



Phase 1: Frail and older people

Worthing Hospital

Aim

To dissolve traditional boundaries within the hospital and between primary and secondary care to improve the experience for patients.

Outline

The Worthing emergency floor combines an acute medical unit, an acute frailty unit and a surgical assessment unit in a medium-sized district general hospital. The teams set out to:

- 1 improve patient flow and experience
- 2 reduce length of stay in hospital and limit readmissions rates
- 3 improve patient and staff satisfaction
- 4 improve the training environment for staff
- 5 increase the use of ambulatory care.

Key messages

- **Co-location of acute admission units** delivers significant benefits to patients and the system.
- Having all new **admissions in one area** makes transfers of care easier.
- **Regular feedback** to staff on patient experience is essential.
- Reporting on **waiting times** is helpful and reflects process, experience and outcomes.
- An organisational **culture of continuous improvement** is essential to achieving change.
- Regular **multidisciplinary team meetings** help to build new processes.

Methods

1. The emergency floor concept

The Worthing emergency floor project combined an acute medical unit and a surgical assessment unit and co-located them with an acute frailty unit in a medium-sized district general hospital. It focused care around the patient regardless of the route of access or specialty requirement of the patient.

2. Multidisciplinary working

- Daily emergency floor safety huddle.
- Daily 11am multidisciplinary team (MDT) board round.
- Daily ward input from physiotherapy, psychiatry, social work, intermediate care and dietitians.
- Daily specialist medical input from neurology, palliative care, oncology and cardiology.
- Regular multidisciplinary Emergency Floor Operational Group meetings (EFOG).

3. Use of e-whiteboard

All patients arriving on the emergency floor are entered on an e-whiteboard. This electronic patient list allows data collection for tracking times, consultant review and location of patients.

4. Increased utilisation of Ambulatory Care Area (ACA)

Use of the ACA continues to expand, particularly for surgical care, posing some challenges to space and staff resource. The potential for over 30% of all attendances to be managed through ACA results in bed-saving.

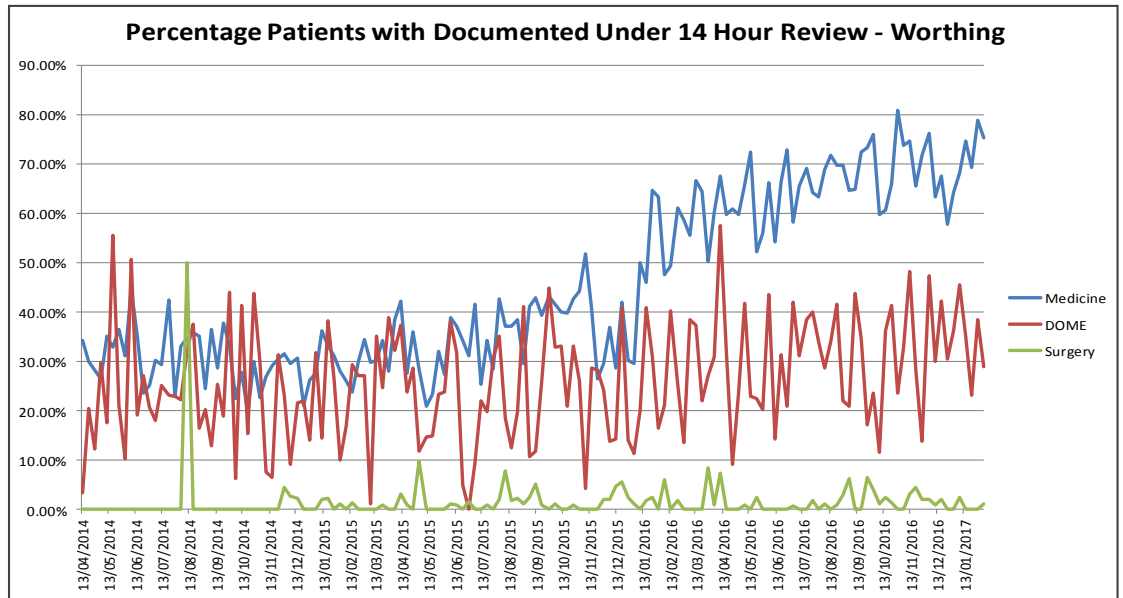
Milestones

- Sep 2014: Appointed as an FHP development site.
- Dec 2014: Worthing emergency floor opens.
- Apr 2015: Introduction of daily monitoring safety huddles.
- Aug 2015: Acute care foundation programme is launched.
- Oct 2015: Project manager leaves team: no replacement made.
- Dec 2015: Hosted a learning event for phase 1 sites.
- Jan 2016: Acute medicine consultant rota changed: 8am–7pm cover, 7 days a week.
- Apr 2016: Worthing Hospital awarded 'outstanding' rating in (Care Quality Commission) CQC inspection.

Outcomes

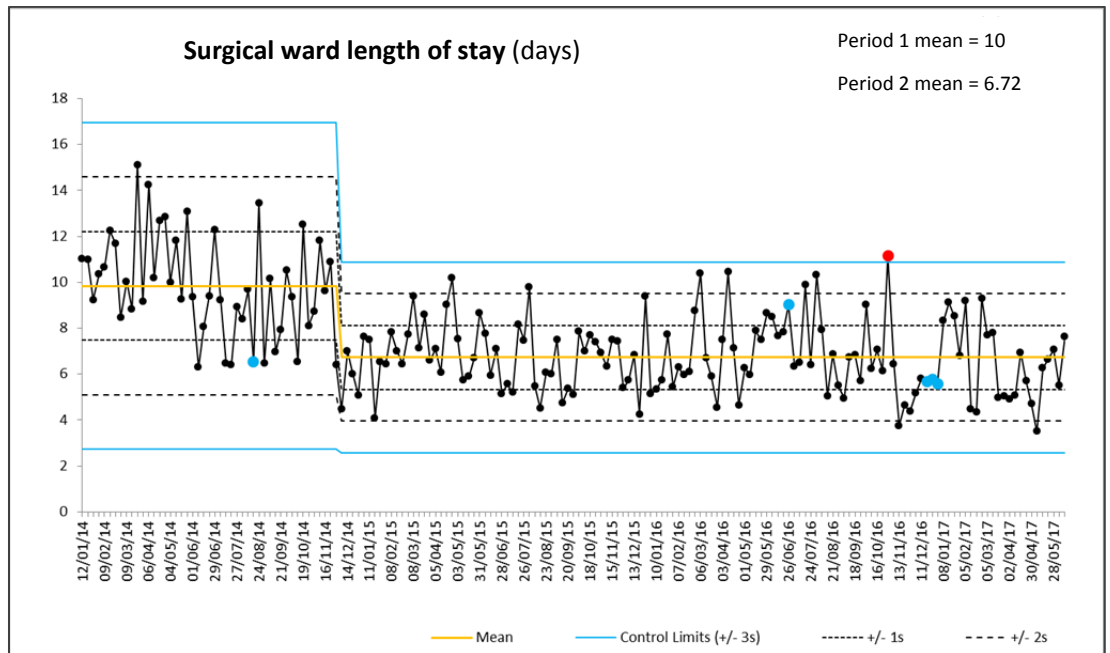
1. Time to review

The importance of rapid access to the 'right person,' helped to deliver **improvements to patient experience** in parallel with **improved clinical effectiveness**. The graph below reflects a change in the medical consultant rota and the fact that surgical teams have not been using the e-whiteboard to record these data.



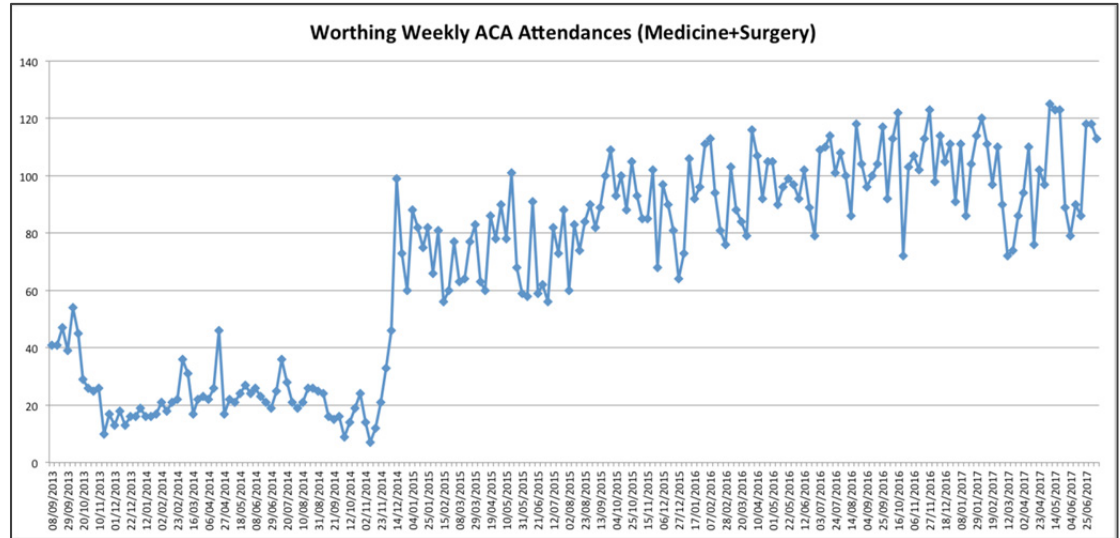
2. Length of stay

The most important measurable impact of this project has been on the pathway, process and flow for surgical patients. As soon as the ambulatory care area opened, it became clear that many patients previously admitted under surgical teams could be seen and cared for in the ambulatory setting.



3. Ambulatory care

The Ambulatory Care Area (ACA) has advanced significantly over the past 5 years and played a major role in the success of the emergency floor project. It is likely that this has been the single most important factor in **reducing admissions to the hospital** and particularly so for surgical patients.



Successes and challenges

Successes

- ✓ Decreased average length of stay, particularly for surgical patients.
- ✓ No increase in mortality or readmission rates.
- ✓ Good feedback from friends and family, despite significant service pressures.
- ✓ Excellent MDT community of hard-working and committed professionals who work together, with the common purpose of providing the absolute best experience and care for each patient.
- ✓ Cultural shift to a clear engagement with the process of improvement, learning, adapting and reviewing.
- ✓ Clinical outcomes and patient experience measured, evidenced and re-enforced regularly.
- ✓ Successes and failures demonstrated in regular reporting of an agreed set of metrics.
- ✓ Any patient on the emergency floor who requires a comprehensive geriatric assessment now has this on the day of admission.
- ✓ All foundation trainees rotate as an 'emergency floor doctor' in their first year; an excellent opportunity to develop a wide range of generalist and practical skills spanning medicine, surgery and care of older people.

Challenges

- Opening the emergency floor in the month of December (2014) was challenging; there was high demand and system-wide discharge challenges resulting in significant pressures.
- A planned patient forum was not set up due to lack of administrative resources.
- A change in the organisation of frailty nursing staff posed a challenge for coordinators who manage beds and liaise with the community services.
- The national shortage of nursing staff has been a significant challenge to recruitment.

Read the full report from Worthing's development site team at:

www.rcplondon.ac.uk/delivering-the-future-hospital

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