The Scottish School of Primary Care

Addressing Delayed Discharges and Unscheduled Care: evidence-based strategic planning at local level.

Report from a workshop

'Research-based Development of Scottish Primary Care': Self evaluation using a Care Pathway approach in Rapid Integrated Response Teams in 3 Primary Care Trust areas.
ISD: Whole Systems Project

This workshop built on the work the SSPC/Edinburgh R&D team has done together with Rapid Response Teams in 3 areas to establish data collection and analysis as part of routine practice. The workshop gathered together Rapid Response Teams in two of the areas, their management and people involved in strategic planning at local area and central SE levels. Audit Scotland was represented. Participants worked in groups to explore how routine data from local services for older people can be used to evaluate and improve services' impact on Delayed Discharges and Emergency Hospital Admissions.

This report describes the structure of the workshop and summarises the discussions which took place.

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Background

Self evaluation in Integrated Rapid Response teams

The Edinburgh R&D team of the 'Research-based Development of Scottish Primary Care' has been working with Rapid Response Teams in the Borders, Fife and West Lothian to develop systems of evaluation as part of routine practice. The project has been running for one year. The aim of the evaluation is to

- Facilitate audit and monitoring
- Contribute to development and improvement of the service

Initial mapping of the field suggested that teams have a high degree of autonomy and function as self managed teams. Management and strategic direction is an issue because of lack of resource. The evaluation therefore had to draw on teams' work and build on and support self management in teams.

The Pathway approach

We adopted an approach to evaluation based on 'Care Pathways'. Rather than seeing the Pathway as an end-point of redesign, however, the Pathway model was used flexibly as a tool to

- Conceptualise relationship between care process and outcome
- Build skills to change process to improve outcome
- Build skills to communicate issues and evidence
- Build skills to evaluate and monitor service

This approach to evaluation involves the teams in

- Identifying outcomes
- Drawing up pathway of care
- Identifying critical points and how they impact on process and outcome
- How do you know and what can you do about it: develop evaluation techniques
    - Routine data base
    - Qualitative Audit Tools

The Pathway allows a conceptualisation of the service and ways it depends on local relationships and outside systems to function. It is a framework for data collection and analysis, which gives routine quantitative data meaning in the context of everyday conditions of teams' work. It is therefore a suitable tool for integrating evaluation and audit with service development.

The teams have put time and commitment into the self evaluation and it is becoming part of everyday practice, in different ways in different teams depending on circumstances. We therefore wanted to build on teams' work

and explore ways in which this can contribute to local strategic planning of flexible service systems which reduce pressure on acute care.

Potential of teams' evaluation: ISD Whole systems Project
A key aim of Rapid Response services is to reduce pressure on acute care by preventing Emergency Unscheduled Admissions and facilitate Early Supported Discharge. The SSPC/Edinburgh University evaluation programme has therefore made links with the ISD Whole Systems Project in order to progress evaluation in this key area.

Measures presently used based on local data and assessments, e.g. 'Saved Bed Days", give some, albeit a crude, indication of this crucial topic. The ISD Whole Systems Project has been carrying out analyses of national data sets relating to emergency admissions and delayed discharge. These offer a complementary perspective on the impact of local teams.

The workshop was organised in order to give teams, their managers and representatives from strategic planning levels – both local and national, the opportunity to explore ways in which the ISD data can be used alongside local data to help local services target and co-ordinate their input for maximum effects in terms of reducing the pressure on local acute services. The work done by Rapid Response Teams involved in the SSPC/Edinburgh University R&D project provides a good example of the potential and power of local evaluations.

Aims of workshop

1. Examine the teams' data with reference to national level routine data on acute sector activity, held by the ISD.
2. Explore how this data can help teams and their stakeholders develop the service for maximum impact on acute sector use by older people
3. Explore how to practically progress this work in each area

Participants

Representatives from Rapid Response Teams in two areas, their management and people involved in strategic planning at local area and central SE levels. Audit Scotland was also represented.

Structure of workshop

This was a 'hands on' event for people to work together and develop ideas on how evaluations in local services for older people can contribute to maximum impact on acute sector use. Most of the day was spent doing small area-based group-work. The organisers provided input to progress and stimulate this (See appendix 1 for programme).

3 groups were formed around each of the 3 teams or services, with local management joining the service with whom they were working and external Scottish Executive and Audit Scotland participants spreading themselves

evenly among the groups. The group-work comprised two sessions, which progressed discussions as follows:

Session 1:
Groups developed an understanding of
- the teams' work
- the ways in which this is structured by specific local conditions,
- an understanding of how each team's data collection systems reflects this.

Representatives from each team had brought examples of their data: the pathway, their routine data sets, examples of Significant Event Analysis and reports.

Session 2:
Groups built on this understanding to action plan
- how to make data collection a part of strategic planning of the service
- what support is needed in each area to make this possible

Workshop content
Introductions
The workshop opened with introductions.
- Guro Huby and Sharon Edmunds outlined the work the SSPC/University of Edinburgh team has been doing with the teams, and how teams' data collection systems have been developed.
- The West Fife Integrated Response Team gave a presentation of their team, the way they work and the way their ongoing evaluation of the service informs practice.
- Steve Kendrick from the ISD Whole Systems Project presented data on Scotland wide patterns and trends in Delayed Discharges. The 'Linkage project' allows the linking of Delayed Discharges picked up in the 3 monthly census, with the history of service use of those patients. It is therefore possible to identify those patients who are most likely to become a Delayed Discharge.

The West Fife team's presentation, together with Steve Kendrick's data suggest that services like Rapid Response can have little impact on the care of the patients who are most likely to end up as long term Delayed Discharges as picked up by the census. These are very frail patients with a history of multiple admissions and suffering from for example dementia or the effects of stroke. Rapid Response contributes to the turnover of beds by helping the 'middle range' severity patients to leave hospital perhaps a week or two earlier than would otherwise normally have been the case. In addition, however, some of these patients might have contracted complications from a prolonged stay in hospital and their early discharge may have prevented institutionalisation and a long term 'Delayed Discharge'.

The commonly used measures of 'Delayed Discharges' are thus not likely to fully reflect Rapid Response Teams' contributions to the desired use of acute hospital resources for older people.

Discussion took place around some of the ways in which national targets impact on local practice, and the way measures and definitions do or do not reflect what is going on. The need for targets and measures which structure practice towards up-stream prevention of emergency admissions and delayed discharges, rather than crisis management after the event, was pointed out. 'Bottom-up' understanding of services needs to be built for appropriate targets and definitions to be set.

The workshop then got down to group work centring on teams' data and data collection systems.

<u>Session 1 group work: feed back</u>

Group 1 main issues (One Integrated Response Team established 3 years)

- Why is service not a victim of its own success and operating with a waiting list? New referrals are assessed very quickly by the available team member. There is trust between team members that only appropriate patients are taken on. Good links to other services allow the team to provide the service.
- How does service sit in the larger system? 3 years ago when the service started, it was alone in providing integrated community-based care. Now, it is part of a set of services. However, co-ordination and planning of services is lacking.
- How does team use the pathway and the data? The pathway has become 'internalised' knowledge and team knows how to work it to get things done. Data is used to check practice.

Group 2 main issues (One Integrated Response Team established 3 years)

- Teams get out of evaluation: satisfaction, ability to react to changes. They now accept evaluation and audit as part of everyday work. The pathway enables team to conceptualise the service and know what levers to press to achieve change.
- Staffing permanency. All but 2 members are on temporary contracts. Job insecurity affects performance
- Change in management arrangements: from Primary Care Trust to Local Management Unit comprising 2 LHCCs and local social work partner. Uncertainty as to how this will affect team work
- Data and reports: fed into management, but little response

Group 3 main issues (New service: 5 teams at different stage of development)

- <u>Service</u>
  - Service is under development: complex picture – evolving and developing
  - small number of hours, low staffing levels. Recruitment difficulties in rural area: small no. of hours have impacted on make-up of each team
  - ideal model is OT, physio, SW, nursing and homecare support.
  - identified need for referrers to understand and to link with associated services, eg, OOH services
  - local flavours – requires communication network and co-ordination
- <u>Data collection</u>
  - Service now at a point where they are to review management structure and process, overall co-ordination, etc.
  - Clinical and professional input vs time for communication, stats, etc is an issue.
  - all 5 teams use same database and core dataset
  - teams use data to reflect on practice and processes. Each team at a different stage in development with this
  - culture shift in some areas but not all – gradually changing
  - using data to look at, eg, bed hours saved, who refers, appropriate/inappropriate referrals
  - need to harness and link OOH services – referrers understanding
- <u>Patients targeted</u>
  - SSA tool used across all teams
  - terms: 'patient' vs 'client'
  - One team's stats show equal split early supported discharge/prevention of admission
  - understanding of service/use of service by various referrers can impact on whether prevention of admission or early discharge
  - RR has agreed referral criteria, A&E, physio and OT can now refer
  - Target:
    - people who have had an acute episode which is expected to be time limited
    - people who can be discharged more quickly with appropriate support

Summary of feed-back

- <u>Delivery</u>: The importance of trust in teams – appropriate structures of working. The importance of local relationships in enabling teams to provide an efficient service.
- <u>Difference between teams</u>: Skill mix. Stage of development. Local resources: skills base and recruitment possibilities.

- Management: Difficulties around joint management. Staff security and career development is an issue in all areas
- Strategic level: Where do IRT's fit into local health social care systems?
- Collecting meaningful data: Data collection useful for teams. How make it useful in integrating teams with local strategic management?

Session 2 group work: action planning

To introduce this session, Guro Huby provided an overview of evidence regarding key ingredients in strategic change (From Pettigrew, Ferlie and McKie 2000), :

- **A view to the long term**
  - Minimise fire fighting
- **The data**
  - Robust data which helps conceptualisation
  - Helps translate national policy to local action
- **The people**
  - Networks of leaders across organisational and professional boundaries
  - Working together in a systematic way
- **The organisation**
  - Rewards risk taking
  - Uses systematic data to learn from both 'successes' and 'failures'
  - Networks of people with a clear vision

Group 1 feed-back :

- Teams need to collect and use data which is meaningful to them and
- Feed up to a local system which has a view on it and act on it
- Need to achieve a mapping of the service system, which leads to appropriate services for appropriate patients: how can services combine to target different patient groups?
- Team is unsure of the management structure into which they feed.
- 'Failed' vs, 'successful' services: If services are started and disbanded local learning and relationships needed for efficient services are lost. Targets and criteria need to be set which encourage decision-makers to take risks and build continuity into trying out different services until a set up is developed which 'works'. This will also address staff's need for continuity and career development.
- National targets need to be redefined to encourage long-term strategic development at local levels.
- Need to bear in mind the needs of political stakeholders: policy is needed which is measurable within parliamentary lifetime.

Action:

Team will actively seek out opportunities to present their service, the data collection which is undertaken and its potential for local service development.

Group 2 feed-back:

- There is a commitment to the service. Team needs to build on that.
- Better pct – acute care liaison is needed
- Out of hours service is an issue.
- How can service fit into a wider system of different pathways offering feasible care for appropriate patient groups?

Action:

Team to improve and broaden data collection. Use evaluation to communicate to strategic levels. Steer new development. Broaden patient groups

Group 3 feed-back:

- Move forward: learn from the past
- Strategic framework for RR needed: New management structure under development.
- Reorganisation of care in the community: mirrors 5 areas for RR
- Information about service needs to be disseminated
- Local Delayed Discharges Group now involved in RR
- CHPs can provide a focus for the development of Rapid Response Service.

Action:

- ***Rapid response members: analyse data and communicate to Delayed discharges steering group, communicate whole systems approach***
- ***Local operational manager: strengthen management in local group***
- ***Rapid Response Steering Group members: assist teams to become fully self managed within a supportive structure, feed back to Steering group about the seminar.***
- ***Delayed Discharges Group chair: obtain and use focused info from service***
- ***All: Feed into Joint Executive planning structures***

Summary of session two feed-back

- Service development can be directed by policy. What we need is policy which is directed by patient's needs and circumstances of service delivery.
- For this to happen, 'bottom-up' needs to meet 'top down'. Local operational levels are often focussed on the needs of the service, while national and local strategic levels are focussed on the policy. However, the middle management level where these perspectives can be joined up is unstable and shifting. A range of sometimes conflicting policies converge at this level of the organisations. Focus is easily lost.
- Robust data and evaluation can provide some of the focus needed.

Evaluation
15 evaluation forms have been returned to date out of 26 possible.

Team members: 6
Managers: 3
Other local stakeholders: 3
Scottish Executive representative: 3.

12 found the day 'very useful' while 3 found the day 'useful'.
12 thought the workshop may help them change practice. 1 was blank (manager). 2 did not see opportunities for change in practice (one Scottish Executive representative, one team member).

Some of the ways in which the workshop informed or did not inform practice as suggested by answers to question:
'Is there anything that you think you may do differently as a result of attending today's workshop?

Team members:
'Continue to champion the cause of our work!'
Passing information/developments on to our managers. Looking at ways of evidencing/recording other areas of work'.
'Using data to present ideas and developments to local management units. Explore further how we 'fit' in big picture'.

Managers:
'Focus on targeting resources at the 85 and repeated admissions patients'
'Ensuring that I deliver the message of whole systems approach. Be pro-active in using the data but before that spend time understanding the data!'

Other local stakeholders:
'Facilitate the way forward at a local level – provide feed-back to the strategic level'
'Not differently – but incorporate details/data given in my ongoing projects. Also explore their methodology of collecting data to incorporate into evaluation of the projects (if appropriate): why reinvent the wheel? The data collection is there ….. can be used as it is for local knowledge/service provision'

Scottish Executive representatives:
'As an SE member of staff I don't feel this is relevant – maybe significant relevance to RRT members in attendance'.
'Consider target setting in a Whole System model. Consider presentation of information to Ministers in a broader setting'.