Zen & The art of Acute Medicine
Dr Vincent Connolly
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The place to improve the world is first in one's own heart and head and hands, and then work outward from there.

— Robert M. Pirsig,
Zen and the Art of Motorcycle Maintenance: An Inquiry Into Values
A person who sees **Quality** and feels it as he works is a person who cares. A person who cares about what he sees and does is a person who's bound to have some characteristics of **Quality**.

Absence of **Quality** is the essence of squareness.
NHS definition of quality

High quality care requires all three dimensions to be present:

- Clinical Effectiveness
- Patient Experience
- Patient Safety
Same Day Emergency Care

Or
SAMedayemergencycare
Or
SDEC chairs ( not to be confused with the Titanic )
Not
Ambulatory Emergency Care
NHS Long Term Plan

Patients can be referred to SDEC treatment through a number of different ways, including:

- triage in emergency departments (EDs)
- direct referral from GPs
- direct transfer from ambulance
- direct referral from NHS111

Types of SDEC treatment include:

- acute medical SDEC
- surgical SDEC
- acute frailty
What is the ambition for SDEC?

All hospitals with a 24 hour ED (type 1) will provide:

• the provision of SDEC at least 12 hours a day, 7 days a week by September 2019 and by March 2020 for surgical SDEC

• an acute frailty service at least 70 hours a week by December 2019, with the aim to complete a clinical frailty assessment within 30 minutes of arrival in the ED/SDEC unit

• record all patient activity in EDs, urgent treatment centres and SDECs using same day emergency care data sets in April 2020.

https://improvement.nhs.uk/resources/same-day-emergency-care
The headline for SDEC

This will increase the proportion of acute admissions discharged on the day of attendance from a fifth to a third
Results – Change in bed days by analysis cohort

Indexed emergency bed days for selected ambulatory care conditions, by AEC network membership

- Other providers
- Cohort 1
- Cohort 2
- Cohort 3
- All emergency bed days
Clinical Effectiveness

Average daily number of overnight beds available and occupied in England (1987/88-2013/14)

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The beginning ..........................
**Cohort One**
- Calderdale & Huddersfield
- Harrogate
- Hull
- Leeds
- Liverpool
- Nottingham
- Plymouth
- Tyne & Wear
- Weston Super Mare
- Whittington

**Cohort Two**
- Bath
- Bristol
- Gloucester
- Imperial
- Milton Keynes
- North Cumbria
- North Lincs
- Pennine
- Pilgrim
- Stockport
- Warrington

**Cohort Three**
- Addenbrookes
- Ashford CCG
- Chester
- Dudley
- East Sussex
- Heart of England
- Kettering
- Kings College
- Peterborough
- Sandwell & West Birmingham
- St Helens and & Knowsley
- Worcester

**Cohort Four**
- Barnsley
- Basildon
- Croydon
- Epsom
- Heatherwood & Wexham
- Herts Valleys CCG
- Ipswich
- Kingston
- Mid Staffs
- Northampton
- Northwick Park
- St Heliers
- St Georges
- Southport & Ormskirk
- UCLH

**Cohort Five**
- Bournemouth
- Bradford
- Coventry and Warwickshire
- East Cheshire
- Guys & St Thomas
- Lewisham
- Lister – East & North Herts
- Portsmouth
- PRU Kings College
- Southend
- South Manchester
- Tameside
- West Sussex
- Wye Valley
- Yeovil

**Cohort Six**
- Aintree
- Burton
- Central Manchester
- Gateshead
- Leicester
- Mid Essex
- North Staffs
- Royal Cornwall
- Royal Free – inc. Barnet
- Shrewsbury & Telford
- Swindon
- Walsall
- West Middlesex

**Cohort Seven**
- Buckinghamshire
- Colchester
- Medway
- Morriston, Swansea
- Neath Port Talbot
- North Bristol
- North Middlesex
- Oxford
- Princess of Wales, Bridgend
- Singleton, Swansea
- Sunderland
- West Suffolk

**Cohort Eight**
- Ashford & St Peters
- Barking, Havering & Redbridge
- Blackpool
- Heart of England
- Homerton
- Llandough
- Maidstone & Tunbridge
- Rotherham
- Sherwood Forest
- University Hospital Wales

**Cohort Nine**
- Barts Health
- Bedford
- Brighton & Sussex
- Dorset
- Frimley Park
- Huddersfield & Calderdale SRG
- Hull & East Yorkshire
- Mid Cheshire
- Mid Yorkshire
- North Cumbria
- Poole
- United Lincolnshire
- Warrington CCG
- Wirral

**Cohort Ten**
- Airedale
- East Lancashire
- Hampshire
- Lancashire
- Pennine
- Princess Alexandra Hospital, Harlow
- Royal Devon & Exeter
- Southampton
Gumption Traps
Default to Day Surgery

Suitability for day surgery

- 20–30% Clearly suitable → Day surgery Home if ok
- 40–65% Unsure → Inpatient care ? Home if ok
- 5–20% Clearly unsuitable → Inpatient care Hospital stay
Have a Clinical Conversation

Key Questions

Is the patient sufficiently stable to be managed in AEC (usually NEWS <=4?)

Is the patient functionally capable of being managed in AEC whilst maintaining their safety, privacy and dignity?

Is there an existing outpatient or community service that could more appropriately meet the patients needs?

Would the patient have been admitted if AEC was not available?
Clinical Scenario

- 17y old woman
- Type 1 diabetes
- Symptomatic
- Blood glucose 27mmol/l
- Blood ketones 2.5
- SDEC?
Clinical scenario

• 55y old male
• Several weeks of intermittent severe headache, left eye pain
• Holding head
• Bloodshot eye
• SDEC?
Clinical Scenario

- 55 y old man
- Drinking
- After several vomits, small amount of haematemesis
- HR 90 bpm BP 128/76
- SDEC?
Clinical scenario

- 55y old man
- In ED
- Drinks 1 l of vodka per day
- Distressed
- Unkempt wants emergency detox
- SDEC?
Clinical Scenario

• 55y male in ED
• Faint lightheaded at the toilet
• Brief LoC
• Previous admission with abdominal pain
• Admit to SDEC?
Clinical Scenario

- 55 y old man
- Breathlessness, PND, ankle oedema
- HR 120bpm BP 110/70
- ECG tachycardia, non-specific t-wave changes
- Cardiomegaly
- SDEC?
Huge variation in clinical practice

Address this with anonymised data, constructive individualised feedback, joint rounds, coaching, developing pathways for high volume scenarios
A new patient pathway – a new compact
Define who can go home

Define who needs specialist care

**Ambulatory Care pathway**

*Furosemide dose*

*Furosemide naive pt:*
- Serum creatinine < 200 80 mg iv
- Serum creatinine > 200 120 mg iv

*Chronic enteral Rx:*
Current enteral dose as IV bolus max 120mg

Peak diuresis usually within 30 – 60 minutes usually > 500ml in 2 hours

Reassess 2-4 hours

Subjective improvement
No ischaemic chest pain
No new arrhythmia
Resting heart rate <100bpm
Systolic BP > 90 mm Hg <160 mmHg
Room O2 saturations >90% (unless on home oxygen)
Return to baseline wt or decrease in wt
Troponin –ve
Stable U&E
Total urine OP >1L

Yes to all

Discharge patient home
Fax both sides of this sheet to Ambulatory care service of Heart failure Specialist Unit for follow up within 24 hours

No to any

Admit to Heart failure Specialist Unit

**Total iv frusemide dose in AAU:** mg
REFERRAL PATHWAY FOR COMMUNITY DETOX
PATIENT PRESENTING WITH AN ALCOHOL PROBLEM

TRIGGER CONDITION
FREQUENT PRESENTATIONS EG. DEPRESSION, ANXIETY, PHOBIAS, GASTRO INTESTINAL DISORDERS

REFER TO PADS AUDIT TOOL

SCORE 24 OR BELOW
PROVIDE ADVICE AND INFORMATION ON HEALTH RISKS AND SEND TO APPROPRIATE AGENCIES
EXIT

SCORE 25 - 30 MODERATE DEPENDANCE
SADQ ASSESSMENT TOOL TO BE COMPLETED BY STAFF
COMMENCE MILD / MODERATE DETOXIFICATION REGIME
ASSESS FOR COMMUNITY DETOX
IS THE PATIENT MEDICALLY FIT COMPLETE BLOOD TESTS FBC, LFT, GGT, U+ES
HAS THE PATIENT GOT HOME SUPPORT AND IS THE PATIENT MOTIVATED FOR DETOX

NO
BRIEF INTERVENTION ADVICE / INFORMATION ON HEALTH RISKS

YES
CONTACT Lifeline or MRT
COMMENCE AFTERCARE

SCORE 31 OR HIGHER
ASK ABOUT CONSUMPTION, DOES THE PATIENT HAVE ANY PHYSICAL WITHDRAWAL SYMPTOMS
REFER TO ALCOHOL LIAISON NURSE FOR HOME DETOX
Lifeline or MRT Recovery
CASE CONFERENCE
Body of evidence

Relationship between tattoos and crimes committed

- Any tattoos: Murder, Theft, Robbery, Drugs
- Face tattoos: Murder, Robbery, Drugs
- White supremacist: Murder, Theft, Robbery, Drugs
- Three dots: Murder, Assault, Robbery, Drugs
- Tear drop: Murder, Assault, Theft, Robbery, Drugs
- Guns: Assault, Theft, Robbery, Drugs
- Laugh now, cry later: Theft, Drugs
- Christian: Murder, Assault, Theft, Robbery, Drugs
- Satanic: Theft, Drugs

Sources: Florida Department of Corrections; The Economist
SDEC New Patient Flow

Key:
- Green flows are highly suitable for AEC
- Amber flows may be suitable for AEC
- Red flows are generally not suitable for AEC

Diagram:
- GP Referrals
- Emergency Department
- Walk-in’s
- Ambulances
- Clinical Conversation
- Majors
- Minors
- Readmits
- Ambulatory Emergency Care Unit
- Short Stay Admissions Unit (Examples include CDU, AMU, AAU etc.)
- Speciality Wards (Patients admitted for longer stay in hospital)
- Home Same Day and/or clinic

Additional notes:
- Clinically Unstable
### Quality improvement

**Figure 2 2x2 matrix illustrating “right patient, right place” is it effective?**

<table>
<thead>
<tr>
<th>Managed in AEC</th>
<th>Not managed in AEC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Box 1: Success</strong></td>
<td><strong>Box 2: Missed opportunity</strong></td>
</tr>
<tr>
<td>% conversion from AEC service to admission</td>
<td>% HRG/ICD-10 clinical scenarios Casefile review</td>
</tr>
<tr>
<td>Clinical outcomes/experience</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not appropriate in AEC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Box 3a: Wasted capacity</strong></td>
<td><strong>Box 4: Appropriate</strong></td>
</tr>
<tr>
<td>Some HRGs may indicate Low conversion rates Casefile review</td>
<td>Emergency inpatient/outpatient care</td>
</tr>
<tr>
<td><strong>Box 3b: Potential clinical risk</strong></td>
<td></td>
</tr>
<tr>
<td>Patients NEWs score High conversion rates Casefile review</td>
<td></td>
</tr>
</tbody>
</table>
Programme Sustainability Score

Gap between average score and maximum ranked by decreasing gap

Top 3 areas for action are:

1. Senior Leadership Engagement
2. Infrastructure for Sustainability
3. Clinical Leadership Engagement
Elements of quality in design

Patient Experience

The components of good design

**Performance**
How well it does the job / is fit for the purpose

**Functionality**

**Engineering**
How safe, well engineered and reliable it is

**Safety**

**The aesthetics of experience**
How the whole interaction with the product/service ‘feels’ / is experienced

**Usability**

Berkun, 2004 adapted by Bate
Chautauqua