Gloucestershire Safety & Quality Improvement Academy

Gloucestershire Hospitals NHS
NHS Foundation Trust

Fast & Flexible; Therapy to improve flow and support early discharge from Hospital

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NHS Improvement (2018) Guide to reducing long hospital stays. Available at: https://improvement.nhs.uk/documents/2898/Guide_to_reducing_long_hospital_stays_FINAL_v2.pdf (accessed 23 May 2019).
NHS England (2019) The NHS Long Term Plan. Available at: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf (accessed 31 May 2019).

1. Safety Concern

It is well documented that older people are admitted more frequently than other patient groups. It is predicted there will be a rise of 35% in those over 65 by 2028 with complex and multiple needs. Hospitalisation is stressful for elderly patients and can have a significantly detrimental effect on health and well-being with long lasting effects on quality of life.

Every day in hospital is also a precious day away from home and loved ones. Extensive use of audit tools has shown 20% to 25% of admissions and 50% of bed days do not need an 'acute' hospital bed (NHSI 2018)

Research suggests much of the improvement for reducing unnecessary and often detrimental admissions and long stays is under the direct control of the hospital itself.

2. Aim

Therapy staff to discharge 40% of patients directly home from AMU following intervention from therapy and start therapy on AMU for 50% of patients who go on to be transferred to a specialty ward in 12 months.

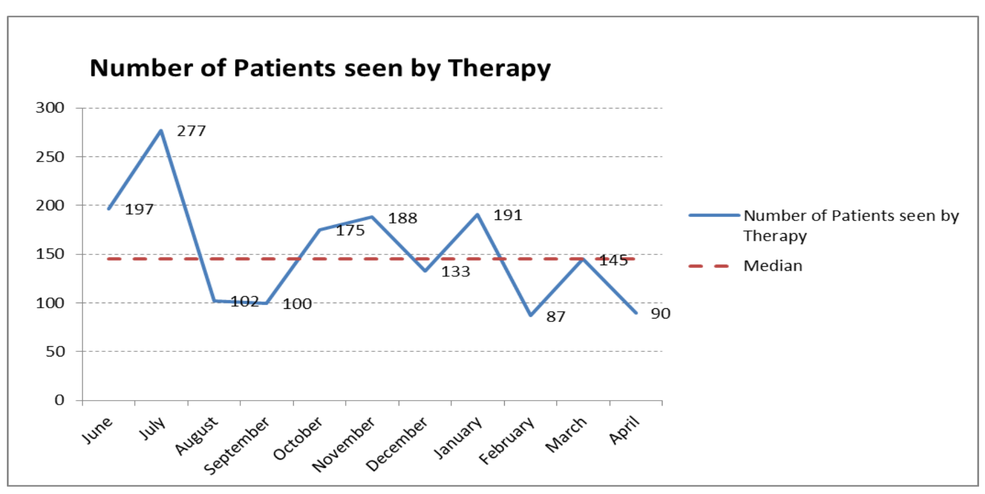
3. Improvement

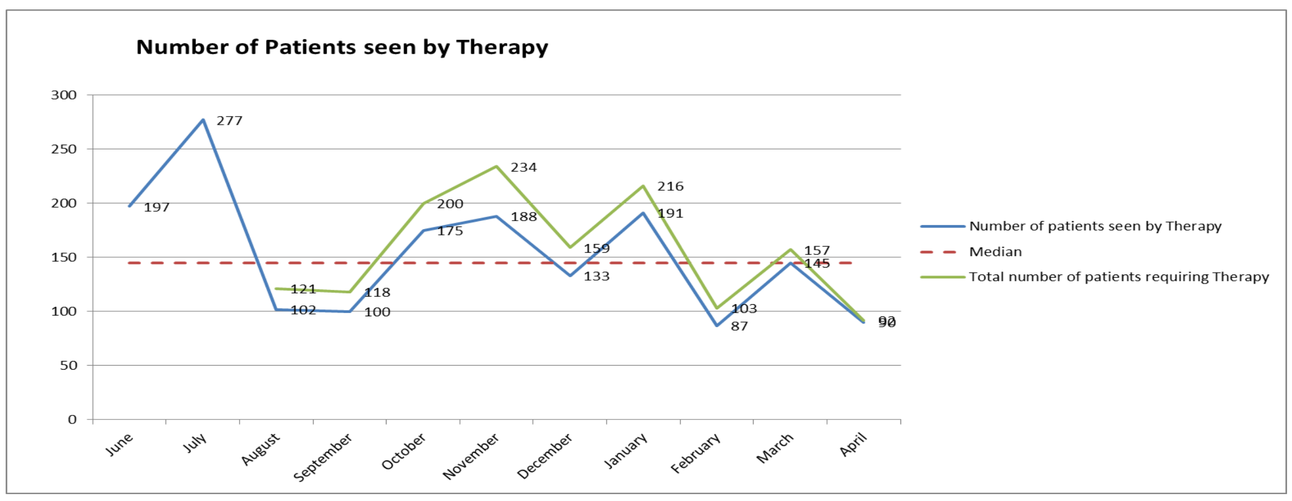
There is increasing recognition that early intervention (within 72 hours) with the elderly population significantly reduces length of stay and results in reduced burden of care.

Experience has found that moving therapists to the front of the pathway means that assessments and interventions are completed earlier. As a result fewer patients decondition and more can be discharged earlier. (NHSI 2018)

4. Method

- Therapy teams remodelled to release dedicated therapy resource to AMU
- Wrap around Therapy team supporting Therapy resource to AMU
- Data collected and analysed regarding patients discharged directly home from AMU after intervention by Therapy and number of patients who had Therapy started on AMU prior to transfer to specialty ward



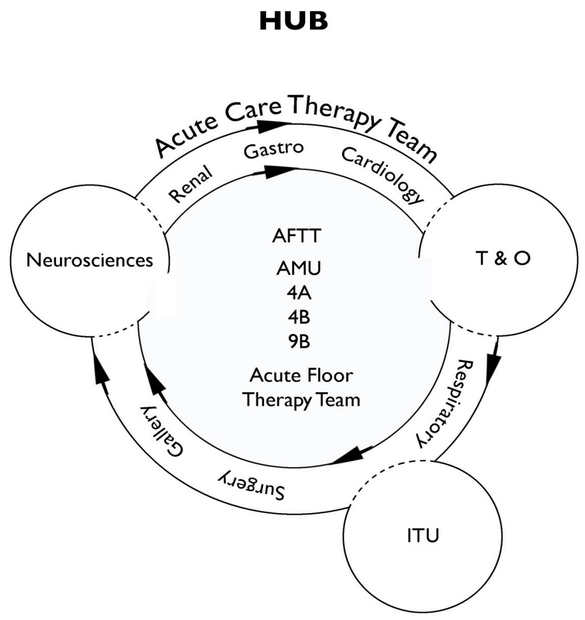


5. Key Results

1683 patients have been seen by the two therapists providing therapy on the Acute Floor in the first 11 months. On average, 25% of all patients have been discharged directly home from AMU as a direct result of Therapy. 30% were transferred to specialty wards having had their therapy started (and in some cases completed) by the Acute Floor therapists.

45% of patients were screened by therapy but didn't require further intervention to support discharge at the point of screening. Screening is an important role in acute admission areas because it means therapy is involved at the earliest possible point in the patient pathway.

The presence of the therapists on the Acute Floor has also contributed to ongoing escalation areas not needing to be opened.



The aim under the NHS long term plan model of same day emergency care is for the proportion of acute admissions discharged on the day of attendance to increase from 20% to 30% (NHSE 2019)

6. Challenges

- The Acute Floor therapists have been pulled away from the Acute Floor at times to support COTE in times of pressure/ need for senior resource due to sickness/vacancy
- Times of escalation presented the need to choose where to support flow across the pathway e.g. medically stable for discharge patients on other wards or maintaining presence on Acute Floor.
- Multiple teams working on the Acute Floor including, the Integrated Assessment Team, the Enhanced Discharge Service and the newly forming Frailty team can cause duplication, giving of conflicting recommendations re: pathways and create confusion around roles both for staff, patients and families.

7. Next Steps

Develop a strategy to:

- Empower staff in all roles to enable patients to engage in Activities of Daily Living and mobilisation, as soon as they present in hospital, reducing unnecessary bed rest.
- Change a 'do for' culture to a culture that fosters empowering those in our care and their families.
- Drive a 'home first' approach based on recognising that being in their familiar environment whenever possible optimises patient recovery and delivers better outcomes.
- Bring together an integrated team operating within a clear framework

and with clear objectives in order to improve patient experience, decrease admissions and increase the ability to manage frailty on the Acute Floor.

'If the therapist hadn't been available to arrange equipment and support us to organise care, my 102 year old father would have died in hospital - which was not his wish.'