New questions. New database provider. New possibilities

Prof Dan Lasserson, University of Birmingham, Queen Elizabeth Hospital & City Hospital, Birmingham
Successes of SAMBA 18

- Largest SAMBA yet
  - 6114 patients
  - 127 registered units
- New questions included and new findings
  - Advanced care plans
  - Readmissions
  - Variation in EWS
  - POCUS
- Picked up by NHS England and outputs reported in NHS Long Term Plan
Successes of SAMBA 18

1.29. There are however large differences in the extent to which SDEC has so far been adopted by individual hospitals:

- SAMBA firmly on the radar of NHS England
- NHS England Emergency Care/Same Day Emergency Care committees
- Opportunity to highlight important issues in acute medical care and be a trusted source of data

Figure 4: Variation in percentage of initial medical assessments undertaken in ambulatory emergency care.

Things we could do better.....

• Website getting overloaded and crashing
• Delay in getting reports out
• Clearer explanation of what the questions are really asking (the ‘hover’ info)
• How can we help acute medicine teams to get more ‘bespoke data’ for particular local issues e.g. staffing, winter pressure strategies
• Turning the database into a more effective QI and research tool – how can SAMBA help people make changes?
• Ability to run SAMBA multiple times during the year
• Widening the professional make up of ‘SAMBA Academy’
New Database Provider

• Net Solving – won a competitive tender for the contract to provide SAMBA

• Portfolio of existing clinical audits of acute care involving data uploads from NHS sites
  • Royal College of Anaesthetists – National Emergency Laparotomy Audit
  • RCP – SSNAP
  • RCEM – QI programme across different clinical presentations
New Database Provider

• Immediate benefits
  • Unlimited number of data inputters at any one time (system won’t crash due to overload)
  • Rapid feedback to summarise the data inputs – e.g. performance on CQIs
  • Rapid benchmarking once the audit has been closed – e.g. your unit’s CQI result compared to the rest of the country
  • Rapid reports and downloadable pdfs without waiting for lengthy analysis phase

• Later benefits
  • SAMBA process can be undertaken multiple times throughout the year
Broader SAMBA Academy

• Beyond medics
  • Nursing
  • Mental health liaison
  • Physiotherapy/OT
  • Pharmacy
  • Patients
    • selecting questions
    • providing feedback but challenge of anonymity

• Specific disease or syndromic presentations within an ‘all comers’ SAMBA?
SAMBA19 – Unit Questions
What are we trying to learn?
Unit Questions

- Designed to help us interpret clinical quality indicators
  - Variation in approaches is an opportunity to examine different approaches to care delivery
  - May explain variation in performance?
  - Basis to inform research studies / new QI programmes in AIM

- Structure

- Process

- Pathways
Unit Questions

Physical Infrastructure
What we usually ask....

How many beds
Total in hospital, AMU, level 2 on AMU, total Level 2

AEC (soon to be SDEC in NHS England terminology)
Where, how many trolleys/chairs

Diagnostics in AMU/AEC
POCUS, POC bloods
Unit Questions

**Process**
What we usually ask....

**Telephone triage**
**Separate take for older people/frailty**
  Criteria - age, function, institutional care

**Co-located surgical assessment**

**Specialty input**

**Frailty screening** CFS data removed last year. Ask about how screening is done?

**EWS and escalation criteria**

**Staffing.....**
Unit Questions

Staffing
Does this work? Hard to analyse and use to interpret performance

On Call Team – Different grades of medic seniority (how many at each time point)
11:00  19:00  03:00

AMU Team – multidisciplinary snapshot (how many at each time point)
11:00  19:00  03:00
Unit Questions

Pathways
What we usually ask.....

DVT
Anaemia and IV iron
Screening tools for selecting patients for AEC

Missing key areas of emerging important areas of practice
obstetric medicine, mental health
No multidisciplinary voice
Unit Questions developed after last SAMBA Academy – Obstetric Medicine (Paarul Prinja/Anita Banerjee)

1. Are obstetric services co-located with your SAMBA unit?

2. Where are women who are pregnant or up to 6 weeks postpartum seen with acute medical problems?
   AMU / AEC/ maternity assessment unit

3. For units seeing pregnant women in AMU/AEC, what is the maximum gestation (in weeks) that you see on AMU/AEC.

4. For pregnant women, do you have same day access to Leg doppler/CTPA/MRI & MRV/ VQ scanning?
Unit Questions developed after last SAMBA Academy – Obstetric Medicine (Paarul Prinja/Anita Banerjee)

5. Is there a named lead for maternal medicine/high risk pregnancies in your trust?

6. How many acute medicine consultants in your unit have undergone special skills training in maternal medicine?

7. How many obstetricians with maternal medicine training do you have in your hospital?

8. For the management of acute medical problems in pregnancy do you have any condition or presentation specific guidelines? If so please state..
Unit Questions developed after last SAMBA Academy – Nursing

• Nursing assessments used- and what’s the time frame for completion WATERLOW or other tissue viability / MUST / FALLS / PHAF

• Include in the staffing numbers: HCAs, TNAs, ECT (or equivalent)
  • TERMINOLOGY – associate practitioner, nursing associate, clinical support worker, ACPs, physician associates

• What are the ratios of patients to nurses (all or just registered?) - possible to break down into areas e.g. clinics/ level 1/ main bedded areas
Unit Questions developed after last SAMBA Academy – Nursing

• What are the ratios of patients to nurses (all or just registered?) - possible to break down into areas e.g. clinics/ level 1/ main bedded areas

• What are the standard nursing shift patterns – 12 hours/ short shifts?

• How many patients on the unit admitted require 1:1 - do staffing levels allow for this?
Unit Questions developed after last SAMBA Academy – Nursing

• Nurse empowerment
  • Triage into AMU?
  • Order bloods – sets or free range?
  • X rays
  • ECR interpretation

• Nurse consultants? Nurse prescribers?

• Nurse led discharge/criteria led discharge

• Discharge lounge or direct from AMU?
Unit Questions developed after last SAMBA Academy – Nursing, Therapies and Mental Health

• Specialist nurse in reach
  • diabetes, respiratory, MH, oncology

• Dedicated therapy team

• Policy on family/carer visiting
Unit Questions developed after last SAMBA Academy – Pharmacy

• Roles of pharmacy technicians, pharmacy in reach for meds rec

• Pharmacist review for specific presentations / med reviews
  • TTO writing
  • smoking cessation
  • alcohol withdrawal
  • monitoring drug waste,
Unit Questions developed after last SAMBA Academy – Mental Health

1) Do you have a 24 hour Liaison Psychiatry service?

2) Do all hospital staff, who have interaction with patients including clerical and security staff, receive training in mental health conditions in general hospitals?

3) Is there a record sharing (paper or electronic) agreement between the mental health hospital and general hospital?
Unit Questions developed after last SAMBA Academy – Mental Health

4) Are mental health risk assessments recorded in the medical notes?

5) Are risk management plans recorded in the medical notes?

6) Is the Liaison psychiatric team accredited to the Psychiatric Liaison Accreditation Network (PLAN)?
Unit Questions and NICE / NHS E Long Term plan

• All hospitals with a major A&E department will:
  • Provide SDEC services at least 12 hours a day, 7 days a week by the end of 2019/20
  • Provide an acute frailty service for at least 70 hours a week. They will work towards achieving clinical frailty assessment within 30 minutes of arrival;
  • Aim to record 100% of patient activity in A&E, UTCs and SDEC via ECDS by March 2020
  • Test and begin implementing the new emergency and urgent care standards arising from the Clinical Standards Review, by October 2019

• Unit questions about service provision
  • Hours of operation AEC/Acute frailty
  • Frailty screening
• New patient level CQIs
  • Time to frailty screen
  • New urgent care standards for specific diseases?
Unit Questions and NICE / NHS E Long Term plan

1.32. We will develop a standard model of delivery in smaller acute hospitals who serve rural populations. Smaller hospitals have significant challenges around a number of areas including workforce and many of the national standards and policies were not appropriately tailored to meet their needs. We will work with trusts to develop a new operating model for these sorts of organisations, and how they work more effectively with other parts of the local healthcare system.

• Need to apply definition of ‘small’ to SAMBA hospitals
  • CQIs may be different
  • Taken out of benchmarking nationally as held to different standard?
Unit Questions and NICE / NHS E Long Term plan

1.34. The NHS and social care will continue to improve performance at getting people home without unnecessary delay when they are ready to leave hospital, reducing risk of harm to patients from physical and cognitive deconditioning complications. The goal over the next two years is to achieve and maintain an average Delayed Transfer of Care (DTOC) figure of 4,000 or fewer delays, and over the next five years to reduce them further. As well as the enhanced primary and community services response set out earlier in this Chapter, we will achieve this through measures such as placing therapy and social work teams at the beginning of the acute hospital pathway, setting an expectation that patients will have an agreed clinical care plan within 14 hours of admission which includes an expected date of discharge, implementation of the SAFER patient flow bundle and multidisciplinary team reviews on all hospital wards every morning.

- Multidisciplinary care plan within 14 hours of admission and EDD
- Social worker and therapist at the ‘beginning of the pathway’ = AMU/ED/AEC
Unit Questions and NICE / NHS E Long Term plan

5. Local NHS organisations will increasingly focus on population health – moving to Integrated Care Systems everywhere

1.50. ICSs are central to the delivery of the Long Term Plan. An ICS brings together local organisations to redesign care and improve population health, creating shared leadership and action. They are a pragmatic and practical way of delivering the ‘triple integration’ of primary and specialist care, physical and mental health services, and health with social care, consistent with what doctors report is needed:

- Hospital at Home
  - access for rapid discharge
  - continuation of IV treatment/O2/monitoring
  - who has clinical responsibility?
  - rapid Social care escalation
Patient level questions

We currently ask:
- Age, gender
- Discharged within the last 30 days
- Location of care prior to admission
- Advanced Care Plan
- DNACPR
- EWS value
- Initial assessment location

Add - Frailty score (if screened)? CFS but issues with accuracy
Patient level questions

**CQIs**

- EWS within 30 minutes
- First clerker (tier 1) within 4 hours
- Consultant review within 12 hours

Time 0 for time intervals

When should the clock start?

1. Presents to ED
2. Seen by ED
3. Seen in ED by medicine
4. Decision to admit
5. Arrives on AMU (or other ward)
Patient level questions

**CQIs  NICE Quality Standards**
Consultant review within..
6 hours during daytime (08:00 – 20:00)
14 hours overnight (20:00 – 08:00)
(include indicator rather than exact time as can’t identify patients)
Use NEWS2 score for more urgent review?

When should the clock start?

- Presents to ED
- Seen by ED
- Seen in ED by medicine
- Decision to admit
- Arrives on AMU (or other ward)
Outcomes and location at 7 days

<table>
<thead>
<tr>
<th>In-hospital</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically discharged</td>
<td>□</td>
</tr>
<tr>
<td>Self-discharged</td>
<td>□</td>
</tr>
<tr>
<td>Died in hospital</td>
<td>□</td>
</tr>
<tr>
<td>Transferred to other healthcare facility</td>
<td>□</td>
</tr>
</tbody>
</table>

Mortality and inpatient status at 7 days by NEWS (% of patients)

% of patients

NEWS

0 1 2 3 4 5 6 7 8 9 10+
Patient pathways

• Complex.....still being analysed from last year
  • Additional analytical time/personnel needed with advanced programming skills
• What does it add?
New questions. New database provider. New possibilities

Prof Dan Lasserson, University of Birmingham, Queen Elizabeth Hospital & City Hospital, Birmingham