International Journal of Integrated Care

O Donoghue, M et al 2017 Hardwicke: transition from a surgical ward to an exemplar Specialist Geriatric Ward. *International Journal of Integrated Care*, 17(5): A216, pp. 1-8, DOI: dx.doi.org/10.5334/ijic.3526

CONFERENCE ABSTRACT

Hardwicke: transition from a surgical ward to an exemplar Specialist Geriatric Ward

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

Margaret O Donoghue[1], Grace Corcoran[2], Louise Lawlor[3], Carol Lyons[7], Linda Brewer[4], Alan Moore[4], Una Donnelly[5], Anne Healy[6], Paul Maloney[3], Elaine Moloney[7], Fiona Keogan[8]

1: Department Nutrition and Dietetics, Beaumont Hopsital, Dublin, Ireland;
2: Physiotherapy Department,Beaumont Hopsital, Dublin, Ireland;
3: Occupational Therapy Department, Beaumont Hopsital, Dublin, Ireland;
4: Consultant Geriatrician, Beaumont Hopsital, Dublin, Ireland;
5: Medical Social Work Department, Beaumont Hopsital, Dublin, Ireland;
6: Speech and Language Therapy Department, Beaumont Hopsital, Dublin, Ireland;
7: Departmemt of Nursing, Beaumont Hopsital, Dublin, Ireland;
8: Head of Clincal Services, Senior Executive, Beaumont Hopsital, Dublin, Ireland

Introduction: Beaumont hospital catchment area, North Dublin, has a 20% higher proportion of over 65's and over 85's than the national average. Between 2011 and 2026 it is predicted that there will be a 44% increase in over 65's in this area. (CSO 1996; 2011) In 2015 an external review of Beaumont Hospitals Care of the older person services was completed. A Beaumont hospital improved performance plan was developed with a view to delivering the objectives of the National Clinical Programme for Older People (NCPOP, 2012). The clinical needs of older patientsare substantially more complex than other patient groups. They frequently present with multiple co-morbidities accompanied by functional decline, cognitive deterioration and complex social care needs. Moreover, once hospitalised frail older people are at a higher risk of further deconditioning. Services for older patients should provide access to comprehensive multi-disciplinary team (MDT) assessments and appropriate treatment in the right setting, without unnecessary delay. As part of the Beaumont Hospital improvement performance plan, Hardwicke ward which was historically a surgical ward was chosen to be converted into a Specialist Geriatric Ward (SGW) in June 2015.

Aims: Deliver the patients' care as close to their own home as possible

No patient will spend a night longer in hospital (on Hardwicke) than they need to

Develop an ethos of daily decision making, communication and planning for discharge from admission

Prevent deconditioning by promoting an ethos of independence and therapeutic engagement

Description of practice change implemented

In October 2015, a multidisciplinary clinical subgroup was formed with the aim of supporting the transformation to a SGW. A QI methodology approach was adopted and evidence based Clinical Performance Improvements (CPI's)were generated. This provided structure to our developments, accountability for staff and a formal way to identify gaps and streamline the service. Monthly meetings were held and the subgroup prioritised a number of CPI's for the first year, broadly categorised into:

1. Communication

2. Rehab ethos

Highlights/CPI's: A number of service developments were introduced and are now embedded into daily practice to ensure comprehensive geriatric assessment, rapid access to MDT treatment, clear communication with interdisciplinary goal setting and early decision making to reduce potential delay.

Communication CPI's:

A daily Hardwicke Plan for Every Patient (PfEP) board meeting with full MDT attendance with an emphasis on collaborative discussion regarding outstanding needs, goals and predicted dates of discharge.

A member of the Beaumont Patient Flow team attends the PfEP allowing for early identification and management of potential delayed discharges

Standardised documentation for identification of frailty and referral to the MDT

Improved MDT referral response times to 24hrs

Enhanced pharmacy role delivering in-depth pharmaceutical care (medicines reconciliation and optimisation) and participation in consultant led ward rounds

Promotion of independence and activity to prevent deconditioning

Weekly ward based staff education sessions

Communication boards for self care and functional mobility

Rehab Ethos CPI's

Environmental changes - patient orientation charts and dementia friendly signage

Day room redesign including kitchen installation and homely art-work

Establishment of a Daily Breakfast Club and Cognitive Stimulation Therapy group

Nutrition and Hydration developments: Implementation of the Malnutrition Universal Screening Tool, the Red Mat system and a Plate Pals volunteer programme

Outcome and future: Over the past year Hardwicke has become an exemplar ward in the provision of care of older personsthrough dedication, hard work and belief from a fantastic MDT. We have successfully improved staff satisfaction, reduced length of stay, and created a rehab ethos and a dementia friendly environment. Our focus is now on sustaining, embedding and further streamlining our CPI's, emphasising continued alignment with the NCPOP and

Beaumont Improved Performance Plan. In addition we are now sharing our experiences and learning with other MDT's initially focusing on spreading to a second SGW.

Keywords: specialist geriatric ward; multidisciplinary team