Sheffield Teaching Hospital NHS Foundation Trust

Redesigning acute care for older people seven days a week – so who said that seven day services are more expensive?

‘If we can improve the efficiency of older people’s healthcare then I believe that so many of the other dimensions of quality – safety, timeliness, patient-centeredness, equity and effectiveness – will drop out.

There is enormous opportunity there.’

Tom Downes, Clinical Lead for Quality Improvement

Overview
The team identified, tested and have now implemented a range of changes, designed to improve patient flow, reduce waste and improve the quality of care. All 16 geriatric medicine consultants changed their on-call rotas on the same day, to extend work into the evenings and weekends. Changes from ‘post-take’ to ‘on-take’ has enabled patients to be seen by Consultants at the ‘front door’ and the establishment of a Medical Assessment Unit focused on the frail older person (Frailty Unit), which includes Consultant led ward rounds and real-time assessment seven days a week. In addition, co-location of the entire specialist, medical, nursing and therapy staff who deal with frail older people on the frailty unit has increased the number of older people who could be assessed, treated and discharged on the day they present at hospital. The changes have also enabled more consistent quality of care and shortened the patient pathway in many instances.

Impact
Patient
- Faster assessment at the emergency ‘Front Door’ by multi-disciplinary assessment teams enables a focus on what needs to be done to get patients back home as soon as clinically appropriate, and discharge care packages are put in place to enable patients to be assessed at home which shortens the overall patient pathway
- Patients are seen by Geriatric Medical Consultants, on average more than 10 hours sooner than in the previous ‘post take’ system which provides earlier clinical decision making and consistent quality of care
- Patients admitted at weekends have a greater equality of service

Overall System
The changes put in place brought a range of benefits including speedier senior assessment of patients, with more timely access to specialist input; lower bed occupancy and a higher percentage of patients on the ‘right’ wards for their needs. Overall, faster turnaround for diagnostic tests and a clear plan of care provided by increased Consultant and multi-disciplinary presence seven days a week has achieved:-
- A 34% increase in patients who can be discharged on the day of their admission or the following day
- No increase in the re-admission rate, implying that patient outcomes are not adversely affected by the faster throughput
- Improved job satisfaction and enjoyment from seeing a better service for patients
- Reduced bed occupancy for emergency geriatric medicine also reduced
- Decrease of in-hospital mortality for geriatric medicine of around 15%

Ensuring equity in care for all, regardless of the day of the week... every day counts
One of the biggest drivers for engaging staff in understanding the need for change came from the observations of one patient. There is a need to be uncomfortable with the status quo balanced with a belief that the system can be improved.

TOP TIPS

- Match staff availability to patient flow including consultants
- Understanding each bit of the system and how it works is key to knowing what ideas to test and where to design the potential solutions

Emerging principles and themes

- Placing senior clinical decision makers and multidisciplinary teams ‘at the front door’ enables timely specialist decision making ‘pulling’ patients through the system
- Establishment of Frailty Units and co-locating multidisciplinary staff in one area improves communication and team working
- Do not be complacent, despite our successes we are not losing sight of continuous improvement in our internal processes

Challenges and solutions

- Starting every improvement meeting with a patient story and having a patient in the room helped focus staff on the purpose and importance of their redesign of their own system
- The involvement of consultants in the various tests helped to persuade them of the need to change and that their current job plans were hindering the provision of higher quality care

Contacts

For enquiries about Consultant job plan changes -
- Peter Lawson, Clinical Director and Consultant Physician and Geriatrician
  Email: Peter.Lawson@sth.nhs.uk

For enquiries about the change management process –
- Tom Downes, Consultant Physician and Geriatrician & Clinical Lead for Quality Improvement
  Email: Tom.Downes@sth.nhs.uk

- Paul Harriman, Service Improvement team
  Email: Paul.Harriman@sth.nhs.uk

Ensuring equity in care for all, regardless of the day of the week... every day counts