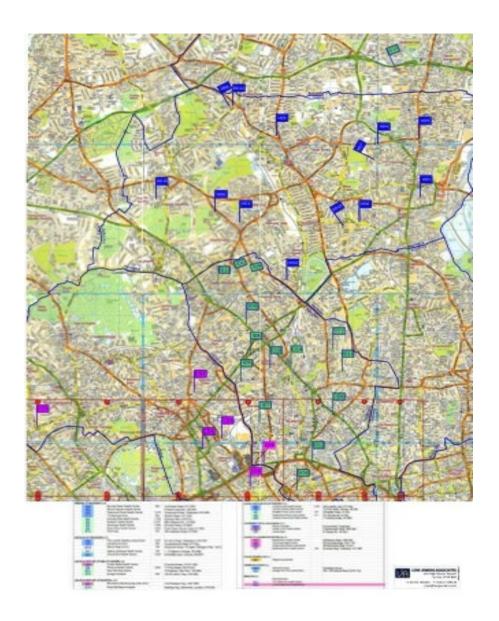
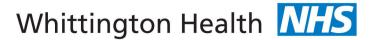
Whittington Health Clinical Strategy



Dr Greg Battle, Dr Martin Kuper
Medical Directors
Joint Overview and Scrutiny Committee 19 July 2013

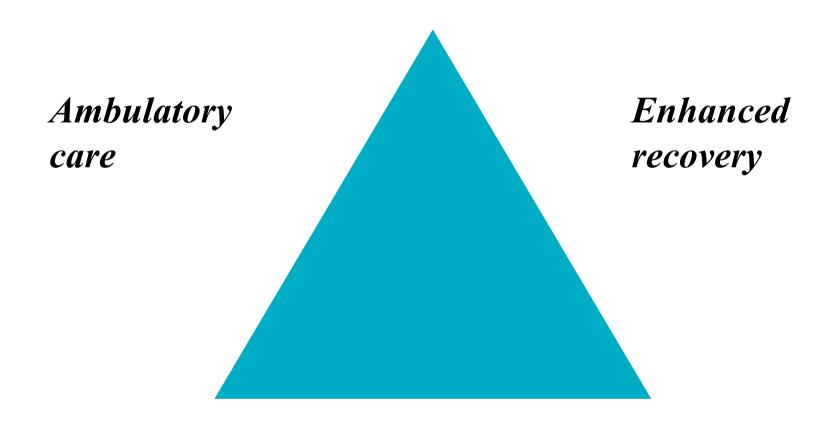








Fundamentals of Clinical Strategy



Integrated care





Integrated Care

- Launched in North East Haringey, discussing patients with North Middlesex hospital
- Coordinate health and social care
- Patients targeted:
 - Complex
 - 65+ / LTCs
 - Frequent ED attenders
 - High users of social services
- Now 4 locaity MDT teams up and running
- Discussed more than 500 patients
- Integrated Care MDT Teleconferences
 - 2 hours each week for each of the 4 areas
 - GPs have a set dial in slot
 - GPs the lead clinician
 - Community Health Teams (DNs, CMs)
 - Hospital Pharmacist
 - Social Services
 - Consultant physician (NMH or Whittington)
 - Consultant psychiatrist (BEH MHT)



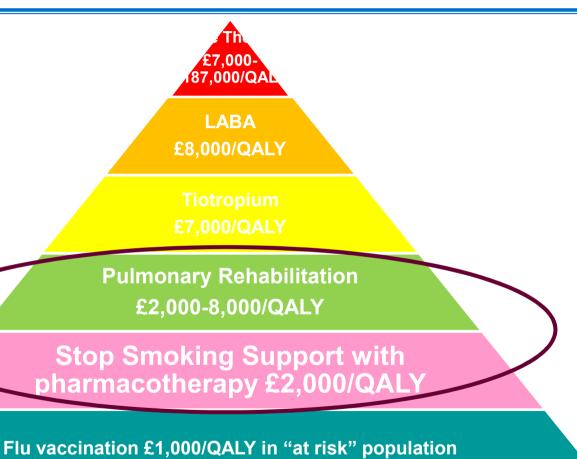
Preliminary results – but risk regression to mean

- 17% reduction in A&E attendance in first 170 patients
- 86% of the patients discussed in June and July at North East MDT had fewer admissions in the 6 months afterwards than in the 6 months beforehand





Improving population health COPD - Islington LES



JAMA 2011;306:1782-1793.



Hospitalization-Associated Disability

"She Was Probably Able to Ambulate, but I'm Not Sure"

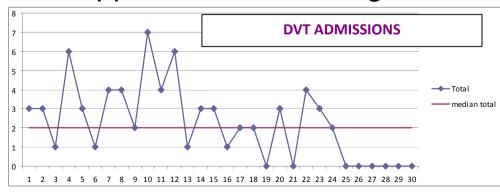
Kenneth E. Covinsky, MD, MPH
Edgar Pierluissi, MD
C. Bree Johnston, MD, MPH

- hospitalization-associated disability develops between the onset of the acute illness and discharge from the hospital
- at least 30 % of patients > 70 years and hospitalized for a medical illness are discharged with an ADL disability they did not have before becoming acutely ill





- Senior decision making, advanced diagnostics
- Consultants Acute Medicine/ ED
- Ambulatory Care Coordinator
- Community Matrons
- Patient and staff designed area and pathways
- Leverage community services
- Avoid unnecessary admissions
- Support earlier discharge









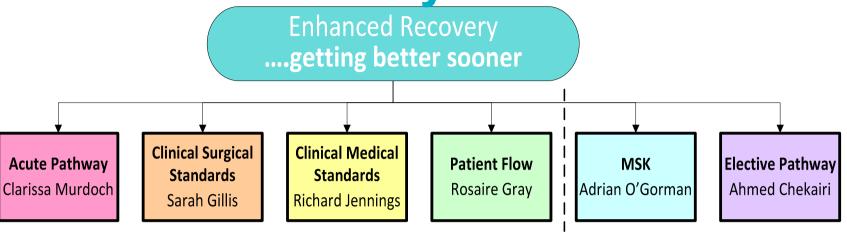
Ambulatory care figures

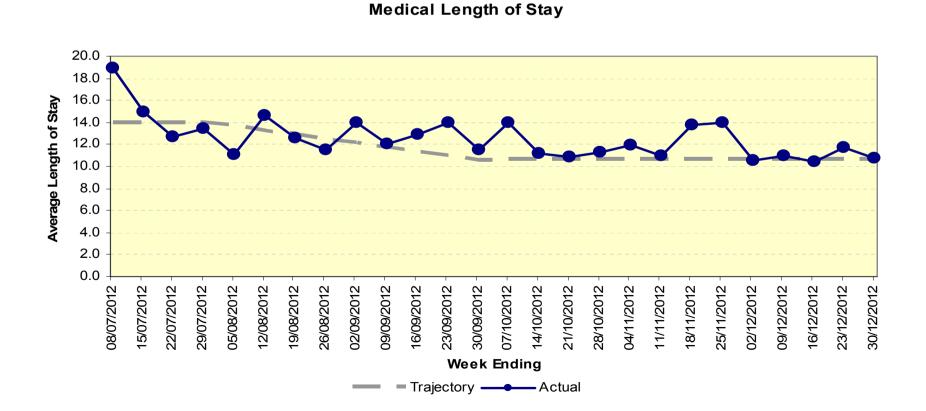
- 1515 patients seen last year with 2 cubicle spaces
- Now 3 spaces, patients seen up from 150 to 220 new patients per month ie over 2500 per year
 - 64% of patients are avoided admissions
 - 23% are able to be discharged early from medical wards
 - 13% other eg could have been seen in primary care
- 10% see 3 or more specialties ie complex
- 17 specialties involved per month
- Surgical patients increasing from 15 to 30 per month
- From next April will be 15 spaces...

Ambulatory Care – new build



Enhanced recovery from illness





Enhanced recovery from hip fracture

Measure	England	London	Whittington
Average time from admission to operation / hours	32	32	22
Average time to admission to orthopaedic ward / hours	9	16	9
% patients developing pressure ulcers	3	4	2
Mean length of stay / days	20	21	18
In hospital mortality	8	8	4
30 day mortality	14	13	9

SHMI (Summary Hospital-level Mortality Indicator) & anking: Oct 11-Sep 12 for NCL trusts

Trust	Ranking (of 142 nationally)	SHMI
UCLH	1	0.6849
Whittington Health	2	0.7128
Royal Free London	4	0.7602
North Middlesex	6	0.8012
Bart's Health	9	0.8262
Barnet & Chase Farm	13	0.8527

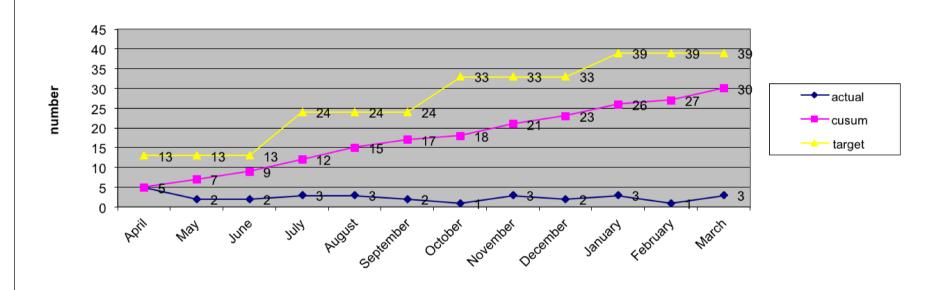
This is the first time in 2 years the Whittington has slipped from first place...





Whittington Health in hospital cardiac arrest 2011/12

Cquin Cusum for in hospital cardiac arrests



month