



Entry Cover Sheet HBDHB-led initiative

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:		
<p>Title of entry Maximum of 70 characters Be specific, eg "Systems change to improve patient safety". Title length must not exceed 70 characters.</p>	<p>ORBIT Team- The move to a 7 day Allied Health service for ED/ AAU/ Community.</p>	
<p>Synopsis of entry Maximum of 150 words A brief paragraph providing an overview of your entry. Synopsis must not exceed 150 words.</p>	<p>The ORBIT team is a rapid response Allied Health team based at the Emergency Department (ED) and Acute Assessment Unit (AAU) of the hospital providing community outreach. ORBIT is part of engAGE and has a focus on frail older people while providing discipline specific in-put for others in ED and AAU. ORBIT was developed in 2010 to reduce numbers of preventable admissions to hospital of frail older people, prevent unsafe discharges and assist in the achievement of the ED 6 hour length of stay target. The need for this service to be available 7 days a week was identified in the</p>	

	<p>“Improving Health Services For Older People In Hawke’s Bay Strategy- 2011-2016”. Since November 2015 ORBIT has doubled in size and moved from a Monday- Friday 8.00am- 4.30pm roster to covering 7.00am to 7.00pm, 7 days a week with a number of associated benefits for older people and the hospital.</p>	
<p>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.</p>	<p>Entry submitted on behalf of the ORBIT team which is part of the engAGE service at Hawkes Bay DHB.</p>	
<p>Contact person Name of person/s who can be contacted in regards to this entry.</p>	<p>Sarah Shanahan</p>	
<p>Email of contact person/s.</p>	<p>Sarah.Shanahan@hbdhb.govt.nz</p>	
<p>Phone of contact person/s.</p>	<p>027 3233193</p>	
<p>Service Director entry review and endorsement.</p>	<p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	
<p>Executive Manager entry review and endorsement.</p>	<p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	

Our Organisation:

The ORBIT team is part of the engAGE service, part of the DHB's Older Persons Service. engAGE also encompasses the engAGE Community MDTs and Intermediate Care Services. The engAGE team is made up of Team Leader and Administrator and 16 Allied Health Professionals (Physiotherapists, Social Workers and Occupational Therapists). This team works interprofessionally and has close links with other DHB services (Gerontology CNS, Geriatricians, District Nursing, Clinical Pharmacist Facilitators, Older Persons' Mental Health, Options 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 whanau and the community to provide a seamless, responsive service that can be tailored to individual need. The older person will be heard and 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.

Service Improvement:

ORBIT:

Rapid response interprofessional Allied Health Team (Physiotherapy, Occupational Therapy, Social Work).

The aim of the ORBIT team is to provide older people in ED/ AAU/ the community with a comprehensive interprofessional assessment and treatment plan at a time of acute change in function due to illness or injury. ORBIT's interprofessional approach negates the need for multiple disciplinary consultations meaning the older person does not need to repeat their story and leading to better continuity for patients and families. Less duplication, better efficiency and better communication with medical and nursing teams allows rapid discharge planning and supports the ED 6 hour length of stay target. Team members have broadened their scope by learning from each other. The skill base of each team member crosses traditional boundaries of their specific discipline. E.g. social worker carries out mobility assessments, cognitive assessments and issues equipment.

ORBIT see frail older people in ED/ AAU who are medically cleared for discharge but need rapid support with discharge planning. They frequently liaise with family, arrange new or increased packages of care, perform mobility assessments, and provide equipment to support mobility and function. Discharge home visits can be carried out to assess the person in their own home. ORBIT also take referrals from City Medical and others (Options HB, GPs, family members) to provide similar support to older people in the community to decrease the need to come to ED and have recently started to take referrals from St John's ambulance staff.

ORBIT address acute need as a result of an illness/ injury but also refer on to appropriate services e.g. engAGE Community MDTs. They provide a link between hospital, home and community for vulnerable people over 65, following an ED presentation or urgent referral.

The Move to a 7 day service and longer days.

From March 2010 to November 2015 ORBIT consisted of one Physiotherapist, one Social Worker and one Occupational Therapist working 8.00am- 4.30pm, Monday to Friday. Data on numbers of older people presenting to ED showed the need for an extended service. 90% as many frail older people present to ED on weekends as any day of the week and the numbers of people in ED peak in the afternoon which often meant that by the time a person had been assessed by ED, it was too late for them to be referred to ORBIT to support their discharge. Anecdotal evidence suggested that older people were often kept in AAU over the weekend to await an ORBIT review on Monday. The need to provide this service 7 days a week was clear and under engAGE the size of the team was doubled to 6.0FTE.

On 9th November 2015 a small number of staff moved to a 7 day roster and by March 2016 the team was fully staffed and working 7.00am- 7.00pm, 7 days a week. This change is leading to improved outcomes for patients by preventing more avoidable admissions. The ORBIT team specializes in supporting safe discharges home to reduce exposure to the complications associated with hospital stays for frail older people (falls, infections, delirium, deconditioning, pressure areas, malnutrition etc.).

Patient Story:

An 81 year old male presented to ED on a Saturday following a fall. He was assessed by ED as medically stable for discharge but was struggling with mobility due to back pain. He was assessed by the ORBIT Occupational Therapist (OT) who found that he usually mobilised with a stick, lives at home with his wife and receives support with showering 3 times a week. This was his 3rd fall in 6 months. In ED, he could transfer on and off the bed but was struggling to mobilise and could not transfer on and off the toilet. A home visit was carried out that afternoon. He was issued with a walking frame and raised toilet seat allowing him to mobilise and perform toilet transfers safely and independently. He was given advice and an increased package of care was arranged for daily support with dressing. He was referred to the engAGE Community for on-going in-put for recurrent falls.

Had ORBIT not been available, this man would have been admitted to hospital to await ORBIT assessment on Monday. He would have been at risk of developing complications of hospital admission.

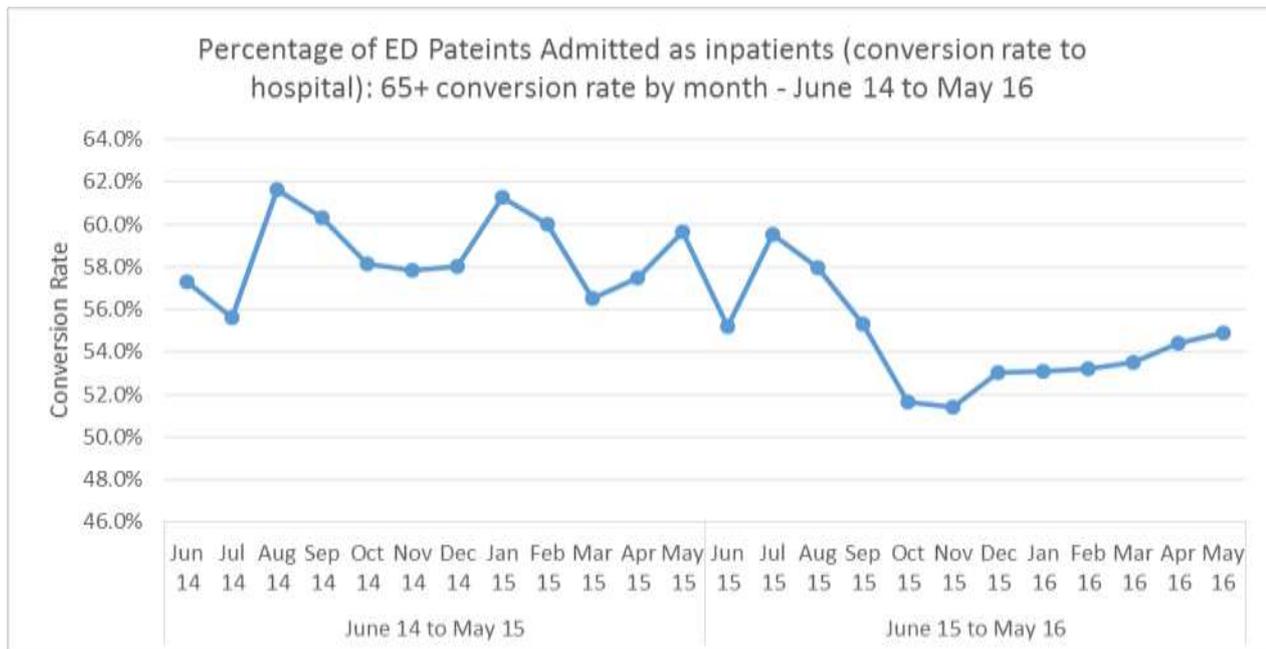
Benefits and Results:

Benefits moving to extended hours:

- More older people being seen and discharged home with appropriate supports and follow up.
- Fewer people kept in overnight or over the weekend to await ORBIT review.
- More discharges from ED/ AAU over weekends.
- Better follow up of patients kept in ED Obs/ AAU as unsafe for discharge- the team review these patients later in the day and over the weekends to progress their mobility and support earlier discharges.
- Patients in AAU requiring Allied Health assessment to support Medical Registrar assessment can receive this later in the day rather than the next morning supporting earlier discharge and improved patient flow.

Since November 9th 2015 the move to a seven day service and longer working hours has allowed the ORBIT team to see over 800 extra patients who would not otherwise have been seen. This change is likely a contributing factor to the decrease in the rate of conversion from ED presentation to hospital admission for over 65s compared to the same period for the previous year. While the number of ED presentations for over 65s has increased, the number being admitted to hospital has decreased.

65+			
	ED Presentations	Admitted as inpatients	Conversion Rate
June 14 to May 15	10,606	6,219	58.6%
June 15 to May 16	10,966	5,973	54.5%
Variance	360	-246	-4.2%



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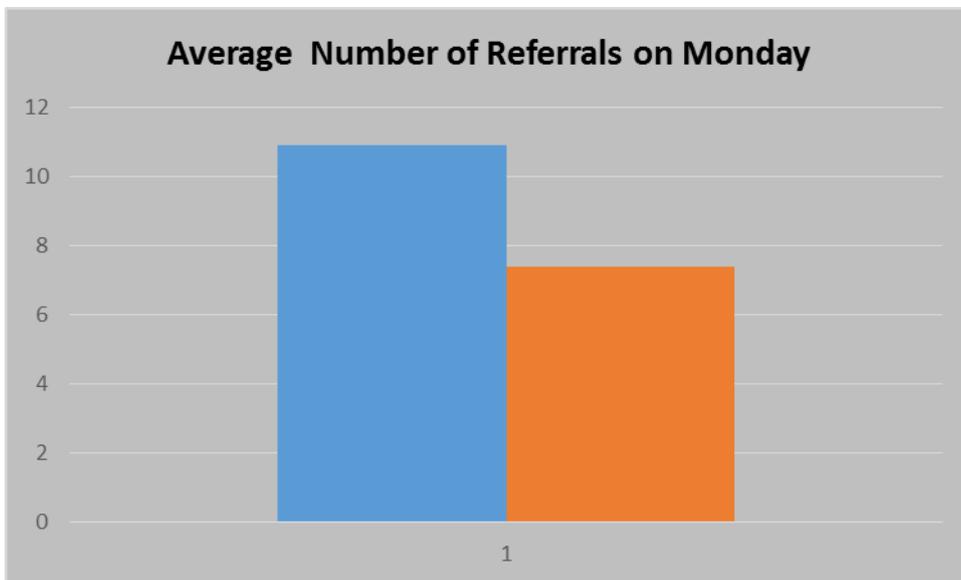
This change may also be impacting on acute in-patient bed days for older people when comparing the January- June period for 2016 to the same period in 2015. Inpatient bed days have reduced for over 65s, with the largest improvement in the over 85's where acute inpatient bed days have reduced by 6%. This is despite population growth in both groups.

HB Population

Population growth over period	65+	85+
Number	1090	140
% growth 2015-2016	3.9%	4.2%

Acute inpatient bed days	65+	85+
2015	15808	4434
2016	15535	4170
Increase in numbers	-273	-264
% change	-1.7%	-6.0%

Since the move to a seven day service, we have seen a 32.2% decrease in referrals received on Monday morning suggesting fewer people have been kept in hospital to await ORBIT assessment on Monday.



10.9	7.4
4/5/15 - 9/11/15	16/11/15 - 16/5/16



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Future Plans:

Initial staffing rates on weekends has been low as the volume of work was unknown. As the change is evaluated further, there may be a need to increase staffing levels on weekends to allow a more even spread of staff in line with the AIM 24/7 programme.

Many of the services with whom ORBIT needs to link operate on a Monday- Friday basis. The move to a 7 day service has the potential to influence other services to do the same. E.g.: WINZ, Options HB, ACC, Home Based Support Services.

The ORBIT team have connected with the new kaitakawaenga service being offered in the acute hospital in the evenings (3.30pm- midnight) to support them with effective engagement with Maori.

ORBIT are one of the first Inter-professional Allied Health teams in New Zealand to offer a 7 day service to ED and as such can help guide other DHBs who are considering developing such a service. Contact has been made with Whanganui DHB who have recently trialed a 7 day rapid response service and staff at Tauranga Hospital who are developing an Inter-professional team for ED. Learnings will also be shared with others in the format of a poster presentation at APAC.

Excellence in Service Improvement

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Your organisation	Briefly tell us about your organisation: <ul style="list-style-type: none">• How it is structured and the services you provide;• Your workforce – how many people, the different roles/functions they provide;• What is your vision and values? <i>Aim to describe your organisation in 200 words or less.</i>
Excellence in Service Improvement	Describe the service improvement that you are entering into the 2016 Hawke's Bay Health Awards: <ul style="list-style-type: none">• Be specific and concise;• Describe the service improvement in terms of how it has made a difference to staff and patient experience;• Describe this also in terms of how it has improved outcomes;• Consider including diagrams, photos or patient stories to help illustrate/explain your service improvement; <i>Aim for 700 words or less in this section of your entry.</i>
Benefits and results	Demonstrate improvement: <ul style="list-style-type: none">• The judges are looking for tangible results directly attributable to your initiative;• Provide benchmark and current data to clearly demonstrate improvement;• Include any measures or KPIs which you are using to track progress and review impact and effectiveness; <i>Aim for 350 words or less in this section.</i>
Future plans	Demonstrate continuous quality improvement by: <ul style="list-style-type: none">• Are there any plans to extend this improvement initiative?• What other improvement activity has this change generated?• Have there been lessons learnt or learnings that can be shared with others? <i>Please provide a brief summary of your future plans in 200 words or less.</i>