

Medicine Flow Coordinators Review

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Abstract: The Medicine Division need to understand if the introduction of the Medical Flow Coordinators has improved the volume of cancelled discharges impacting on flow out of the hospital

SMART Aim

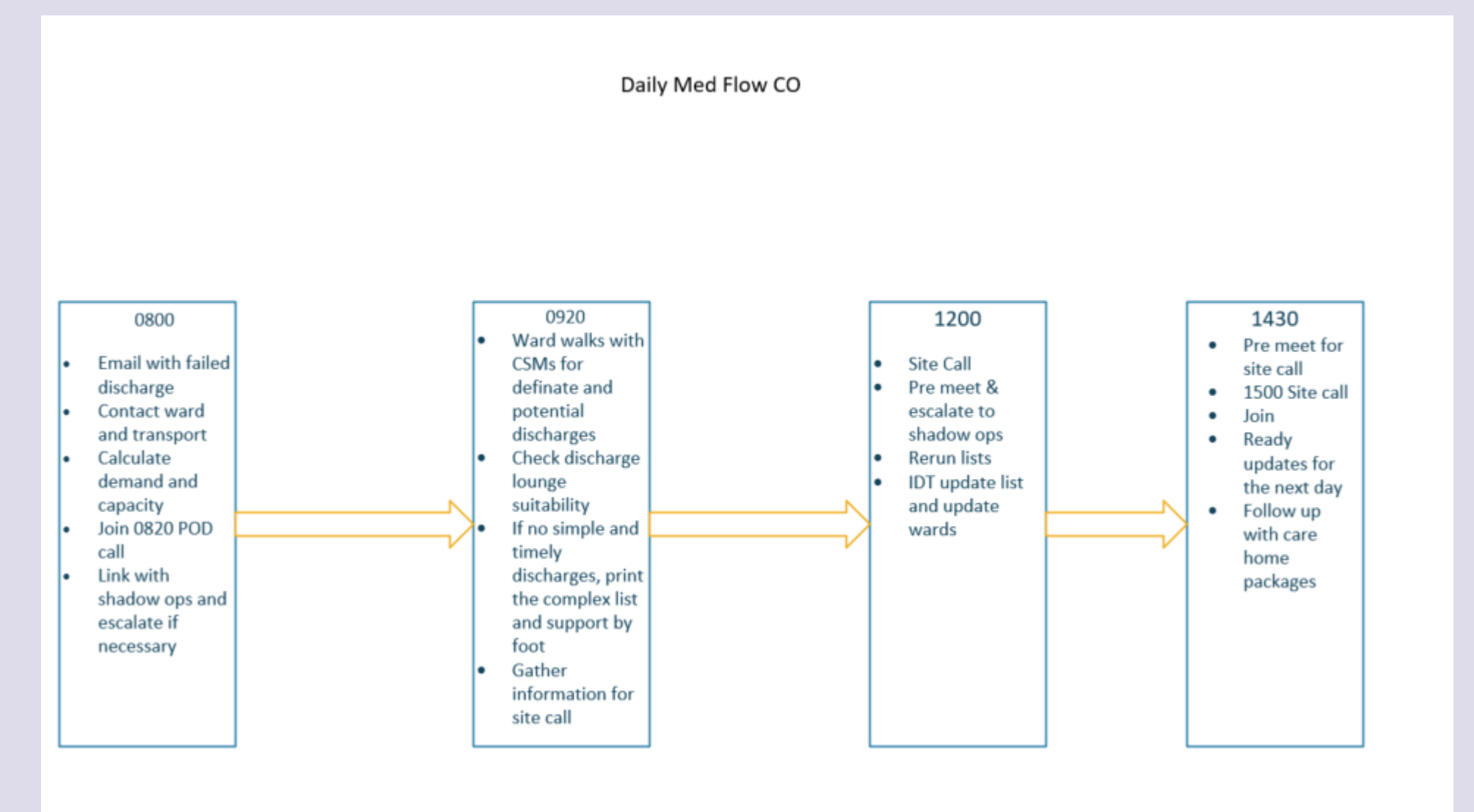
To reduce the failed discharges and increase time available for ops ability to do standard work by August 31st 2022

Plan

The Med Flow Coordinators (MFC) were recruited into the new posts on 21st February 2022 and as a test of change staggered the working hours to ensure the service was covered between the hours of 8am and 6pm Monday to Friday. They also have line management responsibilities for the Patient Journey Facilitators.

There is an anecdotal perception that the surgical equivalent of the flow coordinators have more success in supported discharge. It is recognised that the surgical role differs in activities and banding. The key area for focus is to understand if they have reduced the number of cancelled discharges and try to standardize the role and understand if the new posts support clinical patient flow in a meaningful way and free up the shadow ops of the days time to do their day job and with issue being escalated after the MFCs have tried to unblock the issue.

To understand the improvement requirements to standardise the role it was necessary to understand the current rhythm of the day carried out by the medical flow coordinators. A process flow session took place virtually. The session brought to light the number of duplication between roles that took place on a daily basis.



Do

Task and Finish Group- The Medical Flow coordinators set up a task and finish group to track actions but to share learnings of any PDSA cycles carried out. To partner with the surgical division and learn from their processes.

Escalation Cards- The team developed and carried out PDSAs for escalation cards in line with the trust escalation policy. This supported being transparent with responsibility of unblocking the discharge issue. This was reviewed and feedback given by the Emergency Planning Team and put into action with the teams.

Introduced morning huddle- The medical flow coordinators introduced a morning huddle with the Patient Journey Facilitators, to share important updates, set the priorities for the day and provide feedback from the previous day.

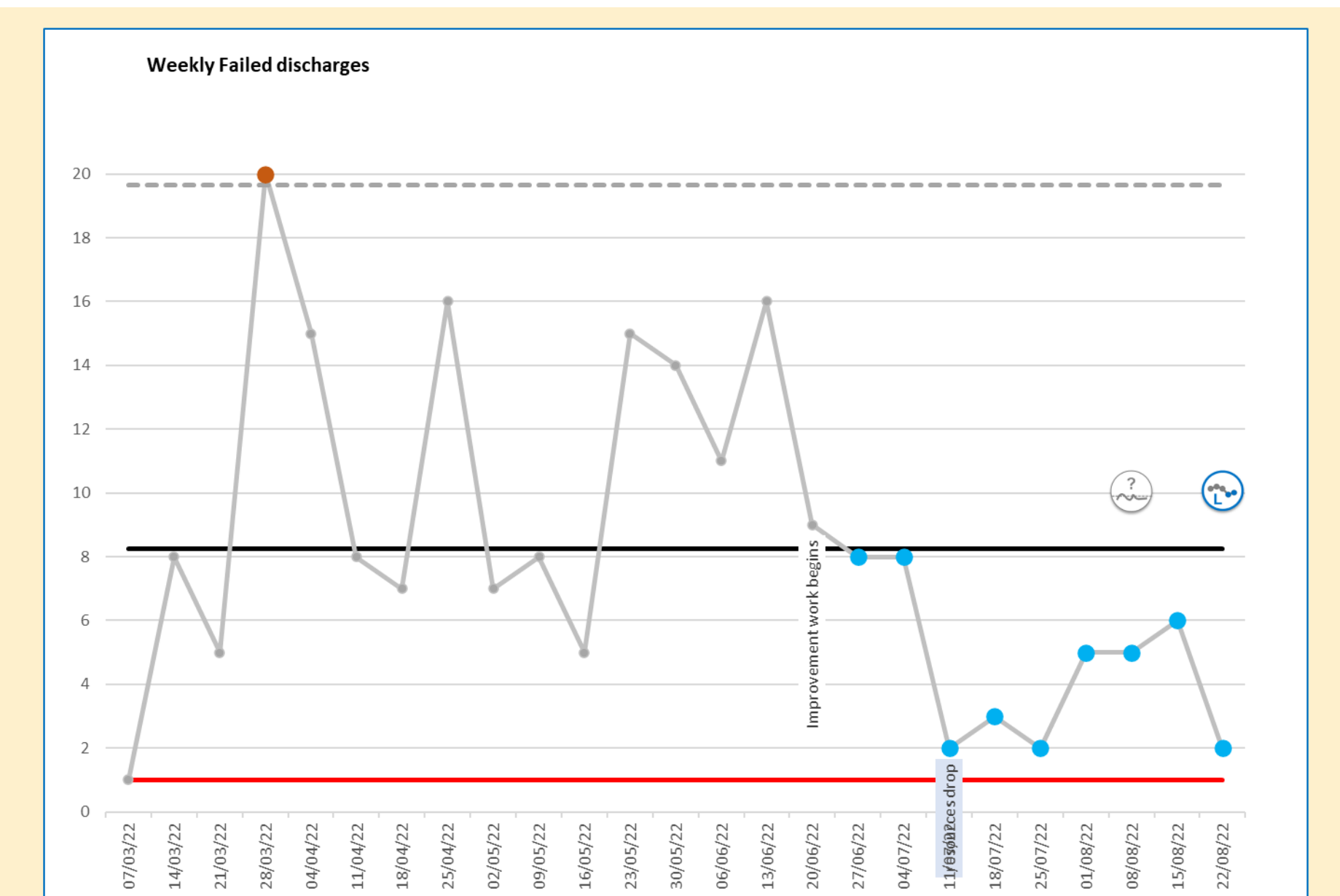
Roles and Responsibilities Review- A roles and responsibilities session took place to ensure there was no professional creep between the MFCs and the PJFs but also to understand how the escalation process worked in line with the shadow ops.

Shadow Ops Questionnaire- The team sent out questionnaires to the shadow ops to understand how the MFC impacted and supported the shadow ops

Study

The medical flow coordinators impact on the cancelled discharges is demonstrated in the SPC chart. Even with the resources of MFCs reducing by 50% there is a clear improvement in the number of failed discharges. This continued improvement came after the introduction of huddle demonstrating that prioritising earlier in the day allowed the MFCs to continue improving their outcomes even after their resources dropped to 50% and with significant vacancies in the PJF role as well.

The questionnaire provided insight into the impact the role is having on the shadow ops ability to carry out their standard Work as the escalation plan did not bring them in until later in the process, whereas previously there would be duplication between the MFCs and the shadow ops.



Act

In conclusion to the review the data has demonstrated that there has been significant improvement since the MFC role was introduced (see previous case study) and further improvement since this improvement project began.

The next steps for the Medical Flow Coordinators is for a business case to look at changing the role to a substantive position and improving their management and coaching skills as they begin to manage the Patient Journey Facilitator function.