Improving Communication Between the Community and the Acute Hospital

A Chainey
Anna.chainey@nhs.net
@nurseygirl13

Dorset County Hospital Foundation Trust
Health Education England

The Problem
Staff in the community and acute hospital don’t "speak" to each other about frail patients at the start of their stay with us.
+ Staff waste time assessing patients when others have the answers.
+ Patient’s waste time staying in hospital

The Background
With an increasing population of older people living with frailty, there is growing demand upon hospital beds. The NHS Long Term Plan (2019) describes the need to continue providing the best care in the most appropriate setting for the patient by improving integration and communication between acute and community services thus reducing inappropriate hospital stays and the frustration of staff and patients.

The Project
The Older Persons Assessment Service (OPAS) works on the medical admissions unit, providing comprehensive geriatric assessment to older people living with frailty who have complex medical and social needs. The communication between OPAS and community services needs to be improved with the aim of improving the patient journey, reducing length of stay where appropriate and preventing staff from undertaking unnecessary assessments. Improvement ideas were identified using driver diagram and fishbone QI methodology and discussed as a team. Those most feasible were tested as below.

Cycle 1 – Dec 2018
Invite Community Hub coordinators to ward – Cycle abandoned due to lack of involvement from Hubs as they perceived it as using up a lot of time waiting for "board rounds" to occur.

Cycle 2 – throughout project
Community Hubs/services contacted daily regarding individual patients – this is still part of daily practice whilst other practices are embedded and refined, however is very time consuming.

Cycle 3 – Jan 2019
OPAS email address launched by OPAS leads - response very limited possibly due to generic nature of email but deemed to be the method for improvement with the most potential for development and success.

Cycle 4 – March 2019
OPAS email address relaunched to leads of 4 localities, Community Rehabilitation leads and Community Hub leads and coordinators with explanation of need and expectations from OPAS. Also discussed individually with key members of the localities over a 2 week period to explain why this information was required and how it would improve patient flow and experience which appeared to improve their acceptance of the need for improved info sharing.

Next Steps
As OPAS was running for only 3 months during the undertaking of this project, numbers of patients were limited, however, the project shows that patient numbers doubled during this time and therefore the need for improved communication became even more essential to improve the quality of patient admissions and discharges. To continue with this project:
❖ OPAS team need to continue to engage with locality hubs to maintain momentum and ensure that information being received is appropriate
❖ Further integration of information required between acute and community services, such as improved discharge summaries and 'Red Bag' engagement
❖ OPAS team to reach out to community team that has not yet engaged with the sending of information to review reasons for this
❖ OPAS team to audit information received to detect any reduction in engagement and address this in a timely manner.

Personal experience
This was the first QI project that I had undertaken and I struggled with knowing that I was handing over an incomplete project, however, this experience showed me that having a relationship with key stakeholders of my own team and others, can help to improve joined-up working and create better engagement who have power to influence change.