

A Practical Guide to Reducing Long Hospital Stays

Improving Patient Flow, Discharge Practice and Admission Avoidance

Monday 4th March 2019 De Vere West One Conference Centre, London



Chair and Speakers include:

Dr Liz Deutsch

*Consultant Nurse (Acute Medicine)
and Post Doctoral Research Fellow*

University Hospitals Birmingham
and University of Birmingham

Supporting Organisations



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“As many as a third of people in hospital stay longer than they need to, often because they can’t get treatment close to home. As well as the pressure it puts on the health service, staying in hospital can be bad for patients’ health. The evidence shows that for older people, ten days in a hospital bed leads to the equivalent of ten years of muscle ageing – risking their health and reducing their independence.” Department of Health and Social Care 21 November 2018

“No one wants patients to stay in hospital longer than they have to, or for the health of patients to deteriorate in the very place that is supposed to be making them better. But this is happening all too often and we have to work together to change it. Every day in hospital is a precious day away from normal life.” Ian Dalton, Chief Executives NHS Improvement

“Unnecessarily prolonged stays in hospital are bad for patients. This is due to the risk of unnecessary waiting, sleep deprivation, increased risk of falls and fracture, prolonging episodes of acute confusion (delirium) and catching healthcare associated infections. All can cause an avoidable loss of muscle strength leading to greater physical dependency (commonly referred to as deconditioning). Tackling long stays in hospital will reduce risks of patient harm, disability and unwarranted cost, particularly for those who are intrinsically vulnerable because they have mild or moderate frailty and/or cognitive disorder, and for whom a different, more positive outcome can be achieved if the right steps are taken very early in their admission. Hospital-related functional decline in older patients and the subsequent harm has dreadful consequences for many patients, and is something we should not tolerate.”
NHS Improvement 2018

“Every day in hospital is a precious day away from home. We want to embed a ‘home first’ mindset across our health and social care systems and do everything we can so our patients, particularly older people, can enjoy their lives in their own home environments or, for the few who cannot go straight home from hospital, in a care location most suited to meeting their needs.”
NHS Improvement 2018

Following the National Ambition to cut long hospital stays by 25% this conference focuses on improving patient flow, discharge arrangements and admission avoidance to reduce long stays in hospital.

This conference will enable you to:

- Network with colleagues who are working to reduce long hospital stays
- Reflect on national developments and learning
- Learn from outstanding examples of changing culture and practice to improve patient flow
- Improve the way you manage discharge planning to reduce overstaying older people
- Learn from an organization that has achieved a 0% overstaying older people rate
- Develop your skills in undertaking long stay patient reviews: Understanding the root cause of long stays in your service
- Understand how you can improve the way you work to keep people out of hospital including looking at the role of the Virtual Hospital
- Identify key strategies for implementing the SAFER Care Bundle and Red to Green
- Ensure you are up to date with the latest evidence on discharge2assess and ensuring safety at discharge
- Self assess and reflect on your own practice

09.40 Supplier Showcase

James Rhodes
Marketing Manager
Hill-Rom



How early mobilisation can reduce ICU and overall hospital length of stay

- Challenges faced with early mobilisation
- Review of clinical papers supporting how early mobilisation can reduce patient length of stay
- The Hill-Rom solution

09.40 Pre Conference Supplier Showcase

The supplier showcase will be optional for delegates to attend and will include 10 minute presentations from key suppliers

10.00 Chair's Welcome & Introduction

Dr Liz Deutsch *Consultant Nurse (Acute Medicine) and Post Doctoral Research Fellow* University Hospitals Birmingham and University of Birmingham

10.10 Reducing Long Hospital Stays

Speaker to be confirmed

- reducing long hospital stays
- understanding the impact of the stranded patient
- improving discharge practice
- alternatives to admission

10.40 EXTENDED SESSION: Hospital to Home

Changing the way discharge planning works to achieve 0% of over Staying older people

Dr David Evans

Former Chief Executive
Northumbria Healthcare NHS Trust

- hospital to home: changing the way discharge planning works
- bringing together GPs, hospitals, community teams and social care workers to jointly develop and redesign care and services to strengthen re-ablement and rehabilitation for patients
- how we have achieved 0% of overstaying older people
- learning from the Northumbria Model

11.25 Question and answers, followed by tea & coffee at 11.35

12.00 Towards the Virtual Hospital: Changing the way we think about services

Dr Matthew Mathai

Consultant Paediatrician
Bradford Teaching Hospitals NHS Foundation Trust

- supporting people to stay out of hospital
- enabling patients receive consultant-led medical care in their own home rather than staying in hospital
- delivering care through a specialist children's nurse under the remote ('virtual') guidance of a paediatric consultant
- the Bradford Virtual Ward programme: the paediatric virtual ward

12.30 EXTENDED SESSION: Understanding long stay patients: Learning from Long Stay Patient Reviews and changing practice in line with the SAFER Care Bundle and Red to Green

Liz Sargeant

ECIP Clinical Lead, Integration Health and Social Care
NHS Improvement

- understanding the root cause of long stays: undertaking and learning from Long-stay patient reviews
- working differently : the red to green approach and the SAFER care bundle
- using a long stays dashboard
- interactive group work and discussion

13.10 Question and answers, followed by lunch at 13.20

14.00 Improving patient flow in practice

Gill Staton

Clinical Lead Red2Green
University Hospitals of Leicester NHS Trust

- building system capacity by improving patient flow, enabling more timely discharges, reducing length of stay, and more timely admissions for other patients
- last 1000 days and Red2Green explained
- improving practice through the SAFER Patient Flow Bundle
- the impact on patient experience and deconditioning
- focusing on the frail elderly

14.30 EXTENDED SESSION: critical attributes of implementing criteria led discharge in an acute medicine setting

Dr Liz Deutsch

Consultant Nurse (Acute Medicine) and Post Doctoral Research Fellow
University Hospitals Birmingham and University of Birmingham

- Introduction to clinical context
- Evidence
- The pilot study and parameters for safe practice
- How does the process work in practice?
- Patient selection
- Barriers to effective practice
- Facilitators to safe, effective practice
- Patient feedback
- Staff feedback
- Decision to discharge to discharge times
- Future work

15.30 Question and answers, followed by tea & coffee at 15.40

16.00 EXTENDED SESSION: Helping people home - Working together to reduce delayed transfers of care

Sarah Mitchell

Adult Social Care Improvement Advisor

- improving joint working on discharge between primary care, hospitals, GPs, community services and adult social services
- models of care for discharge to assess, and assess to admit
- improving patient flows within the hospital, smoothing transitions between modes of care
- giving people the training and tools to remain independent after discharge
- the impact on delayed discharge

16.30 Changing the way we work with the frail elderly: Frailty at the front door

Dr Aylene Kelman

Clinical Lead for MOE
with Joy Reid *Nurse Consultant for Older People*
NHS Fife

- delivering an effective frailty improvement programme
- avoiding admission, reducing length of stay and improving discharge
- improve the coordinated response to frailty
- strengthening links between secondary, primary and social care to ensure all care options are considered
- lessons from our experience

17.00 Question and answers, followed by close

Reducing Long Hospital Stays

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For more information contact Healthcare Conferences UK on **01932 429933** or email jayne@hc-uk.org.uk

Venue

De Vere West One Conference Centre, 9-10 Portland Place, London, W1B 1PR. A map of the venue will be sent with confirmation of your booking.

Date Monday 4 March 2019

Conference Fee

- £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.
 £300 + VAT (£360.00) for voluntary sector / charities.
 £495 + VAT (£594.00) for commercial organisations.

The fee includes lunch, refreshments and a copy of the conference handbook. VAT at 20%.

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