



PATIENT SAFETY
AWARDS 2020

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PROJECT SHOWCASE

IMPROVING CARE FOR OLDER PEOPLE AWARD

WINNER



CAMBRIDGESHIRE COMMUNITY SERVICES TRUST POPULATION HEALTH MANAGEMENT FOR FRAILTY

This approach to population health management was developed as part of a wider programme of work to address frailty and multi-morbidity in Luton.

The approach has been enabled by a population health risk tool, and live information from partners via an online analytics dashboard. The team can see who has attended A&E and been discharged from hospital up until midnight on the previous day. This gives services a 2-3 day head start by enabling them to ensure responsive care plans, medication reviews and visits are put in place on the morning following a patient's discharge.

JUDGES COMMENTS

This is an excellent example of improving care for older people. Patients too often fall through the gaps and there often isn't the technology to identify these patients. The population health tool is a great example of being able to identify patients early and put steps in place to prevent a deterioration of their condition. Clear benefits have been described with lots of stakeholder involvement and buy-in. This is a truly responsive collaborative partnership approach to supporting older people with clear benefits applied during covid-19.



IMPROVING CARE FOR OLDER PEOPLE AWARD

HIGHLY COMMENDED



Northamptonshire CCG Yellow Bracelet Scheme

The Yellow Bracelet is a pioneering scheme targeting better care for older vulnerable people throughout Northamptonshire. It is a paperless communication aid that shares care information and enables Health and Social Care sectors to make real time risk assessments and informed decisions ensuring the best outcomes. This simple idea has been designed to improve patient safety and well-being, by reducing the service user impact associated with delayed transfers of care (DTC); provide better outcomes; reduce avoidable admission through application of real-time communications; reduce delays in discharge for patients in hospital who have a current care package; reduce bed days spent in hospital; allow domiciliary care providers to maintain active control over their care packages and stop cancellation of domiciliary care packages.

JUDGES COMMENTS

This is a great adaptation of existing patient information sharing platforms currently in use across the country. The roll out of the yellow bracelet scheme clearly has older people at the heart of its approach. Significant qualitative and quantitative gains were made, spread across health and social care settings, with even more added value during covid-19. The judges are keen to explore how the scheme could further support differing groups of vulnerable clients and diverse communities in the future, and see it replicated in other areas.

FINALISTS



Northumbria Healthcare FT Nerve Centre 4AT delirium screening project

The project's ambition was to screen 80% of all admissions over the age 65 years for delirium within 12 hours of admission to hospital using the

4AT assessment tool, as non-detection of delirium is a Patient Safety emergency affecting up to 30% of admissions with high mortality associated. This work built upon the team's previous AFLOAT (Avoiding Falls Level Of Observation Assessment Tool) project which was HSJ Patient Safety finalist in 2019. The team are moving from a model of increased observation, to increased therapeutic intervention.



Sherwood Forest Hospitals FT MDT Leadership to support reducing Length of Stay in a Care of the Elderly Unit

The project was designed to demonstrate the impact of compassionate, inclusive leadership on

the multidisciplinary team, average length of stay care and quality outcomes on an acute elderly ward. The care improvement on ward 52 arose from the need to reduce delayed transfers of care for patients, increase discharges earlier in the day and reduce the length of stay of 8.9 days.

The team put in place Monday - Friday intervention goals consisting of daily Consultant review of new /sick patients before the 9am board round; Consultant led board round at 9am; daily Consultant "check ins" with the team and reinforcement amongst the wider team of the key principles. These included the ethos that once a patient is no longer receiving treatment they can only have in secondary care, the best care they could give is to help progress the patient home.

IMPROVING CARE FOR OLDER PEOPLE AWARD

FINALISTS



Tameside and Glossop Integrated Care FT, Safe Steps and Health Innovation Manchester

Safe Steps: Developing an evidence-based digital risk assessment platform

Safe Steps is an app to help reduce falls through standardised and effective falls risk management. Assessing 12 key risks - based on NICE guidelines - and providing CQC approved recommendations for multifactorial intervention via a secure, easy-to-use web application.

Safe Steps has been implemented at the Stamford Unit - a 93 bed intermediate care unit in the grounds of Tameside & Glossop Integrated Care NHS Foundation Trust. In this setting - a first for the UK as previously only used in Care Homes - it has been used almost 3,000 times by 46 members of staff and helped to reduce falls in the first 6 months by 29%.



The Queen Elizabeth Hospital King's Lynn FT in partnership with Norfolk Community Health and Care Trust and West Norfolk CCG

Rapid Assessment and Frailty Team

Back in 2006 the trust's community service paired with the acute therapy service on an informal basis, to assist in diverting unnecessary admissions to hospital. The vision was to support patients in the most appropriate way, with being at home, now known as 'Home First', being at the heart of the service.

This service has now grown to 10.3 WTE, and provides a 7-day service to cover all emergency access areas within the acute trust including the Emergency Department, Acute Medical Unit, Ambulatory Emergency Care, Same Day Emergency Care, the Surgical Assessment Unit and a number of clinics including Frailty & Fracture Clinic. The team has reduced the time older patients spend in the emergency department, thus improving patient experience and helping to avoid the admission risk of hospital acquired infection.



West Midlands AHSN & NIHR ARC West Midlands SPACE - A Quality Improvement Initiative in Care Homes

In 2016 the West Midlands Academic Health Science Network recognised

that care homes were pivotal to the local health economy and wanted to co-create a programme of work to reduce avoidable harm using QI techniques with all stakeholders including homes and commissioners. SPACE was developed, designed and delivered in collaboration with Walsall and Wolverhampton CCG. The programme had two main elements - the first was training events and workshops, which aimed to help care home staff and managers, develop relevant skills and enhance their understanding of safety-related service improvement. There were also facilitated sessions delivered in care homes, which supported staff to implement changes to practice to reduce avoidable harm relating to specific safety concerns such as falls prevention and pressure ulcer management.



Western Health and Social Care Trust

Acute Care at Home: A Shift to the Left

Evidence points to various drivers for developing a Hospital at Home service for older people. The Western Trust

Hospital at Home service, entitled 'Acute Care at Home' (ACAH) was commissioned by the Public Health Agency to implement the Department of Health strategy "Health & Wellbeing 2026" - Delivering Together. The service was established in August 2016 and has a dedicated multi-disciplinary team that is Consultant Geriatrician led.

The ACAH model delivers on the key healthcare theme of realising the 'left shift'. A concept that strives to move clinically appropriate care and treatment for patients from hospitals into the community; with the intention of leading to better health and wellbeing, better quality of care as well as sustainable and efficient services - the Triple Aim.

Thank you to our partners

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