

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

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* Why we did it...

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.”

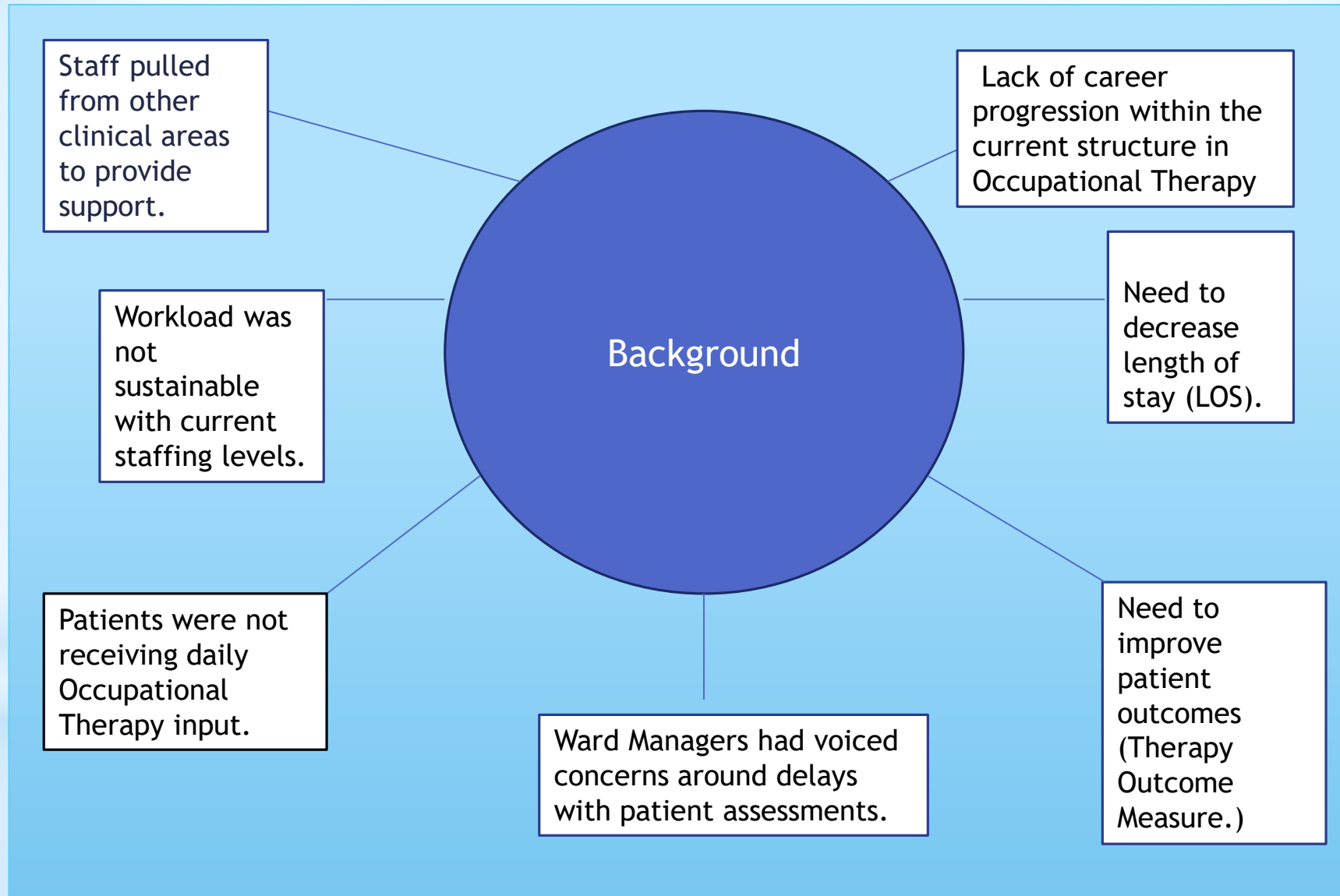
Royal College of Occupational Therapists (2016) Reducing The Pressure in Hospitals: a report on the Value of Occupational Therapy

Background

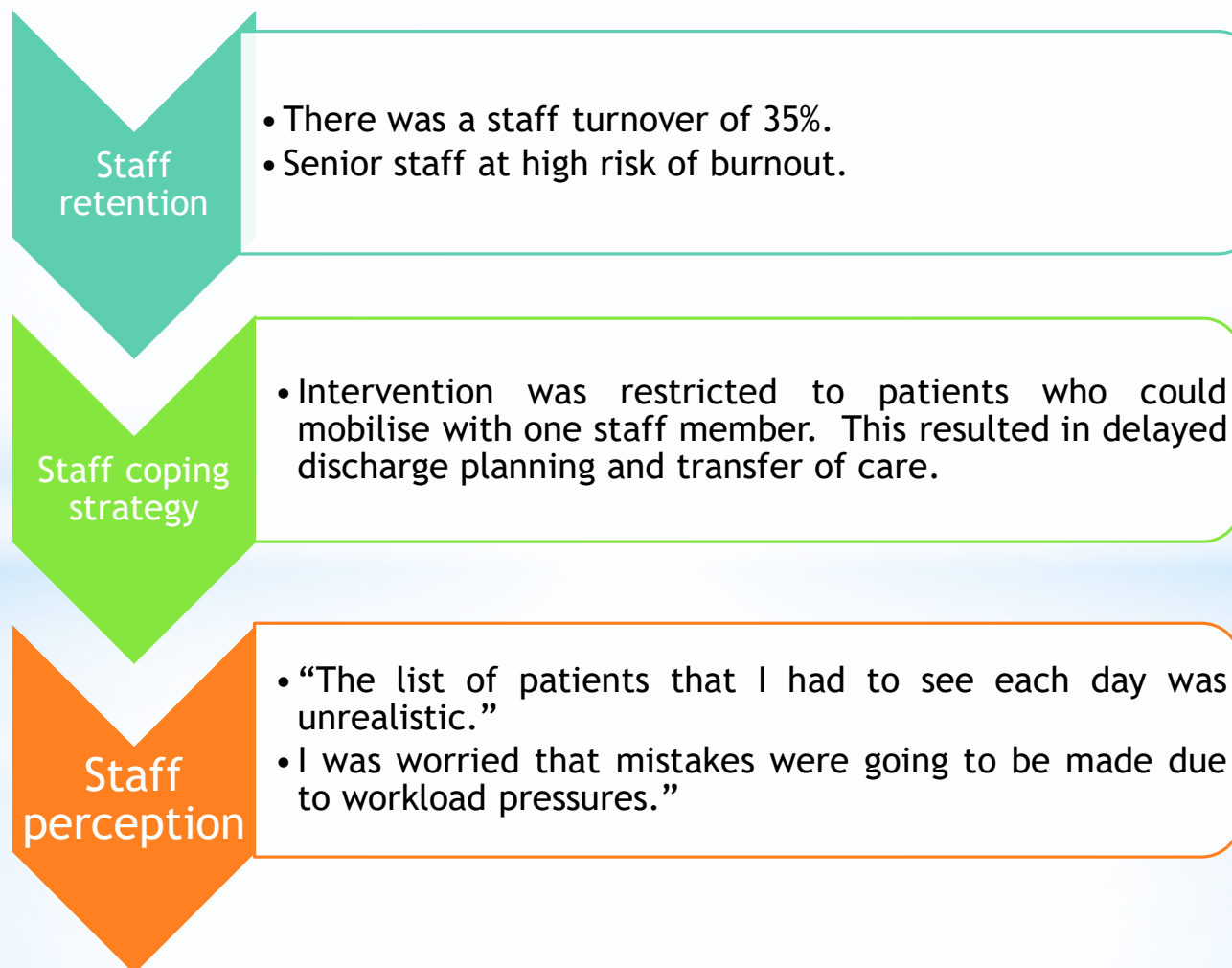
- In 2018, 855 inpatients were referred to the Occupational Therapist on orthopaedics and 488 of these patients had suffered a fractured neck of femur.
- The inpatient unit had up to 44 inpatient beds being managed by a full time newly qualified Occupational Therapist and a 29 hours of a assistant practitioner.

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?



* 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.

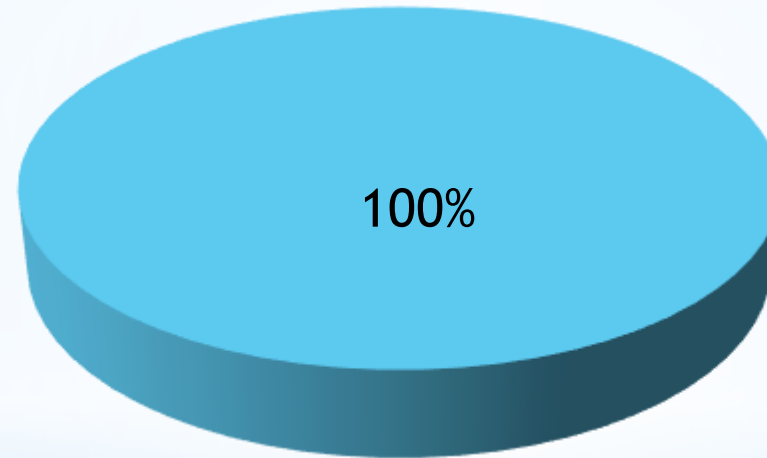
Key Performance Indicators

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**

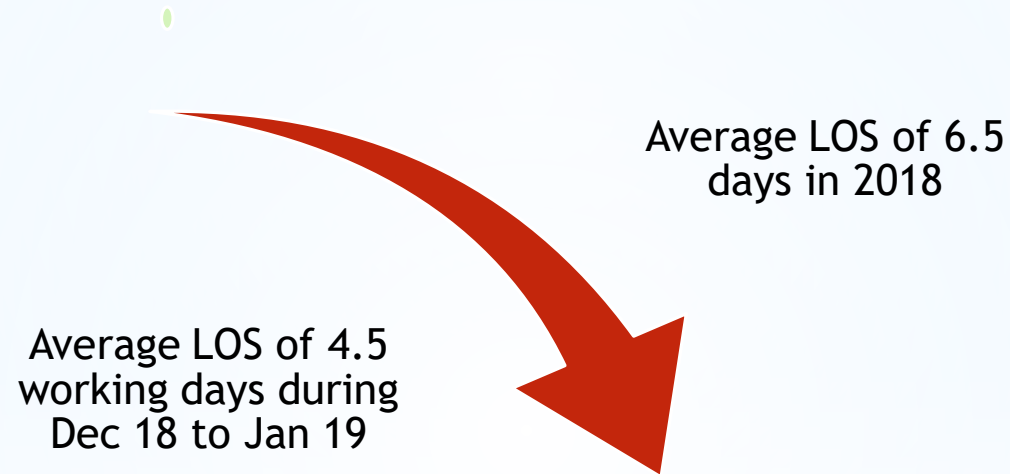


**Total Percentage of Missed contacts
in January 2019**



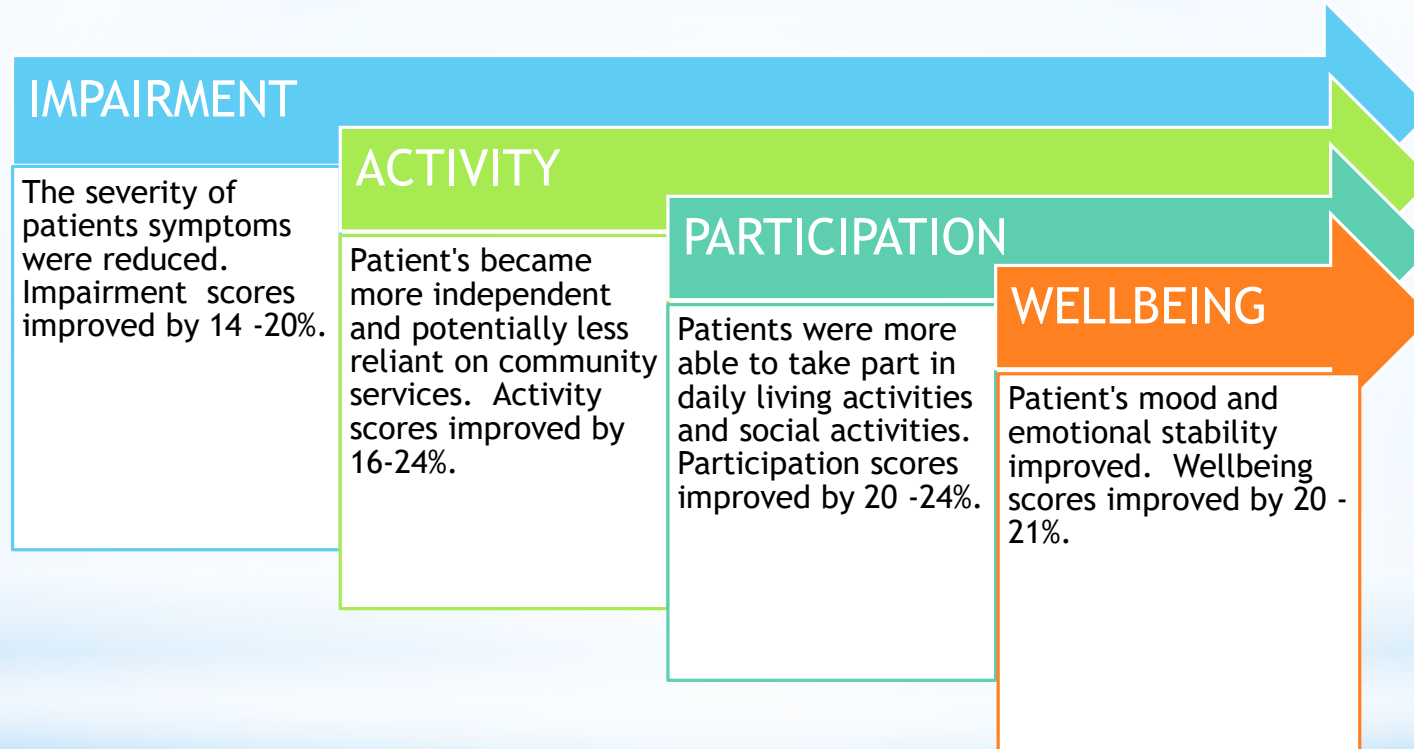
Missed
Contacts
fell by
over 20%

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

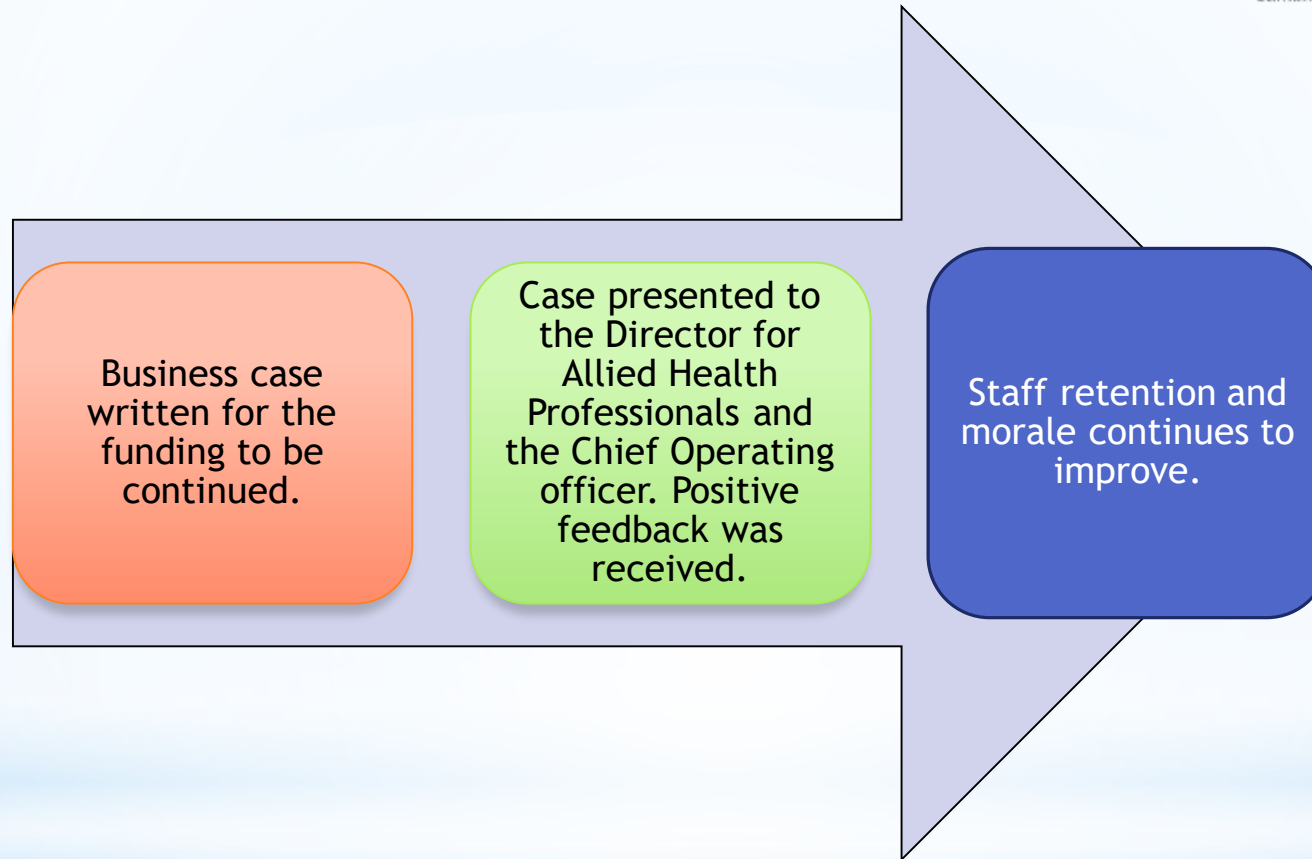


Scores were compared on admission and discharge and percentage of improvement or deterioration was calculated.

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?



* Questions???