Hospital – the best place to be.

How many times when hearing that a friend or relative is in hospital have we heard the phrase 'At least they are in the right place'. I suspect that many of us have said this ourselves, I know that I have especially when attempting to provide comfort and reassurance.

I want to explore this remark a little further. In many situations, of course hospital is the best place to be with diagnostic equipment, specialist healthcare staff who are able to monitor and respond to unstable medical conditions. A safe environment to receive treatments and surgery.

As we all know, the capacity of our hospitals is however over utilised for the workforce and estates resources that we have. Data tells us that a large percentage of current inpatients are medically stable and do not require an acute hospital bed.

The challenge we face is identifying how many of these are in fact medically stable on admission and how many could have been cared for in an alternative bed in the community or ideally in their own home with the most important outcome being the patient experience and recovery.

Charlie

I would like to introduce Charlie. Charlie is 92. He has a past medical history of type 2 diabetes, hypertension and right total hip replacement. He has had an energetic life serving in the army during his late teens and twenties before leaving and working as a timber haulier, raising three children and travelling the world.

Since retiring and becoming widowed he has continued to remain active, living independently in his 2-bedroom bungalow. Charlie has a small car which he uses to visit friends for lunch in a local pub along with other family and loved ones.

He also enjoys walking and regularly explores local woodland covering 3 or 4 miles a day. Country and western music has always been a passion and for many years both before and after becoming widowed, Charlie attends his local country club where he has a pint of cider and dances the night away to live bands.

Socialising is important to Charlie and his family support him with shopping, cooking and cleaning.

Unfortunately, over the past couple of months, Charlie's mobility has started to decline. Having had a diagnosis of osteoarthritis some years ago he has recently noticed an increase in pain in his lower back, hips and knees.

This has resulted in Charlie turning down walks, meeting up with friends and reduced confidence in driving. He is now spending the majority of his time at home. Activities of daily living that he has previously completed with ease have now become a challenge; showering, getting dressed, getting in and out of his chair along with generally navigating his way around his bungalow.

In addition to the physical hurdles, Charlie's lack of social interaction and the value of being outdoors is also taking its toll on his mental health. He describes feeling lonely, low in mood with a longing to return to his previous routine. His dependence on family for support is increasing.

On Saturday morning when getting out of the shower, Charlie unfortunately lost his balance and fell to the floor. He didn’t feel any significant pain but simply did not have the strength to get back up onto his feet.

He was wearing his lifeline call alarm so was able to press it to summon assistance. Paramedics arrived promptly and alongside assessment were able to guide Charlie back into a chair and into warm clothes. Assessment did not identify any musculoskeletal injury however observations noted a low Blood Pressure. Charlie was evidently upset by what happened and explained the challenges he had been experiencing with pain and mobility over the previous weeks.

Sliding door 1: Conveyance to hospital

With no formal care in place and in light of his unstable observations, paramedic staff did not feel confident in leaving Charlie at home alone therefore made the decision to convey him to hospital. On arrival at hospital, he was placed in a bay in majors where monitoring and assessment continued.

Charlies blood pressure remained low and when asked about pain he described the increasing discomfort he had been sustaining. A decision was made to admit for ongoing monitoring and review and stabilisation of antihypertensives and analgesia along with investigation into the increased pain.

Unfortunately, there was no bed immediately available on a ward, so he was transferred to the medical assessment unit to wait. During this time Charlie was extremely nervous to get out of bed and mobilise to the bathroom as his confidence had been knocked following his fall. Staff supported Charlie by bringing him urinals and commodes for his ease and accessibility.

Although done with best intentions, it did not support Charlie with returning to his previous levels of mobility. He started to become quite unwell developing a cough and shortness of breath. Investigations showed that he needed treatment for hospital acquired pneumonia.

On admission to the ward, therapy reviewed Charlie and his notes and felt that with support and recovery time the plan would be for Charlie to return home with a domiciliary package of care. The request for this was submitted.

Sadly, whilst waiting for the care package to become available, Charlie's mobility didn’t improve. He was extremely low in mood, spending the majority of time in bed longing to be at home but knowing he wouldn’t be able to without significant help.

Charlie spent 10 weeks in hospital and by the time a package of care became available, he was no longer able to accept it and it was decided that it would be in his best interests to move into a local nursing home.

Sliding door 2: Enhanced Community Care at Home

I want to now take you back to when Charlie fell....Paramedics arrived promptly and alongside assessment were able to guide Charlie back into a chair and into warm clothes. Assessment did not identify any musculoskeletal injury however observations noted a low Blood Pressure.

Charlie was evidently upset by what happened and explained the challenges he had been experiencing with pain and mobility over the previous weeks.

Paramedics decided that Charlie could be managed at home and did not feel that he required conveying to hospital.

A referral was put in via the single point of access where a telephone referral was taken and subsequently triaged and accepted. Within two hours, an Advanced Nurse Practitioner attended to Charlie at his house and prescribed a plan of care.

A comprehensive assessment was taken in order to ascertain his previous baseline levels in terms of daily routine, mobility and activities. A medication review was conducted, and alternative analgesics and guidance prescribed. A therapy review to include both Physio and Occupational Therapy attended to provide exercise guidance and delivery of aids to support within the home.

The Advanced Nurse Practitioner also arranged for Charlie to be visited three times a day for rehabilitation with getting up, dressed and ready for the day, to support with exercise routine and in the evening to help with preparing an evening meal and getting ready for bed.

As Charlie's confidence grew his visits were gradually reduced first to twice daily, then once a day and finally to none. His pain was much better managed, and his strength and mobility improved. Charlie continues with his exercises and apart from driving is back to his previous level of independence.

He is enjoying socialising with friends again and although not dancing quite so often still manages to attend around once a month.

So what now?

The difference in experience and outcome for Charlie between scenario one and scenario two is stark and sadly happens to many more Charlie's within our health and social care system every day. This needs to be addressed and the balance of expectation for medically stable individuals needs to shift.

Evidence is demonstrating that outcome measures for those who are able to remain at home are greatly improved so why are we not ensuring that this happens in every case where possible? The simple answer is that we don't have the correct processes, workforce, mindset and cultures.

Mutiple access points into services is confusing for both staff and the population. It results in individuals accessing services either at the wrong place, wrong time or not at all. The development of a streamlined single point of access through one telephone number and email address to be accessed by all is essential.

Calls will be triaged and assessed in a robust and consistent manner to ensure that the correct team or individual is accessed within the appropriate timeframe in the correct place.

An enhanced community resource team requires a robust and stable team with a vast array of specific skills and competencies that can be wrapped around the individual to keep them well and safe in their own community.

The outcome of this will demonstrate much more efficient patient flow for discharges from our acute and community beds and ultimately reduce the overall number of individuals conveyed to hospital.

Achieving this aspiration will require courage and an adaptation of mindset for both our health and social care workforce as well as our local residents. We need to demonstrate and install confidence in what can be achieved at home from diagnostics, response times and overall outcomes.

Sometimes the feeling that sending someone to hospital is keeping someone safe is the cautious approach that is taken but Charlie's story demonstrates that in fact this can be the opposite especially when it comes to deconditioning and hospital acquired infections.

Changes won't happen overnight but with a comprehensive phasing plan through care homes, localities and development of our workforce, I truly believe that we can enhance outcomes for our local populations.

We need to acknowledge that our workforce is exhausted across the board and firefighting on a daily basis.

Time is a constant constraint in all areas but with a longer-term plan and ambition we can develop and maintain an effective and efficient health and social care service with optimum outcomes for people across Wales.

I'll go back to my original statement; ‘Hospital, the best place to be’. In many cases yes but in many cases no!