Improving elderly care at the Royal Bournemouth and Christchurch hospitals

After the Royal Bournemouth and Christchurch hospitals were inspected by the CQC in November 2013, the report identified the following actions the Trust MUST take in order to improve:

1. All patients need to have their needs assessed and care delivered safely and in a timely manner by staff who are skilled to do so.

2. At all times, patients must be treated with the dignity and respect they deserve and basic care need must be met.

3. The trust must reassure itself and stakeholders that all opportunities to drive quality improvement and quality assurance are taken.

4. The trust must ensure that the required number of staff with the correct skills are employed and managed shift by shift, to demonstrate that there is sufficient staff to meet people’s needs.

(you can read the full reports here...)

More specifically, the report was critical of the Trust over a number of failings around the care of medical patients, in particular on our Ward 3 and Ward 26. Both these wards provide services for older people.

Establishing a Medicine for Older People Directorate

As a result, the Trust established a Medicine for Older People Directorate in January 2014, and developed a directorate strategy (2014/15). This was developed with the clinical engagement of staff and external input from Professor David Oliver (President-Elect, British Geriatrics Society & Visiting Fellow, the Kings Fund) and the Emergency Care Intensive Support Team (ECIST). The directorate aims are to:

- improve staffing levels on the wards
- increase senior doctor input at the front door and on the wards to reduce length of stay. This will reduce some of the bed pressures at ward level, and mitigated concerns that our high bed occupancy has a negative impact on quality of care
- deliver more proactive discharge processes
- move towards seven day working, reducing some of the disparity between week day and weekend input
- improve the standards of nursing care on our wards
- listen to patients and carers, and act on concerns and issues raised.
• put quality and quality improvement at the heart of everything we do and making quality improvement a bottom up rather than a top down process, giving all staff a stake in quality improvement.

Our progress to date
A range of urgent improvement activities in our services for older people have been delivered in the last 12 – 16 weeks, including:

Staffing

• investment in medical staffing has included funding for two consultant geriatricians to support the redesign of front door services for older people.

• proactive ongoing recruitment of nurses within the elderly care directorate. All shifts across the elderly care wards are covered appropriately with the correct number of nurses to support the needs of our patients safely. In addition to the ongoing recruitment of nurses, we use block booked agency staff to provide appropriate nursing cover to our wards. The ward sisters and charge nurses are proactive during each shift to identify any concerns with staffing which is escalated to the senior nurse for elderly care and Director of nursing when necessary.

• the appointment of new elderly care sisters for Ward 3 and 26. The leadership qualities and commitment to the service has transformed the culture and values of staff working on ward 3 and 26. The multidisciplinary teams on all elderly care wards are very much committed and extremely motivated in delivering a quality service for older people.

• Introduction of an older persons’ nurse practitioner role within elderly care services. The position has commenced on ward 3 and will provide a pivotal role in our plans to convert ward 3 to an older persons’ transitional care ward from May 2014. The ethos of the ward is to provide ongoing transitional care and rehabilitation for medically stable patients whilst awaiting intensive support from social services and community health services to facilitate timely discharge.

• all ward sisters and charge nurses undergoing the Time to Lead” programme. As part of the Trust’s commitment to improve the quality of care for patients, there has been recognition within the organisation that we need to develop our leaders at all levels both professionally and personally to equip them with the right skills and knowledge to be successful in their roles.

• Recruitment of Band 3 rehabilitation healthcare assistants to provide interim care in patient’s own homes whilst they are awaiting long term packages of care.

Training

• development of the Compassionate Care Training Programme for the Elderly Care Directorate to ensure our patients receive high-class compassionate care from all staff with in elderly care services. The directorate has been developing a programme
in partnership with external social facilitators using the principles of John Lewis alongside our internal training department.

- supervisory time for ward sisters and charge nurses allowing “time to lead” clinical practice, improving quality on the wards, supervision and development of staff, further interaction with patients and relatives and service development to continue developing the team’s ideas for enhancing the patient experience.

- provision of external older person’s expertise from Dr Nadia Chambers (consultant nurse and regional lead for dementia) and Irene Gray from IMD who is currently supporting the multidisciplinary teams and management staff across the elderly care directorate to continuing implementing best practice for older people in the acute hospital setting.

- weekend consultant ward rounds, supported by the wider MDT to reduce variation in weekend discharges.

**Service and process change**

- development of a short-stay ward on ward 22 (supported by designated social workers, discharge planning key workers and experienced therapists from the OPAL team) to ensure admission for up to five days length of stay is maintained within the short stay ward.

- rapid assessment clinics now called Ambulatory Emergency Care for the Older Person (Mon-Fri – afternoons within current job plan resources, further resource will be provided to the service following recruitment to the geriatrician vacancies).

- front door service for older people developed and supported by MFE consultant and the OPAL team, to ensure comprehensive geriatric assessment is received at the earliest opportunity and patients are treated on the correct elderly care pathway, commensurate with their needs.

- proactive discharge planning which includes:
  - embedding of daily whiteboard rounds to deliver effective actions to progress discharge planning
  - early senior assessment
  - a clear focus on patient flow, anticipated discharge dates and clear clinical criteria for discharge and admission into the right ward setting to deliver significant reductions in length of stay.

- introduction of bay-based nursing and regular review of care plan documentation to ensure patient’s needs are met safely.

- refurbishment of Ward 26 to create a more therapeutic environment which includes Kings Fund recommendations for people living with dementia’, the ward re-opened on 22 May 2014.
Patient and staff engagement

- launch of a Carer’s Café inviting patients and their carers to share positive and negative experiences of accessing services for older people at RBCH with immediate action taken to improve the patient experience.

- launch of a monthly Elderly Care Patient and Carer Feedback Committee to discuss feedback to improve standards of care and patient experience within services for older people at RBCH.

- intensive management engagement with staff through various formal and informal meetings to understand the current challenges and to provide appropriate support mechanisms. Staff are reporting they feel empowered to make changes and the culture and behavior of our workforce using a “can-do” approach is very evident across the directorate.

Quality reporting

- commencement of monthly quality improvement meetings on all elderly care wards to drive quality improvements for older people.

- introduction of Quality Mark for Elder Friendly Hospital Wards on all elderly care wards and the stroke unit, to ensure a continuous focus on the care provided to older people. This is demonstrating a commitment by the hospital, the wards and staff to identify and carry out improvements to achieve a consistent quality of care for older people.

Our next steps...

The next phase of transformation (April to Sept 2014) will include:

- strengthening of the stroke pathway - to improve out of hours imaging and identification of new stroke admissions in ED and AMU to ensure patients access our specialist Stroke Unit within four hours.

- progressing a split take for medicine and elderly care - to ensure earlier comprehensive geriatric assessment across the Emergency Department and Acute Admissions Unit. The service commenced on 2nd June 2014.

- review of geriatrician job plans and revalidation - in light of changing service models. This will consider:
  - extended hours within the week
  - staffing a frailty unit through splitting the medical take
  - delivering weekend working long-term
- increasing the levels of support to ortho-geriatrics and surgery;

- **work in partnership with commissioners** - to carry out a review of admissions or ED attendances from care homes to examine different models of care which might have prevented attendance, admission and/or expedited early discharge.

- **an analysis of outpatient activity** - to explore the realignment of outpatient clinic resources to support the ambulatory care service for older people.

- **increasing availability of ambulatory care for older people** - from 10.00am to 6pm (Monday to Friday).

- **provision of MFE consultant** - to support a joint virtual ward pilot with local GPs.

- **provision of interim care beds** - across Bournemouth and East Dorset localities to provide the Discharge to Assess (D2A) model of care.

**In conclusion…**
The elderly care service has been transformed over the last six months. This has been achieved through a combination of staff and patient engagement, strengthened leadership and best practice pathway redesign. The improvements are evident through both the metrics (see Appendix A) which show reduced length of stay, greater bed availability and the service being less pressured, but also importantly through patient, carer and staff feedback.

Cherry McCubbin, Deputy General Manager, Elderly Care Services Directorate, said “I am extremely proud of the improvements made to services for older people at RBCHFT over recent months.

Patient feedback, staff engagement including our social care colleagues has been instrumental in the achievements we have made to date. We will continue to evaluate and transform our services and aspire to providing a centre of excellence for older persons’ healthcare at the Royal Bournemouth & Christchurch hospitals”.

The clear philosophy and core values of those providing the service demonstrates an unquestioned commitment to delivering high quality, compassionate healthcare to meet the needs of older people safely.

**We have been asking both staff and patients what they think…**
Claire Charville, Ward Sister, said “here on Ward 26 we focus on the patient’s having a therapeutic and structured day to help expedite their recovery”.

One of our patient carers on Ward 26 said “this seems to be a special ward, staff very patient, more like a family here”. (Verbal feedback from Carers audit, June 2014)

Belinda Hewett, Ward Sister, told us: ‘Ward 3 have worked collaboratively through monthly improvement plans to embed and provide quality care for our patients. Our culture of caring and new ways of working demonstrates improvement every day. ‘We are committed to the provision of excellent care for every patient every day everywhere”.

And a patient from the same ward added: “the Doctors, Nurses and other staff members of ward 3 Bay 3 have looked after me very well and made my stay in hospital as comfortable
as possible. I was very pleased and impressed when one of the nurses made special arrangements for me to have finger food for lunch as I was not to eat a big lunch”

These kind gestures and thoughtfulness makes a big difference to me as a patient and is very much appreciated. I have been treated with respect and all my concerns have been listened to and answered clearly. Thank you to everyone for a great job”. (May 2014 Carer feedback card)

**Improvement has been at the heart of the Trust’s work…**

Including the redesign of the older persons’ pathway from admission to discharge; specialist wards for short stay admission and transitional care into the community using a range of health, social care and voluntary services.

These important changes harnessed with patient experience through a range of patient feedback forums and provision of strong leadership has been critical to providing safe, compassionate care.

Tony Spotswood, Chief Executive at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, said “I am encouraged to see the progress made, and keen to see the impetus maintained to ensure that services are responsive to our patients’ needs, and consistent in their delivery”

We continue our work to provide to further develop a specialist service for older people which ensures patients can access the appropriate acute hospital care in conjunction with our community providers to facilitate timely discharge from the hospital setting.
Appendix

Metrics
The following metrics chart our improvement journey. Concerns were raised that our high bed occupancy has a negative impact on quality of care. Work continues to further improve discharge planning.

Care of the elderly (CoE) ward reconfiguration now includes a dedicated short stay unit (Ward 22). Table 1 and 2 shows the impact of Ward 22 on overall patient length of stay within the hospital and in the CoE directorate. It has reduced from an average of 15 days (Dec 2013) to 12 days (April 14). This has been sustained over the last three months.

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Table 2

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Table 3 highlights a reduction in hospital bed occupancy through improved discharge processes including increased senior clinical presence at weekends. Occupancy rate at midnight has reduced from an average of 92.6% (May 2013) to 89.1% (April 2014) with the step change seen at the beginning of 2014.

Table 3

![Monthly Bed Occupancy at midnight by Ward](image)

Table 4 shows the available beds in medicine and care of the elderly specialties at 9.00am on a Monday, currently used to track the effect of the changes in discharge planning processes, piloted initially on Ward 22 – Short Stay Unit for Older People.

Table 4