Acute Floor Test of Change Week- Short Stay Utilisation June 2024

SaTH Improvement Hub

Theme | Urgent and Emergency Care

Produced by | Rebekah Tudor

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The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Short stay patients are patients that are expected to stay in hospital between 0>72 hours. The aim is to turn our short stay units from a predominantly General Internal Medicine (GIM) bed base to true Short stay patients (SS) (<72hr LOS) to improve the bed availability in Short Stay Units (SSU) for new medical admissions to the acute medical take (ED/AMA portals of entry). It is challenging to get the right patient in the right place first time which results in increased length of stay and delays for patients leaving the ED footprint.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

Increase the number of true short stay patients (Length of Stay less than 72 hours) to 80% of patients on short stay units cross site (Ward 10 and Ward 22SS) by 26th June 2024.

PLAN

The plan was to improve the internal processes to optimise the development of the acute floor. The focus would be on increasing the number of short stay suitable patients within the acute floor footprint.

The key areas of focus for this test of change were:

1. All beds being allocated to the AMU Co-Ordinator by the capacity team
2. Daily Huddles
3. Juniors released to prepare discharge summaries
4. Focus on discharges

DO

During the test of change the following occurred:

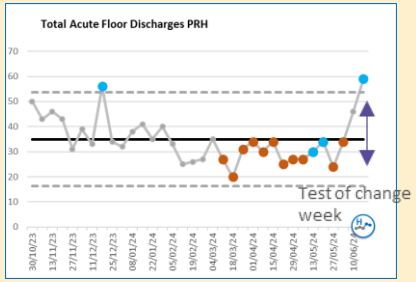
1. Beds were given to the AMU co-Ordinator in order to allocate to the most appropriate place (AMA/ AMU/ SS). This occurred 63% of the time at PRH and 88% of the time at RSH.
2. Daily huddles occurred 75% of the time at PRH and 88% of the time at RSH across the acute floor. This included closer focus to the check, chase, challenge process.
3. Juniors were released in real time to prepare discharge summaries 75% of the time on both sites.
4. An increased focus was given to discharges to remove GIM patients from the SS bed base utilising the key questions developed by the team.

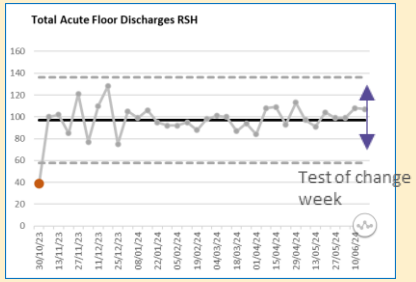
Additionally there was increased senior presence across the floor to support with any decision making.

STUDY

The test of change week helped to support the utilisation of the short stay beds for short stay patients. Additionally, utilisation of the Test of Change champions was beneficial during the week, resulting in patients being discharged or transferred more efficiently from Short Stay beds to a more appropriate area.

Allowing the junior doctor team to support the discharges in real time helped to improve the discharges from the acute floor footprint.





The test of change week made a statistically significant improvement to the total number of discharges from the acute floor bed base. Acute floor discharges at RSH were higher than the average, although showed no statistically significant improvement during the week. Utilisation of the Short Stay ward at RSH showed an average between 10% and 41% at PRH during the test of change. RSH, however, were able to ensure 80% of patients on the ward were Short Stay patients (ranging from 34% to 80% during the week). Higher utilisation of the SS wards at RSH can be directly attributed to the AMU Co-Ordinator being allocated beds from the capacity team.

ACT

During the week, the use of the whiteboard was found to be effective in highlighting SS suitable patients. This process will continue to be reinforced and ADOPTED.

An ongoing rota for test of change champion rota will be compiled to ensure all short stay suitable patients are located on the SS ward.

Additional reinforcement of the beds being allocated to the AMU Co-Ordinator from capacity is required to allow appropriate utilisation of beds.

Current improvements will be monitored over the next 30, 60 and 90 days.

ACKNOWLEDGEMENTS & REFERENCES | All colleagues across the Acute Floor for their feedback and support in testing out the PDSAs throughout the week