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Transforming the digital approach to managing the Acute Take process at NBT

NHS North Bristol NHS Trust

Introduction:
NBT are implementing a new EPR in Summer 2022.
We used this as an opportunity to replace and decommission the current digital and paper systems used to manage the acute cohort of patients, and move the acute take onto a multidisciplinary and dynamic digital platform.

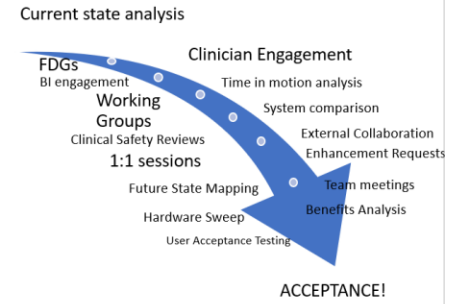
Background
The acute areas receive a consistently high volume of patients, with 350 – 400 patients a week admitted across acute medicine and surgery. A large percentage of the patients are critically unwell and it is vital for our clinical and operational teams to have clear visibility of these patients so they can appropriately prioritise treatment and maintain patient flow throughout the hospital.

Objectives and core requirements:
- Efficient and effective acute take
- Shared visibility of key patient data
- Live clinical information & latest NEWS
- Reduced duplication of work e.g. manual transcription
- Capture key data points

By offering a more holistic digital approach, we are reducing our reliance on unintegrated and siloed clinical systems and hope to improve both staff experience and patient care.

Clinically led transformation:
We worked closely with key stakeholders to ensure that we had taken their requirements into consideration while understanding the functional constraints of the new systems.
It was a challenging endeavour in a high-profile area of our trust! But we hope that the solution we have reached will embed clinical systems which empower the people using them to work more effectively.

The EZ road to acceptance



Benefits analysis outcome:
- We audited the time taken for primary assessment by a surgical take clinician for patients referred from the ED (see 1b). We found that the current digital platform and paper process led to delays in patient primary assessment.
- We also pulled data (see 1b) to compare the time from when the patient was referred digitally from ED (blue) and from when they were manually entered onto a paper book with the clinician notified by bleep of the patient's presence (orange).
- Once the clinicians knew about the patient's referral the review times were within approx. 1hr.
- We felt the evidence to be so strong that the process required an immediate change rather than waiting a further 6 months.
- A clicks analysis of the current state and future state showed a reduced number of clicks and a reduced amount of time taken to move the patient through the acute take process (see 1a).

Proposed solution using Careflow Connect:

Patient referred to the relevant Take team

Take Clinician reviews list, carries out clinical assessment, updates Tags and SBAR, and refers patient to PTWR team.

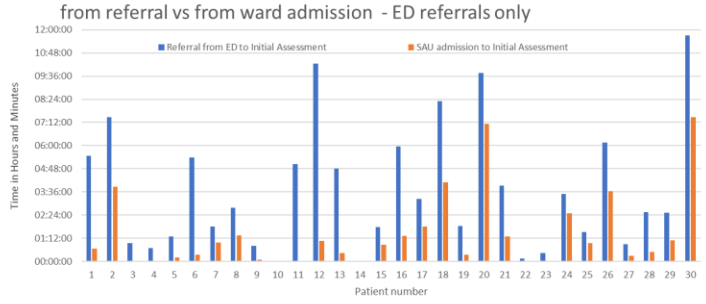
PTWR Consultant reviews patient list and SBAR information and conducts PTWR with Take Clinician.

Patient SBAR and Tags are updated and patient is removed from PTWR list.

1a)

	Current State (CISS)		Future State (CareFlow)	
	No. of Clicks	Time (secs)	No. of Clicks	Time (secs)
Take Clinician	77	391	38	138
Post-Take Consultant	32	81	31	93
Total:	109	472	61	219

1b)



Intervention and Outcome

We have gained approval for the transformation of the acute take by key stakeholders and will be going live with the new process in the coming weeks, ahead of the full EPR go live in July.

Next steps

1. The surgical take will go live first as they have the greatest need to transform and want to be digital exemplars.
2. We will trial the medical acute take in the new system with a back up of the existing digital system to provide reassurances to the medical stakeholders.
3. The medical take will go live soon after once full auditability is available for internal reporting purposes.

Special thanks to Annie Morse, our EPR colleagues, The Emergency Zone Clinicians and all teams that have supported us and challenged us along the way!