



## Delivering a New Medical Model of Care

### Overview

Capita performed a high level review of the emergency medical pathway at Aintree to identify opportunities for improved patient flow from admission through to discharge.

The findings identified scope for transformation across the patient pathway and Capita was commissioned to work in partnership with the Trust's clinicians to implement the recommendations in 19 weeks.

The aim of the programme was to achieve sustainable change to clinical practices, processes and behaviours to deliver efficient, safe and high quality services for patients whilst enabling the release of cost savings.

Capita worked closely on site with core multidisciplinary teams to develop plans for implementation across three key components:

- Acute model of care
- Inpatient ward management
- Patient flow management.

### Our approach

In order to ensure sustainable change and organisational ownership of the revised practices, roles and responsibilities, the implementation process included:

- Robust programme and governance management infrastructure. Programme board decision making and

Monitoring function and regular executive dialogue for risk escalation and mitigation management

- Structured work streams with clear objectives and multidisciplinary membership
- An emphasis on medical leadership and clinical ownership of the design, principles and delivery
- External challenge and way finding from original to future state, in line with evidence based best practice
- Inclusive partnership approach, keeping all stakeholders engaged.

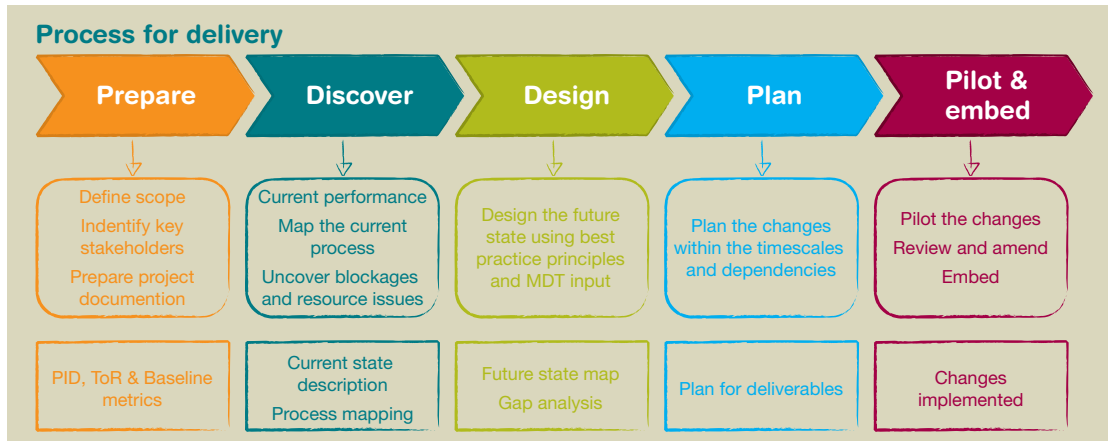
#### Standard operating procedures (best practice)

- Admission and assessment unit function
- Nurse led discharge
- Bed management function
- Trust wide escalation policy and action cards
- In reach models - diabetes, care of elderly
- Ward round processes
- Implementation guide for bed configuration

#### Implementation methodology

- Client engagement
- Clinical engagement
- Best practice guidelines
- Gap analysis
- Redesign in healthcare
- Programme management approaches
- Benefits and outcomes tracking

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Acute medical model	In-patient ward configuration	Patient flow management
<ul style="list-style-type: none"> <li>Coordinated medical take 24/7</li> <li>Medical assessment bay 24/7 - maximum length of stay 4 hours</li> <li>Assessment units twice daily MDT ward rounds</li> <li>In-reach and specialty referrals to the assessment units</li> <li>Standards processes and pathways</li> </ul>	<ul style="list-style-type: none"> <li>Standardised ward rounds</li> <li>Diabetes and DME in-reach services</li> <li>Nurse facilitated discharge</li> <li>Improving whiteboard functionality and usage</li> <li>Ward systems and process to enhance performance</li> </ul>	<ul style="list-style-type: none"> <li>Redefined bed management function</li> <li>Redefined bed management meetings</li> <li>Clear mechanisms for use of information</li> <li>Outlier management and repatriation guidelines</li> <li>Facilitated discharge</li> </ul>

### What we delivered

The programme helped develop new roles and responsibilities for all clinical and operational staff across the non elective medical pathway, and delivered valuable benefits:

- Increased discharges from the assessment units
- Increased discharges across wards
- Improved discharge lounge utilisation
- Increased daily senior review of patients on inpatient wards
- Better patient flows due to improved bed availability
- More effective multi-disciplinary team working.

“You have started to address the culture within the organisation to show that real change and improvement can be made in an area that was previously thought too difficult”.

Finance Director

“You have been the catalyst and enabler for much needed change”.

Respiratory Physician

“This has gone from the worst acute take in the region to one of the best”.

Junior Doctor

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