

# Care Home Communications

Improving access to accurate information about bed availability in Care Homes within Southern Health and Social Care Trust.

## Introduction

Moving a loved one into a Care home can be a difficult time for families. Often the decision is as a result of a hospital admission or inability to maintain independence at home. Within the Southern Health and Social Care Trust there are approx. 2500 Care Home beds in 70 Care Homes. Every morning the Trust emails all the Care Homes and requests an update on current bed availability by noon; this information is collated and emailed to over 200 staff. However Care Homes reported they still received a significant number of phone calls from Trusts enquiring about bed availability, often from the same Trust team. This project worked with Aughnacloy Care Home, which is registered for 71 beds.

The aim of this project is to reduce the number of phone calls made to Aughnacloy Care Home enquiring about bed availability by 50% by December 2019



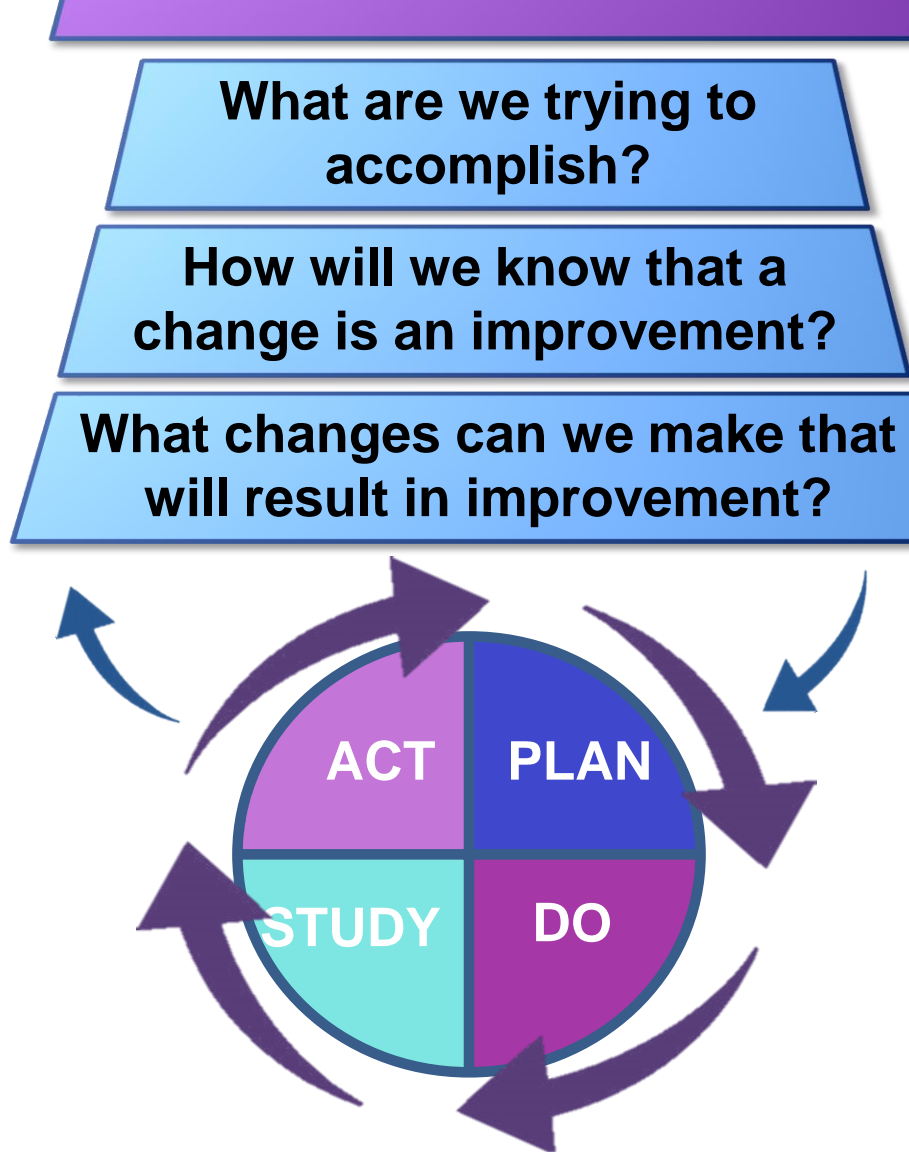
## Method:

- Process Mapping – current processes; Force Field Analysis – staff survey; Fish Bone Diagram – understanding Cause and Effect
- Staff engagement – questionnaires; focus groups; workshop
- Qualitative and quantitative data collation and analysis
- Logic Model - inputs, outputs and impact

## Process change

Aim	Primary Drivers	Secondary Drivers	Change Ideas
To reduce the no of phone calls from SHSCT to Aughnacloy House Care Home enquiring about bed availability by 50% by June 2019	<ul style="list-style-type: none"> <li>Processes – internal &amp; external</li> <li>Care home staff</li> <li>Trust Staff</li> <li>Service user and family</li> </ul>	<ul style="list-style-type: none"> <li>Good Communication</li> <li>Timely, efficient and simplified processes</li> <li>Staff aware of bed status in Care Home</li> <li>Staff inform Trust on bed status</li> <li>Improved confidence in Bed list</li> <li>Collating appropriate 'real time' information from care homes</li> <li>Regional team to "manage" accuracy of bed availability</li> <li>Improved decision making – choice and timeliness</li> </ul>	<ul style="list-style-type: none"> <li>• Collate info on templates</li> <li>• Care home staff updated daily on their bed status</li> <li>• Audit accuracy of bed list and share results with staff</li> <li>• Improve confidence in accuracy of bed list – evidence and culture</li> <li>• Broaden bed availability information – current: anticipated: respite etc</li> <li>• Technological approach to collate and share bed updates – app or SharePoint</li> <li>• Regional team to check bed availability and ensure accuracy</li> </ul>

## Model for Improvement



## Conclusions:

- This poster presents the processes applied and learning gained on an ongoing project
- Data shows that over 80% of trust staff, who responded to the survey (n=93), do not feel the information they receive regarding bed availability is accurate or detailed enough, and phoning the Care home is the preferred approach.
- 46% of respondees wished to be involved in developing and improving the process

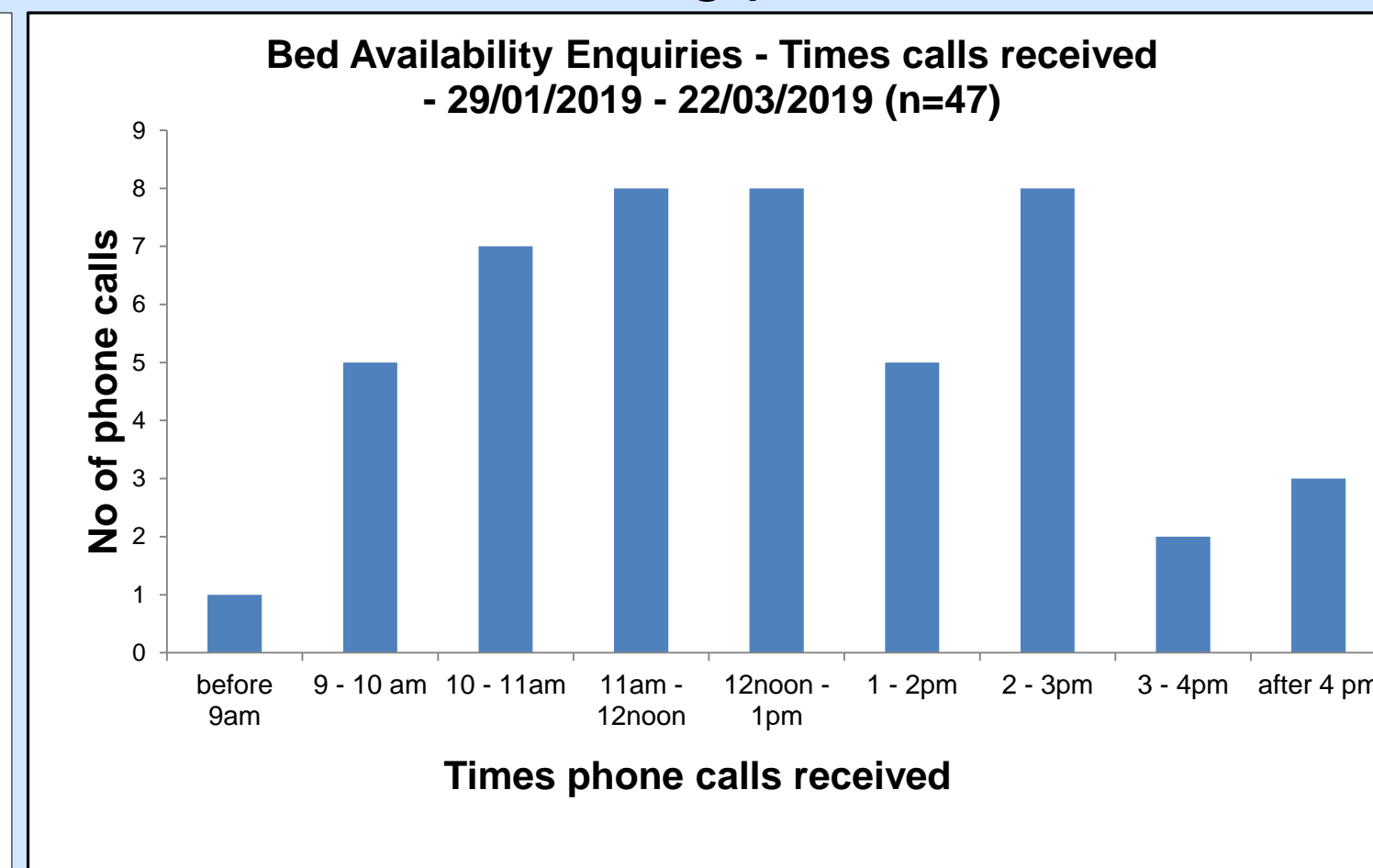
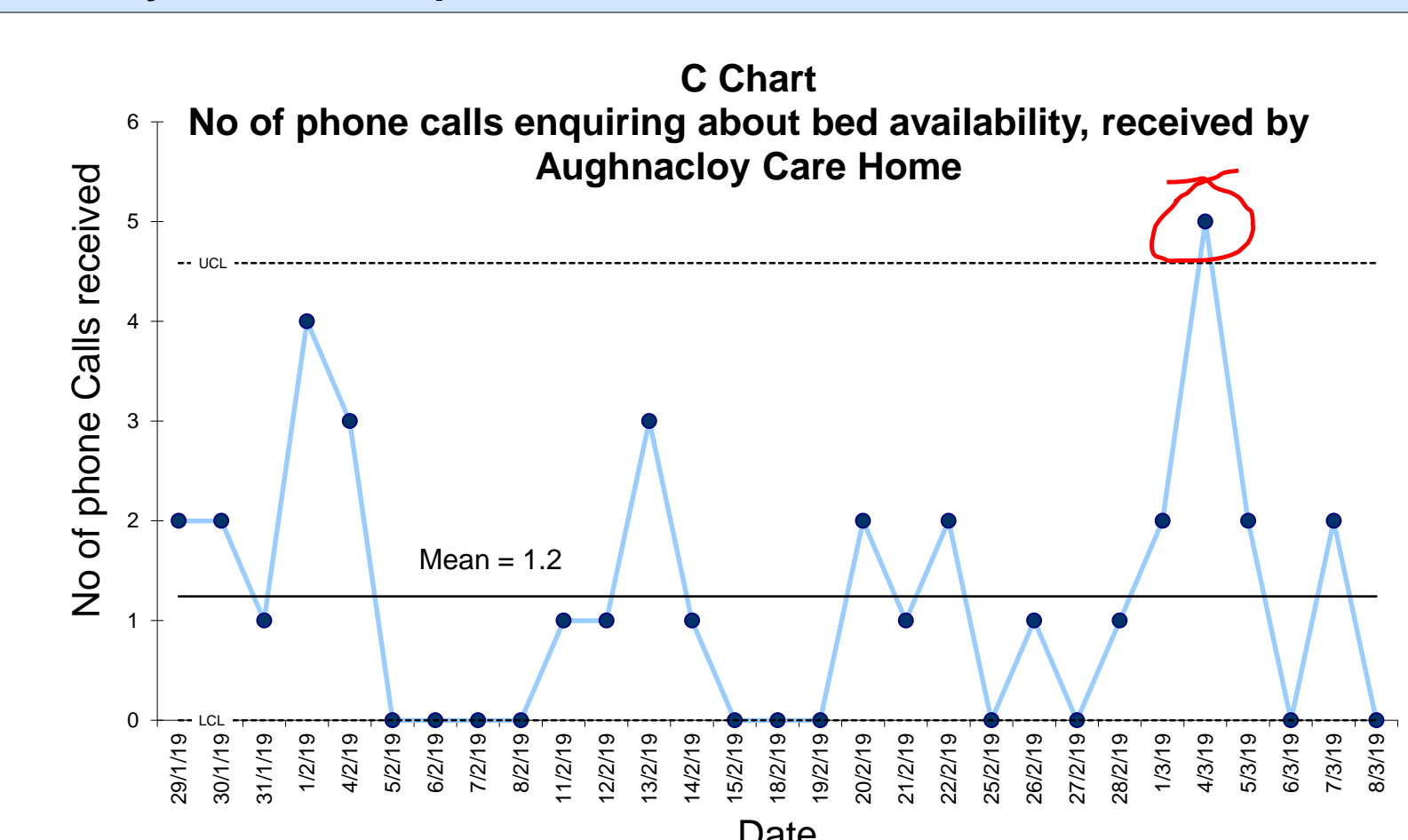
## Achievements

- Gathering and sharing Quantitative and Qualitative data has helped Trust and Care Home staff understand the process of identifying bed availability better and where improvements could be made.
- Simple changes can have great impact - Aughnacloy Care Home has improved communication internally using a daily memo to update all staff on what beds are available for immediate occupancy.
- Application of QI tools and presentation of the findings - eg 'Mr Potato Head' exercise used for teaching rapid PDSA cycles and transferring learning to develop measureable "aims" and create Driver Diagrams.



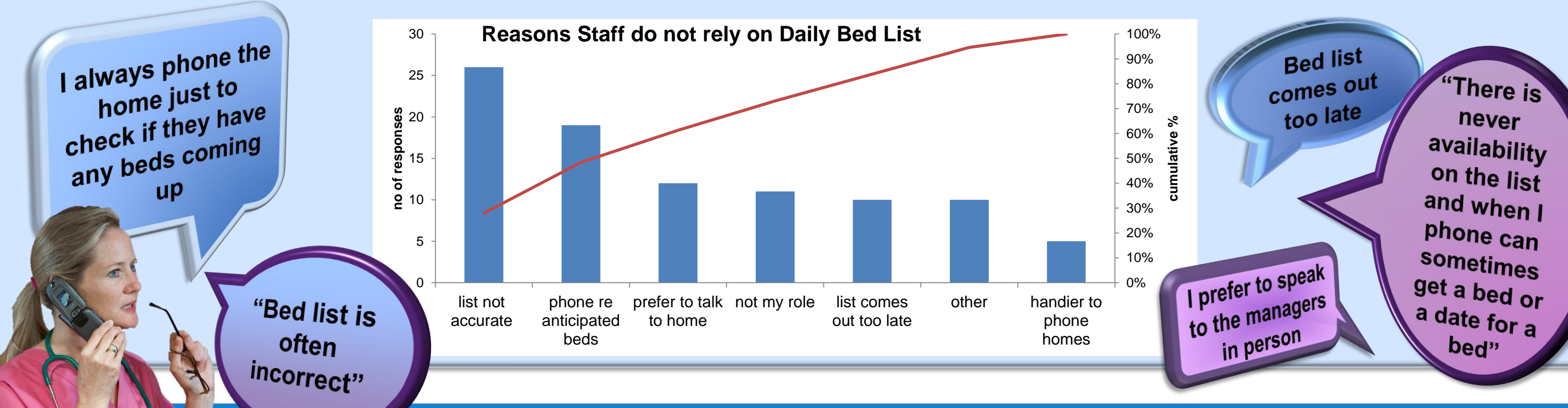
## Results

A Care home survey showed that staff estimated they received between 4 and 6 phone calls a day – this equates to between 120 and 180 calls over a 6 week testing period.



No SPC chart rules are evident (other than one astronomical point) showing that there is no statistically significant improvement in the outcome measure. We are continuing to test change ideas to reduce the number of calls.

During the data collection 6 weeks there were 47 calls recorded. Twenty one of these calls were received before the daily bed list was sent to staff.



## Key Learning

- Developing and leading improvement across agencies relies on building networks, relationships and creating a shared vision. This takes time and effort to achieve.
- Knowledge and understanding of service area is essential.
- Gather base line data – seek evidence and anecdote.
- Keep project small initially – avoid tangential drifts and early scale up.
- Improvement methodology should be part of everyone's role.
- Share learning – positive and negative.
- The power of data in telling the story, evidencing improvement and sustaining motivation.
- QI - essential element of reform and review of how we do things.

**Next steps ...**  
"THERE IS NO ELEVATOR TO SUCCESS. YOU HAVE TO TAKE THE STAIRS"

**..... Project:**

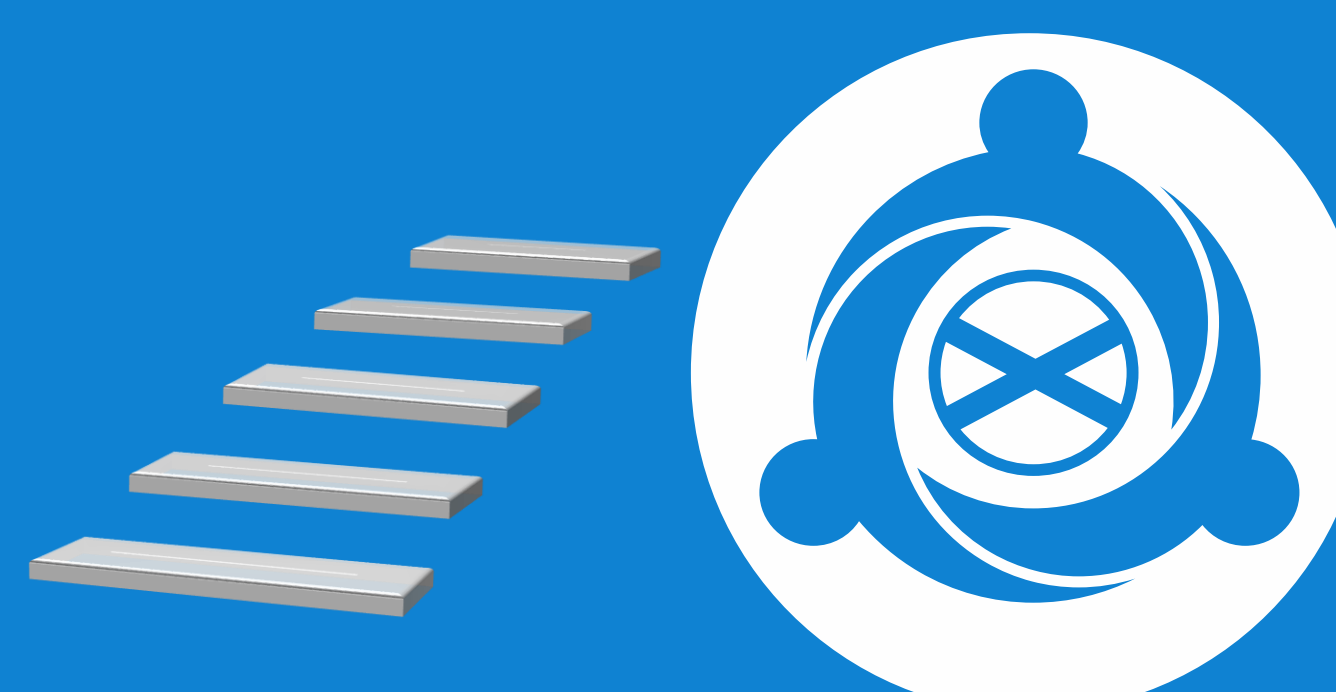
- Audit accuracy of current bed list
- Maintain staff communication
- Workshop – Trust and Care home staff
- Test change ideas – PDSA cycles.

**.... Embedding:**

- Applying QI approaches to projects within substantive role
- Sharing learning with colleagues
- Learn alongside colleagues
- Celebrate wins

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