

Name of project: Increasing the use of virtual ward beds in East Kent

Project leads: Alex Baxter and Mary Stracey, East Kent Acute Response Team (ART)

What was our aim?

Problem statement:

Patients receiving treatment on the virtual ward are not always being seen by the most appropriate health care professional. Often advanced clinical practitioners (ACPs) and doctors will be doing tasks that could be completed by a nurse or healthcare assistant (HCA). This is an uneconomical use of an expensive and skilled clinician.

SMART aim:

To increase bed usage on the virtual ward from 32 to 40 by improving allocation of tasks to the most appropriate member of the teams by April 2023.

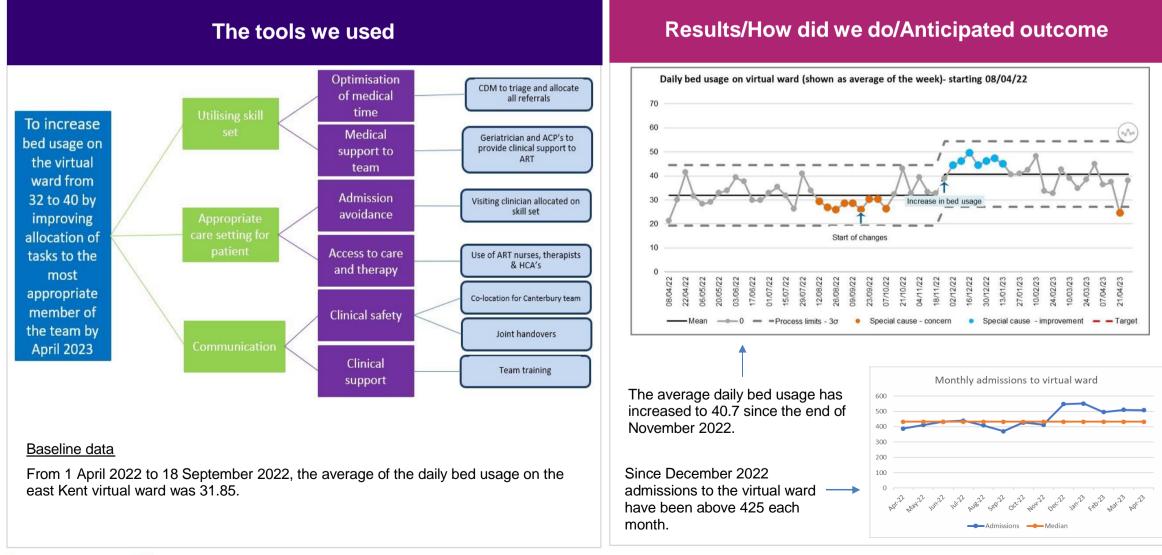
Why is it important to service users and carers?

- When patients are seen by the most appropriate clinician for their health need, this will improve their patient journey.
- Visits will happen in a timely manner, as there will be increased capacity within the home treatment service (HTS).
- Patients and carers will have much more efficient service provision.
- The ACPs and doctors will have more time to complete their • role as diagnosticians.
- Nurses and HCAs have more satisfaction at work as they are excited to upskill to perform tasks previously undertaken by very highly qualified and expensive diagnosticians.

Ideas and tests of change

Changes implemented by the service:

- 1. Ashford and South Kent Coast ART Clinical Decision Maker (CDM) started to triage all ART and HTS referrals and allocate tasks from 19 September 2022.
- 2. Canterbury ART and HTS co-located to Queen Victoria Memorial Hospital from 7 November 2022.
- 3. Canterbury locality to have a full time CDM. New CDM supporting allocation of tasks from 6 February 2023 and full time in post from 19 April 2023.



(we care)

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What we learned and what's next

The impact of the changes wasn't immediate. but improvement could be seen from the end of November. The goal of increasing usage of virtual ward beds in east Kent has been achieved and there has also been an increase in the number of patients admitted to the virtual ward.

We confirmed our thinking that having the CDM review all referrals to both ART and HTS has meant that the most appropriate clinician is allocated each task. This stopped the senior clinicians in HTS completing routine tasks, such as venepuncture and increased their capacity for more complex visits.

Importantly, our colleagues are developing a culture of integration. They are enjoying working as a team and supporting their patients together.

What's next:

The HTS have recruited five additional staff in to ACP roles which will increase potential capacity as they move through their training programme with the trust.