

“Medically fit for discharge” beds in C4 – the journey so far: the idea and the reality...

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Why did we make a change?

“necessity is the mother of invention”

- too many patients awaiting discharge and not needing acute care
- not enough doctors and AHPs

What is the “ethos” in C4 MFFD?

- reducing number of unnecessary interventions
- remove TABS monitors
- stop 1:1 nursing where possible
- patients dressed in own clothes
- allow patients to mobilise freely
- better use of socialisation space
- increased volunteer presence and increased meaningful activity

What do we tell patients and family?

- consultant led care but no routine medical reviews
- no routine AHP input
- individualised nursing interventions
- enhanced social work input
- patients encouraged to mobilise while potential falls risk recognised



A C4 “MFFD” success story...

Mary, an 87 year old with dementia, was admitted in February 2022 with a fall and shoulder injury. Due to her risk of falls and at times agitated behaviour, she had required 1:1 nursing (and at times 2:1 nursing!) Care homes could not meet her needs and she could not be discharged. In June 2022, we moved her to C4, removed the 1:1 and allowed Mary to mobilise freely, acknowledging the risk. Her agitation settled. Mary was safely discharged to a care home in Newton Stewart 3 weeks later.

Feedback from staff on C4

“confused patients being moved from one side of the ward to the other = unsettled patients”

“unfair placement of patients on staff, the ward worked better when patients were mixed”

“ward is being used to fill gaps in social care and community hospitals”

“gives us a chance to fully clean the rooms if the patients have been in a long time”

“feel stuck in the middle at times between doctors and bed managers when front door really busy and pushing for beds”

“feel like we get sent patients that will be difficult to place to free up space on the other wards”

“families/patients become quite agitated at nursing staff the longer they are in, leading to lack of morale and fatigue”

What have we learned and what do we next?

- when presented with a problem and a solution needs to be found, changes can be made quickly
- there are still a large number of patients in DGRI who no longer need an acute hospital bed but cannot be safely discharged
- the C4 team have found the changes to the ward very challenging and this has not been a smooth journey!
- we need to listen to the whole team on ward C4, take the feedback on board and plan how to improve the working environment