An Inpatient Journey/Visual Management Rapid Improvement Event took place in Our Lady’s Hospital, Navan from March 19th to 22nd having been preceded by two other information sessions on “Red2Green” and Visual Management. With the assistance of Fiona Keogan and Eithne Mullen of the IEHG Service Improvement Team, Team Leads Orla Dowling and Ann Lister led a very well prepared for and attended event. The team were delighted with the commitment and representation from team members and visitors during a week which formed a comprehensive completion plan towards our #journeytobettercare.

Included in the plans are early identification of the “Golden patient” who can go home before 12.00pm, improved communication inhouse, the commencement of early morning daily ward huddles, a plan to schedule and structure ward rounds and regular updating of the ward boards in the hub to ensure as “live” a system as possible.

A comprehensive communication and education plan was devised incorporating the 4 questions patients will be encouraged to ask to their rounding medical teams:

1. Do I know what is wrong with me or what is being excluded?
2. If my recovery is ideal and there is no unnecessary waiting, when should I expect to be going home?
3. What is going to happen now, later today and tomorrow to get me sorted out?
4. What do I need to achieve to get home?
GLOSSARY OF TERMS

**RIE = Rapid Improvement Event**—a week long event aimed at rapid delivery of a service improvement identified during the VSA

**Red2Green** = ‘Red days’ are defined as those days that fail to contribute to a patient’s discharge from hospital. By working better together, we can reduce red days in favour of value-adding ‘green days’.

**VISUAL HOSPITAL** = The key to managing patient flows is to make them and the work visible. This begins on admission as the team establishes a plan for all the expected steps right through to discharge for each patient. Displaying this on a whiteboard helps the team to see whether the planned steps were completed on time and captures the reason for the delays. Action can then be taken to get back on track. Collecting the status of patients that are nearly ready to go home at regular intervals during the day on a central Visual Hospital (our hub) board helps to trigger the necessary actions to ensure they go home on time in order to free up enough beds for incoming patients.

**REPORT OUT**

TEAM LEADS ORLA DOWLING AND ANN LISTER

ROSEANNE KILEEN

PAULA LAWLER AND KEN FITZGIBBON

NIALL KELLY, DR. BOURKE, DR. MAZEN AND HILDA RUSSELL

Deep in thought!
On Wednesday 6th March, the hospital VTE Group in association with Thrombosis Ireland held a hugely successful patient and staff education day. The patient event was over subscribed with in excess of 40 patients attending. The event was opened with a very moving and personal address from Ann Marie O’ Neill, founder of the charity Thrombosis Ireland. This was followed by a very informative talk from Dr. Su Maung on blood clots and how they happen. Dr. Ashish Mittal explained atrial fibrillation and stroke treatment in a very patient friendly manner. The final talk was on anticoagulant medication and was delivered by Oran Quinn, Chief Pharmacist, who was inundated with medication queries from the audience. There was great interaction from the patient group with all the speakers.

In the afternoon, the staff session was delivered to a packed audience. The hospital VTE Group continues to implement the HSE recommendations to reduce the incidence of Hospital Acquired Thrombosis (HAT) by promoting the completion of the VTE risk assessment, implementing standardised prophylaxis regimes and revising the medication record to aid compliance in the completion of thromboprophylaxis and completion of monthly VTE audits.

We look forward to welcoming Ann Marie O’Neill and Thrombosis Ireland back to OLHN in September to continue with our education programme. More information on the HSE recommendations and Thrombosis Ireland can be accessed below.


http://thrombosisireland.ie/about/
On 26th February our OLHN Frailty Educators, led by Edwin Maralit held a Frailty Education programme for staff. 17 MDT staff attended and the feedback was very positive. The philosophy of the programme is based on belief that education increases knowledge and skills of healthcare and social professionals, by enhancing the understanding of frailty and frailty assessments, it would ensure early recognition of frailty, improved healthcare management, and better health outcomes for frail older adults. Further events are planned for Thursday 2nd May, Thursday 27th June, Thursday 26th September.

WHAT ARE YOU GOING TO START DOING AFTER ATTENDING THE PROGRAMME?

“More mindful of frailty risk factors / complete assessment”
“Be much more aware of the complexity of frailty and poly-pharmacy”
“Continue to promote early identification of frailty and appropriate care planning”
“Championing of frailty”
“Creates awareness of the frail elderly – earlier recognition”
“Promote Frailty Programme to Colleagues”
“Explore the links between hospital & community for communication & reconciliation”
“Review patient’s medication; use language that is more appropriate.”
“Look for opportunity to try send patient’s home early.”
“Looking at frailty as concept among my patient and that is a concept that can be reversed or improved on.”
“Awaiting for referrals to come in from hospital looking at the way I perform my tasks & adjust as to benefits to the patient.”

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The 60 day Frailty report out took place on Tuesday 26th March. There was great attendance from across both the acute and community sectors and we were delighted to invite Liz Sargeant from the UK along with our IEHG leads Fiona Keogan and Eithne Mullen. The NAVFIT team is still currently only a pilot team consisting of a Senior Physiotherapist and Senior Occupational Therapist with all patients over 75 years now being screened in both ED and MAU for frailty. ED are now carrying out their screening on iPMS since 28/1/19 and an alert system is up and running which automatically alerts the NAVFIT team via email when a frail patient is identified and a Comprehensive Geriatric Assessment (CGA) is indicated. We hope to have the same iPMS screening implemented soon into MAU. Results to date have shown that of those over 75 year olds who have had CGAs done, 51% are being discharged home. Results also demonstrated our ever growing older population with 43% of patients who had CGAs to date over 85 years of age.

Improved communication channels have been set up between the community and acute sectors as demonstrated by Siobhan Stafford (ADPHN – Meath Primary Care) and Dr Wann (GP) updated us on the Rapid Access clinic. Both herself and Dr Bourke have secured Beaufort house as a location for these clinics and are currently putting plans in place to start a pilot of this.

Significant work is also on going in designing a frailty booklet and information leaflets and posters which we hope to soon display around the hospital.

We hope to further drive this new frailty intervention over the coming months and look forward to presenting further data at our 90 day report out.
The Pledge Tree for our Frailty Programme is an Autumn Tree, as frailty tends to come to us in the Autumn of our lives.

Our initiative is for the frail elderly of our catchment area, and so our tree is in the shape of County Meath.

Interestingly, Navan is situated geographically almost at the Centre of the County, and here on our tree, in Navan, is located the image of the magnet that we use on our whiteboards, to represent referral to the frailty intervention team. Here it represents not so much the ‘fit’ team or the individuals involved, but more so it signifies that here in our Lady’s Hospital - in the heart of our County and at the heart of our project - is the starting point for patients, where they begin to be identified and assessed, and the supports that they need can be developed around them.

Our frailty programme is based on the concept of caring and of reaching out to individuals. This is captured in the trunk and branches of our tree, which portrays a reaching out to patients right across the county, to bring this initiative to them. The concept of ‘reaching out’ also relates to the building of relationships and networks between staff in our lady’s hospital and colleagues based in all of the community settings in our catchment area, working together as we have been doing from the outset of this journey, to enhance the care which can be provided to the frail elderly population of County Meath.

As the tree can only be positioned in one location, posters of the tree will be developed for the relevant departments within the hospital, and for the community settings which request them, so that staff in all areas can be united in posting their pledges regarding the care they will commit to providing for this patient group. Anne Jones, OLHN, March 2019

The seed for this tree came from the RIE but a big thank you to Anne for her design, template and artwork and to David Corcoran, our very talented carpenter who cut it out.
LIZ SERGEANT OBE VISIT

OLHN were delighted to receive a visit on Tuesday 26th March from Liz Sargeant OBE, Clinical Lead H&S care integration and AHP’s for the NHS Improvement Emergency Care Support Team. Liz carried out a workshop after the Frailty report out and asked that OLHN deliver more discharges to home on the resources we have by working together. She asked that we be imaginative and evaluate what we do with a view to new investment following our efforts, as we will have the evidence of our impact and our unmet needs based on facts not assumptions. She challenged us to embrace risk, “walk in the shoes” of our elderly patients, learn from other centres and respectfully challenge each other with a view to always thinking homefirst.

https://fabnhsstuff.net/fab-stuff/developing-home-first-mindset-liz-sargeant

Following on from the workshop Liz visited the Bed Hub and Female Medical in the afternoon and introduced us to a method to approach weekly discussion of patients with a greater than 7 or 14 day length of stay.

She is pictured below sitting among some of the team who joined the discussion.

“PEOPLE DON’T CARE HOW MUCH YOU KNOW UNTIL THEY KNOW HOW MUCH YOU CARE “

#journeytobettercare