





## Improving Flow across the Orthopaedic Trauma Wards (Right Care at the Right Time)

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Occupational Therapists play a critical and often lead role in the discharge of patients at multiple contact points.

Professor David Oliver cites that "Allied Health Professionals are critical in getting patients back to their own homes quickly from the front door of the hospital and ensuring good inpatient rehabilitation."

Royal College of Occupational Therapists (2016) Reducing The Pressure in Hospitals: a report on the Value of Occupational Therapy



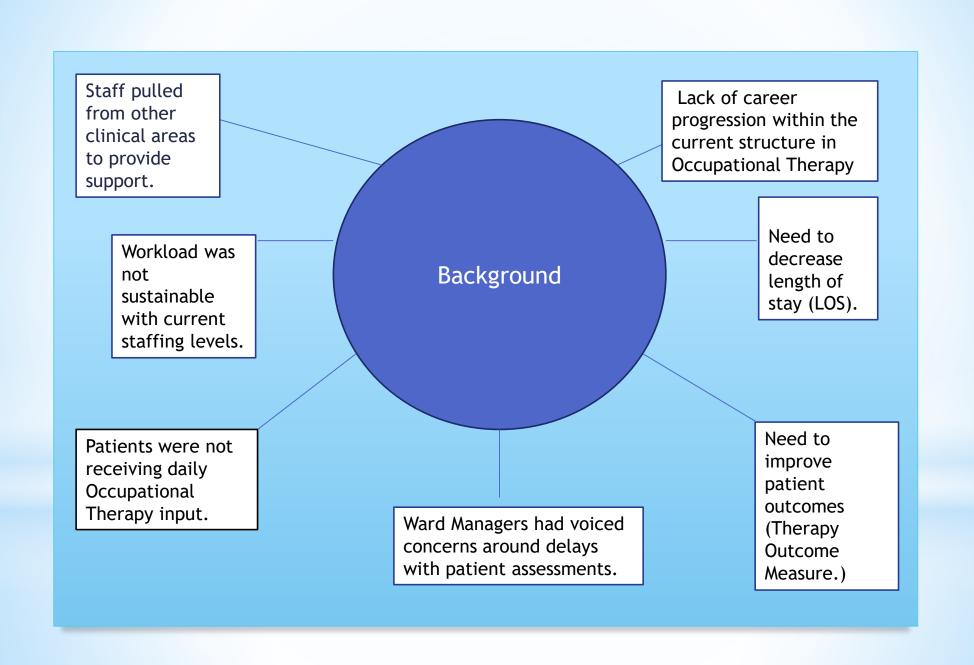


### Background

- In 2018, 855 inpatients were referred to the Occupational Therapist on orthopaedics and 488 of these patients had suffered a fractured neck of femur.
- The inpatient unit had up to 44 inpatient beds being managed by a full time newly qualified Occupational Therapist and a 29 hours of a assistant practitioner.

#### An Audit of Current Practice Found that:

- ➤ Discharge planning accounted for up to 62% of Occupational Therapy intervention, particularly during the winter months.
- > Up to 47% of initial Occupational Therapy Assessments were missed.
- > 85% of patients with an estimated or expected discharge date of over 5 working days had missed contacts.







### What was the Impact?

Staff retention

- There was a staff turnover of 35%.
- Senior staff at high risk of burnout.

Staff coping strategy

• Intervention was restricted to patients who could mobilise with one staff member. This resulted in delayed discharge planning and transfer of care.

Staff perception

- "The list of patients that I had to see each day was unrealistic."
- I was worried that mistakes were going to be made due to workload pressures."





### \* What Happened next.....

- Approached CLIC CLIC Coach assigned & Executive sponsor.
- Bench marked Orthopaedic Occupational Therapy staffing against a neighbouring Trusts.
- Data collection Missed contacts, referral numbers etc.
- Gained views and opinions about the current Occupational Therapy service provided from Ward Managers/Matron.
- Interviewed Occupational Therapy staff who had previously worked on orthopaedics.
- Presented case to Director for Allied Health Professionals.
- Funding approved for a Band 6 and Band 2 for three months, commencing December 2018.
- 4 Key performance indicators set and to be measured over the three month period.





Key Performance Indicators	
Performance indicator 1	Occupational Therapy interventions commenced within two days post-op for Neck of Femur (NOF) patients.
Performance indicator 2	Daily contacts if patients were medically fit for intervention and a reduction in discharge planning previously missed.
Performance indicator 3	Reduced length of stay and increased patient turnover on the Orthopaedic Unit.
Performance indicator 4	Increased quality of care using the Therapy Outcome Measure (TOMS), to evaluate changes in impairment and abilities.





# \*The Results





### Key Performance Indicator 1.

Percentage of Patients Assessed Within 2 days post Op during December 2018 - April 2019







### **Key Performance Indicator 2.**

### Total Percentage of Missed contacts prior to the pilot



### Total Percentage of Missed contacts in January 2019

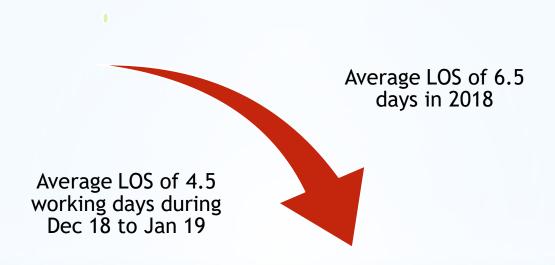


Missed Contacts fell by over 20%





### Key Performance Indicator 3.



Average length of stay reduced by two working days for over 188 patient's during the 3 month pilot period.





### **Key Performance Indicator 4**

#### **IMPAIRMENT**

The severity of patients symptoms were reduced. Impairment scores improved by 14 -20%.

#### **ACTIVITY**

Patient's became more independent and potentially less reliant on community services. Activity scores improved by 16-24%.

### **PARTICIPATION**

Patients were more able to take part in daily living activities and social activities. Participation scores

#### WELLBEING

Patient's mood and emotional stability improved. Wellbeing improved by 20 -24%. scores improved by 20 -21%.

Scores were compared on admission and discharge and percentage of improvement or deterioration was calculated.





### Results Continued.....

- The average length of stay for post-operative trauma patients for the 3 month study period was 11.1 compare to 12.3 days in 2018. Overall the length of stay reduced by 2 working days for all orthopaedic inpatients.
- The Orthopaedic Occupational Therapy Team provided assessment and treatment to 343 new patients, from December 2018-May2019.
- No additional Occupational Therapy staff were pulled from acute wards to support with the Orthopaedic caseload during the pilot period.
- 97%-99% of orthopaedic patients received daily Occupational Therapy input.



### Where are we now?



Business case written for the funding to be continued.

Case presented to the Director for Allied Health Professionals and the Chief Operating officer. Positive feedback was received.

Staff retention and morale continues to improve.





