Taking a Whole System Approach to the Urgent and Emergency Care Workforce

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Overview

- What is a whole systems approach?
- Framework for whole systems working in urgent and emergency care?
- Three golden nuggets - lessons from the transformation of urgent and emergency care project
- Concept ‘clinical systems leadership’
- Practical examples of clinical systems leadership
What is whole systems? (WHO, 2007, 2009)

The WHO Health System Framework

System Building Blocks

- Service Delivery
- Health Workforce
- Information
- Medical Products, Vaccines & Technologies
- Financing
- Leadership / Governance

Overall Goals / Outcomes

- Improved Health (level and equity)
- Responsiveness
- Social & Financial Risk Protection
- Improved Efficiency

Access Coverage

Quality Safety
“The building blocks alone do not constitute a system, any more than a pile of bricks constitutes a functioning building. It is the multiple relationships and interactions among the blocks – how one affects and influences the others, and is in turn affected by them - that convert these blocks into a system.”

(WHO, 2007, 2009)
Components of Systems (Plsek, 2001)

- Structures
- Processes
- Patterns e.g. values, trust, how various groups communicate with one another, etc.
Five key patterns

1. Relationships
   - Generate energy for new ideas/innovation Vs drain the organisation

2. Decision-making
   - Rapid by experts Vs bogged down in hierarchy and position bound

3. Power
   - Power to enable Vs power over
   - Collective purpose Vs self interest

4. Conflict
   - Opportunities to embrace ideas Vs negative and destructive feedback

5. Learning
   - Curious and eager to learn Vs learning as threatening to the status quo
Transforming Urgent & Emergency Care Together in East Kent Phase 1 & Phase 2: Report Highlights

Kim Manley, Carrie Jackson, Anne Martin
Juliet Apps, Ian Setchfield, Gemma Oliver
Project Aims

- How do we solve the current workforce crisis in emergency departments creatively to promote sustainable transformational change?

- What does the workforce of the future look like?
Methods

Phase 1:

- Literature Review
- Region wide stakeholder workshops using 5 key questions
- Patient stories collected from service users
- Electronic survey questionnaire
- Process mapping of data to identify:
  - Current issues and challenges
  - Best practice and what works well
  - Future vision of an integrated system
  - Skills and competences required
General findings

- Need a whole systems approach to designing future urgent and emergency care workforce

- Require whole systems approaches to learning, developing, improving to enable design and implementation of an ideal clinical model to maximise outcomes
Interdependent System Partners for Integrated urgent and emergency care

Contexts

**Primary Care**
- GP Practices & MIU
- 111
- Care Homes
- Local Referral Units
- Community teams - ICT/Rapid Response
- Community Beds
- Mental Health
- Learning Disabilities
- Volunteers
- First Responders
- Third sector Charities
- Care Navigation
- Ambulance
- Police, Fire Service
- Social Services
- Community Pharmacy
- Schools and Workplaces

**Secondary Care**
- A&E
- Ambulatory
- CDU
- Hospital at Home
- Emergency Care Centre
- Paediatric Services
- Maternity
Framework for achieving whole systems urgent and emergency care delivery

**System Enablers**
- Whole pathway commissioning-integrated information & funding systems
- Interdependent partners across primary, secondary & tertiary care
- Leadership, expertise and collaborative ways of working
- Staff recruitment and retention
- Strategies that attend to competence, role clarity, empowerment and support
- Public information for navigating the system

**Specific Workforce Enablers**
- Clinical systems Leadership
- Single career and competence framework (Assess Treat SORT)
- Work based facilitator of learning, development and improvement
- Curriculum content for High Education Institutions and Further Education Colleges

**Integrated urgent and Emergency care**
(Whole System Any place, any context)

**Feedback**
- Population health & social care needs
- Health & social care policy

**Outcomes**
- Timely care at time of crisis in the right place
- Urgent and high dependency care prevents loss of life or on-going illness
- Consistent approach to care delivery experienced across regional communities and population
- Positive work based culture enables person-centred, safe & effective care
- Improvements in mortality and quality outcomes
- Effective use of financial resources through reducing duplication of effort
Systems leadership - what does it need to look like?

- Consultant level (any discipline) clinical expertise for a specific client group (50-60% of time in direct provision)

+ 

- Expertise in FOUR other functions

- Employed across the heath economy boundaries e.g. Joint appointment
1. Clinical, strategic, political leadership

• Systems leadership models and drives integration across boundaries

• Leadership to achieve culture change
  
  • working with shared purposes

  • achieving integrated ways of working and effective teamwork across primary and secondary care and partner organisations

  • breaking down silos to deliver person-centred, safe and effective care with continuity
2. Advanced consultancy approaches to disseminate expertise

- Consultancy functions from client-centred through to organisational and systems level (Caplan & Caplan, 1993)

- Process consultancy approaches (Schein, 1999) to enable expertise to be available and accessible to as many people across the system as possible
3. Creating a learning culture

- Uses the workplace as the main resource for learning, development, improvement
- Enables the system to be used for rotation of learning opportunities
- Develops competences in others
4. Evaluating effectiveness, fostering inquiry

- Developing, improving and evaluating person-centred, safe and effective care and services

- Research, Inquiry and practice based evaluation of effectiveness
Priority areas for joint systems leadership across the health care system

- People with chronic health conditions such as:
  - Diabetes
  - Asthma
  - Chronic Kidney Disease
  - Coronary Heart Disease
  - Chronic Obstructive Pulmonary Disease

- Acute, urgent care
- The frail elderly
- People with Dementia
- End of Life Care
- Children
- Management of people’s pain
- Mental health & Substance Abuse
- People with learning disabilities
- Pregnancy
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Inputs

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<tr>
<th>ACCESS</th>
<th>TREAT/INVESTIGATE</th>
<th>SORT</th>
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<tr>
<td>• Assess First Aid needs</td>
<td>• Call for &amp; provide assistance</td>
<td>• Organise support patient transport</td>
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<td>• Assess vulnerability for safeguarding</td>
<td>• Pre-hospital care</td>
<td>• Arrange follow up</td>
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<td>• Holistic assessment skills at appropriate level</td>
<td>• Manage acute distress</td>
<td>• Understand whole system</td>
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<td>• Protocol driven assessment</td>
<td>• Diagnose in different settings</td>
<td>• Referral</td>
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<td>• Using Assessment Tools</td>
<td>• Interpret diagnostics</td>
<td>• Timely follow up/discharge</td>
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<td>• Prioritisation and decision-making (triage)</td>
<td>• Prescribing/PDGs</td>
<td>• Reflect and Evaluate</td>
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<td>• Communication</td>
<td>• Provide Advice</td>
<td>• Facilitate whole system review</td>
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<td>• Risk management</td>
<td>• Deliver interventions in different settings</td>
<td>• Develop a culture of learning, inquiry and innovation across the system</td>
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<td>• IT skills</td>
<td>• Access to resources</td>
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<td>• Self-awareness</td>
<td>• Decision-making</td>
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<td>• Peer review and evaluation of assessment systems</td>
<td>• Interdisciplinary collaboration</td>
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<td>• Documenting</td>
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<td>• Facilitate peer review</td>
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<td>• Leadership, knowledge translation and evaluation of effectiveness</td>
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Developed against NHS Career Framework levels 2-8 incorporating knowledge, skills and behaviours required to deliver person centred safe and effective evidence informed care in any context by any partner.
Framework for achieving whole systems urgent and emergency care delivery

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Facilitation standards that integrate whole systems approaches

- Facilitators who can draw on the workplace as the main resource for learning

- An integrated approach to facilitating learning, development, improvement, inquiry, innovation and knowledge translation
Examples of how these ideas are being implemented:

- Programme for aspiring clinical systems leaders
- Pilot Joint consultant clinical systems leader across primary and secondary care Rheumatology
- Action Research exploring how to reduce admissions to hospital & A&E and improve quality of life for residents regarding polypharmacy across the system
- Acute medicine model with ambulatory care facilitated by a clinical systems leader
ENGLAND CENTRE FOR PRACTICE DEVELOPMENT

"FACILITATING EFFECTIVENESS IN THE WORKPLACE: FLOURISHING PEOPLE, WORKPLACES & CARE"

The England Centre for Practice Development (ECPD) is a vibrant community of transformational researchers, practice developers & workplace facilitators.

We are devoted to co-producing integrated whole systems approaches to deliver cutting edge person centered safe & effective care to achieve health & wellbeing.
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