

Optimising patient flow, outcomes and experience: a collaborative inpatient and community multidisciplinary team (MDT) approach working in partnership with social care

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Aims

The rapid response team (RRT) is an MDT consisting of registered general nurses, physiotherapists, occupational therapists, community support workers and social care assessors, created to address a high bed occupancy rate (89%) of patients over 65 years remaining in an acute bed when medically optimised.

Methods

An MDT approach, working 7 days a week across inpatient and community settings, was adopted to address the aim. In A&E, assessments and interventions are applied to avoid admissions. On inpatient wards, RRT assesses patients' suitability for early supported discharge. Any patients suitable for community support will be provided with a support package to meet their needs at home, consisting of care, therapy and nursing interventions with a continuous assessment approach in order to provide appropriate support. The team uses several methods of quality improvement to help drive continuous enhancement and development of the service. Utilising the 'plan do study act' (PDSA) method of evaluation over 2 years has allowed the team to test the impact of any new approach and learn from the experiences to improve our care delivery. The use of real-time care data allows monitoring of team progress and results. Patient and staff feedback is also a vital tool utilised by the team. A robust governance structure was developed to ensure that any developments are applied safely and effectively.

Results

On average, the team supports 50 patients a day in the community. Between 1 January 2016 and 30 September 2016:

- > the team has facilitated 2,463 discharges from A&E and inpatient wards, supporting 1,672 patients in the community. 56% of these patients did not require any

ongoing support, 15% required ongoing social care support, and only 6% had to be readmitted

- > 98% of patients rated the service as 8 or above on a scale of 1–10 (10 being excellent).

By providing this support in a community setting, this has saved 7,711 inpatient bed days, with a predicted cost saving of £939,250.

Staff report that they have developed new skillsets due to the cross-fertilisation of skills with this new approach.

Conclusions

The RRT is a positive success for the trust by improving patient flow. Patients have also benefited, with improved discharge outcomes and experience. Because of the success of RRT, the trust has opened a therapy-led intermediate care unit with support from RRT. RRT is also driving a joint hospital and social care service review to integrate pathways. ■

Conflict of interest statement

The authors declare that they have no conflicts of interest.

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