Homerton: Lessons To Be Learnt

Tuesday 14th October 2014

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THE PRE-OPERATIVE ASSESSMENT

Robust dialogue in advance of visit to establish where the hospital stands within the ACSA process
Mentoring visits
Putting together a visiting team
Collating the protocols and information submitted by the hospital for the visiting team
TEAM TELECONFERENCE:
Identifying and agreeing which standards require the most observation
Outlining the context
Team working .... Specific roles
PRE-VISIT HOMEWORK:
Hospital’s website, NHS Choices, CQC profile etc.
Demographics. Multi-cultural predominantly young population + babies, + bariatric, - the aged
MIND THE GAP

- On site time could be better utilised by the provision of simple plans marked up to indicate the route of travel for patients: Ward to Theatre to Recovery to Ward etc.
KNIFE TO SKIN [The visit]

- Team arrive and depart together
- Well planned schedule, helped by having relevant information readily to hand
- Meetings with anaesthetic staff- two way sharing of knowledge
- Observation of the dynamics
- Sensing team spirit/tensions
MAINTENANCE [day 1]

- Splitting up for patient focused information gathering and purely technically centred observations
- Well planned schedule, helped by having relevant information readily to hand
- Engagement of non-anaesthetic management with process ....++ Medical Director background in anaesthesia and critical care medicine
- Role of department in hierarchy and ability to implement change
MAINTENANCE [off site]

- Importance of Day 1 evening team discussion
- Exchange of initial perceptions
- Putting the pieces together
- Identifying priorities for Day 2
MAINTENANCE [day 2]

- Visiting the departments.
- Engagement of non-anaesthetic ward staff
- Are the protocols readily available to staff at the coal face?
- Translation of protocols into patient care
Feedback....[initial thoughts from the reviewers] to the Hospital
Further opportunity to gauge engagement of staff and management with the ACSA process .... A good turnout is always encouraging
Debrief....opportunity for staff to give their impressions of the process.... the livelier the session the better
Consensus....the process had been robust and very much a two way process
CONVALESCENCE

- Preparation of report, factual clarifications and recommendations
- Positive response to recommendations and incorporation within department policies and guidelines
- Accreditation awarded by Quality Management of Services Committee
POINTS FOR CONSIDERATION

- How does this visit correspond with the experiences gained from the previous Pilot Visits?
- What lessons are there for the next visit to be learned from the Homerton Experience?
- Are there any examples of Homerton Practice to be incorporated in ACSA Good Practice Library?
Thank you