

# MIDER

## QI 1195 Improving Flow of Care Needs Through Urgent Community Response (UCR)

Item Type	Internal Poster
Authors	Sekher, Saju;Fisher, Ellen;Supported by the Quality Improvement Team, Coventry and Warwickshire Partnership Trust
Citation	Sekher, Saju; Fisher, Ellen. QI 1195 Improving Flow of Care Needs Through Urgent Community Response (UCR). Coventry and Warwickshire Partnership NHS Trust, 2024.
Publisher	Coventry and Warwickshire Partnership NHS Trust
Rights	Attribution-NonCommercial-NoDerivatives 4.0 International
Download date	2026-04-13 05:20:46
Item License	<a href="http://creativecommons.org/licenses/by-nc-nd/4.0/">http://creativecommons.org/licenses/by-nc-nd/4.0/</a>
Link to Item	<a href="http://hdl.handle.net/20.500.14200/7155">http://hdl.handle.net/20.500.14200/7155</a>

# QI-1195 Improving flow of care needs through Urgent Community Response (UCR)

Project Leads: Saju Sekher - Lead Physiotherapist and Ellen Fisher - Lead Occupational Therapist - UCR



**Project Aim:** Improve patient flow from UCR Care into Adult Social Care (ASC) and staff to generate referrals to ASC within 3 to 5 days of assessment by October 2023.

## Summary:

### BASELINE:

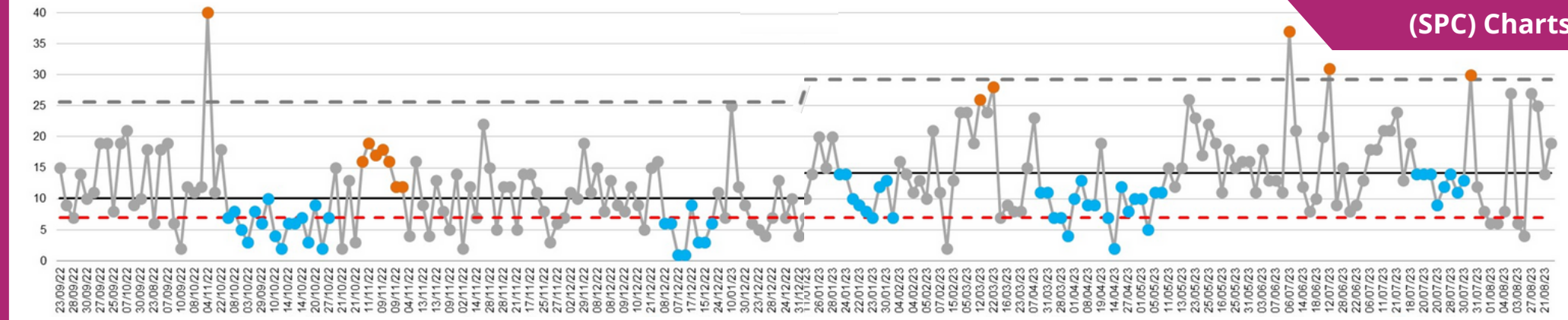
- Standard operating procedure (SOP) in place to facilitate transfer of care from UCR to ASC care.
- Length of stay (LOS) was 6 weeks +.
- Over prescription of care.
- Significant blocks in care resulting in admission to hospital.
- Alignment to Community Health Services 2 hour urgent community response standard required service redesign.

### CHANGE:

- ASC ringfenced 100 hours of care.
- ASC Occupational Therapist funded.
- UCR care for 7 days.
- UCR to prognose ongoing care needs.
- Identification of appropriate referral routes for ongoing care.
- Referral to ASC by day 3 to 5 if appropriate.
- QI tools utilised to measure progress over time and streamline processes.

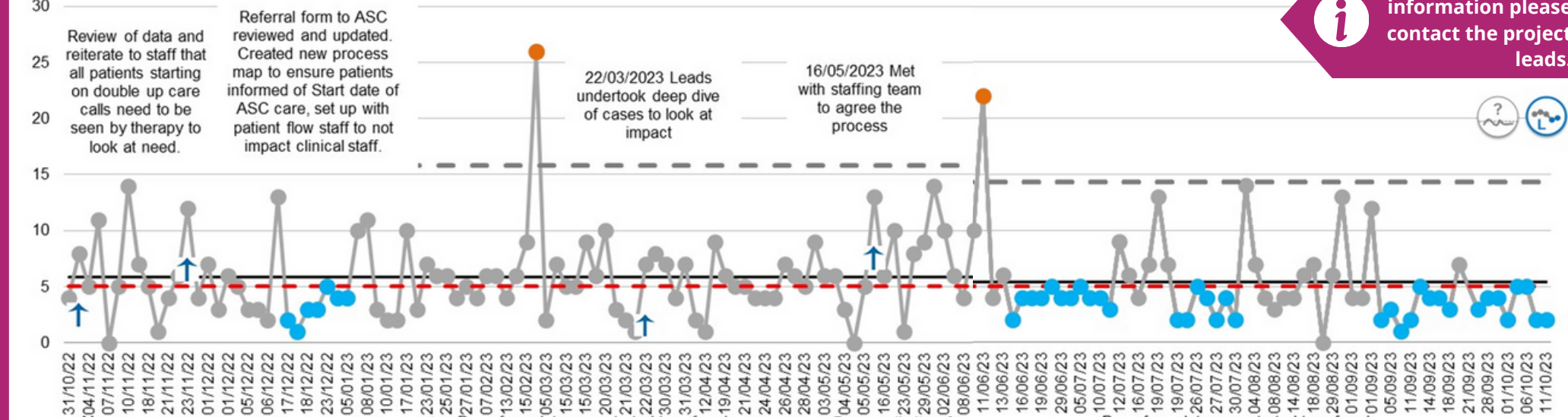


## Length of stay in UCR (Target <7 days)



Statistical Process Control (SPC) Charts

## Time taken to refer to ASC (Target <5 days)



For further information please contact the project leads.

## Measures:

- Length of stay in UCR
- Time taken to refer to ASC.

## Outcomes:

- Average LOS for UCR Care reduced from 6 weeks in July 2022 to 2 weeks in October 2023.



- The average time taken to refer to ASC was within the 3-5 day target by June 2023.



## QI Tools:

- Driver Diagram
- PDSA Cycles
- SPC Charts
- Process Maps
- Mapping the last 10 patients.



## Change Ideas Applied:

- Data collection commenced for length of stay and time taken to refer to ASC.
- 48 hourly care reviews.
- Process mapping completed for current and future state.
- Establishing expectations within UCR through training.
- Double up care needs reviewed by registered therapist.
- Patient flow coordinator responsibility to map demand and flow.



- Caseload deep dives and mapping the last 10 patients to review time frames and intervention opportunities.
- Staff engagement and collaboration for clinically driven change.
- Joint operational and clinical working with Health and Social care, including weekly MDT meetings.

## Next Steps:

- Embed the changes into business as usual (BAU).
- Scope the impact of One Coventry Intergrated Team (OCIT) as the enabler for timely transfer of care needs to ACS.