

Improvements to the Acute Frailty Unit: improving patient flow by altering start times and implementing 2 MDTs a day

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Patient Story

Intro

- ▶ The Acute Frailty Unit (AFU) started November 2017
- Enables rapid comprehensive geriatric assessment of patients
- ► Timely discharge of patients can reduce mortality by limiting the time a patient is exposed to risks e.g. infections.
- ► Challenging patient flow; Elderly patients form a high percentage of patients in an Acute Medical Unit (AMU) and up to 70% of hospital inpatients.

Project

- Targeted interventions simultaneously
- ▶ 1. Beginning the ward round at 8am night team post-takes directly with AFU consultants
- ▶ 2: Second MDT later in the day to identify and address barriers to discharge. Interventions were studied in a Plan, Do, Study, Act (PDSA) cycle.

PDSA Cycles

Consultant start 8am

<u>Act</u>

Both consultants start at 8am to start posttaking with night team directly.

Pla<u>n</u>

Consultant and Junior doctor to start rounds at 8am green days and 9am red days

Encourage night team to post take at 8am with AFU consultant on green days

Study

More patients discharged. Better communication between day and night team.

> More time for jobs as rounds finished earlier. Better learning for juniors

<u>Do</u> Assigned green days and red days.

Recorded number of patients discharged each day, timings, qualitative data from staff

Current Practice

Ward rounds start at 9am.

Hypothesis

Starting earlier
may improve
patient flow by
allowing us to see
patients earlier
and therefore
having more time
during the day to
enable safe
discharges

<u>Act</u>

Start MDT at 3pm rather than 3.30pm

Measure amount of new input by social services in second meeting

Study

More patients discharged. Social services felt second MDT not useful. Doctors felt second MDT helpful

Did not affect therapy services much.

Plan

Let staff know we will have a second MDT at 3.30pm Encourage all members of MDT to attend second MDT

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Assigned green days and red days Kept a record of how many patients discharged each day, timings, qualitative data from staff

Current Practice

One MDT a day at 12:00pm **Hypothesis** 2 MDTs improve patient flow by increasing communication between teams to enable safe patient discharge and identify barriers to discharge early in order to address them during working hours

Results

- Sick patients identified before ward round
- More completed discharges on green days than red days (60-100% vs 50-60%).
- More time for juniors
- Better contribution to MDT
- Barriers to discharge addressed at second MDT
- Second MDT at 3.30 a timing problem.

Limitations

- ▶ Data was collected over 2 weeks -does not reflect seasonal fluctuations in bed occupancy.
- No record of readmission rate. We need to ensure increased discharge rate reflects quality and safety of care.
- No qualitative data on patient experience need to ensure patient experience is at the heart of this change.

Future Steps?

- > ?AFU at the weekend
- ► Continue 2nd MDT but change time to 3pm recycle.

Questions?