

REASON WHY?

'Prolonged stays in hospital are bad for patients, especially for those who are frail and elderly. Spending a long time in hospital can lead to an increased risk of falling, sleep deprivation, catching infections and sometimes mental and physical deconditioning. Despite this, nearly 350,000 patient spend more than three weeks in acute hospitals each year.' (NHS England)



Ward 16s aim was to increase pre 11 discharges to 50% (1 patient a day) of the wards overall discharges and to statistically improve the length of stay by the 15th May 2023.

PLAN

Ward 16 is Shrewsbury & Telford Hospitals Acute Stroke ward. Suspected and confirmed strokes are admitted to this ward. For the purposes of this piece of work the pre 11 discharges would be in relation to individuals who are discharged if the patient is not having/ had a confirmed stroke and does not need to remain in the hospital.

The core group of workstream 4 met with one of the sisters and matron to carry out a root cause analysis to understand the blockers to earlier discharges.

The ward were then given additional support for the following 3 weeks to trial different ways of working to support discharges earlier in the day.

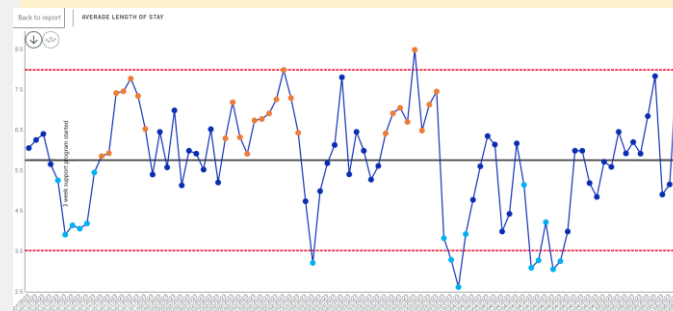
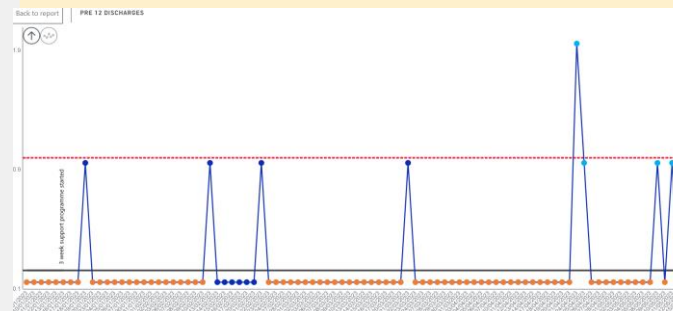
Some of the interventions were supported by the SHOP model designed by the Royal College of Physicians and the Royal College of Nursing. Other interventions would be decided upon following the model for improvement on a daily and weekly basis in the format of virtual touchpoints and written feedback along with a review of the wards discharge and length of stay data on the ward dashboard available on the intranet.

The wards performance would then be measured at 30, 60 and 90 days in a PowerPoint presentation for the senior leadership team in Medicine & Emergency Care Division.

DO

The ward trialed the SHOP model in board round and introduced an afternoon huddle to ensure clarity on next critical steps for the patient. They recognised that their PSAG boards were not always accurate so a conscious effort was made by everyone to update the PSAG boards in morning board rounds and afternoon huddle. They also recognised that many investigations were carried out in the afternoons which led to delays in discharging patients, to rectify this the nurses worked with the doctors to identify actions earlier in the day. They also noted that they were often notified later in the day around complex discharge patients making it hard to meet cut off times. The ward began prepping the patients i.e. ensuring letters and medications were done once the patient was declared medically optimised so a patient could be booked and made ready on transport as soon as a bed was identified by the Integrated Discharge Team (IDT).

STUDY



Ward 16 successfully reduced their average length of stay from 7 days to 6 days. Although the improving trend deteriorated towards the end of the 90 days it is evident that the ward recovered following the easter bank holiday than it did previously.

The ward has limited pre 12 discharges, however the team have identified solutions to improve this further supported by the discharge management tool trial, that began at the end of April. The teams feedback that continued support from all MDT members has gone well and continues, as they use the model for improvement to test more changes.

ACT

- To ensure Ward 16 continues to drive SHOP model with an emphasis on earlier movement and requesting imaging or investigations at the earliest opportunity, to reduce blockages and so discharge summaries can be prepped at the earliest opportunity.
- To continue to engage the whole MDT and work with medics to ensure the PSAG board is accurate, EDDS are updated and early movement is prioritised with utilisation of discharge lounge where appropriate
- To ensure robust process between Ward 15 and 16 whereby Ward 15 pulls through from 16 at the earliest opportunity to create acute capacity on Ward 16 and give a clear picture of available capacity on Ward 15.