The Acute Care Pathway and the Older Patient

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Hospitals are bad places for old, frail people

Sir David Nicholson, January 2013
Older, frail patients with multiple problems need a different approach. A part of the NHS must be custom-tuned to their needs.

Roy Lilley, The Guardian 29th May 2013
A Complex System Problem
2003 Toyota Corolla
How do others design complex systems?

Toyota Oobeya (Big Room)
First find a room
A place to meet
Let me introduce ‘George’

• 82 years old
• Lives independently and wants to continue doing so
• Widowed 5 years ago
• Has mild dementia
• Daughter lives locally
• Losing weight + poor mobility

PDSA tests of moving from ‘post take’ to ‘on take’

One patient, One day

1 day tests, 3 day test, 7 day test
1 Consultant, 3 Consultants, 8 Consultants, ALL 16 CHANGE JOB PLAN ON 1DAY

GSM PTWR PDSA Cycles- Time From arrival at Hospital to Senior Review
Implementation:

• April 2012
  • Consultant geriatricians ‘on take’ 7 days per week

• May 2012
  • Frailty Unit process initially virtually
  • Frailty Unit opens mid-May

• July 2012
  • Ambulatory care area for work formerly considered to be outpatient
Outcome measure:
34% increase in discharge day 0/1
Outcome measure: Bed occupancy reduced by over 60 beds
Was reduction in bed usage due to reduced admissions? No
Balance measure: Would it have happened regardless?
Balance measure:
No increase in readmissions
Balance measure:
Decreased mortality
CONCLUSION

• Modern health care is complex
• Iterative testing is essential to overcome the complexity
• Redesign by staff with patients
• Process not structure
• Measure
• Health and social care cooperation vital
Thank you

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