The art and science of microsystem innovation and transformation:
Learning from the Transforming End of Life Care in Acute Hospital Programme, NHS

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Introduction

KEY:
Yellow – Phase 1
Green – Cascade Sites

Phases 1 and 2 Transform Trusts

Salford Health NHS Foundation Trust
Doncaster and Bassetlaw Hospitals NHS Foundation Trust
East and North Hertfordshire NHS Trust
Weston Area Health NHS Trust
Worcestershire Acute Hospitals NHS Trust
Royal Surrey County NHS Foundation Trust
Royal Liverpool and Broadgreen University Hospitals NHS Trust
Northumbria Healthcare NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
Brighton and Sussex University Hospitals NHS Trust
Portsmouth Hospitals NHS Trust
Heatherwood and Wexham Park Hospitals NHS Foundation Trust
North Tynes and Hartington NHS Foundation Trust
Salford Royal NHS Foundation Trust
South Devon Healthcare NHS Foundation Trust
University Hospitals Of Leicester NHS Trust
County Durham and Darlington NHS Foundation Trust
Preston Hospital NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
Blackpool Teaching Hospitals NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Guy’s and St. Thomas’ NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Norfolk and Norwich Health Care NHS Trust
Western Sussex Hospitals NHS Trust
Outline

1. About Transforming End of Life Care in Acute Hospitals and the clinical microsystem
2. The art and science of innovation transformation: key points of learning
3. Discussion
4. Reflections
Why are we here?

Deliver through the NHS Change Model

Everything we know about delivering change in the NHS, all in one place.

www.changemodel.nhs.uk

Workforce Development
Commissioning
Delivering person-centred care

- EPaCCS
- Transform Programme
- Facilitators and Champions Networks
- Social Care
- Spiritual Care Services
- Support for Carers & Families

The Individual and Their Carers

- Care After Death
- Care in the Last Days of Life
- Co-ordination of Care
- Delivery of High Quality Services in Different Settings

Discussions as the End of Life Approaches

Assessment, Care Planning and Review

Co-ordination of Care

Delivery of High Quality Services in Different Settings

Care in the Last Days of Life

Co-ordination of Care

Social Care Services

Delivery of high quality services

‘HOW TO’

ENABLERS
- Advance Care Planning
- AMBER care bundle for managing patients whose recovery is uncertain
- Electronic palliative care coordination systems (EPaCCS)
- Rapid Discharge
- Home Care of the dying patient: individualised end of life care plans

METRICS
- Organisational Ward
- Spread at Feb 2013 x 71
- Trusts across England

3 MODULES
- Getting Started
- End of Life Care Pathway Steps 1 - 6
- How to sustain

Delivery of high quality services

‘HOW TO’
Key drivers for excellence

Key drivers highlight the process for moving towards excellence.

Excellence in end of life care

Outcomes Measures:
- Care that is compassionate, equitable, reliable, improves the care experience, makes best use of resources.
- Full compliance with national quality markers.
- Reduction of harm.

Primary drivers:
- Person-centred family care
- Leadership
- Effective teamwork
- Safe, effective reliable systems
- Measurement

Secondary drivers:
- 1. Engage individual and family in active patient care
- 2.Effective communication that respects and protects patient dignity and personal autonomy.
- 3. Provide leadership for physical care of the patient
- 4. Provide evidence of improvement in care
- 5. Individualise treatment with multi-disciplinary input
- 6. Ensure carers are supported

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NHS
Improving Quality

Office for National Statistics

Ratings of overall quality of care across all services in the last three months of life, England 2012

Acute hospital: Improving quality of care

Quality of care in patient’s last admission to hospital
VOICES survey 2011, 2012
© ONS: 2012 and 2013 respectively

Programme learning
The microsystem perspective
Transforming End of Life Care in Acute Hospital National Programme: Creating the receptive context for change at the level of the microsystem

**WARD IS THE MICROSYSTEM OF FOCUS**

**HOSPITAL LEVEL**

**STRATEGIC CAPABILITY**

**KEY ENABLERS**

**PULL NOT PUSH FOR CHANGE**

**INTERVENTION AT EVERY LEVEL**

**HOSPITAL**

**WARD**

**PERSON & FAMILY**

**SOCIETY IN THE ROOM**

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**National programme**
- Common direction
- 'Pull' for transformation
- Clinical networks, communities of practice

**Individualised care and planning: phase of illness**
- Last hours days
- Acutely unwell & potential for recovery uncertain: risk of dying
- Last 6-12 months of life

**Society**
- Culture and expectations
- Public health: compassionate cities
- Dying matters:
  - Wills, organ donation, advance decision to receive treatment
- Social media

**Interface: team and individual**
- Principles of care: last days and hours of life
- The AMBER care bundle for patients whose recovery is uncertain
- Advance care planning tools
- Advanced decision to refuse treatment (legal)
- DNACPR
- Lasting power of attorney

**Community: multiple approaches**
- Neighbours, neighbourhoods, funeral directors, community groups, family doctors, community nursing, hospices, specialist palliative care, social care, voluntary services, local council services, care homes

**Hospital: strategic capability**
- Strategic direction and action plan
- Training and education
- Measurement and overview
- Patient and public involvement

**Interface: productive wards/service improvement methodology**
- Teams that support the ward: specialist palliative care, pharmacy, critical care outreach, discharge teams

**Interface: hospital and community**
- Electronic palliative care records
- Discharge communication
- Rapid discharge to die pathways
- Other discharge pathways
Programme learning

- A common purpose / common aim
- Skills and confidence of staff
- Measurement ...
- Sustainability and support to the microsystem

- End of life care in acute hospitals

2.1 Aim/common purpose

- What this means
- How do you know when you have this in place?
- What to do if you don’t have this in place?
- Evolution of aims in real life ...
Reflections: art and science of common purpose

• Methods and tools exist ... rigour
• True engagement at all levels ... what this means for the person receiving care ...
• Context and perspectives
• Persistence

2.2 Skills and confidence of staff

• What this means
• How do you know when you have this in place?
• What you can do if you don’t have this in place?
What is your “acid test”? 

- Engaged 
- Understand 
- Able (i.e., capable) 
- Part of the routine 

Learning: art and science 

- Persistence 
- Crafting the outcome 
- PDSA + four steps + blended education 
- Communities of practice 
- Leadership
2.3. Measurement

- What this means
- How do you know when you have this in place?
- What can you do if you don’t have this in place?

Déjà vu?

How do I know it’s in place?
Patients whose recovery is uncertain: care received as evidenced in case files

- Medical plan
- Escalation decision documented
- Medical plan discussed and agreed with nursing staff
- Patient's care discussion
- All four elements

Outcome Balancing

Source: AMBER care bundle design team, GSTFT June 2013

Percentage of admissions by month for which 'All four components' happened - Royal Derby Hospital, All wards

- Start month
- 'All Components present in notes'
- Average

Month of Admission

Source: AMBER care bundle design team, GSTFT June 2013
Learning: art and science

- Use the methodology
- Don’t rely upon what others request of you
- Stay curious
- Decisions and KISS

2.4 support to wards / sustainability

- What this means
- How do you know when you have this in place?
- What do you do if you don’t have this in place?
Model for sustainability

What is your “acid test”?

“When the project stops – what needs to carry on?”

Practical .....
Select one of the points to discuss in groups as you wish

• A common purpose / common aim
• Skills and confidence of staff
• Measurement ...
• Sustainability and support to the micro-system

• End of life care in acute hospitals
Use the following questions as your prompts

- What this means for your project?
- Is everything ok? Or not?
- What learning do you want to share?

Reflections
Feedback

- A common purpose / common aim
- Skills and confidence of staff
- Measurement ...
- Sustainability and support to the microsystem

- End of life care in acute hospitals

Future transformation in end of life care

"Place the quality and safety of patient care above all other aims"

Engage, empower, and hear patients and carers throughout the entire system, and at all times.

Foster wholeheartedly the growth and development of all staff, especially with regard to their ability and opportunity to improve the processes within which they work.

Caring to the end. Help and support when your partner, relative or friend goes into hospital and may be approaching the end of their life. National Council for Palliative Care and NHS IQ, 2014

Contact us/follow us

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National End of Life Care Intelligence Network
References


ONS (2013) "Quality of care at the end of life varies with cause and place of death" National Bereavement Survey (VOICES) release for the 2012 survey.


Resources

