IMPROVING THE EFFICIENCY AND EFFECTIVENESS OF CARE DELIVERY IN NURSING HOMES
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Every second counts....
Clinicians able to spend more good quality time with patients

**Key steps and changes**
- A-TEAM approach was used
  - A (Agree on requirement)
  - T (Test commitment)
  - E (Establish relationship with managers)
  - M (Agree protocol for ward round)
- Analysing the problems
- Access to reliable mobile record is key
- MMeasuring success
  - Number of contacts
  - Time saved
  - Staff feedback
  - Quality of care

**Data**
- Work was undertaken in Autumn 2018 and delivered through the winter months on 2018/19

**Process Maps**

**Process Map: Care home requests: Before**

**Process Map: Care home requests: After**

**Learning and what next?**

**Learning:**
1. There is a long term role for clinical pharmacists in Nursing home care
2. Continuity removes anxiety from Nursing home staff reducing their reliance on the GP
3. The culture of Nursing homes is a key factor
4. Getting the baseline data and choosing the key indicators is important

**Future improvement activities:**
1. More efficient and auditable medication ordering
2. There may be a place for skype consultation in the future model
3. Continuity and efficiency can be improved through regular virtual/telephone clinics in between ward rounds
4. Find clinical staff who are passionate about Frailty

**Why is this important to service users and carers?**
- Staff in the care homes told us that the service was:
  - No consistency/sporadic communication issues
  - Not brilliant
  - Difficult to get hold of GPs quickly
  - Difficult to deal with other stuff
  - No continuity
  - No relationship

- Clinicians delivering the service told us:
  - Time is wasted on multiple visits
  - Offers bump into another GP when I am there
  - Takes a while to get access to patients – frustrating
  - Only get to deal with the most pressing need

**AIM**
- To better utilise Clinician time which was being wasted by multiple trips to the same care home within the same week and also time consumed on arrival by poor organisation and communication about the patients needs and the GP arrival.
- To improve Continuity of care for patients and improve the quality of outcomes by addressing whole patient needs rather than only immediate needs.
- To better support Care home teams who were struggling with growing regulatory demands, high staff turnover and thedemands, high staff turnover and the

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