A shorter, better story for older patients

One trust’s ‘deep dive’ review of a patient’s 100-day story has been the catalyst for big improvements

When 93-year-old Win was admitted to hospital after a fall in her sheltered housing, no one thought she would be there for more than 100 days and undergo 174 pathology tests.

Win was – like so many other older people – caught up in a hospital system which subjected her to tests, even when she was medically fit to leave. In total she had 49 blood tests, 11 X-rays and was given 78 prescriptions. Win was eventually discharged to a nursing home.

Her story provided a catalyst for the Countess of Chester Hospital NHS Foundation Trust to have an in-depth look or ‘deep dive’ into how it delivers care.

First up for review were blood tests. Taking blood from older people can be difficult and painful for the patient, but the review also questioned the need for frequent testing in people judged fit to leave. A subsequent pilot scheme at the trust’s Ellesmere Port Hospital, which cares for many patients waiting for discharge, has reversed the trend and reduced the number of tests that are taken. In December 2015, after the pilot was introduced, there were almost 40% fewer blood tests than in the previous month.

‘When we started the deep dive we looked at the patient experience and whether the trust had got the processes right,’ says director of nursing and quality Alison Kelly who had been alerted to this case by one of the lead nurses.

‘We saw a reduction [in blood tests] over that time,’ she says. ‘It is better for patients but also more cost effective.’ How phlebotomists are used and supported at the trust is also being looked at.

One of the other things the deep dive uncovered was that Win could have been referred to a falls assessment service earlier, possibly averting the fall that led to her 100-day hospital stay.

The NHS trust calls the project High Quality Care Costs Less and its twin targets are doing the right thing for patients and reducing unnecessary costs.

Countess of Chester is also one of 22 organisations working with Lord Carter, who carried out an efficiency review in hospitals for the Department of Health. It wants to reduce its costs by £20 million or roughly 10% in two years by becoming a ‘model hospital’. This involves major changes, from improving stock management and procurement to ditching processes that do not add value. The programme could lead to ‘discharge to assess’ and a commitment that no medically stable patient should wait more than 24 hours to be discharged.

Culture change

‘It has been a big organisational development and cultural change but we are up for the challenge,’ says Ms Kelly. ‘We have already done a lot of work around culture and service improvements.’

Win’s story has been used with staff and in the trust’s booklet explaining the model hospital concept. ‘Patients’ stories bring it back to the real world,’ says Ms Kelly. Win’s experience ‘demonstrates how we need to work together and make improvements and efficiencies at the same time’.

This emphasis on doing the right thing for patients has been essential in building support from staff, who don’t always engage with initiatives which are just seen as cost-cutting. ‘The engagement from clinical teams, including nurses, has been good,’ says Ms Kelly.

The result is more staff keen to put forward the sort of ideas which mean that the Wins of the future should have a shorter and better hospital experience.

SUMMAR Y

One older patient’s extended hospital stay, during which she was subjected to multiple tests despite being medically fit for discharge, has prompted an NHS trust to review its processes to ensure they benefit the patient and avoid inefficient use of resources.

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