



- **Emily Ward** - **Pharmacist**
- **Hannah Skene** - **Acute Physician**
- **Louise Dennehy** - **Occupational Therapist**

Improving Pharmacy Services on AAU

- Pharmacist embedded on daily PTWR (Monday to Friday)
- Dedicated pharmacist for Enhanced Care (critical care and micro exp)
- Satellite pharmacy on the unit to improve access to discharge medication
- Pre-packs available on the unit for nurse led dispensing out of pharmacy hours
- CLAHRC NWL supported projects to improve medicines reconciliation, comprehensive medication review for older patients and communicating medicines related information between care providers (internally and externally)

Pilot Projects

- Community pharmacy referral for ongoing medicines support
- Pharmacy support for medicines administration rounds to release nursing time and reduce omitted and delayed doses.
- Pharmacy technician on AAU later in evenings to co-ordinate requests
- Business case put forward for ED based pharmacist



Improving Pharmacy Services on AAU

Weekend Pharmacy Support

- Pharmacist based on the unit 9am -2pm Saturday and Sunday
- Outside of these hours there is a 24hr residency service for supply and advice

Improvements

- Skill mix review – only experienced medicine pharmacists on weekend rota
- Addition of medicines management team (MMT) on Saturday leading to improved rates of meds reconciliation and facilitated use of satellite pharmacy.
- October 2017 MMT will accompany Sunday Pharmacist

Challenges

- Providing extended services with existing resources



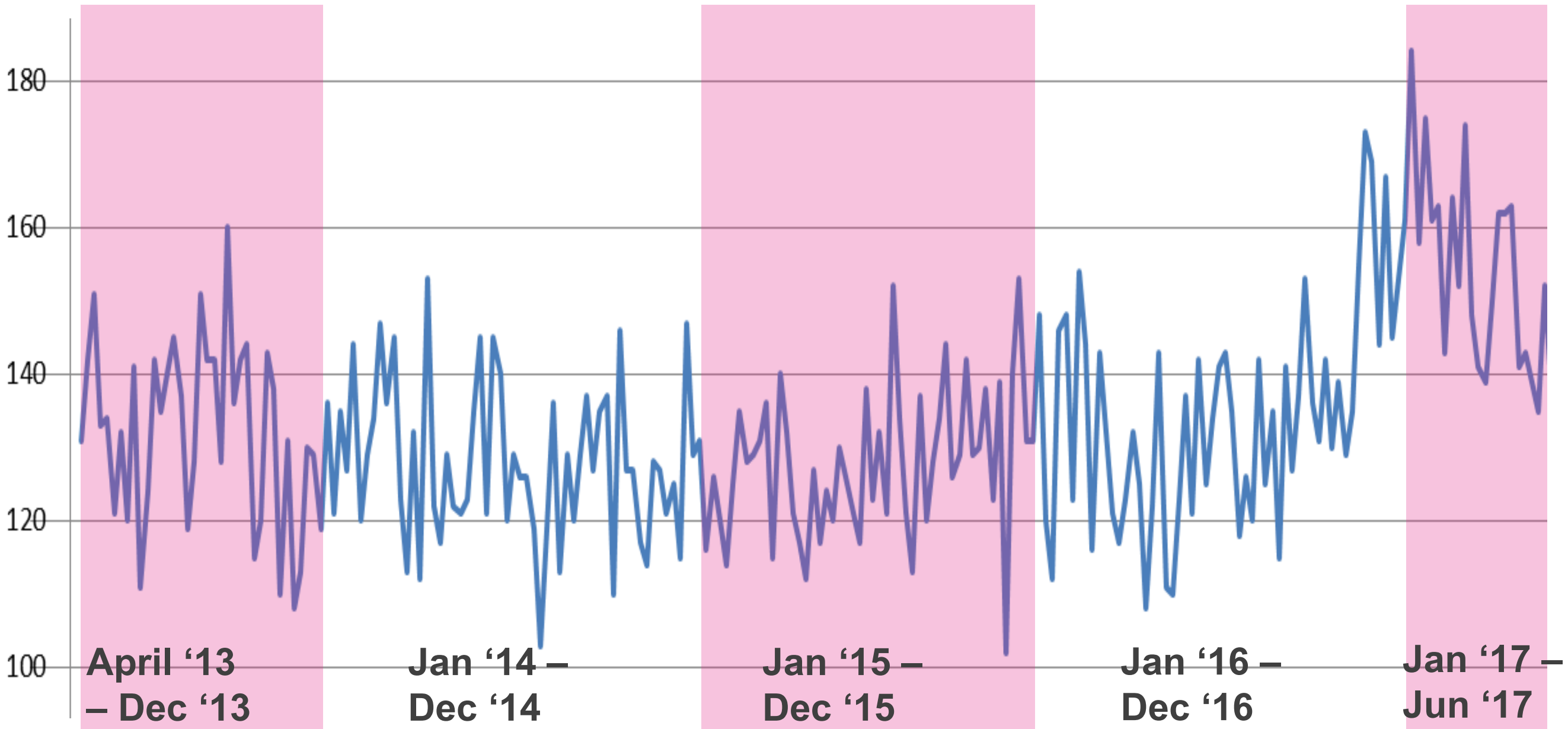
Ambulatory Care

- Increasing Teicoplanin dosing interval to 3x week as opposed to daily (saving four visits per week improving capacity)
- Introduction of elastomeric pumps to facilitate self-administration of antibiotics at home
- Introduction of elastomeric pumps to facilitate 24 hour antibiotic regimes which have previously required hospital admission or multiple daily visits



The 7/7 Acute Medical Staffing Challenge

Weekly AAU Medical Admissions (excluding AEC)



The 7/7 Acute Medical Staffing Challenge

Our Challenge...

- Increased AAU consultant staffing at the weekend
- 7/7 Acute Physician presence and leadership - reducing variation in performance and practice
- 7/7 Acute Physician cover of AAU Enhanced Care beds
- Generalist physicians to still take part in acute rota – buy in
- Improve early consultant review and twice daily ward rounds 7/7
- Maintain continuity of care within the AAU
- Sustainable rolling rota to reduce risk of doctor burn out - high pace/high acuity/high stress
- Stop working 12 days in a row



The 7/7 Acute Medical Staffing Challenge

What we've done and what we're moving to...

- 7 week rolling rota for acute physicians with built in prospective cover
- Stopped single consultant cover at weekends
- Acute physician working with Gen Med physicians 7/7 (take/post take)
- Weekend handover on Thursday not Friday
- Patients remain under admitting consultant whilst on AAU
- Enhanced care bed acute physician cover 7/7



The 7/7 Acute Medical Staffing Challenge

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday																					
0800-0900	Acute Post Take	both w/e cons rounds	Acute Post Take	Acute Post Take	Acute Post Take	Acute Take, Step downs, Enhanced care	Acute Post Take, Step downs, Enhanced care	Acute Post Take	Tues to Fri zero days for Acute																				
0900-1000										Gen Med Take	Acute Take	Gen Med Take	Acute Take	Gen Med Take	Gen Med Take, Step downs, Ward r/v	both w/e cons rounds													
1000-1100		Gen Med Post Take															Gen Med Post Take	Gen Med Post Take	Gen Med Post Take	Gen Med Post Take	Gen Med Take, Step downs, Ward r/v								
1100-1200																Gen Med Post Take						Gen Med Take	Gen Med Post Take	Gen Med Post Take	Gen Med Take, Step downs, Ward r/v				
1200-1300		Gen Med Post Take															Gen Med Take	Gen Med Post Take	Gen Med Post Take	Gen Med Take, Step downs, Ward r/v									
1300-1400																					Gen Med Post Take					Gen Med Take	Gen Med Post Take	Gen Med Post Take	Gen Med Take, Step downs, Ward r/v
1400-1500																													
1500-1600																					Gen Med Post Take					Gen Med Take	Gen Med Post Take	Gen Med Post Take	Gen Med Take, Step downs, Ward r/v
1600-1700		Gen Med Post Take															Gen Med Take	Gen Med Post Take	Gen Med Post Take	Gen Med Take, Step downs, Ward r/v									
1700-1800										Gen Med Post Take	Gen Med Take	Gen Med Post Take	Gen Med Post Take	Gen Med Take, Step downs, Ward r/v															
1800-1900	Gen Med Post Take	Gen Med Take	Gen Med Post Take	Gen Med Post Take	Gen Med Take, Step downs, Ward r/v																								
1900-2000						Gen Med Post Take	Gen Med Take	Gen Med Post Take	Gen Med Post Take	Gen Med Take, Step downs, Ward r/v																			
2000-2100	Gen Med Post Take	Gen Med Take	Gen Med Post Take	Gen Med Post Take	Gen Med Take, Step downs, Ward r/v																								

Acute Physicians

Week 1 & 2: Take week (Monday to Monday as above in yellow), then Tues – Fri off

Week 3: Ambulatory Care (9-5 Mon to Fri)

Week 4: Prospective Cover/Leave week (1/3 is doing gen med Mon-Thurs shifts)

Week 5: Prospective Cover/Leave week (1/3 is doing gen med Mon-Thurs shifts)

Week 6: Enhanced Care (9-5 Mon to Fri)

Week 7: SPA/Specialty Interest week



The 7/7 acute therapy service gap

- 5 day (Monday-Friday) therapy service 0800-1630 across General / Elderly Medicine wards, no cover at weekends
- Recognised increasing bed pressures and complexity of patients
- Increased transfers of care from AAU leading up to/over weekend
- No discharges planned for over weekend
- In-house community services, Social Services and hospital discharge team not being utilised to their capacity at weekends

Mondays:

- information gathering
- delay in assessments
- functional decline of frail patients
- low number of discharges

Fridays:

- few new therapy assessments
- organising discharge plans for following week



Our Improvement Journey

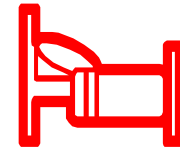
- **6 week pilot of 7 day therapy service:**
 - **One Band 6 or 7 Therapist Friday-Monday**
 - **Therapy Assistant on Saturday or Sunday**
- **Focus:**
 - **Frail patients transferred from AAU to medical wards on Friday or over weekend without initial therapy assessment completed**
 - **Patients highlighted as potential discharges over the weekend**
 - **Patients highlighted by acute medical therapy teams as requiring priority rehab input to prevent functional decline and commence discharge planning**



What was the outcome?



81 patients seen by the therapy team on Saturday and Sunday over 6 weeks



80 bed days saved



Time to **first therapy** intervention reduced by **1.7 days**



More **discharges** earlier in the week



63% staff thought it improved **patient experience and outcome**

Challenges and lessons learnt

Continuity of care & communication between front door and back door acute care

