



Mid Yorkshire Hospitals NHS Trust

New ways of working to support older and frail patients

AT A GLANCE CLEAR CHALLENGE

Congestion in the ED at Pinderfields Hospital in Wakefield with poor patient flow resulting in triage delays and long waits for inpatient beds. Older frail patients were particularly impacted.

KEY CHANGES

A new mobile frailty team to speed up assessment and streaming of frail patients, SDEC to accept frail patients and a new role of longer stays nurse to enhance the existing ED team.

FORECAST BENEFITS

More than 22,000 hours of ED clinical time saved, reduced length of stay and up to 1,300 patient admissions avoided, with savings of more than £450,000.

THE CHALLENGE

Pinderfields Hospital in Wakefield was facing increased ED attendances, crowding and poor patient flow to the rest of the hospital with long waits for inpatient beds. The congestion was resulting in pressure on ED staff and delays in triage. This was exacerbated by limited space to assess and treat continually arriving patients.

A high proportion of older frail patients with complex needs were also spending longer in ED than non-frail patients (11.5% over 80 were spending 2.5 hours longer). The department was experiencing a high turnover of nursing staff.

WHAT THEY DID

Three leading clinicians supported by the CLEAR National Faculty led the project through the CLEAR four stage methodology: clinical engagement, data interrogation, innovation and recommendations. They interviewed 39 colleagues including clinicians, heads of department and operational managers. Further information was gathered from informal discussions, and focus groups. More than 126,000 patient attendances were analysed and the insights combined with qualitative data to identify key themes impacting on patient flow and crowding.

CLEAR RECOMMENDATIONS

A new mobile frailty team was recommended to speed up streaming, assessment and care planning for frail patients attending ED. This would ensure that the decision to admit and a comprehensive geriatric assessment was made at the earliest opportunity.

A new role of a frailty advocate would gather information to complete a holistic view of patients and their needs to improve their experience. A frailty co-ordinator would be introduced to oversee admissions, discharges and transfers.

The same day emergency care (SDEC) criteria should be expanded to accept frail patients with two additional staff (an HCA and porter) to support their needs to alleviate overcrowding in the main ED.

A new role of longer stays nurse (band 5) to be created to oversee the care of patients who've been in ED for longer than 6 hours. This role would monitor patients' conditions, promote patient safety and prevent unintentional harm caused by long waits in the department.

Early specialist
review could
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reduce length
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avoidable
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£450,000 while
alleviating ED
pressure

FORECAST IMPACT

The mobile frailty team would directly alleviate ED pressure, speeding up the care and flow of frail patients. It is forecast that the early specialist input could significantly reduce admission length of stay with savings in bed days of between £3.4k – £6.8k.

The enhanced SDEC would optimise existing resources and reduce ED congestion, potentially saving 22,510 hours of ED time per year. Together with the new mobile frailty team, there is a potential to prevent 1,305 patients being admitted to hospital, saving £451,530.

The new longer stay nurse role would increase the standard of care and help reduce de-conditioning of patients.