

## **Daisyhill: Hospital Intermediate Care Team**

### **1. The Bioteam**

Daisyhill Hospital – Intermediate Care Team (ICT)



The Intermediate Care Team, is based at Archway within Newry and Mourne locality, part of Southern Health and Social Care Trust (Northern Ireland), comprising of 15 members of a multidisciplinary Team, including Physiotherapists, Occupational Therapists, Rehabilitation Workers, Social Workers, Clerical Officers and Intermediate Care Coordinator, who deliver rehabilitation services across the Newry and Mourne Locality to over 900 patients and clients per annum, in their own home or normal place of residence.

Each team member spends around 70% of his/her time away from the hospital, and relies heavily on mobile phones for coordination with base, and with other team members.

### **2. Background and Context**

A mobile team such as the ICT face certain communication challenges that must be addressed using their mobile phones, rather than computer or web access: *One Knows – all know*.

The team needs to be kept informed instantly with important news, originating either from base or from another team member. For example, a team member finds out that a patient has died and needs to inform the rest of the team. Another example is, when a team member encounters road works or a traffic jam that would

impact on the other members.

*Ask the network:* There needs to be a way for base, or another team member, to make an urgent request to the rest of the team. For example, a team member is delayed by traffic, and he/she needs to know if somebody else is closer to Mr. Smith, and could reach them first.

*Its better "not" to talk:* Voice calls are a very expensive and ineffective way to coordinate this kind of team. This is because, voice is really a 1:1 mechanism and if you want to contact "n" people you must make "n" phone calls. This is exacerbated by Newry's unique border location, which means that mobile phone calls are constantly dropping or switching to the international network that results in extra costs due to "roaming charges."

### 3. Objectives

The primary objective was to improve multi-disciplinary team communication/collaboration, by achieving:

- Instant access to all members of team, despite location.
- The ability to send messages to smaller geographically based teams.
- Reduction in effort when the same message is to be communicated to more than one member of the team.
- A Potential cost savings in relation to mobile calls to team members.
- Resolution of health and safety issues, in relation to accessing calls on the move.
- Support for facilitation of discharge, and prevention of hospital admission, as this opens up communication.
- A reduction in effort in contacting team members as a result of network issues in certain areas.
- The ability for teams to directly communicate with each other in relation to message received.
- The freeing up of an administration officer to carry out other duties.

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#### 4. How bioteaming was used

To achieve these objectives, the ICT team employed two key bioteaming principles – Always On! and Team Intelligence.

**Rule#4: Always On!** The team adopted *Swarmteams*, a group messaging tool that is based on the bioteaming principles, as the mechanism for keeping each team member continuously connected.:

- Each member of the team was invited to join a “Swarm” via text message.
- Each day urgent messages would be communicated to the team via a Swarm Broadcast that would go to all team members, as texts to their mobile phones.

These Swarm Broadcasts could be via the web or via any team member’s mobile phone.

All broadcast messages were also stored on a web message-board along with any replies from team members.

**Rule#2: Team Intelligence:** Team Intelligence is about making sure that urgent information is communicated immediately to all team members, on their preferred device (in this case, mobile phones).

The *Swarmteams* tool assigns a purpose to each of its messages that neatly reflect the 6 main uses of mobile team communications:

Message Type	Reply Expected	Purpose
Info-Announce	NO	Internal announcements
Info-Newsflash	NO	External announcements
Request-Feedback	YES	Request for feedback (e.g. on a document)
Request-Poll	YES	Request for your vote
Request-Question	YES	Request for information/help
Request-Schedule	YES	Request availability for a meeting

## **5. Results Achieved**

The bioteaming approach resulted in a number of concrete and specific benefits to the ICT team including:

- The Intermediate Care Team did not have to interrupt provision of patient care to receive potentially urgent telephone calls, as these came in via text message instead.
- Better referral management: new referrals could be seen within 0 - 24 hours of referral.
- Improved coordination of multidisciplinary teams, working with instant access to all members of team, despite location.
- Improved clinical decision making: fieldwork teams were able to screen referrals, and agree to timely follow up from any location, within the Trust
- All “step up” client referrals were seen in their own home or place of residence, on the same day if required, as opposed to attending Hospital.
- Alerts confirming hospital discharge were forwarded to the fieldwork teams, to facilitate efficient caseload management.
- Field work teams were able to access and respond to messages left at base, as opposed to returning to base, to pick up telephone or Fax messages.
- Team members were able to respond to new referrals based on their current location, thus improving access to services for patients and saving travel miles for the team.
- Optimized use of central admin staff in managing messages.
- Major reduction in effort, when the same message had to be communicated to more than one member of the team.
- Health and Safety issues resolved in relation to accessing calls on the move.
- Reduction in effort involved in contacting team members, as a result of poor signal issues in certain areas.

## **6. Lessons Learned**

Use of the bioteaming techniques has made the mobile ICT team much more effective in a number of ways. However, working like a bioteam is somewhat counter-intuitive to staff, who have spent all their working lives in centralized command and control teams supported exclusively by IT systems.

Extra training and support was required in two critical areas concerning the use of mobile phone text: *160 characters is enough.*

It is possible to get 95% of messages into the 160 characters with a bit of training and thought. Standard abbreviations can be developed and used (e.g., TTYL – Talk to you Later). The text message must either convey the critical information, or indicate to the receiver that they must check their email or the web for the full message. *Anyone can broadcast from their mobile phone – no computer required!*

Team members need to have it reinforced that they do not have to wait to get to a computer, before they can broadcast. Swarmteams offers three useful broadcast commands from the handset accessory that can be used by any team member:

- TELL – send a message to the whole team – don't need a reply
- ASK – send a message to the whole team – replies copied to senders phone
- CHAT – send a message to the whole team – replies copied to all member's phones

### **7. Team Member Feedback**

“Intermediate Care offers a range of integrated services to prevent unnecessary hospital admission, promote faster recovery from illness, support timely discharge and maximize independent living.

“The success of the bioteams approach to mobile team working has been the overall positive impact it has made on the Intermediate Care Teams ability to deliver accessible and responsive patient care in the clients own home, enabling the right person to make the most appropriate decision at the right time.” – Jacqueline Morton, Team Leader, Intermediate Care Team.

“Bioteaming has facilitated the Trust in supporting multi-disciplinary teams to collaborate more seamlessly, by using a diverse range of electronic communications. This approach is enabling enhanced inter/intra team communications and directly contributes to the provision of safer and higher quality care for service users.” – Stephen Powell, Communications and Technology Manager.