

COLLABORATIVE
WORKING AND
LEADERSHIP
IMPROVES
OUTCOMES FOR
FRAIL OLDER
PEOPLE



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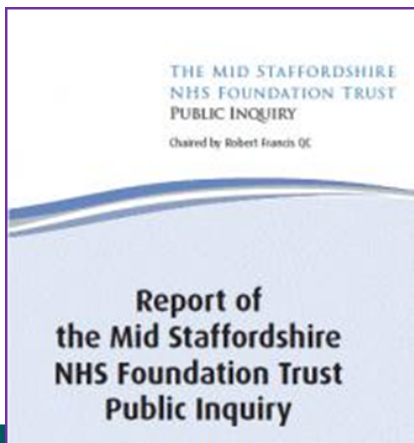
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THE WORLD OF MEDICINE IS CHANGING



Figure 2 Ten components of care for older people

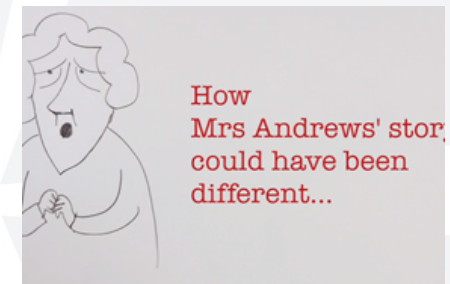


MORE FRAIL OLDER PEOPLE OR BETTER RECOGNITION

- More than one in five of us are already over 60, and the number of people over 60 is expected to increase from 14.9 million in 2014 to 18.5 million in 2025.
- 75% of 75 year olds in the UK have more than one long term condition, rising to 82% of 85 year olds.
- 5% of people aged 60-69 have frailty. This rises to 65% in people aged over 90. In England there are 1.8 million people aged over 60 and 0.8 million people aged over 80 living with frailty.



QUALITY CARE FOR OLDER PEOPLE WITH URGENT & EMERGENCY CARE NEEDS



IMPROVING CARE

- FUTURE HOSPITALS PRINCIPLES

- Fundamental standards of care must always be met.
- Patient experience is valued as much as clinical effectiveness.
- Responsibility for each patient's care is clear and communicated.
- Patients have effective and timely access to care.
- Patients do not move wards unless this is necessary for their clinical care.
- Robust arrangements for transferring of care are in place.
- Good communication with and about patients is the norm.
- Care is designed to facilitate self-care and health promotion.
- Services are tailored to meet the needs of individual patients, including vulnerable patients.
- All patients have a care plan that reflects their specific clinical and support needs.
- Staff are supported to deliver safe, compassionate care and are committed to improving quality.

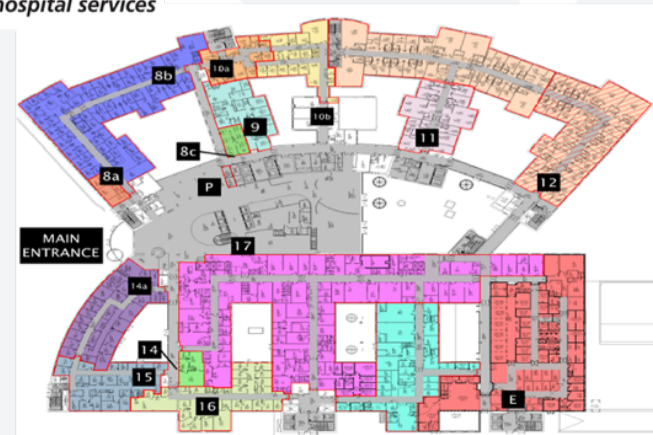
SETTING THE SCENE



The Mid Yorkshire Hospitals **NHS**
NHS Trust

Bringing together community and hospital services

- Wakefield – Over 350,000
- Kirklees – Over 185,000



THE HEART OF THE COMMUNITY

Healthy Wakefield



This is...
Our Street

HOME RESIDENTS WORD ON THE STREET NEWS ABOUT



Welcome to Our Street. Why don't you come on in and find out what's happening on the street today.

2 different CCGs, 2 different approaches



Our model for the individual

What if I'm at the end of my life?

- Advanced care planning including do not attempt resuscitation (DNAR) led through primary care models (pilots)
- Additional wraparound support from primary and community services
- Shared record

What if I have health needs?

- Proactive and holistic assessment and care planning
- Access to community and activities
- Primary care led models of proactive intervention (currently in pilot / prototypes)
- Proactive primary care support (prototypes)
- Connecting Care Teams (integrated community health, social care and voluntary community sector (VCS) response)
- Support and advice from secondary care
- Shared record

What if I become unwell?

- Primary care urgent call-outs
- Connecting Care Teams urgent response (community)
- Support and advice from secondary care (REACT)

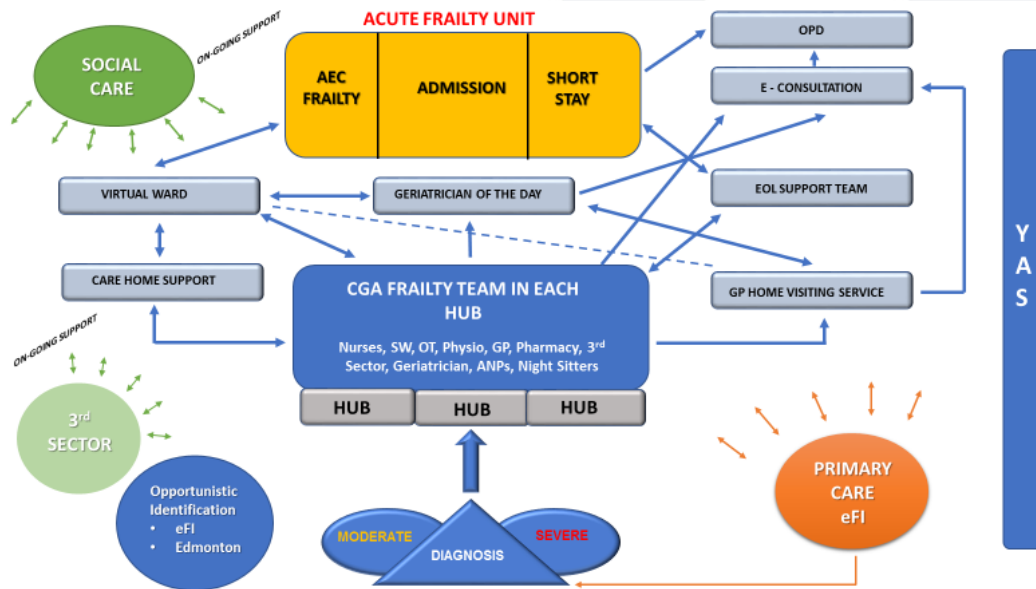
What if I need urgent help?

- Yorkshire ambulance service (YAS) yellow care plan
- Emergency care practitioner (ECP) response 'see and treat'
- Conveyance to hospital

What if I'm admitted to hospital?

- Rapid assessment for frail/elderly (REACT)
- Communication with the care home
- Early supported discharge with wraparound support for additional needs
- Shared record

INTEGRATED CARE MAKING A DIFFERENCE – IMPORTANCE OF COLLABORATIVE WORKING - WORKING TOGETHER NOT IN SILOS



CHANGING HOSPITAL SERVICES

How services will look by 2017

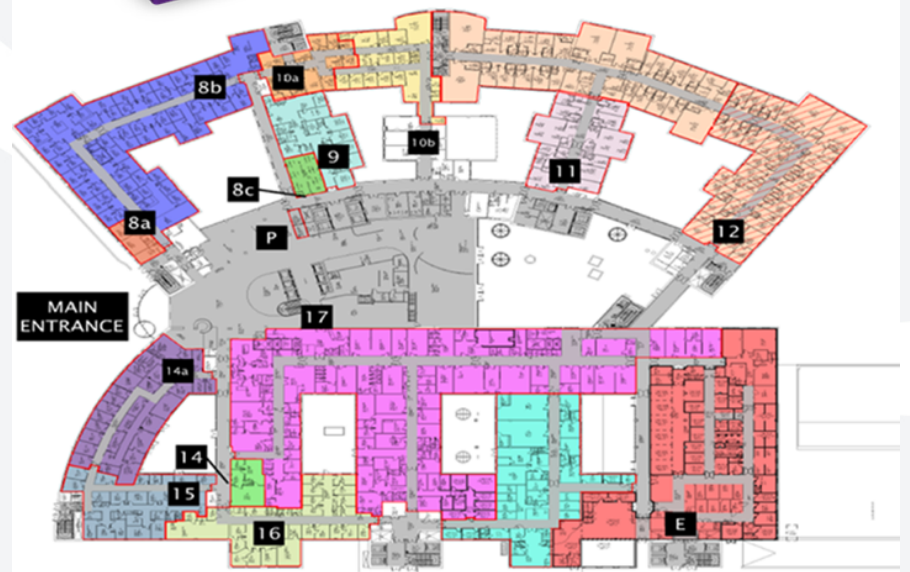
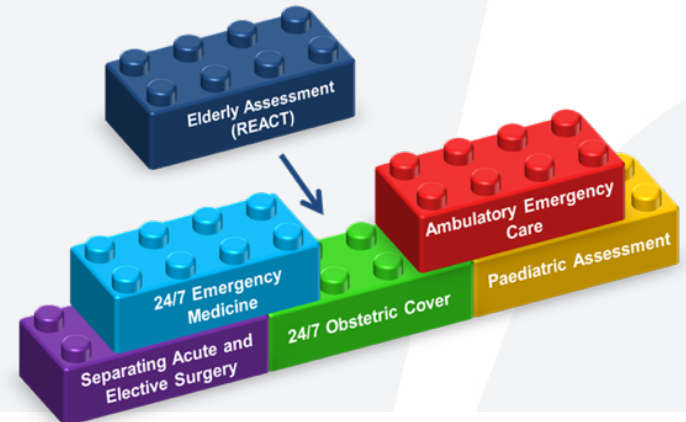
● Elective and non-complex care ● Emergency and complex care ↔ Movement between hospitals



Dewsbury
Maternity – MLU
MORE planned surgery
Emergency Care Unit
MORE care closer to home
Outpatients
Children's Assessment

Pinderfields
Maternity – MLU and Consultant-Led
All inpatient paediatrics
Complex planned surgery
Centralised critical care
MORE care closer to home
Outpatients

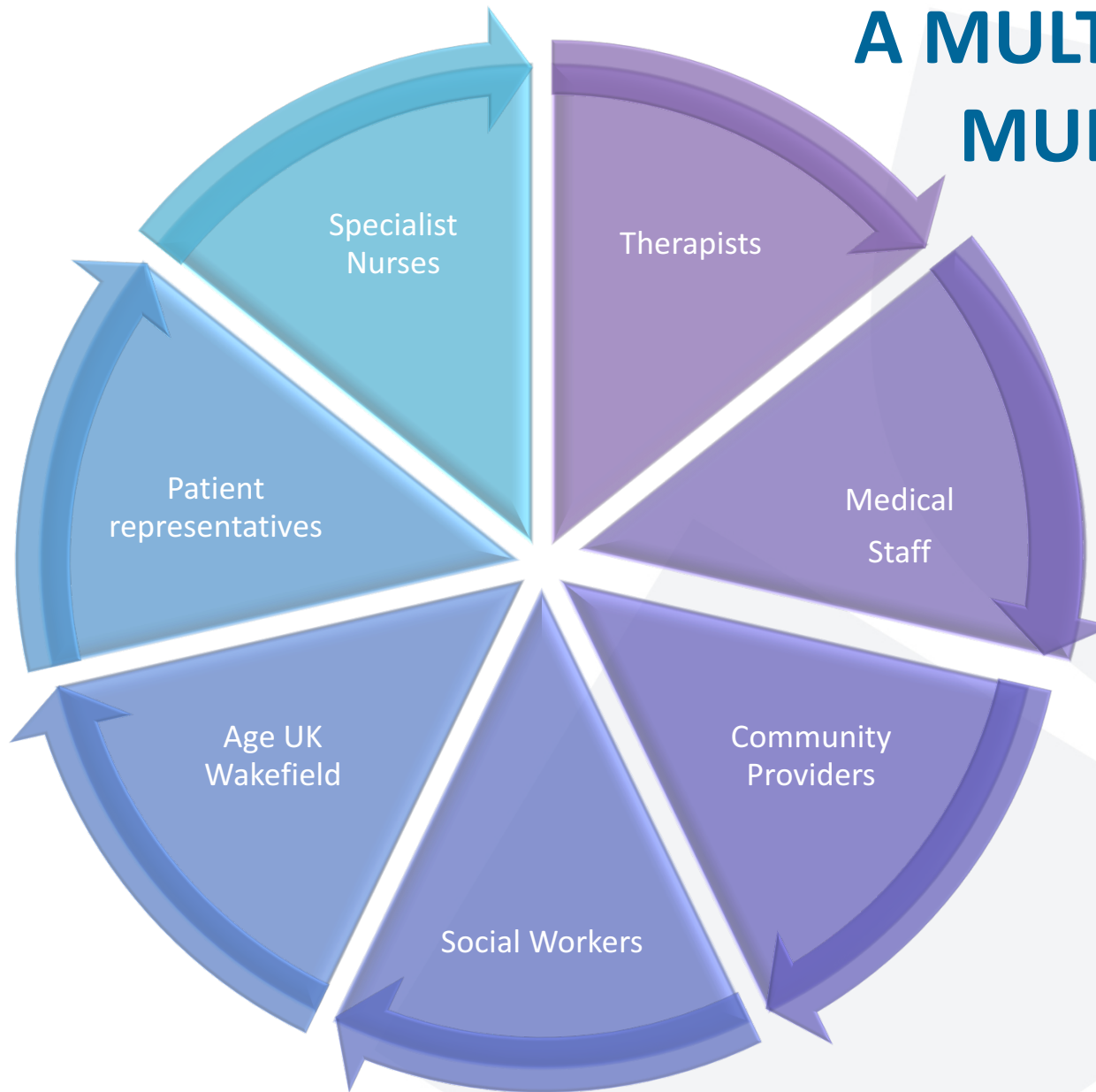
Pontefract
Maternity – MLU
MORE planned care
Emergency Care Unit
MORE care closer to home
Outpatients



- Centralisation of Services
- Acute Elderly/ Frail care one of building blocks

A MULTI-DISCIPLINARY AND MULTI-AGENCY TEAM

RAPID ELDERLY ASSESSMENT CARE TEAM



- Evolved from an Inreach Service
- Works collaboratively to ensure future hospitals principles and make a difference to patient care
- Patient representatives an integral part of the team

RE-PLANNING SERVICES IN LINE WITH FUTURE HOSPITAL PRINCIPLES

- Service operates 7 days a week
- 2 Ward rounds per day
- Opening hours of the service are continually reviewed for optimal benefits for patients.
- Patients aged 80+, Patients aged 65+ from nursing homes
- Patients who are otherwise frail over the age of 65, are now individually assessed and also reviewed.
- Dedicated phone now in operation with operational policy with direct access for GPs
- Emergency Department Consultants can directly refer to the team for advice
- Patients identified undergo a Comprehensive Geriatric Assessment

BY THE END OF 2017

- Currently on AAU but moving to dedicated Acute Care of the Elderly Assessment Unit
- 39 bed unit at Pinderfields
- 20 bed unit at Dewsbury
- A Rapid Elderly Assessment Care Team at both sites



Specialist care for elderly and frail set to open

Wakefield
Express



Published: 13:55 Friday 28 April 2017



Specialist wards designed to care for frail elderly people are being set up by the district's NHS trust.

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comments

EMBEDDING CHANGE AS A TEAM

- Collaborative working ensures links are created and maintained
- Working together for shared agendas across 2 CCGs with different services is important
- Shared leadership improves engagement of all partners



ENSURING STAFF ENGAGEMENT THROUGH COLLABORATIVE WORKING AND LEADERSHIP



- Open Door - Weekly Evaluation Meetings
- Everyone has a voice
- Involvement of all team in project work
- Workshop with Nursing and Therapy Teams
- Establishing the Project Team and Group
- 30/60/ 90 day projects

POSITIVE EFFECTS ON TEAM/ SERVICES

- Health Survey data consistently above NHS Staff Survey for last two years
 - 92% very satisfied with support from colleagues
 - 63% in 2016 felt involved strongly in decision making based on baseline of 43%

How often do you feel this way about your job?			
Frequency (%)	I look forward to going to work	I am enthusiastic about my job	Time passes quickly when I am working
Always / Often	67	78	85
<i>Baseline data</i>	73	82	94
<i>NHS staff survey 2015</i>	50	68	71
Sometimes	30	22	15
<i>Baseline data</i>	21	15	6
<i>NHS staff survey 2015</i>	35	25	21
Rarely / Never	4	0	0
<i>Baseline data</i>	6	3	0
<i>NHS staff survey 2015</i>	15	8	7

Frequency (%)	I always know what my work responsibilities are	I am involved in deciding on changes introduced that affect my work area/team/department	I am able to meet all the conflicting demands on my time at work
Strongly agree / Agree	93	63	48
<i>Baseline data</i>	88	70	51
<i>NHS staff survey 2015</i>	86	43	38
Neither agree nor disagree	0	11	22
<i>Baseline data</i>	6	15	27
<i>NHS staff survey 2015</i>	8	25	25
Disagree / Strongly disagree	7	26	30
<i>Baseline data</i>	6	21	21
<i>NHS staff survey 2015</i>	7	32	37

How satisfied are you with each of the following aspects of your job?				
Frequency (%)	The support I get from my immediate manager	The support I get from my work colleagues	The freedom I have to choose my own method of working	The opportunities I have to use my skills
Very satisfied / Satisfied	77	92	81	82
<i>Baseline data</i>	76	75	75	87
<i>NHS staff survey 2015</i>	59	78	*	66
Neither satisfied nor dissatisfied	11	7	11	4
<i>Baseline data</i>	12	12	18	6
<i>NHS staff survey 2015</i>	21	15	*	19
Dissatisfied / Very dissatisfied	11	0	8	15

3 Responsibility for each patient's care is clear and communicated

There must be clear and communicated lines of responsibility for each patient's care, led by a named consultant working with a (nurse) ward manager. Consultants may fill this role for a period of time on a rotating basis.

7 Good communication with and about patients is the norm

Communication with patients is a fundamental element of medical professionalism. There must be good communication with and about the patient, with appropriate sharing of information with relatives and carers. Medical and other staff must be trained in communication with patients and their families, including diagnosis and management of dementia and delirium.

10 All patients have a care plan that reflects their specific clinical and support needs

Patients must be involved in planning for their care. Patients' care preferences are checked and measures taken to optimise symptom management. Patients and their families must be supported in a manner that enhances dignity and comfort, including for patients in the remaining days of life.

WORKING TO A SHARED GOAL AND A FEELING OF SHARED OWNERSHIP

- Co-design of services
- Redesign of documentation , particularly from therapists – one document for all patients
- Shared competencies building a shared understanding of roles and a mutual respect



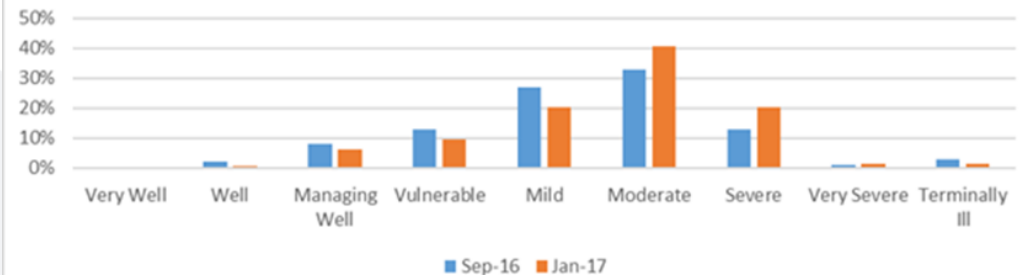
COLLABORATIVE WORKING TO ENSURE SUSTAINED AND ONGOING IMPROVEMENT OF SERVICES

9 Services are tailored to meet the needs of individual patients, including vulnerable patients

Services must be tailored to the needs of individual patients, including older patients who are frail, patients with cognitive impairment, patients with sensory impairments, young people, patients who are homeless and patients who have mental health conditions. The physical environment should be suitable for all patients (eg those with dementia). Services will be culturally sensitive and responsive to multiple support needs.

- REACT now assess 25% more patients on average (April-September comparison from 2015-2016)
- Average length of stay reduced from 2.5 days to 1.95 days

Comparison of Rockwood Scores of those admitted and discharged from the Acute Assessment Unit by REACT



Number of Patients accepted by REACT



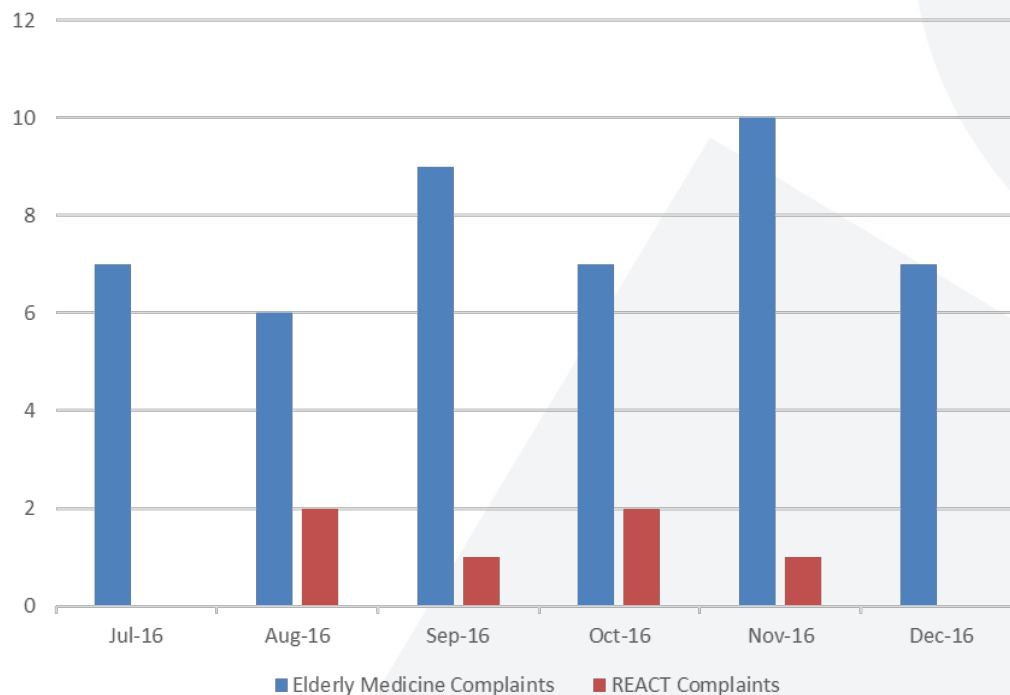
COLLABORATIVE WORKING AND LEADERSHIP – SHARING SUCCESSES AND PROBLEMS

- Being One Team
- Encouraging innovation
- Encouraging open discussions of issues so they can be resolved
- Encourage staff to develop and teach them regularly



DELIVERING SAFE AND EFFECTIVE CARE

Complaints from Patients and their Relatives in Elderly Medicine



- Low levels of complaints despite numbers assessed being high
- 6 formal complaints out of 1618 patients between July and December last year (0.04%)
- Collaborative working means when complaints or issues raised – shared responsibility and early resolution of problems

COLLABORATIVE WORKING AND LEADERSHIP WITH PATIENTS



- Patient engagement – makes a difference to staff and their engagement
- Questionnaires adapted to be inclusive of all team members

Pilot Patient Experience Survey - Your feedback matters

We are looking to make the REACT (Rapid Elderly Assessment Care Team) service one of the best in the area for our elderly patients and to do this we are keen to understand what you think about your recent stay in hospital. We would appreciate you spending a few minutes to complete the following survey as it will help us to understand and learn from your responses.

The questionnaire can be completed by you the patient and for an accompanying family member, carer or friend. The questionnaire is anonymous but if there is anything you would like to discuss further then please leave your name and contact details and we will get in touch.

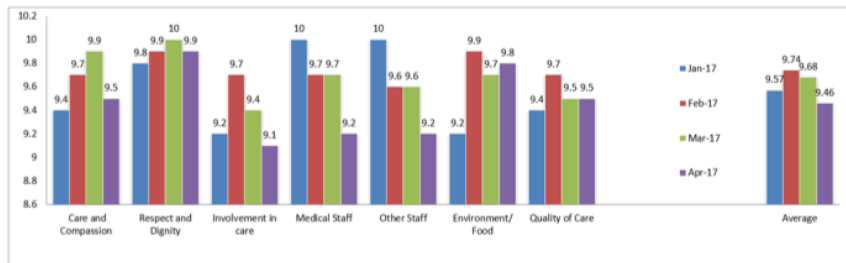
These questions cover the main areas where the team aims to support patients in recovering well.

Today's date: _____ Date of Admission to hospital: _____
 Form completed by: patient/family/carer/friend (show circle/square)

To what extent do you agree or disagree with these statements? Tick the face response which is nearest to your answer.	Agree strongly	Agree	Neither agree or disagree	Disagree	Strongly disagree
How do you think we are doing?					
I know I am being treated by the REACT team and what they are trying to do for me	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
The staff always introduce themselves when talking with me.	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
The staff are friendly and kind	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
The staff treat me with dignity and respect	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
Are we as a team working with you and meeting your needs and concerns?	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
The staff explain my care and treatments to me so I can understand what is happening	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
The staff listen to me and my concerns	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
I feel I have been involved in decisions about my care and my treatments	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
I have started some new medication and I know why. If not applicable please leave blank	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
I have seen a Therapist and they have helped me. If not applicable please leave blank	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
I have seen a Social Worker and they have explained how they may help me once I am able to go home. If not applicable please leave blank	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
I have confidence in the REACT team who are looking after me	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
I am feeling confident about going home	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
If I need further help or support I, my family or carer are confident we know how to get it	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊
I have a network of family, carers and friends to help support me at home and to care for me	😊	😊😊	😊😊😊	😊😊😊😊	😊😊😊😊😊



Summary of Patient Experience Data from January 2017 until April 2017



2 Patient experience is valued as much as clinical effectiveness

Patient experience must be valued as much as clinical effectiveness. Patient experience must be measured, fed back to ward and board level and the findings acted on.

Rapid multidisciplinary assessment of those with frailty
Ensuring patients are at the centre of everything we do
Achieving holistic comprehensive geriatric assessments in eligible patients
Caring for patients and members of the team enabling true engagement
Taking time to ensure the best for patients and sharing experiences and challenges



**COLLABORATIVE
WORKING AND
LEADERSHIP MAKES A
POSITIVE CHANGE TO
PATIENT CARE**