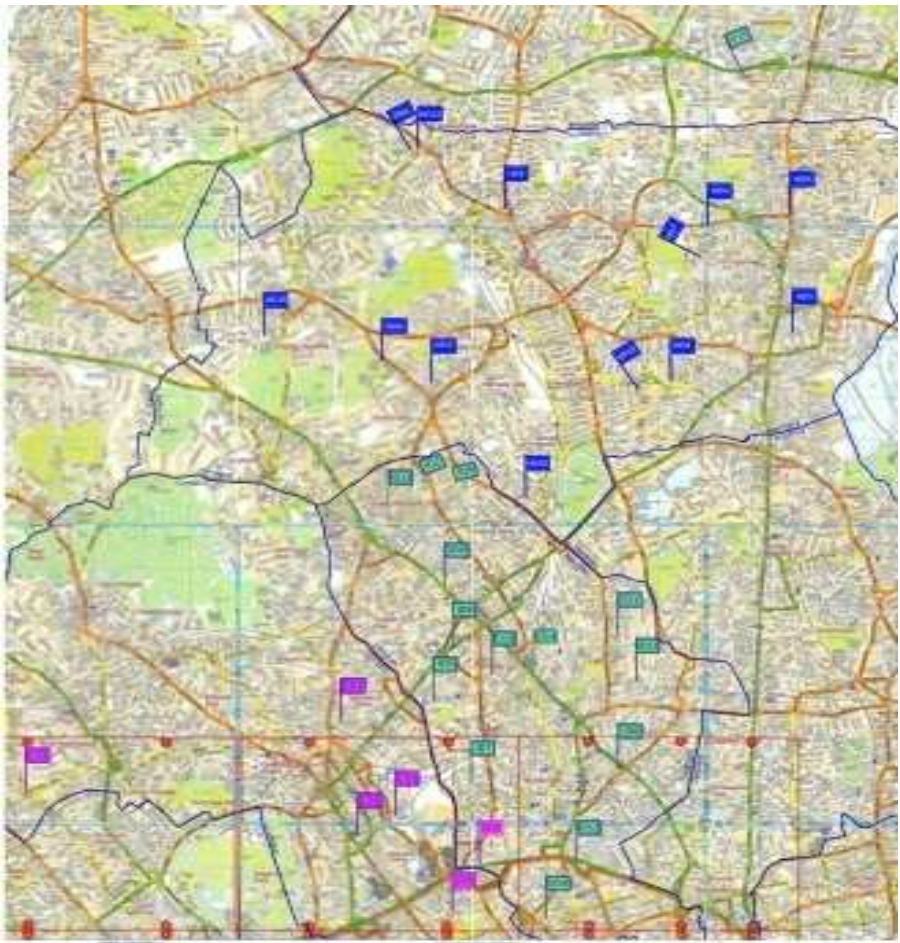


# Whittington Health Clinical Strategy



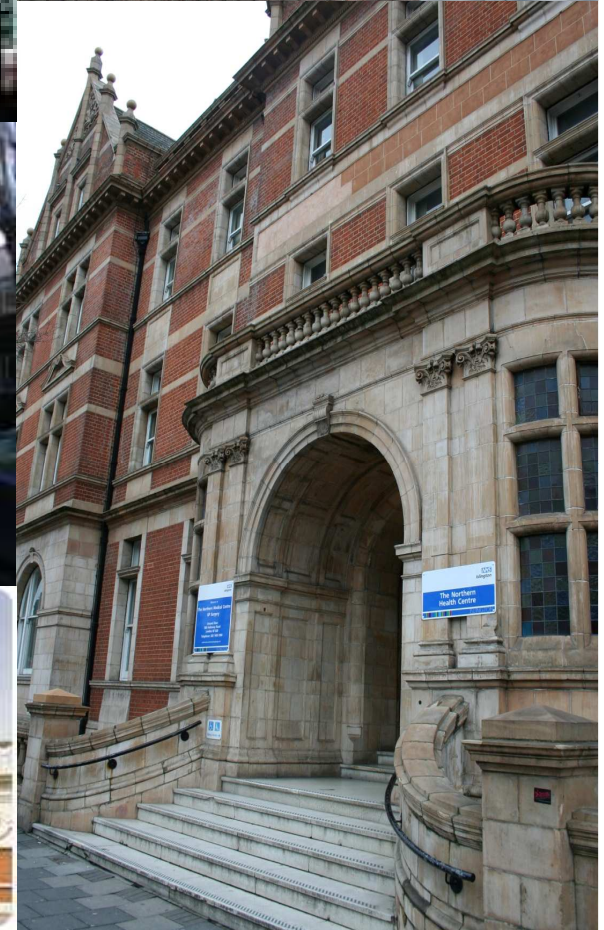
**Dr Greg Battle, Dr Martin Kuper  
Medical Directors**

**Joint Overview and Scrutiny Committee 19 July 2013**



Symbol	Description	Symbol	Description
[Blue square]	Blue square marker	[Green square]	Green square marker
[Purple square]	Purple square marker	[Red circle]	Red circle marker
[Orange line]	Major road	[Blue line]	Waterway
[Green area]	Park/Undeveloped land	[Grey area]	Urban area

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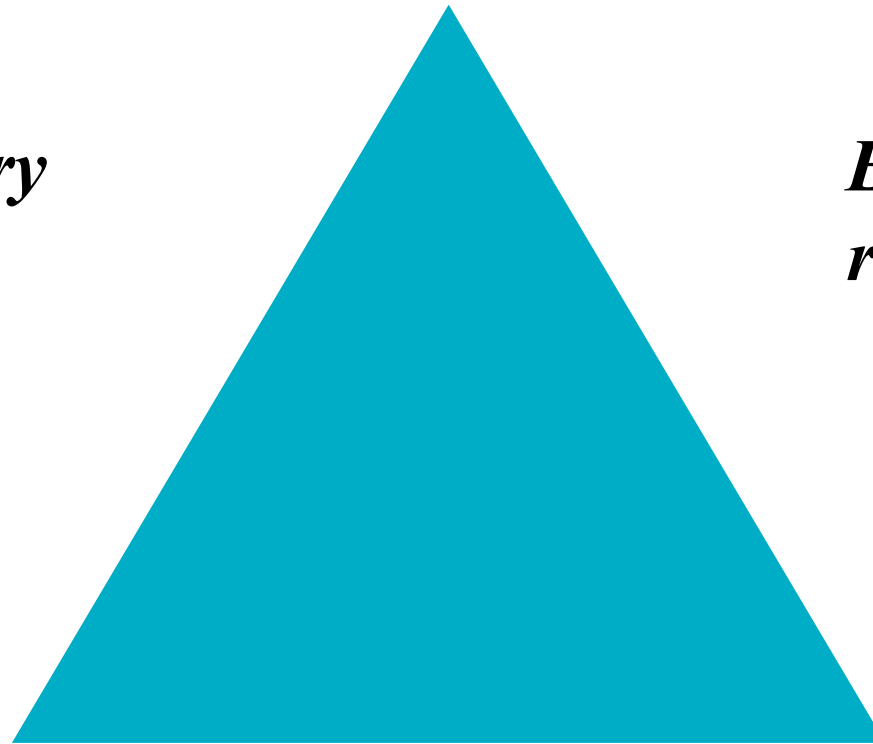


# Fundamentals of Clinical Strategy

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*Ambulatory  
care*

*Enhanced  
recovery*



*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 locality 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)



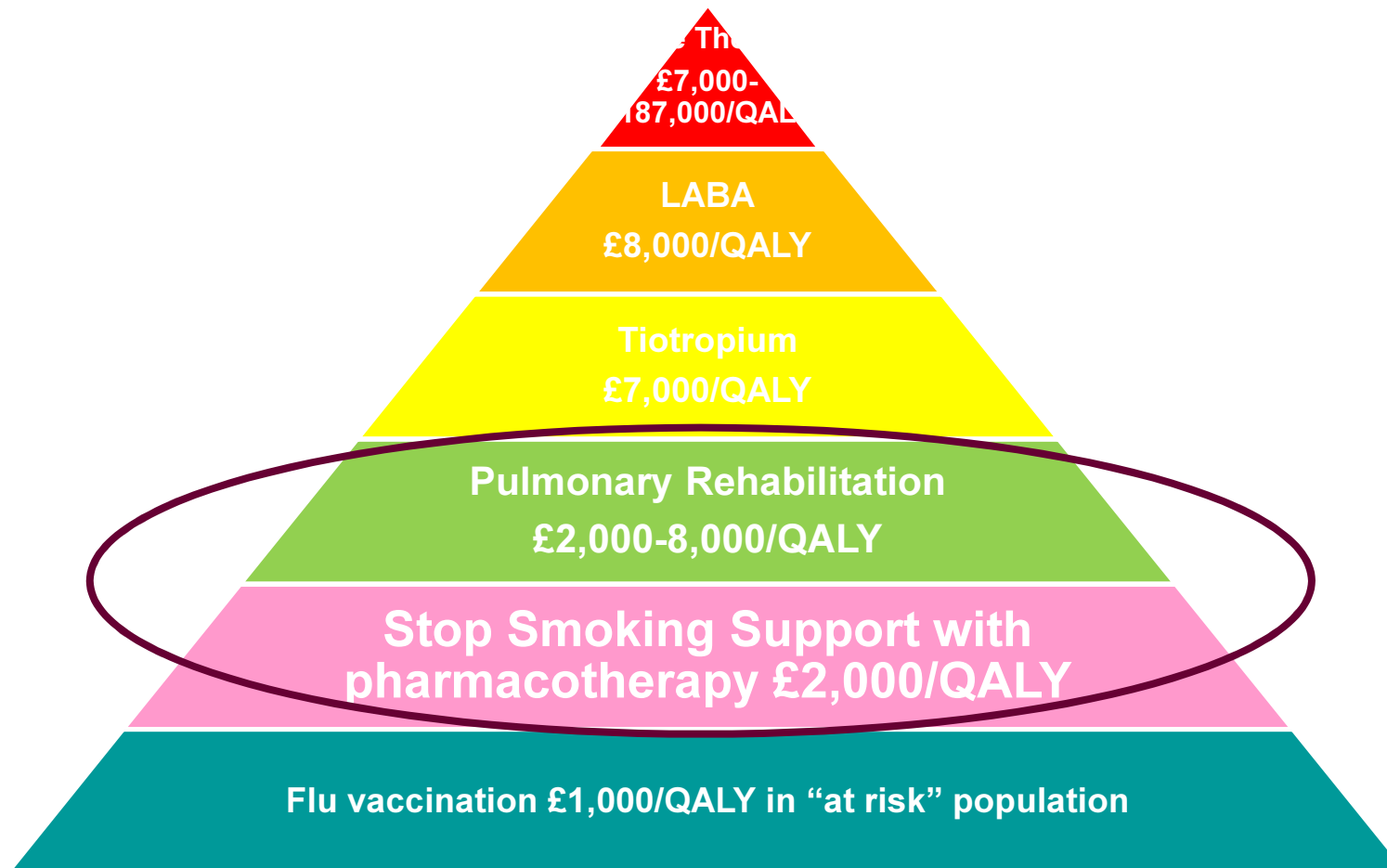
## **Preliminary results – but risk regression to mean**

- 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*

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JAMA 2011;306:1782-1793.



## Hospitalization-Associated Disability

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

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Kenneth E. Covinsky, MD, MPH

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Edgar Pierluissi, MD

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C. Bree Johnston, MD, MPH

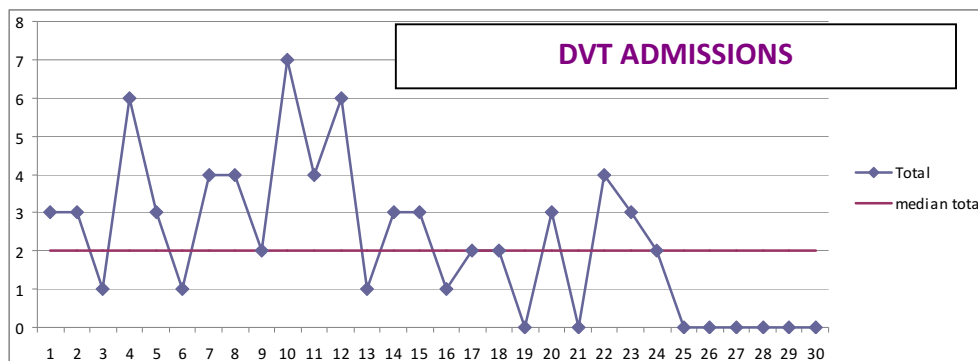
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- **hospitalization-associated disability develops between the onset of the acute illness and discharge from the hospital**
- **at least 30 % of patients > 70 years and hospitalized for a medical illness are discharged with an ADL disability they did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



# Ambulatory Care

- 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





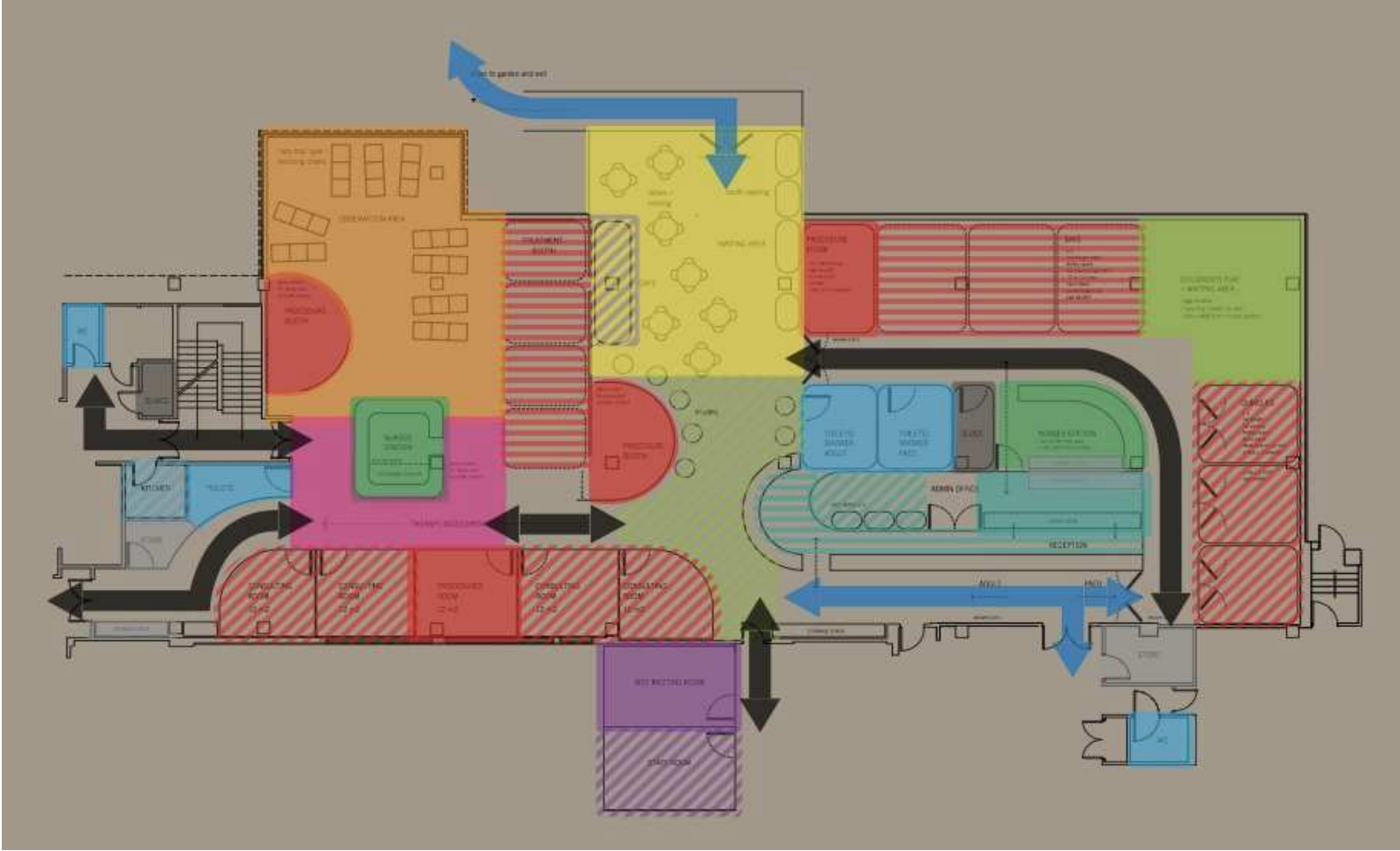


## Ambulatory care figures

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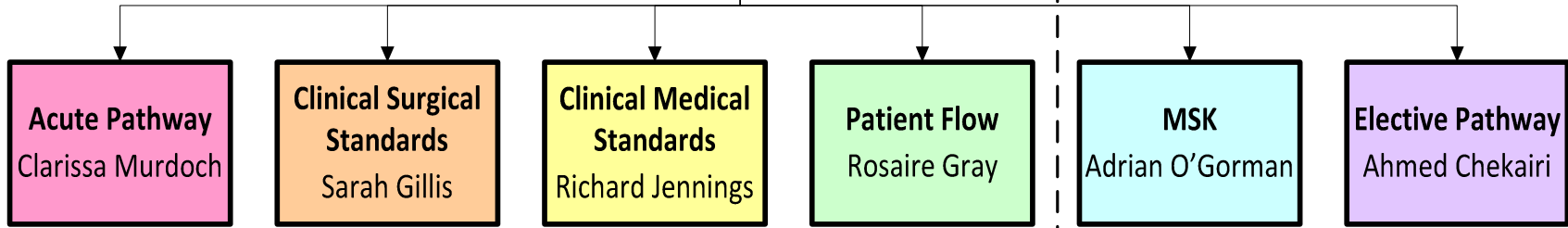
- 1515 patients seen last year with 2 cubicle spaces
- Now 3 spaces, patients seen up from 150 to 220 new patients per month ie over 2500 per year
  - 64% of patients are avoided admissions
  - 23% are able to be discharged early from medical wards
  - 13% other eg could have been seen in primary care
- 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

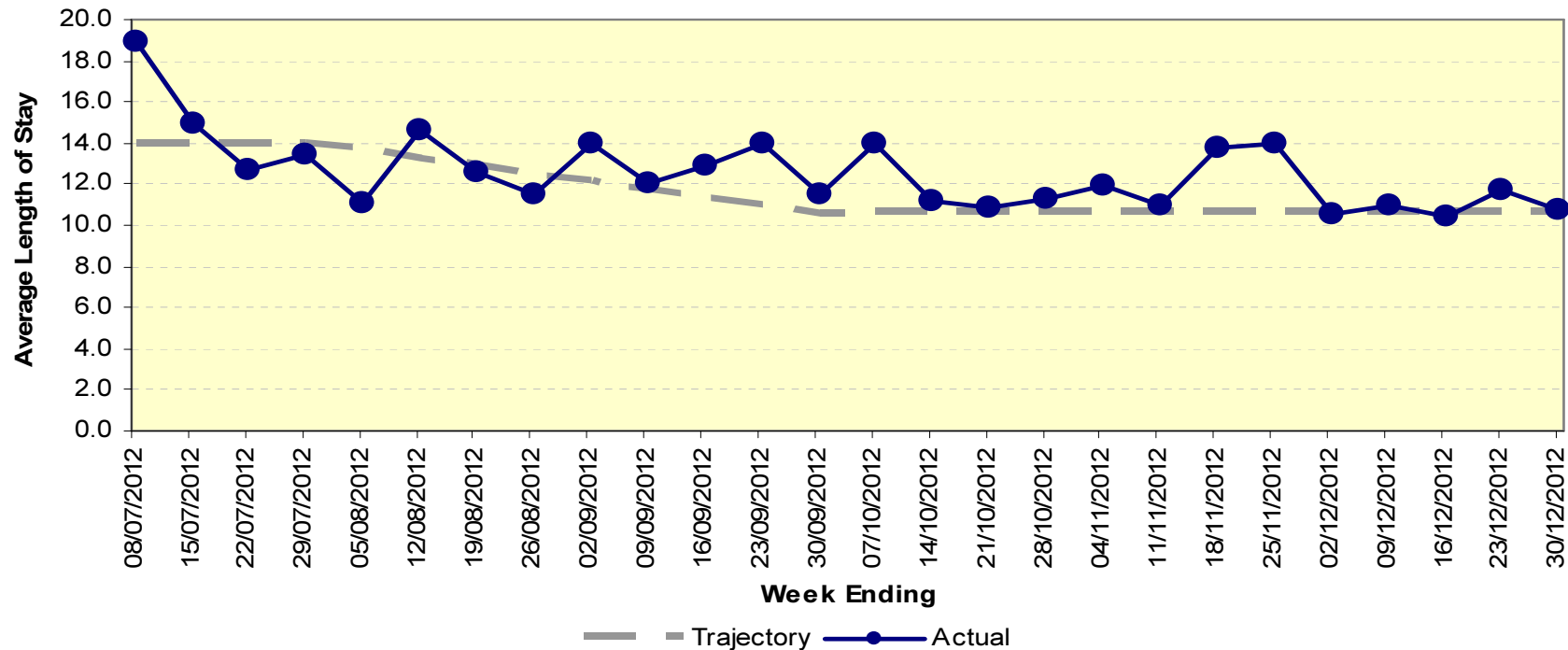


# Enhanced recovery from illness

Enhanced Recovery  
...getting better sooner



Medical Length of Stay



# Enhanced recovery from hip fracture

<b>Measure</b>	<b>England</b>	<b>London</b>	<b>Whittington</b>
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)  
& ranking: 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

