Gloucestershire Safety & Quality Improvement Academy

Gloucestershire Hospitals NHS
NHS Foundation Trust

Would follow up therapy within 2 weeks allow earlier discharge and improve outcomes for patients?

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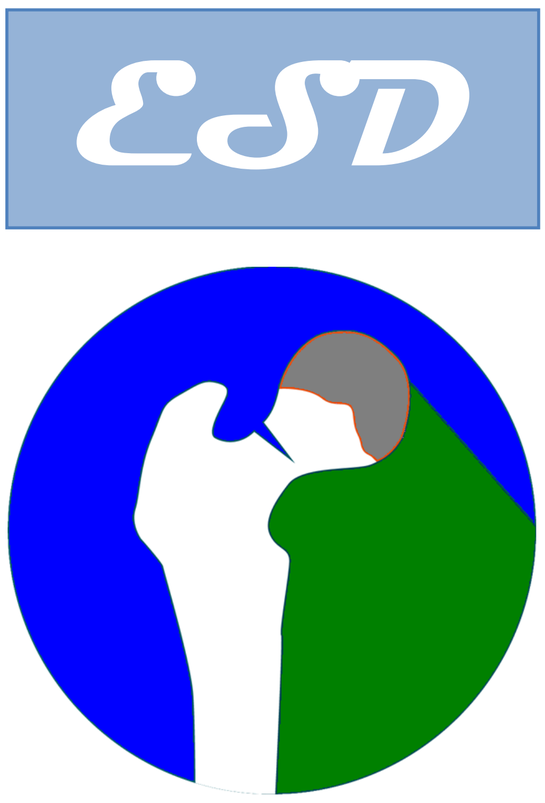
1. Introduction

The hip fracture unit at Gloucestershire Royal Hospital (GRH) is now the 5th largest unit in the country (786 patients during 2018). As a result of a speciality wide quality improvement event, mortality has fallen quite dramatically (11%, down to 8%) and various initiatives have been implemented (nutritional post, dedicated therapy support workers, breakfast group and exercise classes) to improve patient care and patient experience.

Results of the Hip QIP study (May - October 2017) undertaken as a result of a collaboration between the Chartered Society Of Physiotherapy (CSP) and the National Hip Fracture Database (NHFD), highlighted that there was a geographical variation in waiting time for fractured neck of femur (NOF) patients to receive community physiotherapy following discharge from the acute trust. The waiting time for GRH patients is currently 4 to 6 weeks plus.

2. Aim

The Therapy Team on Ward 3A at GRH proposed a snapshot trial of an outreach service. The aim was to reduce the time between discharge and follow up by the therapy service for fractured neck of femur patients to less than 2 weeks by June 2019. This would provide a better patient outcome whilst also providing a better financial cost to the organisation. It was proposed that suitable patients would be seen in their own homes, by the GHT ward-based staff ,within two weeks of discharge from the ward. This would help to minimalise the risk of deconditioning by supporting patients to return to either their premorbid mobility where appropriate, or to return them to a quality of life that was acceptable to the individual, in a more timely manner. It was postulated that earlier intervention would give a better long term outcome. In conjunction with the patients being followed up by the GHT ward based staff, it was questioned whether this would have an impact on length of stay (LOS). LOS data for both groups of patients was therefore collected and compared.



3. Method

Details of ten patients that met an agreed set criteria were sent off to the community team when the patient was discharged from the ward. These ten patients received ongoing rehabilitation from the community team and it was recorded how long the patient had waited for their first therapy intervention. These ten patients provided the baseline data for the trial. The patients were identified post community intervention to ensure no influence on standard practice.

The next 10 patients that met the same criteria were then followed up in their own home by a member of the GHT ward based therapy team, and again it was recorded how long the patient had waited for their first therapy intervention at home.
Length of waiting time from discharge from Ward 3A to first therapy intervention at home was then compared between the two groups.

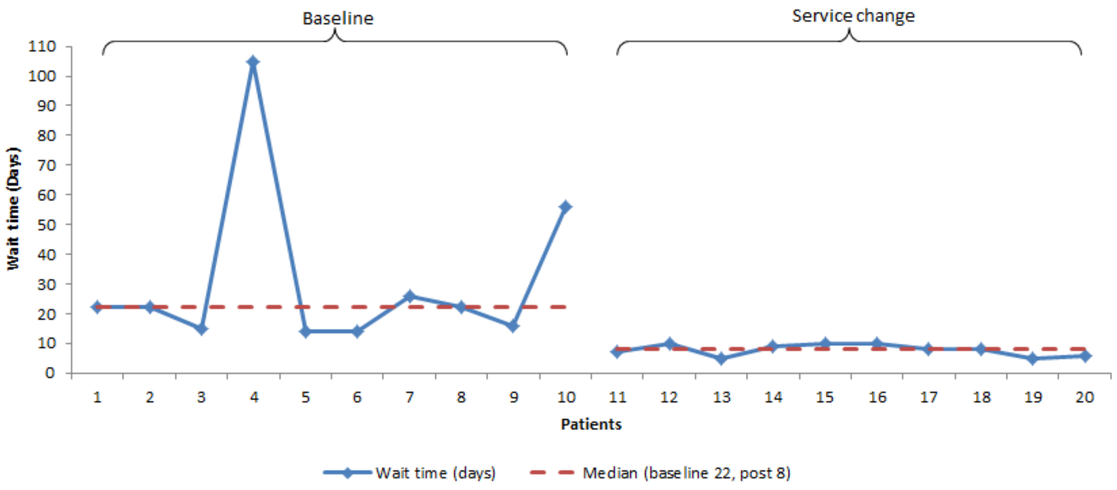
Financial restrictions necessitated criteria to be set, and the following criteria were agreed: The patient would need to live within a 15 mile radius of GRH, be able to follow simple instructions and were previously mobile and independent with or without a walking aid.

4. Results

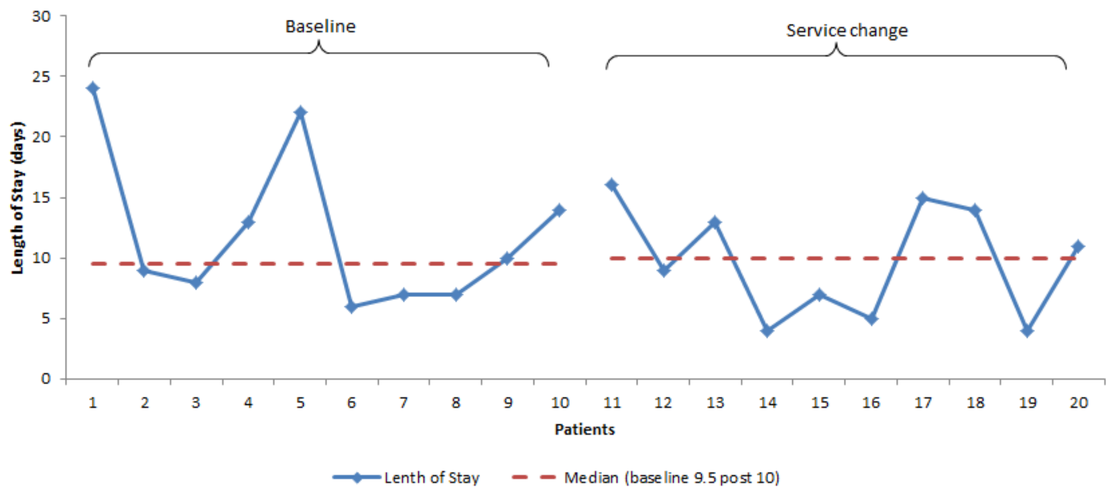
Length in days that patients waited to be seen in the community by the community based staff ranged from 14 days to 105 days, with an average of 31.2 days and a median of 22 days.

Length in days that patients waited to be seen in the community by the GHT ward based staff ranged from 5 days to 10 days, with an average of 7.8 days, and a median of 8 days.

Wait time



Length of Stay



Average LOS for patients followed up by the Community team was 12 days, with a median of 9.5 days

Average LOS for patients followed up by the GHT ward based team was 9.8 days, with a median of 9.5 days

There were no readmissions for either groups of patients over a 30 day period

5. Discussion

Patients that were followed up by the GHT ward based staff were all seen within two weeks of discharge from the ward. The patients seen by the ward based staff in their own homes were all previously known by the staff enabling a quicker and more efficient therapy intervention in the home situation and a seamless transition of care. Patients that were seen by the ward-based team all met their goals within 1.2 visits, the majority also achieved outdoor mobility, having a huge impact on their lifestyle at an earlier opportunity. It was also shown that on average, length of stay was reduced by 2.2 days, demonstrating that the ward staff were beginning to develop a more positive risk-taking attitude. For the ten patients followed up by the GHT ward-based staff, this would equate to an average cost saving of £8800. If the project was extended, the savings over a year would have a major impact on the Trust's economy, patient experience would be enhanced and the community team would be able to concentrate their resources on the more complex cases. The snapshot trial was limited by the number of patients involved. It is proposed that the trial be extended for a year, to measure the impact on a greater number of patients and the cost savings that would be made by the Trust.