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 multidisciplinary teamwork (Bolch 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 (Tolfi 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.

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.

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.