Enter and View Report

Elgar House Enablement Unit,
Southmead Hospital
North Bristol NHS Trust

25th February 2020

Registered Charity number 115848, company limited by guarantee 08187141
Registered office Healthwatch North Somerset, 3rd Floor, The Sion, Crown Glass Place, Nailsea BS48 1RB

Contents

Visit Overview

Service Name and Address:
Elgar House, Wards 1 and 2, Southmead Hospital, Bristol

Registered Provider:
North Bristol NHS Trust

Type of Service:
Enablement unit

Registered Managers:

Bev Davies	Matron
Marianne Carter	Ward Manager Elgar 1
Amber Mitchard	Ward Manager Elgar 2

Specialisms:
Enablement, transitional care, and rehabilitation.

Enter and View Team:

Patricia Godfrey	E&V Lead and Volunteer
Acomo Oloya	Area Lead
Dave Crofton	Volunteer
Matthew Longuet-Higgins	Volunteer

Date and Time of Visit:
Tuesday 25 February 2020 10am – 1pm

Introduction

About Healthwatch Bristol

Healthwatch Bristol is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in Bristol, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch Bristol's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions – including having a representative on the Health and Wellbeing Board (People and Communities Board in Bristol)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC).

Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

About Enter & View

In order to enable Healthwatch Bristol to gather the information it needs about services, there are times when it is appropriate for Healthwatch Bristol staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch Bristol representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Bristol Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Bristol to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Bristol Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View report is aimed at outlining what Healthwatch Bristol Enter and View Authorised Representatives saw and based on observations, making any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch Bristol to explore particular issues in more detail. Unless stated otherwise, Enter and View visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter and View

To encourage, support, recommend and influence service improvement by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home patients
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda

Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection

- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning

Purpose of the Visit

Healthwatch Bristol carries out announced visits to Social Care and NHS funded accommodation and services in Bristol to observe and obtain first-hand accounts of quality of life, experience, and opinions of patients. Elgar House was selected in response to feedback provided by the public. Our Prioritisation Panel recommended that we visit the site. This follow-up visit made a point of speaking to as many patients, families, and carers as possible.

This report relates only to this specific visit and feedback received directly at Healthwatch Bristol during the same time period. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

Information given about Elgar House

Elgar House tell us that since 2018, it has only been an Enablement Unit and does not provide rehabilitation in the ward, as this is now provided in the main hospital site. It has two wards, Elgar Ward 1 on the ground floor and Elgar Ward 2 on the first floor. There are 8 disabled parking spaces in front of the building for disabled blue badge holders and ambulances.

We were told that the main doors accessing the whole building were always locked but fitted with safety buzzers to make the Unit as safe as possible and to prevent patients from wandering. Receptionists work between 07:30 – 16:00 hours let people in and out of the building. Gill Brook, Head of Patient Experience, met with the E&V team at Brunel Building before the visit. She used her electronic key to gain access to the building. As such, we did not assess easy access, nor did we get asked to sign in.

While Elgar Ward 2 was run by Sirona Health and Care until January 2018, Elgar Ward 1 has always been run by North Bristol NHS Trust. Elgar House is for people who are medically fit to leave the hospital but unable to return home, due to lack of social care support in the community, or for those awaiting transfer to residential care homes.

Both wards in Elgar House have thirty-eight beds. There are single rooms for people with infections, end of life care, severe dementia and sleep problems and 4 other rooms each with 8 beds. Rooms allocated as Enhanced care rooms each had 3 members of staff. We were told that recently Ward 1 had been increased to forty-six beds after eight beds were added to the room that that had been used as the gymnasium. This was only used to manage the surge in urgent admission during January and February and was closed soon afterwards.

The Three Discharge to Assess Pathways

Pathway 1 – home with support

- Support may be social care (e.g. support with ADLs) or health (e.g. complex medications, complex wound care, rehabilitation by therapy services at home) - Patient is discharged home once physically/cognitively safe to be alone between support visits.

Pathway 2 – rehab step down bed

- Patient is identified as having additional Rehabilitation, Reablement or Recovery needs that are best met in a step-down facility to then enable discharge to their usual place of residence following their maximum 4-6 week pathway 2 stay. Care is delivered to promote independence and increase a patient's ability to self-care.

Pathway 3 – care home (likely long-term care needs)

- Patient has likely longer-term care needs and requires additional assessment in a supportive environment to identify the most appropriate setting to meet these needs (maximum 6 week stay).

Elgar also cares for patients who are waiting permanent packages of care or nursing home placement

Quality, dignity and enablement are considered priorities at Elgar House. Their philosophy is: There is always a better way of doing things. They are in the process of developing their mission statement. Staff are offered training to encourage their development and retention. The integrated team includes OTs (occupational therapists) and physiotherapists. Each ward had its own Manager.

How was the Visit Conducted?

A planning meeting for the Enter and View (E&V) was conducted by the volunteer and staff E&V team on 13 February 2020. Issues discussed were methodologies for gathering feedback such as interview, observation and general conversation. The team were allocated different roles: leader, interviewers, and record keeper / report writer. A letter, posters and leaflets were sent to Elgar House a month prior to the visit to inform patients, relatives/carers and staff about the visit and about the role of Healthwatch Bristol.

On the day of the visit, the team were met by Gill Brook, Head of Patient Experience in the main Brunel building before walking to Elgar House together where they were met by the Matron of Elgar House Bev Davies and two Ward Managers. They were welcoming and helpful in showing us around the two wards. They were passionate about their commitment to each independent role and this enthusiasm was evident with the other staff members we spoke with.

The matron said the level of training had been significantly improved, with weekly training for healthcare assistants with the view of a therapy assistant pathway.

There is also a bi-monthly Enhanced Care training study day which was initiated from staff on Elgar House, to improve the level of care that is given to vulnerable patients

The E&V team observed the condition of the premises, the interaction between the staff and patients and talked with ten patients, one family member who was visiting at the time, and nine of the staff who were on duty at the time of the visit. The team also spoke with the Matron and two Ward Managers at the start of the visit and at the end to clarify any questions that had been raised.

Methodology

How practice was observed

The E&V team was introduced Elgar House by the Matron and two Managers. The team spent over three hours observing the wards and its surrounding, and recording notes from conversations with patients, carer/families and members of staff.

Feedback from patients, Carers/Family and staff members provided in this report are kept anonymous to maintain confidentiality.

How and where findings were recorded

Healthwatch Bristol provided materials such as clipboards, paper and pens for recording observations in the wards, conversations and discussions with patients, carers/family and members of staff. Notes were compiled and edited to provide a full report based on the information and feedback obtained on the day.

Observational findings

Our visit coincided with a state of escalation at Southmead Hospital called Opel 3 Red. This is a bed shortage which had meant there were 28 people in A&E without beds. Elgar House ward 1 has a gymnasium and this had been converted into a ward with beds to accommodate 8 extra people.

On the day of the visit, the E&V team were also told that Hospital IT staff were using the dining area for 'e-observations training'. This was a roll out of a Trust initiative to improve patient safety by the electronic recording of patient observations. The roll out was done quickly over a few weeks, and the dining room was not used for training purposes on a regular basis and is kept available for patients.

We observed lunch trollies for patients in Elgar Ward were plugged in and heated up and lunch was served to them at the ward tables. We were unable to see patients having lunch.

In the wards, small dining-room type tables and chairs were available. We were told that they are meant for patients to use when they are out of their beds for activities such as crafts, eating and reading. Small tables in the rooms were being used for crafts when we visited, but otherwise people sat by the bed or were in bed.

The E&V team observed 2 care assistants sitting at a table with patients and painting pictures using paints and brushes. The care assistants said they 'care work' on other days and supervise arts activities 2 days a week. The E&V team members reported that the carers interacted well with the patients.

We observed that the wards were clean, bright, airy and cheerful and room sizes were good. Elgar Ward 1 had a very large and spacious hallway, which we were told was being used as a Fire evacuation area. Some mattresses were placed on the hallway and we told that they were waiting to be taken to the store. Nonetheless, there was enough space for safe evacuation plans in case of any emergencies.

Walls, room and toilet doors were clearly marked with words, pictures and colour coded and there were murals on the walls in places. These measures helped to provide people with a clear understanding to navigate their environment.

Both Elgar wards are circular in style, which means that people with dementia who wander will arrive back at their starting point. Receptionists ensure patients do not wander into unsafe areas and there are staff in every room. One of the wards caters for more vulnerable patients and is supervised by a higher number of staff. The Matron mentioned that the extra care rooms are staffed by 3 people and 1 person must remain there all the time if others are in their meal breaks or when collecting equipment.

Clocks and weather boards were available, and we were informed that they were for assisting those with dementia and forgetfulness.

At 12:00 noon, many patients were still in pyjamas and night clothes instead of being dressed or in their own clothes.

We did not see any drug rounds or any one being helped to use Dossett boxes for practising for discharge.

There was only one OT (occupational therapist) student on the wards. We did not see any physiotherapists at work during our 3-hour visit.

We were told that the 'integrated discharge service' (IDS) case manager, an NBT staff member who works closely with their community partners, attends a team meeting weekly to determine patients who can be moved to care homes. Social Workers are available on a daily basis to conduct patients' assessment. Both wards have a diversity of staff that includes all genders and patients are asked if they would prefer to have personal care provided by a member staff of a specific gender.

We did not observe any patients from the Black and Minority Ethic community in the wards and we are now exploring the reasons behind this further with the Bristol BAME community.

Patient Feedback

Most of the patients that Healthwatch Bristol spoke to had not been told when they would be discharged and were concerned about this. Some said it made them feel trapped in the hospital. Patients mentioned that their family members were also dissatisfied with what they felt was an unnecessarily prolonged hospital stay.

"I have been here for 2 weeks now. I need help getting to and from the bath. My wife and niece come to visit me often. My wife is not happy with the way I am being treated here.

I just want to go home as soon as possible, today if possible. Food is the same every day. I want to go home, I feel institutionalised. I was well before.

One patient was concerned about the imbalance in male female ratio among staff members with majority being female.

"There are only female staff, no male."

A patient felt that loneliness and isolation were among the factors patients find difficult to deal with. The patient also cited an issue with receiving care.

"I have been here for three years; closest I can remember. I have no visitors and not a lot of friends here. Food here is strange, and it needs to be improved."

"When I need someone to help me, no one comes. Some places are better than others on medical side, here is terrible, not good for my health."

"I hope to go home any time soon, but no one has told me yet. I am working towards it with the therapist and my physiotherapy is given in the main hospital."

The E&V team found that lack of communication between patients and staff members about health and social care pathways had caused frustration.

"I have been here over a week, 10 days. I have been waiting to go home but no one seems to know. I want to get back home in Bristol. I have been satisfied with food and I always eat at my bedside, but I just want to go home."

An E&V team member heard patients talk about the frustration experienced when there are delays in organising home care services, despite social care package being agreed.

Elderly lady sitting with daughter. Wearing her night dress only. Very talkative. She had a care plan but had waited a month for the carers to be organised for two visits a day, and they were still not organised. Her daughter travelled to see her from over 100 miles away. The patient had input from Social workers, she had had physiotherapy, exercises and had a walking frame. She was adamant that the social care was provided too

slowly. She wanted to go. The daughter expressed that she was also quietly exasperated.

Boredom and poor quality of food were issues raised by patients and observed by the E&V Team.

Elderly lady, up dressed and in a chair by her bed flicking through magazines. Fractured her hip 2 months ago, said she was bored, did not like TV or radio, complained there was no newspaper delivery. Said she had had no OT sessions or Physio that she remembered. She said there was a choice of food. She did not smile and talk to anyone else whilst I was there.

One elderly frail lady was sitting in an unmade bed in her nightdress.

Several patients had positive things to say about the care and food provided.

"The care is great although I do get bored. I am trying to keep active and have been given this Zimmer frame to help with that. I feel like my mobility has improved since I have been here."

"The food is very good and there is a good choice, can't complain. But I feel that I was better off at home if I'm honest.

Based on what some patients told the E&V team, patients were happy when they knew their planned discharge date and when their health and social care needs were being met.

An E&V team member observed the following;

Elderly gentleman with a fractured spine, was watching TV with personal headphones on. Cheerful, smiling and lively. Said his diabetic diet food was always given, he had physiotherapy and walked daily and had a new walking frame. He had a district nurse and twice daily carers organised ready for his discharge, ready meals in freezer, daughter to help with shopping and was nearly ready to go. He was dressed in good comfortable clothing.

One patient praised staff for care and support services when in isolation.

"I have been quarantined in a separate room several times because of infections. I have always complimented the staff on their level of care throughout this period. They have been very good during several difficult infection periods on the ward."

Feedback from Families & Carers

A carer and support worker for a patient described the frustration experienced due to delays in conducting Social Care assessment when patients are discharged from Elgar House. Despite negative feelings about social care services, carers as well as patients maintain high regard of Elgar House staff.

Carer/Support worker "This Patient is new to the ward and is currently waiting for a social worker assessment. It is very frustrating, and the patient is feeling tired. However, the staff have been good."

Based on the conversations and information some patients and staff told the E&V team, it appears that care plans were not always ready when they were needed, therefore resulting into low social work allocation, especially in Bristol.

Feedback from Staff

Some stated they liked the working environment and were well supported to carry on their work, while others felt overworked due to long shifts and short breaks. Three of the staff said they enjoyed working there and there was a good team. The sisters and matron spoke of getting funds for garden improvements and activities.

"I feel like I am well supported."

"I am enjoying my work here. I mostly help people out of bed as I have not yet done any kitchen assessments."

Some staff members demonstrated job satisfaction because of good working relationships team members and the management in Elgar House.

"We all have a good relationship with our managers, and they trust us to get on with our job, which we value."

"We like our work. The team are nice, and we are not checked up on all the time. We feel responsible for care of patients' safety."

"I like the long shifts, and I like the work here very much."

Some staff members were concerned about the long hour shifts and short breaks. They also felt that they were underpaid despite high level of risks they are exposed to at work. They also mentioned that their workload was high due to staff /patient ratio of one staff member to 12 patients. Elgar House has clarified this since. See response to recommendations (appendix 1).

"I do shift work here, but break is short at only one hour in a long day. Another one hour for a break would make it better. With patients here, some we work with individually, but others are okay and need less help. One thing that can be improved here is more money for carers. Staff and care workers take more risk, but they are under paid. Staff are allocated twelve patients to one trained staff and we do a 12-hour shifts."

"There are 46 patients and they are not closing Bay 5, they only want to install the toilet. More beds are being added now."

The E&V team asked a staff member why some patients were still in their pyjamas and not dressed up to lunch time.

"Patients have mixed ability and a huge influx of patients makes it difficult. There are also problems with community care, patients are not being moved out quickly enough. Community resources are holding up the flow of patients. For social services to assess patients is also a problem. We are in communication with partners and we hold regular partner meetings here and social workers are in Elgar House every day. We also have good relationships with care homes."

Additional Findings

Frailty

Elgar only cares for patient who are fit enough to leave an acute hospital. Although some of these patients were frail, they were medically fit. Some patients do have times when they become unwell and, on some occasions, they remain on Elgar Wards for their ongoing care and treatment instead of going back to Brunel. Some of these patients were being nursed on pressure mattresses others were near the end-of-life.

Nursing staff we spoke to, mentioned that they work 12-hour shifts with others worked part-time or other patterns to fit in with this high level of patient need.

Dignity and Care of Patients

The E&V team were informed that Southmead hospital was in escalation and Elgar House had taken on extra unfunded patients who were being nursed in the gymnasium. When the management team were asked why after 12:00 noon most patients were still in their pyjamas, they said that despite additional staffing being put in place to manage additional patients, the extra workload was still having an impact on the staff and affecting care, support and exercise,. For example, we witnessed when:

An elderly gentleman called out and asked to see the doctor, a call bell was sounding nearby for about 5 minutes, but it was not answered.

Activities of Patients

On the day of the visit, we were observed and informed by the Matron that activities at Elgar house included board games, painting, colouring, art & craft, music therapy, storytelling, Xmas and Easter crafts, and 'pat dogs' visits. These activities are meant for stimulating cognitive and physical wellbeing.

We were told that when North Bristol trust took over the management of Elgar House Ward 2 from Sirona Health and Care, other noticeable differences were the introduction of an activities team, which was facilitated by two healthcare assistants and funded by charitable run events on the ward. Activities included painting, bowling, cinema nights and quizzes.

Food and Drinks, and Mealtime

We were told that patients were always encouraged to use dining room where they like coming for lunch. However, on the day we visited, patients were unable to eat there as the dining room was being used for monthly IT staff training.

At lunch time, we saw only one person working in the kitchen. When we asked why, we were told that food for patients were prepared in the main ward and brought into Elgar House.

Good Practice

We observed examples of good practice whilst we were on the wards. One nurse helped a very frail elderly gentleman drink his warm fluid which had been left on his table. She changed his position, spoke quietly and reassuringly and helped him well.

We were delighted to see the young care assistants helping with crafts and seeing some of their work in the ward decorations.

Both wards carry out an 'Enhanced care policy' with a unit on each ward for males (downstairs) and females (upstairs).

The matron mentioned that there was a view to improve the wards on Elgar House to mirror a dementia ward aesthetic, such as Combe Ward at Royal United Hospitals, in Bath.

There were new pressure sore prevention mattresses being used and new hoists in the storage area for frail patient's needs.

Elgar Ward environments guided by advice about the safety needs of patients with Dementia or sight loss used colours to facilitate independent living by supporting patients to find their way around the wards. We saw that doors for patient bathrooms and toilets brightly coloured and grey doors were for staff members. There were Dementia friendly clocks and flooring styled to suite the visual distortions sometimes experienced by Dementia patients.

Recommendations

Elgar House provide a step down into appropriate care, either at home or in a nursing home. Pressure on these services has had an impact on the ability of the wards to discharge patients quickly and is reflected in the patient, carer and staff feedback.

Based on our observation and conversations during our visit we have the following recommendations;

- That communication with patients is improved so that they know about the types of pathways into social care and how long their stay may be
- That coordination is improved so that there are prompt social care assessments and smooth pathways to discharge for patients
- That staff numbers are increased to improve patient support and care so that more than one member of staff is available for 12 patients in a 12-hour shift.
- That the wards dining area is always available for the patients, so that they can have quality time away from their beds every day.

Limitations

Due to one of our E&V team members being off sick we could not carry out some of our plan in full.

The E&V Lead was disappointed that more time was not given to speaking to patients. We concluded that in-depth conversation with senior staff members to gather information would be conducted prior to visits in future to ensure the time on the day was well spent.

Appendix 1
North Bristol NHS Trust response to recommendations

North Bristol NHS Trust response to recommendations made following Healthwatch Bristol 'Enter & View' visit to Elgar Enablement Unit on the 25th February 2020.

Date: June 2020

Recommendation: 1. Communication with patients is improved so that they know about the types of pathways into social care and how long their stay may be.
Comments:
Discharge planning for patients with complex needs requires significant communication with patient, carer and community partners. We are constantly striving to improve how we improve this communication and recognise that we need to do more to keep patients up to date. Current actions to improve include: • a leaflet given to patients/ carers explaining the purpose of the ward and discharge process and encourage patient / carers to discuss their discharge plans. • Working with the Carer Liaison Support Worker who can support carers with explaining the discharge process. • A new Discharge Tracker role on each ward. The purpose of this role is to help coordinate discharge and help with communication between patient / carer and community services. • The wards have dedicated therapists that discuss the individualised care needs with the patient, the carer with consent. • Training for all staff in Elgar to encourage and support patients to participate in their care, and understand the discharge process.
Recommendation: 2. That coordination is improved so that there are prompt social care assessments and smooth pathways to discharge patients
Comments:
We are constantly striving to improve our discharge processes and eliminate any unnecessary delays. We are committed to working closely with community partners to facilitate early discharge from hospital. • On admission to Elgar there is a multidisciplinary (nursing, therapist, medical) handover of the patients care needs, treatment and social assessments in regard to their discharge plans. • Each morning there is a 'board' round that is attended by the multidisciplinary team to contribute and plan for the needs of the patients. Any actions or changes are then discussed in a smaller huddle each afternoon. • The Integrated Discharge Service (IDS) Case Manager and Discharge Tracker work closely with community partners to facilitate discharge and ensure communication between all involved. • There is a daily meeting and 3 times a week review meeting with our community partners to coordinate complex discharges from hospital.

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Recommendation: 3. That staff numbers are increased to improve patient support and care so that more staff than one member of staff is available for 12 patients in a 12-hour shift.
Comments:
The ward staffing is reviewed on a daily basis by the Matron and Head of Nursing using a nationally agreed tool 'Safe Care'. This assesses the number of patients and their needs (acuity and dependency) and how many nursing hours are required to care for those patients. There is a 6 monthly review of ward establishments with the Director of Nursing; this reviews the establishments and the acuity and dependency data. The staffing metrics are triangulated against other indicators such as complaints / incidents / staff sickness. These reviews are presented to the Trust Board. Additional staffing was put in place for the escalation beds (additional beds) and this was monitored very closely by the Matron and Head of Nursing. The agreed ratio on the unit for 38 patients is 5 registered nurses and 7 healthcare assistants for the day shift and 3 registered nurses and 6 healthcare assistants for the night shift. At night the ratio is one registered nurse and 2 health care assistants for 12 patients. This is in line with national guidelines. There are also new learners (student nurses) and volunteers contributing to care for the patients. There is a strong link with NBT fresh Arts who assist in arranging activities for the patients such as visiting singers or musicians.
Recommendation: 4. That the wards dining area is always available for the patients so that they can have quality time away from their beds every day.
Comments:
The training in the dining room at the time of the visit was 'e-observations training'; this was a roll out of a Trust initiative to improve patient safety by the electronic recording of patient observations. The roll out was done quickly over a few weeks. The dining room is not used for training purposes on a regular basis. It is kept for our patients to use at mealtimes, for activities and for a different place to be during the day. The Matron reviews how many patients are up and dressed and in the dining room each day as an important quality metric. This is currently under review due to Covid 19.

Acknowledgements

We thank Matron, ward sisters and staff, as well as patients and relatives for spending time with us our visit on a day when the hospital was so busy.