

Worcestershire Royal Hospital (WRH) Incident Room

Function and approach

Function of incident room/what is the mandate?

- To outside agencies a single point of contact with one telephone access point for escalation and to drive action - 01905 733353
- To the system, a coordination function for rapid improvement of key Urgent and Emergency Care (UEC) improvement requirements over the next 8 weeks using a 'plan do study act' (PDSA) approach
- A mandate on a daily basis holding the system to account for elements of improvement already identified in the UEC system plan
- A single point of information and intelligence
 - data requirements – Patient First, Patient tracker, SHREWD and WREN, COHO bed availability and pathway 1 availability
- 7 days a week – 8am – 6pm until 17/6/22 - Out of Hours support is via normal on call arrangements

Function of incident room/what is the mandate?

- Incident room and WRH on site hub integration, adding capacity and one way of working to drive improvements across the system (daily rhythm aligned to first priority on slide 6)
- In addition to 6 visible core members in the IC room –the incident room approach requires a senior acute medical lead/senior operational lead/ acute divisional matron lead on a daily basis and out of hospital leads to support integrated working
- An executive lead will be available daily on a rota for escalation and oversight
- The incident room requires BI Analyst support to function and PDSA (plan, do study, act, improvement work
- Comms support/Comms plan will be developed by Worcestershire Acute Hospitals Trust on behalf of the system

Overall outcomes for the IC Room

- To increase discharges before 3pm
- Reduced ED delays, with a target of a reduction in 12-Hour waits to 0.
- Reduced ambulance handover delays
- Each Ward will understand their discharge performance
- Golden discharge planning is normalised
- Pull from the ED will achieve required targets per hour

IC Room Priorities

- Change the culture of flow and discharge planning to embed long term change
- Clarify roles and responsibilities of all staff across the Trust/system
- Rapid PDSA cycles “Themed weeks”:
 - Weeks 1: GOLDEN discharges
 - Week 2: moving to a PULL model from ED and bed management processes
 - Week 3&4: Discharge Production Board
 - Weeks 5&6: Criteria Led Discharge
 - Week 7&8: Evaluation and Learning
 - Following weeks to be focussed on streaming to alternate pathways direct or from ED

Suggested Daily Rhythm IC Room WRH site only from 25/4

- 8.30am – Bed meetings – confirmation of GOLDEN discharges going in next hour
- 9.30-11.00am – Discharge cells – focussing on simple discharges/Golden discharges for tomorrow, pathway discharge planning and use of COVID virtual ward providing immediate information and due diligence to capacity hub to support flow/bed management
- 12.30pm – Bed meeting
- 13.00pm – Silver Call 1
- 5.30pm – Bed meetings – confirmation of GOLDEN discharges for tomorrow by latest/ and challenge of why patient cant go today
- 16.30pm - Bed meetings – confirmation all actions delivered for GOLDEN discharges

- Local Rhythm of the Day to be generated to include:
- Am/pm Safety Huddle
- Board Round
- Ward Round

Golden Discharge Priority Actions from 25/4

General Expectations

- Each ward area will identify a minimum of ONE Golden Discharge patient each day
- The Divisional actions may be completed by Ops, Nursing, Medical or A&C staff, as deemed appropriate for the specific action
- Golden Discharge patients should be discharged by 10:00am
- Golden Discharge patients should be discharged, where appropriate, from the Discharge Lounge
- Daily process for GOLDEN discharges agreed on next slide from 25/4
- If not followed incident room will ensure escalation immediately

08:30	The DISCHARGE LOUNGE will pull the identified Golden Discharge patients by 08:30 each morning
08:30	The CAPACITY TEAM will allocate the ward bed by 08:30
08:30	The WARD TEAM will update the white board as soon as the patient leaves the ward and will PULL the identified new patient into the bed
08:30 to 10:30	The WARD ROUND will identify a confirmed Golden Discharge patient(s) who is suitable for discharge by 10:00am the following day
10:30	<p>The Golden Discharge patient will be advised that they are the Golden patient, and what this means to them and the actions the ward will be taking, i.e. patient will have an early wash, will be dressed and ready for discharge by 10:00am the following day.</p> <p>This will be a documented conversation in the NURSING notes. A GOLD STAR will be placed behind the back of the patients bed for visual awareness.</p>
10:30 to 13:00	The WARD TEAM will complete the EDS, TTO's and book any transport that is required. TTO's will be sent to pharmacy that day, as soon as complete.
12:00	<p>Each DIVISION will provide the name of the Golden Discharge patient to the capacity hub by 12:30 every day, seven days per week, ahead of the bed meeting.</p> <p>Best practice will be that the Divisional Rep. attends the Capacity Hub to write the patient name on the white board.</p>
12:30 to 15:30	<p>If no Golden Discharge name has been provided to the Capacity Hub by the 12:30 bed meeting, this will be identified by the OPS LEAD leading the bed meeting.</p> <p>There will be an ESCALATED ACTION that requires the DIVISION to go back to the wards to check and challenge the planned next day discharges. This needs to be a senior nursing (Band 7 and above) and medical conversation.</p> <p>The DIVISION will provide a Golden Discharge name prior to the 15:30 Bed Meeting and inform the OPS LEAD for the bed meeting if there is a clinical reason as to why a patient cannot be identified.</p>
16:00	Golden Discharge patient names and ward location will be provided by the CAPACITY HUB to the Discharge Lounge in advance of pulling the patients in the morning
00:00-05:30	WARD TEAM to take any bloods required to support a Golden Discharge patient are to be taken overnight to enable results to be reviewed at the morning Board Round as a QUICK action