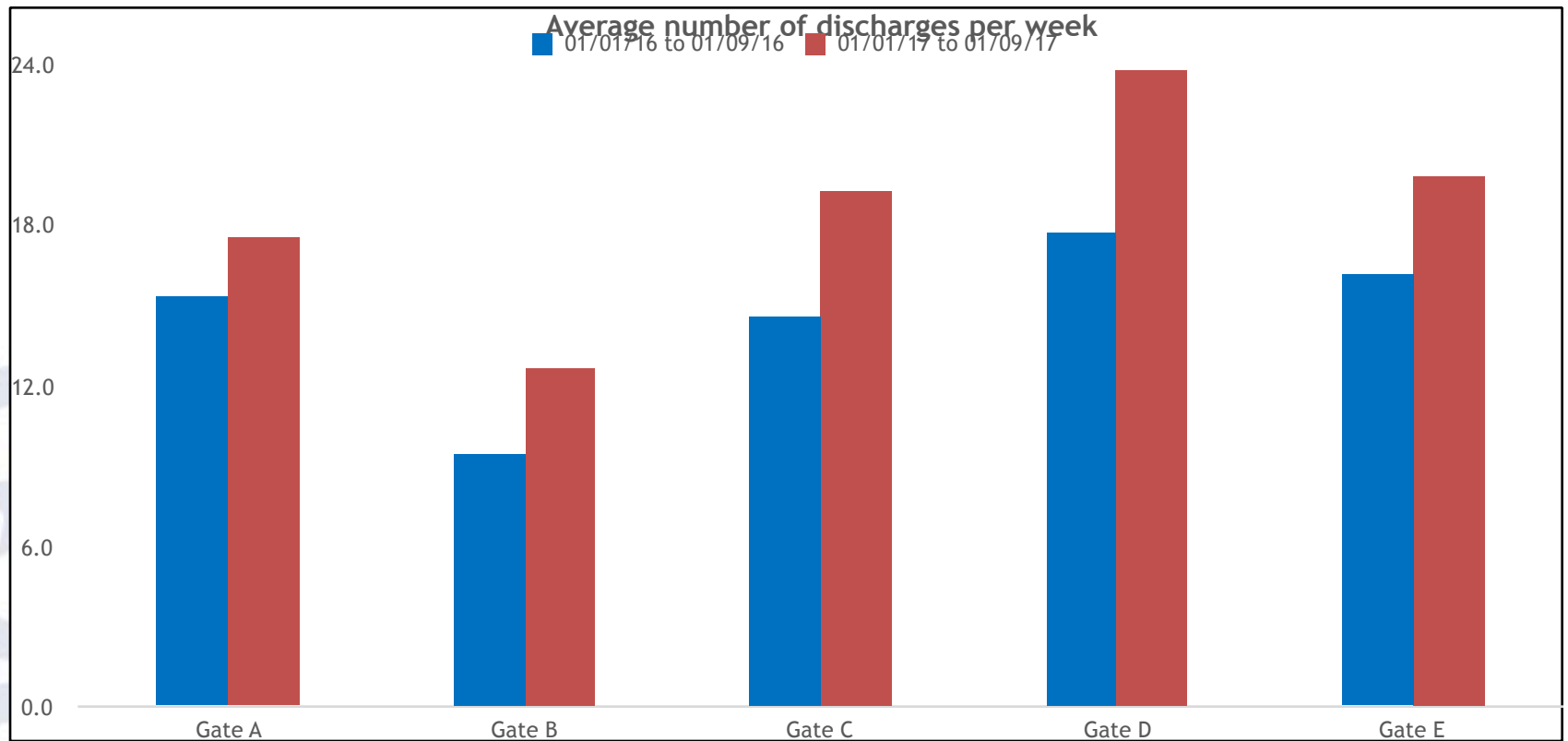
Huddle pm - full MDT representation

- Reviewing Red2Green day actions
- Identifying Golden patient

Results from initial SAFER Wards



Results from initial SAFER wards



Results from initial SAFER Wards

1/1/16-1/9/16	DISCHARGES AVERAGE PER WEEK (OVERALL)	LENGTH OF STAY AVERAGE PER WEEK (OVERALL)
Gate A	15.33 (552)	16.5 (596)
Gate B	9.5 (342)	21 (756)
Gate C	14.6 (527)	17.11 (616)
Gate D	17.77 (640)	8.58 (309)
Gate E	16.16 (582)	7.52 (271)
1/1/17-1/9/17		
	DISCHARGES AVERAGE PER WEEK (OVERALL)	LENGTH OF STAY AVERAGE PER WEEK (OVERALL)
Gate A	17.58 (633)	13.72 (494)
Gate B	12.7 (458)	15.8 (569)
Gate C	19.34 (677)	14.71 (515)
Gate D	23.85 (835)	7.82 (274)
Gate E	19.91 (592)	7.02 (246)
Result/Difference		
	DISCHARGES AVERAGE PER WEEK (OVERALL)	LENGTH OF STAY AVERAGE PER WEEK (OVERALL)
Gate A	Increase of 2.25	Reduction of 2.78
Gate B	Increase of 3.2	Reduction of 5.2
Gate C	Increase of 4.74	Reduction of 2.4
Gate D	Increase of 6.08	Reduction of 0.76
Gate E	Increase of 3.75	Reduction of 0.5

Risks and Challenges

- Motivation in ward areas
- Engagement in ward areas
- Sustainability in ward areas
- Understanding of SAFER Principles
- Implementation of Red2Green system wide.



Thank You & Questions

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