Good to Go: Enhancing care transfers from hospital to home for older people with complex needs

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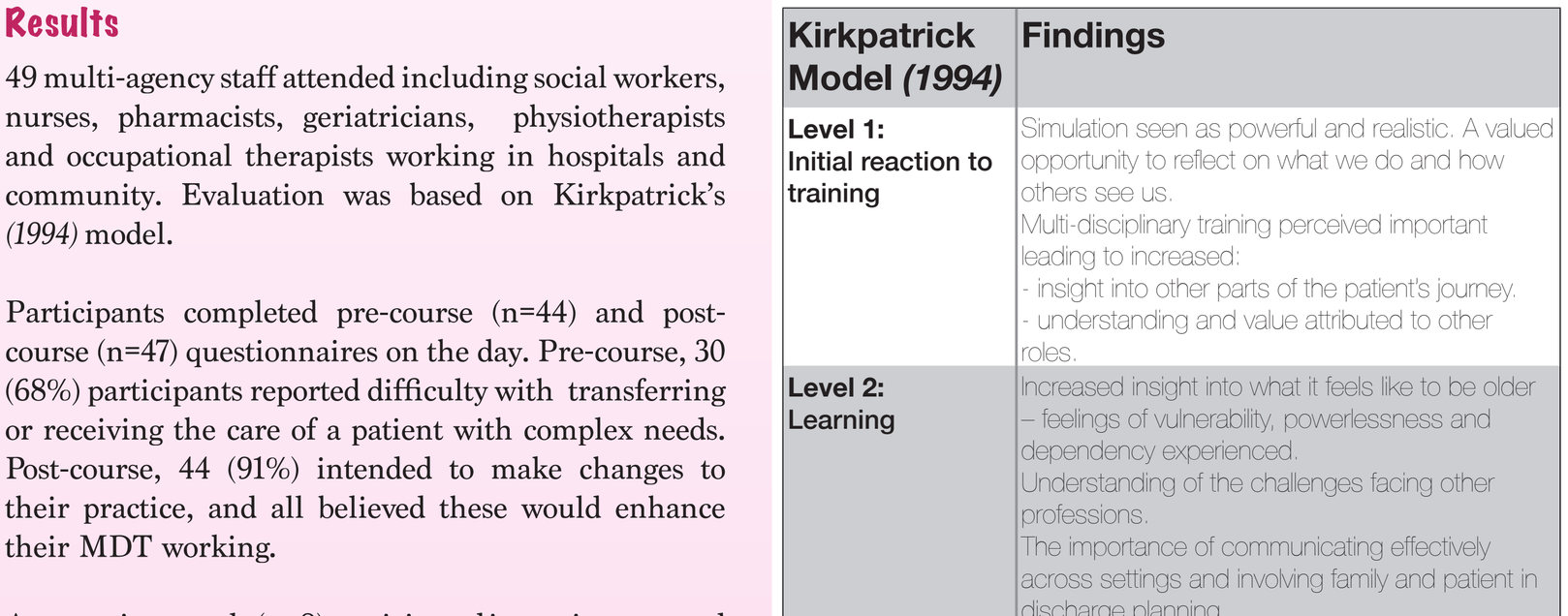
Introduction

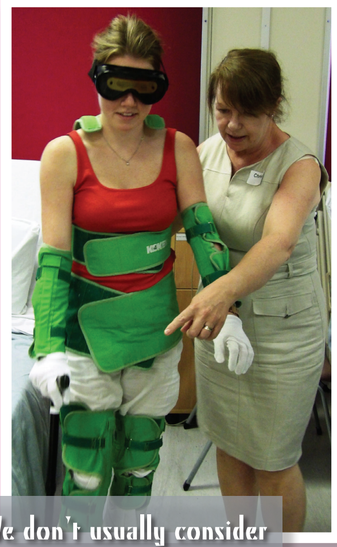
With an ageing population, older people are now more likely to live with complex co-morbidities, disability and frailty, requiring multiple services. Care transfers from hospital to home for older people with complex needs should be person-centred with effective multi-disciplinary teamwork *(Bolsch et al. 2005)*, but are a challenge nationally. 'Good to Go' was developed as part of a programme of work to enhance care transfers within Southwark and Lambeth Integrated Care (SLIC).

Findings from a literature review of best practice, a patient survey and a staff scoping exercise indicated the need to better understand integrated care. There was strong support for inter-professional simulation training, which can improve understanding of each profession's role *(Tofil et al. 2014)*.

Aims

- To draw upon shared experience and knowledge to promote best practice for safe care transfers across a range of settings.
- To enhance discharge planning skills including effective communication, assessment and evaluation of needs and the ability to work within a multi-agency, multi-professional arena.





"The suit made it hit home. We don't usually consider the way people feel, how it feels to be elderly. We usually just take it as a given, it really hit home." (Discharge Manager)

Method

The course design reflected a patient journey from hospital to community care, based on experiences local people described. It was aimed at health and social care professionals whose roles involved care transfers of older people.

The course consisted of mixed-modality simulation activities including use of actors and the opportunity for learners to experience the consequent challenges older people face in performing everyday tasks through wearing a suit which replicates physical constraints i.e. reduced movement, vision and hearing.

Six courses (June-September 2015) were funded by a local education board. There was no backfill for course participants so engagement with key stakeholders was essential for enabling attendance.

Results

49 multi-agency staff attended including social workers, nurses, pharmacists, geriatricians, physiotherapists and occupational therapists working in hospitals and community. Evaluation was based on Kirkpatrick's *(1994)* model.

Participants completed pre-course (n=44) and post-course (n=47) questionnaires on the day. Pre-course, 30 (68%) participants reported difficulty with transferring or receiving the care of a patient with complex needs. Post-course, 44 (91%) intended to make changes to their practice, and all believed these would enhance their MDT working.

A purposive sample (n=9) participated in semi-structured interviews exploring perceived application and impact on practice – see emerging themes in table.

"The course furthered my awareness of MDT working during the discharge process." (Physiotherapist)

Kirkpatrick Model *(1994)*	Findings
Level 1: Initial reaction to training	Simulation seen as powerful and realistic. A valued opportunity to reflect on what we do and how others see us. Multi-disciplinary training perceived important leading to increased: - insight into other parts of the patient's journey. - understanding and value attributed to other roles.
Level 2: Learning	Increased insight into what it feels like to be older – feelings of vulnerability, powerlessness and dependency experienced. Understanding of the challenges facing other professions. The importance of communicating effectively across settings and involving family and patient in discharge planning.
Level 3: Application of learning (behaviour)	Changes in communication with patient and family: - more empathetic - change in the tone of voice, less patronising - more inclusive and providing more information - reducing anxiety of family and understanding reasons behind non-compliance with plan. Changes in functioning of multi-disciplinary team: - making use of wider range of services - contacting services earlier in the planning process - more attentive and tolerant of different perspectives.
Level 4: Results and outcomes	Staff reported learning shared with wider team. Learning and insight has helped shape new initiatives: - planning for transfer of ITU patients at night - trial of band 4 discharge co-ordinator - developing food package

Discussion

The course aims were achieved with positive evaluation. The inter-professional learning led to the building of professional relationships and improved understanding of each other's roles.

One course was poorly attended due to late dropouts and the original project timeline was extended to enable sufficient time for rostering staff attendance.

It was originally hoped to co-deliver the course with patients, relative or carer involvement but this population was difficult to recruit from due to ongoing health issues. This remains an aspiration for future courses.

Conclusions

This inter-professional simulation course was developed from best practice review, local scoping and staff perspectives. Equipping staff with the knowledge and skills to facilitate high quality care transfers for older people in today's challenging context, it strengthens team working across hospital and community settings. The course could be transferred to other settings. A challenge is that staff turnover across London is high but staff could transfer learning to new organisations.

References
1. Bolsch K, Johnston B, Giles L, Whitehead C, Phillips P, Crotty M: Hospital to Home: An integrated approach to discharge planning in a rural South Australian Town. Australian Journal of Rural Health 2005; 13, 91-96.
2. Kirkpatrick DL, Kirkpatrick JD. Evaluating Training Programs: The Four Levels. Berrett-Koehler Publishers; 1994.
3. Tofil N, Morris J, Taylor Peterson D, Watts P, Epps C, Harrington K., Leon K., Pierce C and White M: Interprofessional simulation training improves knowledge and teamwork in nursing and medical students during internal medicine clerkship. Journal of Hospital Medicine 2014; 9(3),189-192.