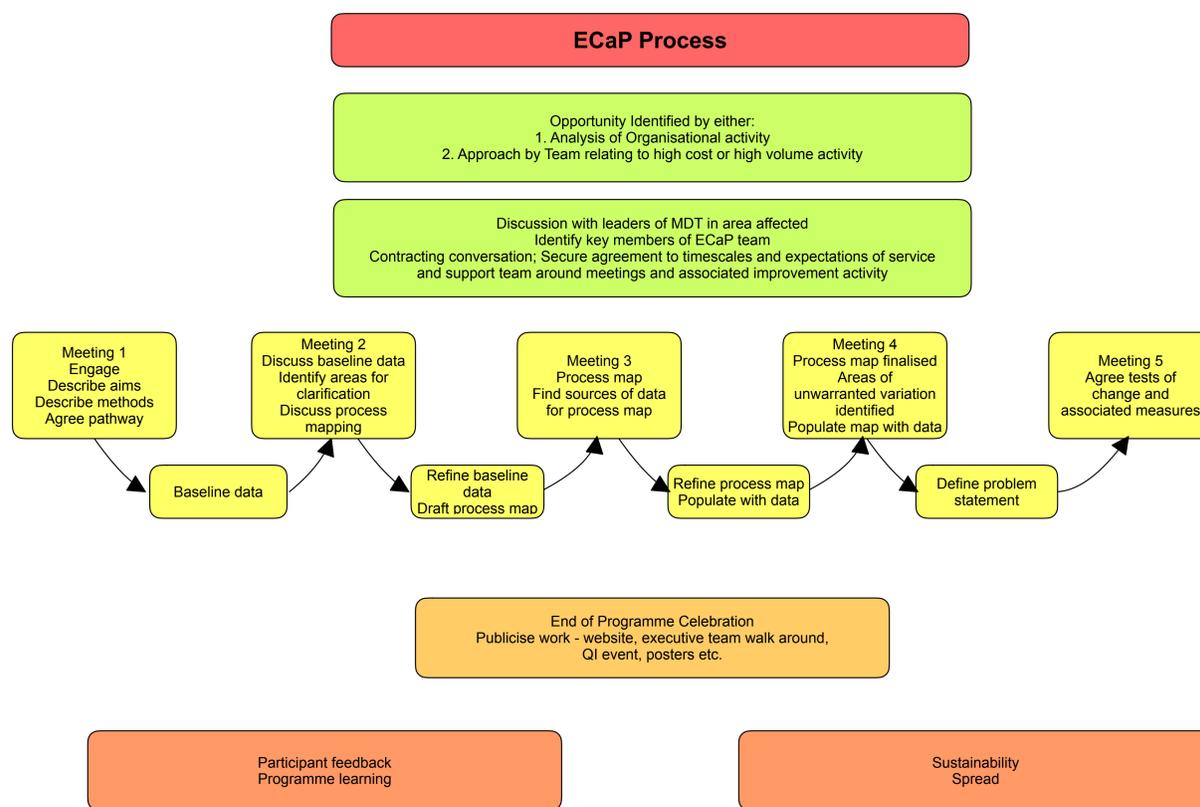


The Problem?

- Up to 47% of spending in healthcare adds no value
- Much of this is due to inefficient processes
- Complex pathways cut across specialty boundaries
- Bringing teams together is challenging
- Work on these complex pathways require improvement team support
- There was no defined process for this pathway work



The Solution?

- Pilot work on complex pathways as part of NHS Tayside's transformation programme
- As we tested this approach we consolidated our learning and developed a standard approach
- This has been used on a number of pathways in NHS Tayside as illustrated below

ECaP – Acute Chest pain

Key features of programme

- Examine pathways of care
- Pilot looking at high volume or high cost pathways
- Address unwarranted variation
- Reduce waste by examining processes
- Reduce harm by reducing unnecessary interventions
- Engage clinicians involved in frontline care
- Address aspirations in Realistic Medicine

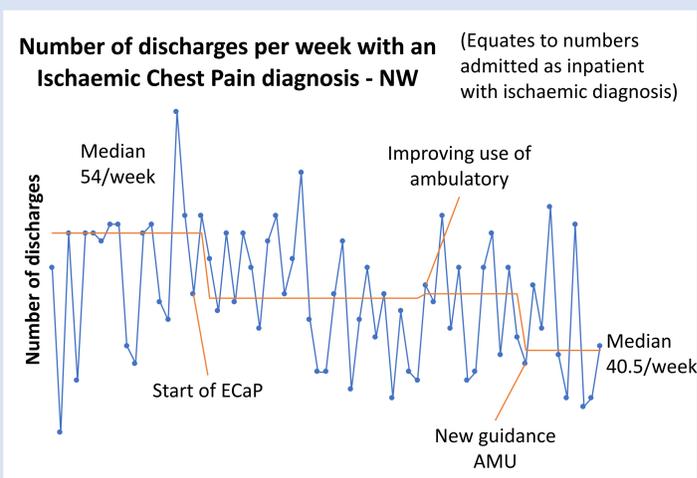
Ischaemic Chest Pain Group

- Emergency Medicine
- Acute Medicine Unit (AMU)
- Primary Care
- Cardiology
- Biochemistry
- Business Unit
- Improvement Advisor

Actions

- Process mapping sessions
- Identified areas of variation in acute pathway
- Discussed in relevant specialty groups
- New guidance for AMU decision making
- Modelling supporting switch to hs-Troponin test

Headline results



- Reduction of 14 pts / week discharged with ischaemic diagnosis
- Avg LoS reduced by 1.3 days
- Use of hs-troponin could reduce admissions by further 30%

Analysis

- Discussion of the process has increased understanding across teams
- Points of potentially unwarranted variation identified using pathway maps
- New processes agreed in Acute Medical Unit to reduce variation in decision making
- Better use of the ambulatory area in AMU is likely to contribute to reductions in numbers admitted overnight and therefore average LoS
- Use of hs-troponin could reduce AMU chest pain admissions from EM by 30%
- Service changes required to take ideas forward have been defined
- Use of QI methodology to encourage collaboration and provide data has helped to address service issues

ECaP – Acute Stroke

Key Features of programme

- Look at pathway of care for people presenting with acute stroke
- Reduce variation in delivery of acute aspects of care (CT scanning, swallow assessment, admission to stroke unit and administration of aspirin)
- Remove steps from pathway that added no value and/or put pressure on other departments (eg acute medicine)

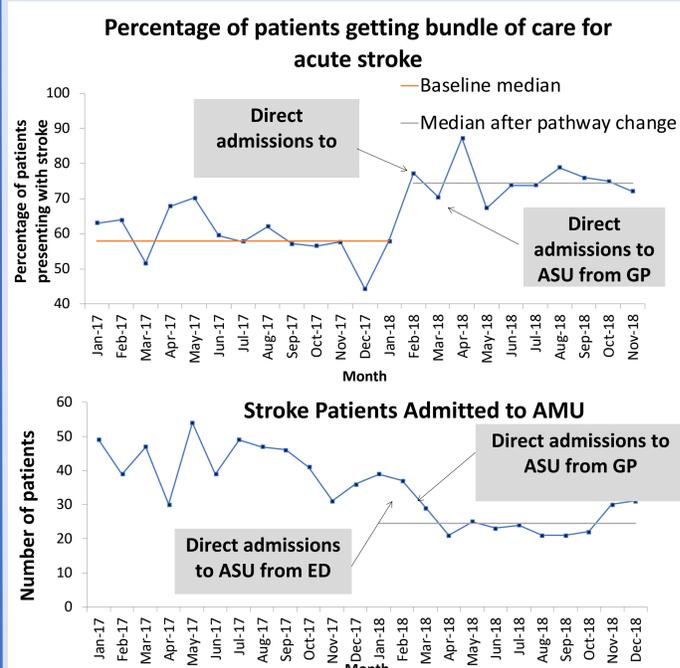
Acute Stroke Group

- Stroke team
- Emergency Medicine
- Acute Medicine Unit (AMU)
- Radiology
- Primary Care
- Improvement Advisor
- Business Unit

Actions

- Brought together the different departments involved in acute stroke care
- Mapped out the pathway and processes
- Gathered data to illustrate the processes
- Redesigned pathway to allow direct admission to the acute stroke unit (ASU) bypassing AMU to enable people to enter the stroke pathway earlier in their journey

Headline results



- Increase in number of patients receiving the acute bundle of care for stroke from 58% to 78%
- Reduction in number of patients admitted to AMU with stroke from median of 44 to 24 per month
- Increased satisfaction from staff in acute stroke unit

Analysis

- Shared understanding of challenges and shared vision across departments
- Development of a pathway that gets the right patient to the right place at the right time thus improving delivery of acute stroke care
- Reduction in number of patients going to AMU which along with changes to other pathways has helped reduce burden on AMU and improve their quality of care