End PJ Paralysis

Get up, get dressed, get moving

NHS

Sussex Community

NHS Foundation Trust

Getting Up, Dressed & Moving to get Home

Steffi Bailey, October 2024

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Excellent care at the heart of the community

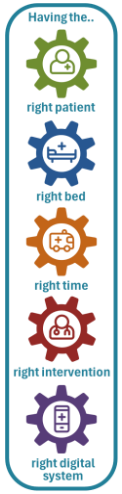
Scene Setting

SCFT – 13 Intermediate Care Units (ICU's)

282 Bed base across Sussex

Providing a period of rehabilitation and recovery to older adults with moderate to severe levels of frailty

Rehabilitation Transformation Lead, background Advanced Practice Physio



Where it all began..

The needs of patients who might benefit from being admitted to our ICUs has changed in recent years.

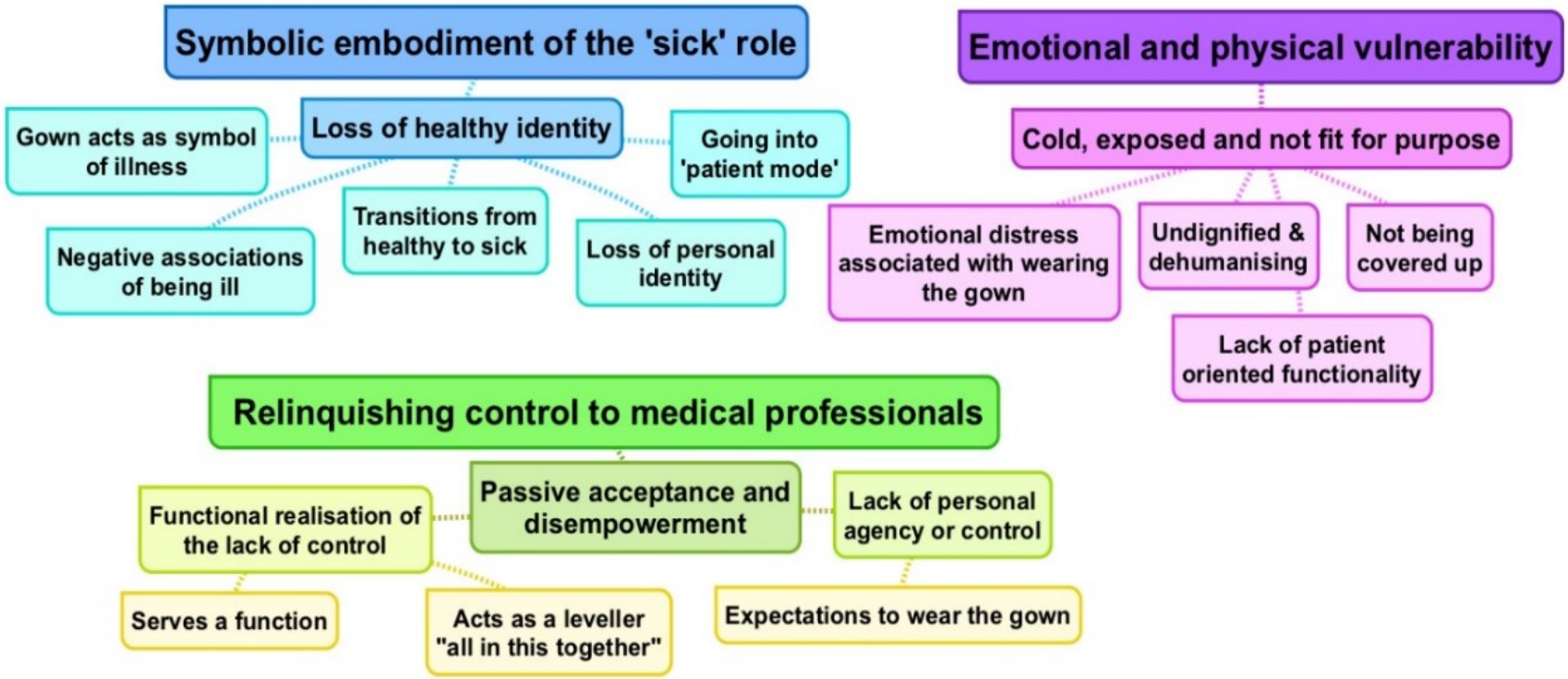
To be assured we were making best use of our beds for these patients, SCFT's Community Beds Optimisation Programme reviewed our community bed provision.

Between Oct-Nov 2021, an audit was undertaken to understand if patients were being admitted outside of the existing admission criteria, to review the quality of therapy and nursing care plans, and to gain an understanding of MDT working.

Lets start with a quiz…

The Hospital gown…

Morton, Cogan *et al* (2020) Brit J Health Psychology
Baring all: The impact of the hospital gown on patient well-being



Taken from a presentation by Brian Dolan

Pre-Implementation Audit

- Audit of each ICU revealed that
  - 55% were dressed in their own clothes
  - 83% out of bed for lunch

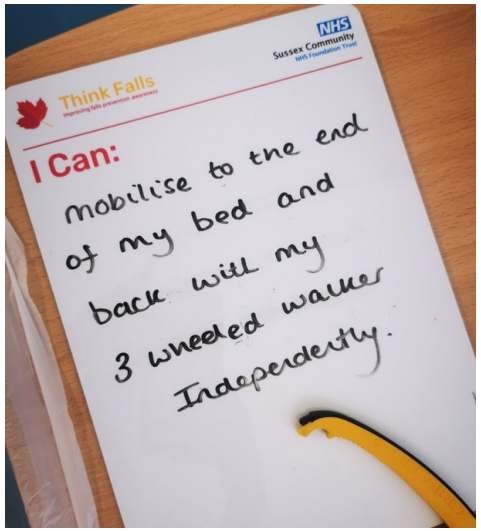
July 2022 – Launched the Trust-wide campaign

The campaign

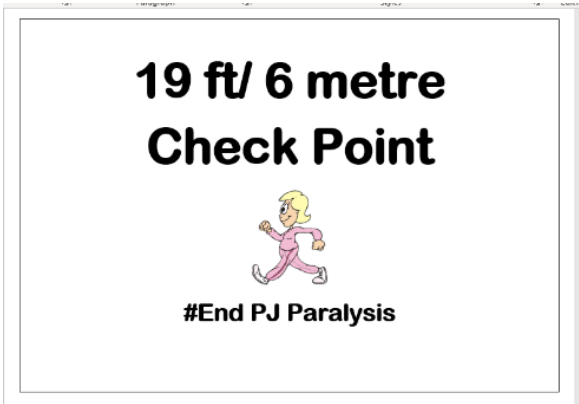
Education of staff – bite size sessions

Discussion with patients family/carers regarding clothes, shoes, toiletries as part of the welcome meeting

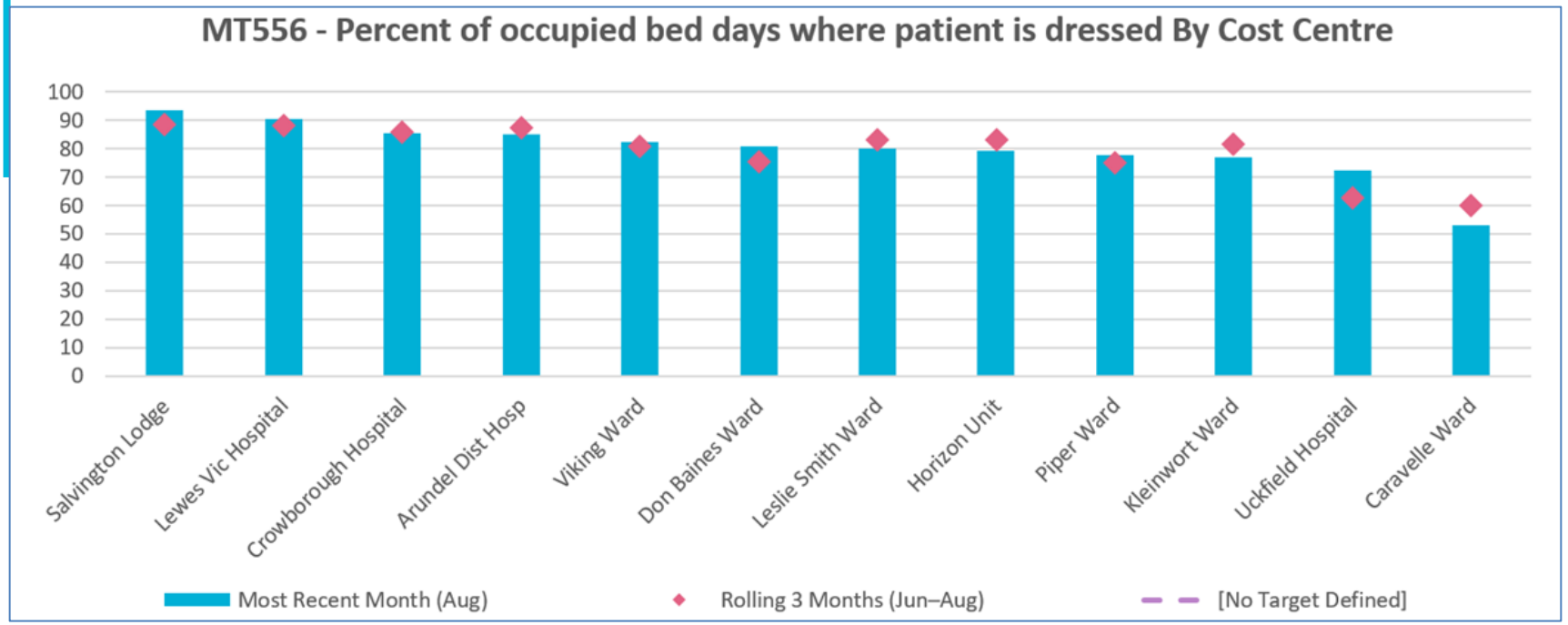
Goal setting – use of I Can.. Board

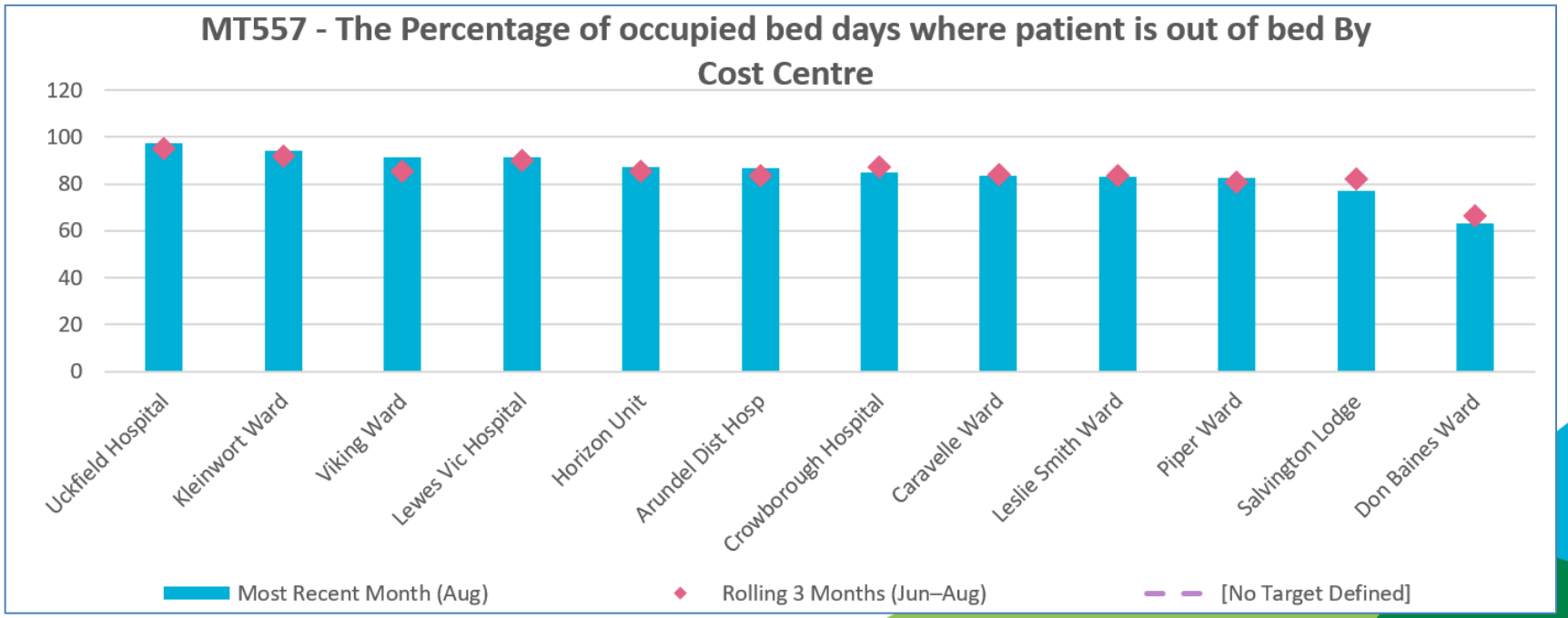


Mobility Milestone Posters displayed on the wards



Feedback obtained from staff and patients


MT556 - Percent of occupied bed days where patient is dressed By Cost Centre
100
90
80
70
60
50
40
30
20
10
0
Salvington Lodge
Lewes Vic Hospital
Crowborough Hospital
Arundel Dist Hosp
Viking Ward
Don Baines Ward
Leslie Smith Ward
Horizon Unit
Piper Ward
Kleinwort Ward
Uckfield Hospital
Caravelle Ward
Most Recent Month (Aug)
Rolling 3 Months (Jun–Aug)
[No Target Defined]


MT557 - The Percentage of occupied bed days where patient is out of bed By Cost Centre
120
100
80
60
40
20
0
Uckfield Hospital
Kleinwort Ward
Viking Ward
Lewes Vic Hospital
Horizon Unit
Arundel Dist Hosp
Crowborough Hospital
Caravelle Ward
Leslie Smith Ward
Piper Ward
Salvington Lodge
Don Baines Ward
Most Recent Month (Aug)
Rolling 3 Months (Jun–Aug)
[No Target Defined]

Celebrating Good Practice

Bed Optimisation Workstreams

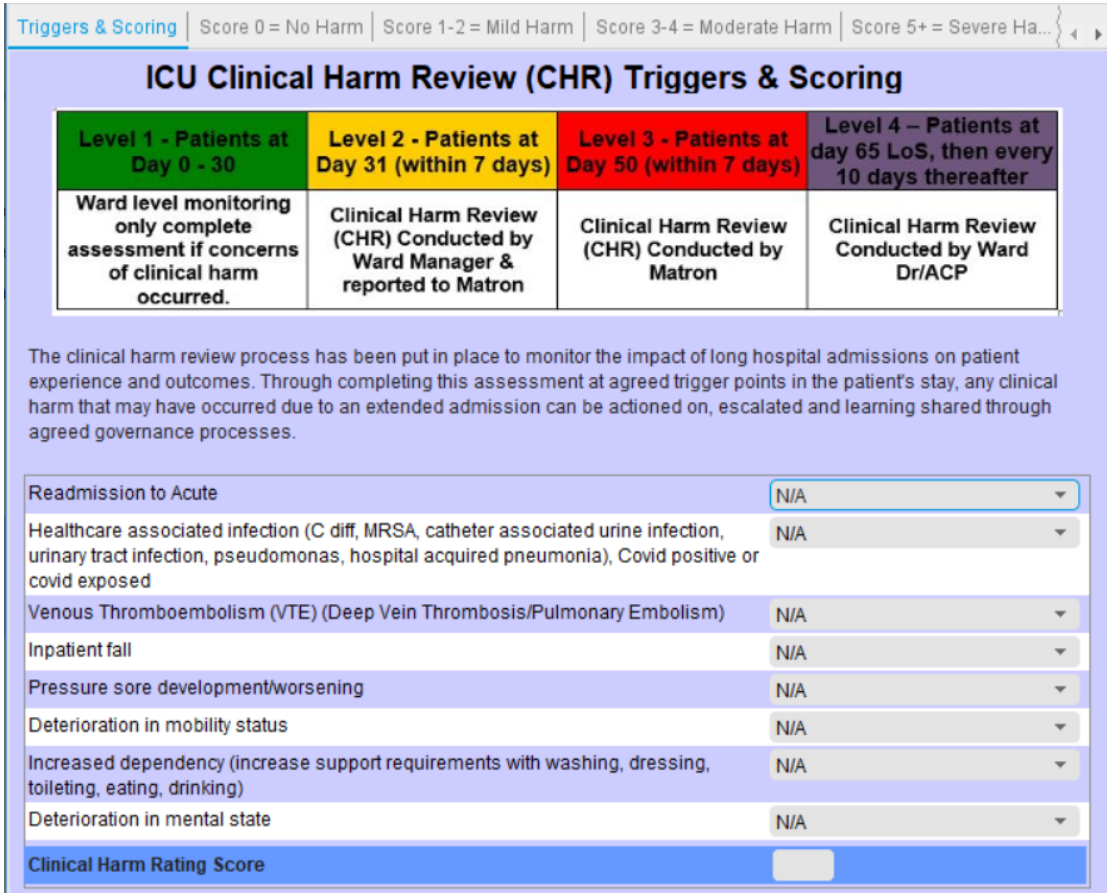
- Long Outlying Length of Stay meeting
- Right Ward
- Develop Rehab and Recovery Standards
- Discharge Support Assistant role
- Improved visibility to real time ICU data
- Clinical Harm review
- End PJ Paralysis
- Understanding patient need
- Rehab Skills Development
- Discharge Follow up volunteer service

Having the..
right patient
right bed
right time
right intervention
right digital system

Our ICU Rehab, Recovery & Palliative Care Standards

- To ensure we are working towards improving the patient experience and population health and well-being by:
- **Delivering high quality, evidence-based rehabilitation within our Intermediate Care Units**
- **Reducing variation in the service offered to our patients across the Units.**
- **Promoting early, supported discharge from hospital, ensuring care and rehab is delivered at home wherever possible.**
- These recommendations are aimed at a patients and their families, clinicians, and managers, as well as policy makers and commissioners.

Clinical Harm Reviews



Triggers & Scoring | Score 0 = No Harm | Score 1-2 = Mild Harm | Score 3-4 = Moderate Harm | Score 5+ = Severe Ha...

ICU Clinical Harm Review (CHR) Triggers & Scoring

Level 1 - Patients at Day 0 - 30	Level 2 - Patients at Day 31 (within 7 days)	Level 3 - Patients at Day 50 (within 7 days)	Level 4 – Patients at day 65 LoS, then every 10 days thereafter
Ward level monitoring only complete assessment if concerns of clinical harm occurred.	Clinical Harm Review (CHR) Conducted by Ward Manager & reported to Matron	Clinical Harm Review (CHR) Conducted by Matron	Clinical Harm Review Conducted by Ward Dr/ACP

The clinical harm review process has been put in place to monitor the impact of long hospital admissions on patient experience and outcomes. Through completing this assessment at agreed trigger points in the patient's stay, any clinical harm that may have occurred due to an extended admission can be actioned on, escalated and learning shared through agreed governance processes.

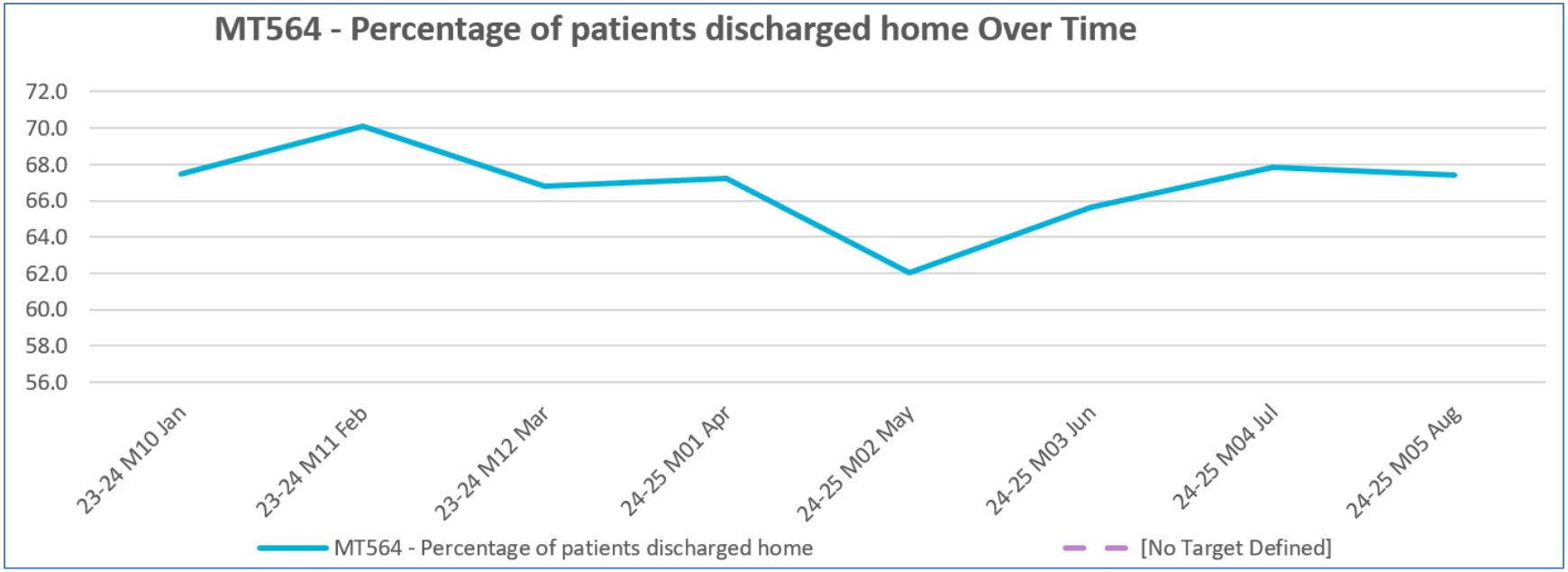
Readmission to Acute	N/A
Healthcare associated infection (C diff, MRSA, catheter associated urine infection, urinary tract infection, pseudomonas, hospital acquired pneumonia), Covid positive or covid exposed	N/A
Venous Thromboembolism (VTE) (Deep Vein Thrombosis/Pulmonary Embolism)	N/A
Inpatient fall	N/A
Pressure sore development/worsening	N/A
Deterioration in mobility status	N/A
Increased dependency (increase support requirements with washing, dressing, toileting, eating, drinking)	N/A
Deterioration in mental state	N/A
Clinical Harm Rating Score	

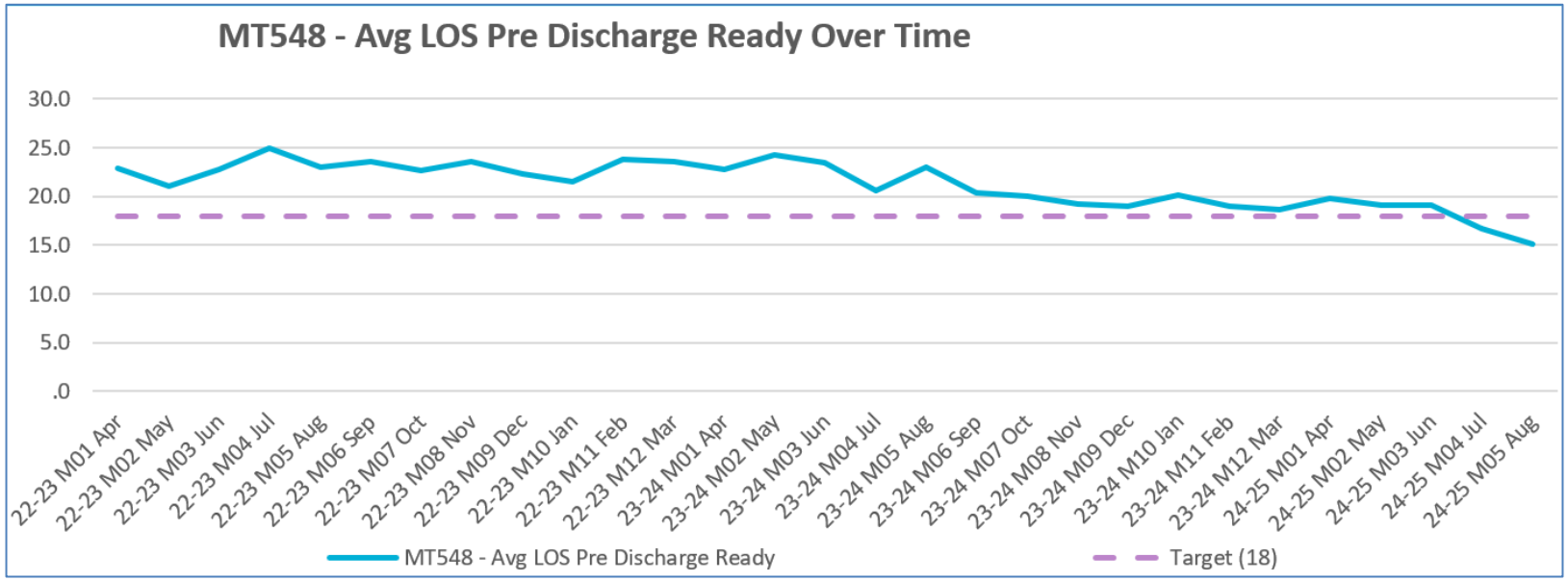
Score 0 = No Harm - Summary and Actions

Score 1-2 = Mild Harm - Summary and Actions

Score 3-4 = Moderate Harm - Summary and Actions

Score 5+ = Severe Harm - Summary and Actions


MT564 - Percentage of patients discharged home Over Time
72.0
70.0
68.0
66.0
64.0
62.0
60.0
58.0
56.0
23-24 M10 Jan
23-24 M11 Feb
23-24 M12 Mar
24-25 M01 Apr
24-25 M02 May
24-25 M03 Jun
24-25 M04 Jul
24-25 M05 Aug
MT564 - Percentage of patients discharged home
[No Target Defined]


MT548 - Avg LOS Pre Discharge Ready Over Time
30.0
25.0
20.0
15.0
10.0
5.0
.0
22-23 M01 Apr
22-23 M02 May
22-23 M03 Jun
22-23 M04 Jul
22-23 M05 Aug
22-23 M06 Sep
22-23 M07 Oct
22-23 M08 Nov
22-23 M09 Dec
22-23 M10 Jan
22-23 M11 Feb
22-23 M12 Mar
23-24 M01 Apr
23-24 M02 May
23-24 M03 Jun
23-24 M04 Jul
23-24 M05 Aug
23-24 M06 Sep
23-24 M07 Oct
23-24 M08 Nov
23-24 M09 Dec
23-24 M10 Jan
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23-24 M12 Mar
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24-25 M03 Jun
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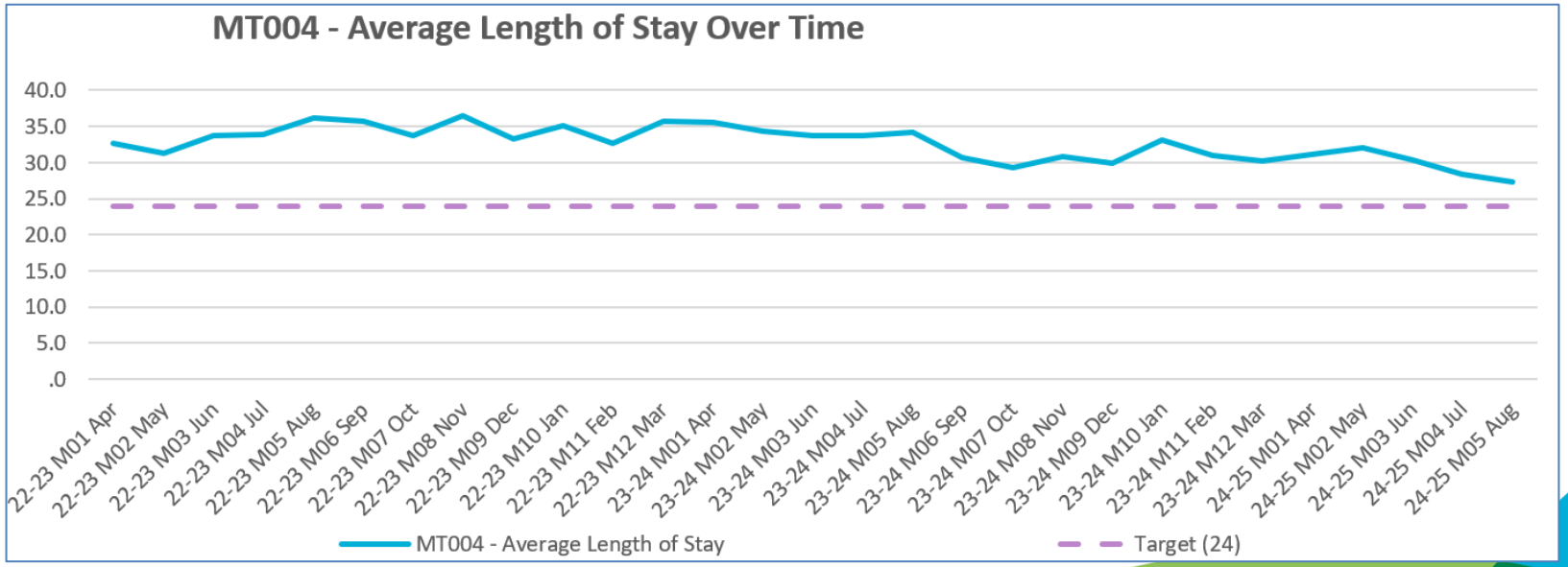
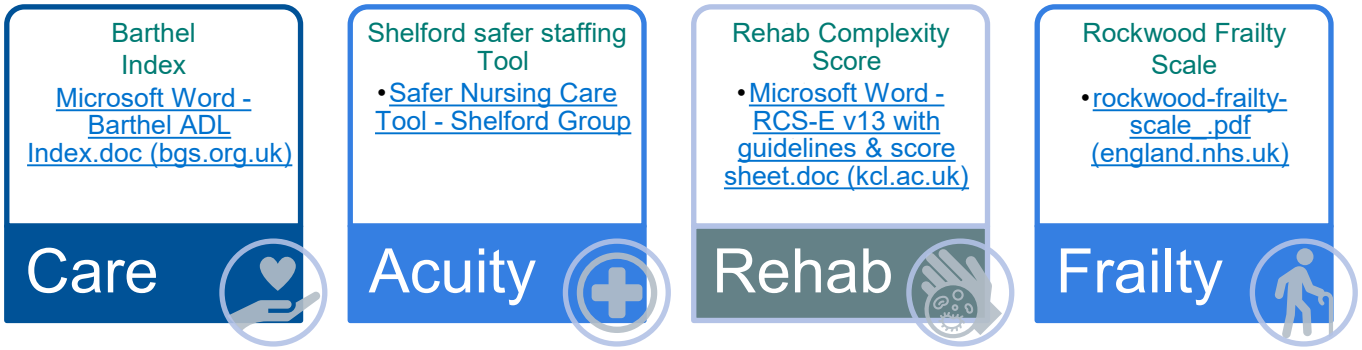
MT548 - Avg LOS Pre Discharge Ready
Target (18)


MT004 - Average Length of Stay Over Time
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
.0
22-23 M01 Apr
22-23 M02 May
22-23 M03 Jun
22-23 M04 Jul
22-23 M05 Aug
22-23 M06 Sep
22-23 M07 Oct
22-23 M08 Nov
22-23 M09 Dec
22-23 M10 Jan
22-23 M11 Feb
22-23 M12 Mar
23-24 M01 Apr
23-24 M02 May
23-24 M03 Jun
23-24 M04 Jul
23-24 M05 Aug
23-24 M06 Sep
23-24 M07 Oct
23-24 M08 Nov
23-24 M09 Dec
23-24 M10 Jan
23-24 M11 Feb
23-24 M12 Mar
24-25 M01 Apr
24-25 M02 May
24-25 M03 Jun
24-25 M04 Jul
24-25 M05 Aug
MT004 - Average Length of Stay
Target (24)

Future work to better understand patient need

To better understand the needs and complexity of patients residing in our ICU's, to provide more objective stratification of patient presentation, to support clinical decision making and to inform workforce requirements for both bedded and non-bedded pathways of care.

Objectively measure criteria to reside scoring – a national reportable measure for all community hospitals



Thank you

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