Entry Cover Sheet

Excellence in Service Improvement

Organisations delivering health care can appear to work around the needs of the organisation rather than the needs of the patient, their family and whānau. This award celebrates services who find better ways of working that deliver benefits for the service, its staff and those receiving their care.

Entrants must complete all sections below:		
Title of entry **Maximum of 70 characters** Be specific, eg "Systems change to improve patient safety". Title length must not exceed 70 characters.	engAGE Intermediate Care Beds For Frail Older People.	
Synopsis of entry **Maximum of 150 words** A brief paragraph providing an overview of your entry. Synopsis must not exceed 150 words.	The engAGE Intermediate Care Bed (ICB) service provides an alternative to acute hospital care by allowing a temporary stay, in an Age Related Residential Care (ARRC) facility, for a frail older person who is not well enough to be at home but does not require hospital care. Older people can access this service from community via their GP (step-up) or from acute hospital (step-down). Medical care is a partnership between their GP and Geriatrician. The person is supported to return home with a multidisciplinary team (MDT) assessment and goal setting. The MDT members work with them during their stay and their progress is discussed at the weekly engAGE MDT meeting with their GP and community agencies.	

2017 HB Health Awards,
Communications Service
Hawke's Bay District Health Board
Private Bag 9014, Hastings 4156
Email: hbhealthawards@hbdhb.govt.nz

	Barriers to discharge are identified and managed, and home based supports are put into place. The MDT then follow the older person at home after their discharge to ensure that it is successful.	
Name of organisation/s **Is entry submitted on behalf of one or a number of organisations?** It is very important that you describe who is involved in this entry. This information is used in promotional materials, acknowledgements and inscribed onto awards, plaques and certificates.	This entry reflects a collaborative piece of work between multiple organisations. These include DHB based services (engAGE, District Nursing, Clinical Pharmacist Facilitators, Older Persons Mental Health, NASC HB), General Practice and PHO staff, Home Based Support Services (care agencies) and Age Related Residential Care Providers.	

Contact person Name of person/s who can be contacted in regards to this entry.	Sarah Shanahan	
Email of contact person/s.	Sarah.Shanahan@hbdhb.govt.nz	
Phone of contact person/s.	027 323 3193	
APPROVAL SECTION for **Hawke's Bay District Health Board applications**		
Service Director entry review and endorsement	Name: Justin Lee Signature: [signature] Date: 27/7/17	
Executive Manager entry review and endorsement	Name: Sharon Mason Signature: [signature] Date: 27/7/17	
APPROVAL SECTION for Primary Care / NGO Organisations applications		
Your organisation's CEO or GM entry review and endorsement	Name:__________ Signature:__________ Date:__________	

Excellence in Service Improvement

Organisations delivering health care can appear to work around the needs of the organisation rather than the needs of the patient, their family and whānau. This award celebrates services who find better ways of working that deliver benefits for the service, its staff and those receiving their care.

Your organisation	The engAGE Service is part of the DHB's Older Persons Service. engAGE encompasses the engAGE Community MDTs, Intermediate Care Services, and the ORBIT (rapid response) team. The engAGE team is made up of; Team Leader, Administrator, and 16 Allied Health Professionals (Physiotherapists, Social Workers and Occupational Therapists). This team works interprofesisonally and has close links with other DHB services (Gerontology CNS, Geriatricians, District Nursing, Clinical Pharmacist Facilitators, Older Persons Mental Health, NASC HB). We collaborate with community health services - General Practice staff, Home Based Support Services and Age Related Residential Care Providers. Our Vision is that "Older people in Hawke's Bay are creatively engaged to achieve their well-being goals". Our mission is to "work in partnership with the older person, their whānau, and the community, to provide a seamless, responsive service that can be tailored to individual need. The older person will be heard, respected, and their right to choice and dignity will always be upheld. We will strive to achieve equity in our community". We live the values of the Hawke's Bay Health Sector and have developed associated actions and outcomes to show how we apply these values to our work with older people.
Excellence in Service Improvement	The engAGE Intermediate Care Bed (ICB) Service provides an alternative to acute hospital care by allowing a temporary stay (up to six weeks) in an Age Related Residential Care (ARRC) facility for frail older people who are not well enough to be at home but do not require hospital care. This service was rolled out to 13 Hawke's Bay ARRC facilities in February 2016. Older people who are not managing, due to a decline in health or injury, but who want to remain living at home are referred by their GP. Older people in hospital who are medically stable, no longer needing to be in hospital but not independent enough to return home, can be referred by their inpatient team. Once in the ICB a member of the engAGE MDT sees the older person and carries out an interprofessional assessment, helping them to identify personal goals that will assist them to return home.

These form the basis of their re-ablement plan which is facilitated by ARRC facility staff. Their own GP visits weekly and there are regular visits from the Gerontology CNS and Geriatrician. A nominated key worker maintains contact with the person's family. The ARRC facility nurse provides key information and is an important addition to the weekly engAGE MDT for people in ICB's. Towards the end of their stay the person has home visits with MDT therapy staff, building their confidence to return home. Barriers to discharge are identified and managed, and home based supports are put into place. engAGE staff then follow up with them at home after their ICB discharge to ensure they are managing well.

If it becomes apparent that an older person is not going to be able to return to living at home, permanent placement in an ARRC facility can be facilitated from ICB. This is done through discussion with the person, their family, and their GP along with engAGE the social worker and NASC staff.

Intermediate Care Beds have improved patient and staff experience in a number of ways:

- For a frail older person avoiding hospital admission and decreasing time spent in hospital reduces exposure to the complications associated with hospital stays including falls, infections, delirium and deconditioning.
- In ICB re-ablement is provided in an environment that is closer to home and family, and which encourages greater levels of daily activity. Involvement of their GP provides continuity of care.
- ICB gives frail older people who have been in hospital an opportunity to see if they can return home rather than going directly from home to hospital to residential care. Recovery can take time, but pressure to discharge from the hospital can lead to premature entry into residential care which is traumatic for older people and their families.
- For an older person who has deconditioned during their inpatient stay, step-down from hospital to ICB rather than discharge direct to home means less risk of re-admission.
- ARRC facility staff report high levels of satisfaction in having the opportunity to support an older person to get home and working with and learning from the engAGE MDT.
- engAGE team members report high levels of satisfaction in supporting older people to remain independent for as long as possible.

	Patient Story: • Mrs J is a 78 year old lady with Parkinson's disease who lives alone with daily caregiver support. • She was referred to ICB urgently by her GP when she had a fall, became confused and aggressive, and would not let her caregivers into her home. • In ICB she had a medical assessment, by her GP and the Geriatrician, and was diagnosed with delirium. The ARRC staff cared for her and engAGE therapists developed a plan to maintain her mobility and function whilst medications were adjusted. Her confusion slowly improved over several weeks and although there were concerns about how well she would manage, Mrs J requested to return home. • After discussions with Mrs J and her family the engAGE therapists assessed Mrs J in ICB and in her own home. She managed well and progressed to periods of home leave before finally being discharged from ICB with increased supports and follow-up from the team. • For Mrs J ICB prevented both hospital admission and premature entry to residential care.
Benefits and results	From 29th February 2016 to 21st June 2017, 168 older people have spent over 2,500 bed days in Intermediate Care Beds. Approximately 70% of these people returned to their own homes following their stay in ICB. Others went in to permanent residential placement, and a small number were re-admitted to hospital due to illness. As many of these stays have prevented, or shortened acute hospital stay, this service is helping to alleviate the pressure on the acute hospital while providing care for older people in a more appropriate setting. The cost per night for ICB is also significantly lower than that of a hospital bed so the availability of these beds is more cost effective and better use of resources. ICB's are also contributing to a reduction in the number of acute inpatient bed days used by over 65s when comparing the 2015 with 2016. There has been an increase in the numbers of people aged over 65 in Hawke's Bay over this time but a decrease in the number of acute hospital bed days for this group:

Acute Bed Days	2015	2016	Change	Population Change
65+	32082	31463	-1.9%	+3.7%
85+	8941	8766	-2.0%	+3.3%

2017 HB Health Awards,
Communications Service
Hawke's Bay District Health Board
Private Bag 9014, Hastings 4156
Email: hbhealthawards@hbdhb.govt.nz

Future plans	- engAGE is committed to the ongoing improvement of ICB services with feedback from consumers (older people and their families), primary care, and ARRC staff. Processes are continually being assessed and improved as the service evolves. - A plan will be developed to extend this service to Wairoa and Central Hawke's Bay as part of the roll out of engAGE services to these areas. - engAGE plans to provide ongoing education to ARRC facility staff on the re-ablement model, which is quite different from the way they care for their permanent residents (facilitating people to do for themselves rather than doing for them) and requires a significant mind shift. - Lessons learned include; the need to include all relevant stakeholders in the development of collaborative services, the benefits of keeping contracts short to allow for changes to be made as the need becomes apparent, and the need for clear, coordinated, and multi-pronged approaches to communication on the processes for such systems.

2017 HB Health Awards,
Communications Service
Hawke's Bay District Health Board
Private Bag 9014, Hastings 4156
Email: hbhealthawards@hbdhb.govt.nz