

Townlands Stakeholder Reference Group Meeting 26.01.16

**Provisional Rapid Access Care Unit (RACU) Key Performance Indicators (KPIs)
& Evaluation Framework**

Introduction

At our last Stakeholder Reference Group we described the new Rapid Access Care Unit (RACU) and the group was able to ask questions of the clinicians present on how the new service model would work. We also touched on how we might measure the success of the new RACU service once it is in place using Key performance indicators (KPIs).

We shared, at a high level, some of the thinking which has already occurred to define a set of agreed Key Performance Indicators (KPIs) across 3 broad categories:

1. 'Time & motion' type measures – what by when
2. System measures – to show what impact is the new service might be having on the wider system
3. Operational measures - measures which provide evidence of both how the model is working, and intelligence we can use to help us to continually improve the model.

The presentation is available on the public website

<http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/townlands-hospital-consultation/stakeholder-reference-group/>

Members of the group requested some further detail regarding the KPIs already discussed under categories 1-3 above, and what to expect from our next planned session on 26th January 2016, where we will discuss your thoughts on patient experience measures.

The KPI's defined in groups 1-3 have been shaped by contributions from clinical representatives from our provider partners. Any suggested patient experience measures we come up with from our discussions with you, will be added to this list.

The KPIs will then need to be jointly agreed between commissioners and providers as part of our formal contract negotiations.

When the new RACU service is up and running all agreed KPIs will be monitored through the normal formal contract review arrangements between the parties concerned.

Additional Information

Where the KPI information below is additional to that shared with you in the slide presentation at the last meeting, this is indicated by italics:

1. 'Time & motion' type measures – what by when

- X% of referrals triaged (decided the order of treatment) and confirmation of acceptance/signposting to a more appropriate service provided within 1 hour of the referral being received and opened.
- X% of patients referred and seen by the service on the next working day or earlier.
- *X% of care/support plan and discharge summary, including any drug changes, issued electronically to the patients GP within 24 hours of the patient being seen/treated by the service.*
- *Comprehensive assessment completed & treatment plan agreed within 2 hours of the patient's outpatient appointment.*

2. System measures – to show what impact is the new service might be having on the wider system

- A reduction in the number of A&E attendances at the RBH from Oxfordshire patients over the age of 65yrs and registered with the five GP practices in closest proximity to the RACU.
- A reduction in the number of non-elective zero length of stay/short stay admissions at the RBH from Oxfordshire patients over the age of 65yrs and registered with the five GP practices in closest proximity to the RACU.
- Reduction in the attendance of Oxfordshire registered patients at the Rapid Assessment Clinic for Older People (RACOP) offered by RBH.
- Reduction in the number of Oxfordshire patients with delayed transfer of care (DTOCs) reported for RBH.
- *Reduction in Length of stay from current baseline, as at XX/XX/XXXX for those admitted to step up/step down beds provided by OSJ*

3. Operational measures - measures which provide evidence of both how the model is working, and intelligence we can use to help us to continually improve the model.

- Nature of patient treatment provided by the RACU i.e. IV antibiotics, transfusion, x-ray.
- *First to follow up ratio for patients attending the RACU within a completed episode of care.*

- Number of referrals received and by whom e.g. General Practice, Out of Hours, South Central Ambulance Service, Community Nursing team.
- *Number of referrals accepted by the service.*
- Number and reason for referrals being rejected by the service.
- *Triage destination i.e. primary therapy offered by RACU i.e. Physio, Speech and Language Therapy.*
- Number of same day v next day appointments offered.
- Destination of the patient on discharge from the service i.e. OSJ, home, acute admission.
- Number of patients re-admitted to the service with the same condition within 14 days of discharge.
- *Demographic information of patients treated at the RACU.*
- *Number of "Did Not Attends" reported each month.*
- *No. of care packages amended/initiated on discharge (detail TBA)*

Other methods of obtaining feedback.

We may also choose to undertake, in agreement with providers, ad hoc audits to help our understanding of the service, or undertake a survey/questionnaire. This might for example involve a survey to seek views from referrers and/or those organisations who might receive discharged patients, to ascertain whether they felt information provided by RACU was complete, timely, helpful etc. This more subjective, qualitative data will contribute to the teams understanding of how the new service is developing.

Developing additional Patient and Carer experience measures

At our Stakeholder meeting on 26th January, we will spend some time asking the group to specifically identify and help develop measures from a patient or carer perspective only, which will help us to understand what the service feels like as a recipient from this perspective. These will be then added to the KPIS already confirmed in groups 1-3 for formal agreement between Providers and commissioners.

I would ask that in preparation for this meeting, that you bring some ideas with you, about outcomes that are patient and carer specific. The indicators in this paper are areas we have already considered, so it is not our intention to go over these again, but to use the next meeting to build on these to ensure that the experience of patients and carers is captured. This will then feed into wider conversations with our providers. So it would be helpful if you could think about:

- What is important to patients and their carers?
- What improves the patient and/or carers experience of NHS services?
- What outcomes matter to you?

Jan 16.