Continuing therapy from Intermediate Care Units to home: Why wait?

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Background:

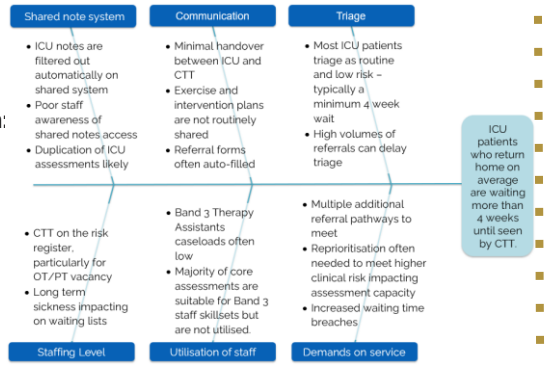
Problem Statement: Patients triaged as routine, discharged home from Intermediate Care Units (ICUs) face average waits of at least 4 weeks until rehabilitation continues by Community Therapy Team (CTT) North in Sussex Community NHS Foundation Trust, West Sussex. Local patient feedback indicates decreased satisfaction and increased anxiety regarding risk of deterioration due to waiting times.

- Evidence of the impact of shorter wait times for outpatient therapy is mixed, ranging from inconclusive to possible benefits in some outcomes (Lewis *et al*., 2018), however qualitative themes echoing local patient feedback transitioning home from ICUs suggest possible benefits from coordinating transition of care between services, for which wait time is a factor (Martinsen *et al*., 2015).
- NHS England (2023a) and NHS England (2023b) call for minimal delays, effective coordination processes and sharing of information to facilitate timely rehabilitation in intermediate care settings post-acute hospital discharge. Similar core principles reducing risk of deconditioning and service delays could also be applied to the transition from bedded intermediate care to home, therefore a project reducing wait times and evaluating patient satisfaction for this pathway was proposed.

Patient and staff voice:

- Patient survey asking satisfaction on waiting times and comments on transition of therapy from ICU to home.
- Engagement meetings with CTT and ICU key project stakeholders and to discuss any queries.

Cause and effect diagram:



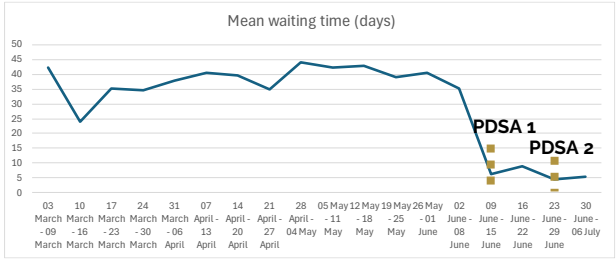
Project Aim:

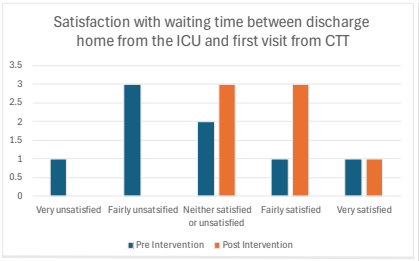
To improve average wait times for routine ICU patients discharged for ongoing community therapy input from over 4 weeks to within 1 week by 04/07/24, whilst maintaining safety and improving patient satisfaction of wait.

	PLAN	DO	STUDY	ACT
PDSA CYCLE 1	• West Sussex ICU therapists to email CTT patient interventions and exercise plans suitable for Therapy Assistant (TA) input at point of discharge • CTT TA Visit within 7 days to complete standardised core assessments, gather information from shared notes and patient rehabilitation to recommence • Document and feedback same day to a lead clinician. Outstanding assessments are to be completed within 7 days by the lead clinician	• Suitable patients identified by CTT coordinators • ICUs contacted retrospectively to check suitability • Patients contacted and TA visits allocated • Two deteriorating patients escalated by staff on initial visit in safe manner	• Lack of contact or identification from ICUs requiring additional triage from CTT • Some positive feedback from CTT clinicians following up patients, but variable reductions in initial assessment capacity • TAs report confidence in escalation of concerns and satisfaction with role • Initial patient visits within 10 days of referral, impacted by allocation time and staffing	• Continue CTT screening to support suitable patient identification • Further engagement with ICUs required to increase notification and identification of suitable patients
PDSA CYCLE 2	• Increase engagement with West ICU staff to improve sharing of information and identification of suitable patients on referrals	• Meeting with ICU leads for feedback from staff. ICU specific actions were simplified and re-sent • Updates of reduced waiting times for patients shared with ICU staff to encourage engagement • Telephone contact with ICU staff to answer queries	• Initial increase in ICU notifications but reduction by end of 2nd week • Visits allocated and completed within 7 days • ICU identifying more patients on referrals but lacking exercise plans • CTT coordinators screening patients without ICU e-mailing. TA suitable interventions and exercise plans deemed the priority for facilitating triage • Lead clinician follow up visits are slightly shorter in duration, but ongoing duplication noted at times	• Attend ICU feedback meeting and engage on improved sharing of suitable patients and exercise plans • Discontinue discharge notification via e-mail • Need to update with CTT clinicians to streamline assessment and reduce documentation duplication.

Waiting time range (days)

- Baseline: 18-59
- PDSA 1: 4-10
- PDSA 2: 3-7





Patient Quotes

- *"We only had to wait about a week which is good. Last time it was over a month"*
- *"I was a bit anxious coming home, so I liked having someone visit so quickly"*

Conclusions:

- TA led initial visits and continuation of ICU interventions can reduce wait times to within 1 week;, dependent on staffing availability and triage delays which has caused some fluctuation. Further data collection and trend review is required over a more prolonged period.
- Trends of improved patient satisfaction with shorter waiting times are seen
- Escalations from staff have been prompt and appropriate, maintaining patient safety

Reflection and future actions:

- Greater engagement of wider ICU staffing, rather than via lead therapists may have improved engagement and consistency of exercise plan and patient handover. This will be trialled with future feedback sessions with ICU staff at team meetings.
- Additional live supervision and discussion with CTT staff is planned to review assessment and documentation process, with the aim of further reducing duplication and time required for follow-up and preserving initial assessment capacity
- Review of continuation of pathway is to be considered within CTT process mapping , including expansion to additional ICUs, whilst reviewing the impact on CTT capacity and the sharing of learning with other therapy teams within the Trust

References: