

PENINE ACUTE HOSPITALS NHS TRUST

# ACUTE PHYSIOTHERAPY SERVICE IMPROVING PATIENT FLOW AND EXPERIENCE

## SUMMARY

- Inpatient physiotherapists across all sites of Pennine Acute Hospitals NHS Trust have been rethinking their approach to patient management following involvement in a collaborative project with the Department of Health's Emergency Care Intensive Support Team (ECIST)
- As part of a wider Trust project, inpatient physiotherapists reviewed their approach to clinical reasoning for patients in the acute setting and took a cross-site approach to improve patient flow
- The project, managed within existing resources, achieved increases in numbers of patients assessed and discharged by physiotherapy, and falling overall bed occupancy rate, despite increases in hospital admissions
- Complaints and incidents reported within the physiotherapy service have reduced
- Physiotherapy staff report increased job satisfaction and improved engagement with other staff groups



From left to right, Physiotherapy Team: Kathryn Munir, Kelly Brooks, Divya Kumar, Heather Neary, Lynda Muthappan, Andy Swann, Rashmi Sharma, Andy Stables, Liz Hall.

## KEY OUTCOMES

- Physiotherapists have been proactive in wider site issues welcoming challenges to practice and constructively challenging the Trust through different forums e.g. unscheduled care meetings. The Physiotherapy management team have developed an audit tool that maps the patient pathway holistically looking at clarity and appropriateness of diagnosis, management plan, investigations, transfers and discharge planning. Further project are planned for 2011 for example, setting standard and aspirational EDDs for particular patient pathways for example rehabilitation

## Organisational Performance:

Medical Admissions Oldham site:  
2008/9 = 1065 – 1230 per month

Medical Admissions Oldham site:  
2009/10 = 1149 – 1355 per month

Bed Occupancy rate Oldham site  
Jan- June 2008/9 = **81-94%**

Bed Occupancy rate Oldham site  
Jan – June 2009/10 = **75-95%** - From  
25th April – 20th June consistently below  
**83% despite increased admissions.**

## Physiotherapy Performance:

New Medical Patients Assessed  
Oldham Site 2009 = **1130**

New Medical Patients Assessed Oldham  
Site 2010 (January – November) = **1374**

(predicted 25% increase in patient  
assessment productivity for the full year)



## Reported incidents in Physiotherapy:

Oldham Site 2008 = 59

Oldham Site 2010 = 33

Overall reduction with 50% decrease  
in patient falls and 70% reduction in  
staff accidents due to manual  
handling. Increases in reporting delays  
in discharge due to other factors e.g.  
equipment provision, wheelchairs etc.

## Complaints Investigated

50% reduction in patient complaints to  
be investigated by physiotherapy at  
Oldham site 2010 compared with 2008  
and 2009.

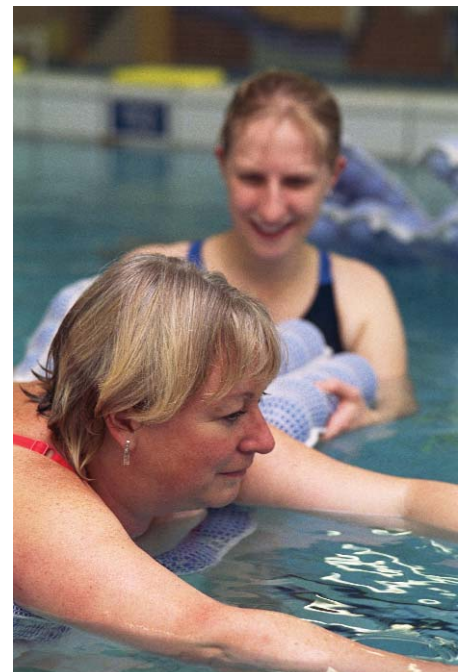
## Staff quotes:

Lynda Muthappan and Gemma Ainsworth Physiotherapy Team Leaders in Medicine said, "The introduction of ECIST has enabled us to look at what we do empirically and challenge inefficiencies. Working alongside the multidisciplinary team we ensure that discharge plans are timely and effective to meet the needs of the patient. Having an 'Expected Date of Discharge' to work towards allows the team to focus on collective goals and prevents unnecessary delays in discharge from hospital. The Physiotherapy team have adapted well to this new way of working which has resulted in more efficient performance. We have finally been able to deliver the service that we've wanted to and been able to achieve this in a short time period."

## KEY LEARNING

- It is important to focus resources in areas of most impact to improve patient flow
- All staff should be clear about their own role and work towards a common goal and there should be a consistent ethos throughout the service (front to back) to maintain momentum

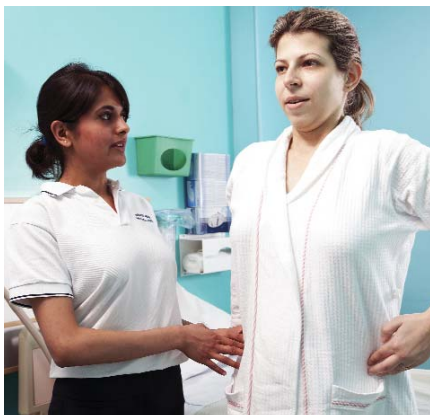
- Supporting a culture of innovation, communication and engagement from all staff is essential. Taking into account differences in individual receptiveness and learning styles is key to success
- Improving patient flow is difficult but achievable and doesn't necessarily require extra resources. Working differently can have a positive effect on the patient and staff experience and does not compromise safety if planned correctly with appropriate monitoring in place
- Continuous reinforcement of change is necessary until 'normalisation' of new practice occurs and to maintain momentum





## BACKGROUND AND CONTEXT

- Pennine Acute Hospitals NHS Trust is a large Trust serving a community of around 800,000 people. It currently operates from four sites; Bury, Oldham, North Manchester and Rochdale providing services for Accident and Emergency, Diagnostics, Medicine, Surgery, Services for Women and Children and Specialist Services e.g. Infectious Diseases.
- The Acute Physiotherapy Service provides assessment of physical function and rehabilitation, acting as discharge enablers to inpatients within all specialties of the Trust, supporting the Trust to achieve its objectives
- The Department of Health Emergency Care Intensive Support Team (ECIST) was invited to the Trust at the end of 2009 because of high bed occupancy, consistently more than 100 patients in medicine with a length of stay of greater than 15 days, and failure to meet the 4 hour emergency access target
- The aim of the ECIST project was to challenge services within the Trust to provide the components of ideal care i.e. safety, flow and reliability so that patients received the **Right Care at the Right Time and in the Right Place**



- The key challenges from a physiotherapy perspective were to:
  - o Engage staff in the project by increasing awareness and addressing concerns about patient safety
  - o Ensure staff clinical reasoning skills were 'fit for purpose' in terms of increasing patient flow, risk assessment, and predicting outcomes of management options quickly and accurately
  - o Engage with the Medical Division to demonstrate our value as providers of ideal care

## WHAT WAS DONE

### Work undertaken

- The concept of 'Expected Discharge Date' and 'Internal Professional Standards' were introduced by the ECIST team at a challenge event in March 2010
- Physiotherapy took a cross-site collaborative approach in response to the challenge and was the first service to write Internal Professional Standards in April 2010, with supporting documentation guidelines and an audit tool. The Physiotherapy template and audit tool were adopted by other services across the Trust when developing their standards
- The Internal Professional Standards set out the expected response times from referral to assessment, the role of the physiotherapist, and responsibilities for communication and provision of solutions to meet the Expected Date of Discharge (EDD) for all patients
- Physiotherapy resources were focused on the fast flow ward which

had a standard EDD of 72 hours. This was the point in the 'average' patient journey where it was perceived that physiotherapy would have the most beneficial impact

- Physiotherapy teams were engaged through introductory training sessions, team reviews, audit and feedback, case study discussions and peer review. A Dragon's Den competition was introduced to seek out innovative ideas for service improvements within safety, flow and reliability from all staff grades
- The introduction of evidence-based criteria helped staff to improve the effectiveness of treatments, and to explain to the MDT which referrals to physiotherapy would result in measurable benefits to patients
- The work was undertaken within current resources and time released by changing the culture and structure of the service provided



## Milestones achieved in the first 10 months:

- **March 2010:** ECIST - AHP Challenge
- **April 2010:** Meeting with Physiotherapy Team Leaders, Internal Professional Standards Set, Dissemination sessions for staff including new documentation to support Department of Health recommendations and the Internal Professional Standards
- **May 2010:** Move resources to focus physiotherapy on 72 hour wards. Baseline Audit of Internal Professional Standards. Attend weekly length of stay meetings
- **June 2010:** Dragon's Den Competition. Team reviews commenced. Audit Feedback. Further training sessions
- **July 2010:** Audit Action plan and Review Internal Professional Standards (version 2)
- **August 2010:** Poster presentation for second Trust Challenge Day

- **September 2010:** Internal Professional Standards Trust Launch Day – Physiotherapy presentation. Internal case study reviews. Cross site re-audit IPS
- **October 2010:** Monthly audit IPS initiated. Paired clinician audits. Best Practice Visit to External Trust
- **November 2010:** Data analysis for trends etc.
- **December 2010:** Site for National ECIST Best Practice Study Day – Physiotherapy presentation

## KEY CHALLENGES

- As Pennine Acute Hospitals NHS Trust has four sites it was important to ensure cross-site consistency in physiotherapy practice. Actions to ensure consistency have included:
  - o Cross-site approach from the physiotherapy site leads for processes such as setting standards, documentation and audit

- o Team leaders have spent time working and auditing on each of the sites including peer review
- Overcoming perceptions of risk has been one of the main challenges. The general culture has been risk averse with tight governance arrangements for patient safety. Staff had concerns that patients would experience unsafe discharge if flow was increased. This has been managed through the introduction of documentation for risk assessment in the event that there were concerns about the discharge. In reality this has been used rarely. In addition team leaders have brought case studies for discussion and the site leads have performed structured team reviews with opportunity for discussion of practice and concerns



## CONTACT FOR FURTHER INFORMATION

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