Improving the care of Short stay patients in a District General Hospital using structural and process redesign.

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Background

People admitted to Raigmore hospital as medical emergencies pass through the Acute Medicine Unit, and may transfer to a speciality ward if required.

- In 2017, 5225 medical emergency patients had a stay of less than four days.
- 44% of these short stay patients were moved between wards during their stay, often out of specialty (boarded) to maintain flow in the Acute Medicine Unit.

These short stay patients moved between wards often experienced delays in their care.

- Delay in assessment of test results.
- Delay in production of immediate discharge letters (IDL's).
- Delay in ordering and receiving discharge prescriptions.
- Delay in arrangement of transport when required.
- Delay in locating doctors for final decisions on discharge.

Aims/Objectives

By providing continuity of care reduce the length of stay for Medical Division patients resulting in improved patient experience and hospital flow.

Increase the median number of people discharged direct from the Acute medicine Unit each week (non - same day discharges) by at least 10% from 34 to 38.

Decrease the average length of stay in the medical division for patients staying less than five days.

Staff Survey

Very positive about the benefit of short stay beds with lots of valuable feedback and suggestions for further improvement.

'You Said we Did ' board developed to address areas for improvement.

'Positive post box' to highlight examples of excellence.

Pharmacy

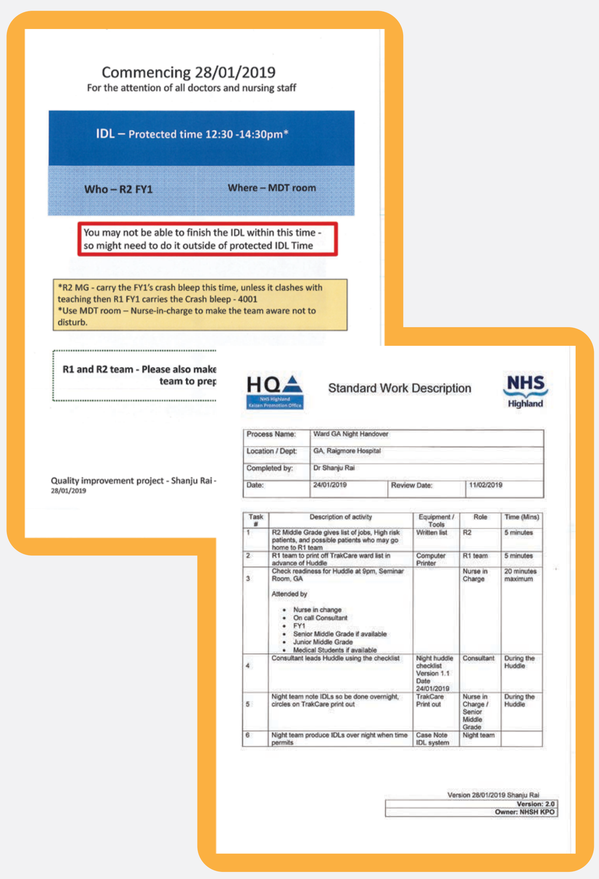
- Ward-based dispensing
- Early identification of discharges.

Revamped escalation plan

No decanting of Short stay pts from AMU!

Immediate Discharge Letter

Standard work and visual controls.



METHOD

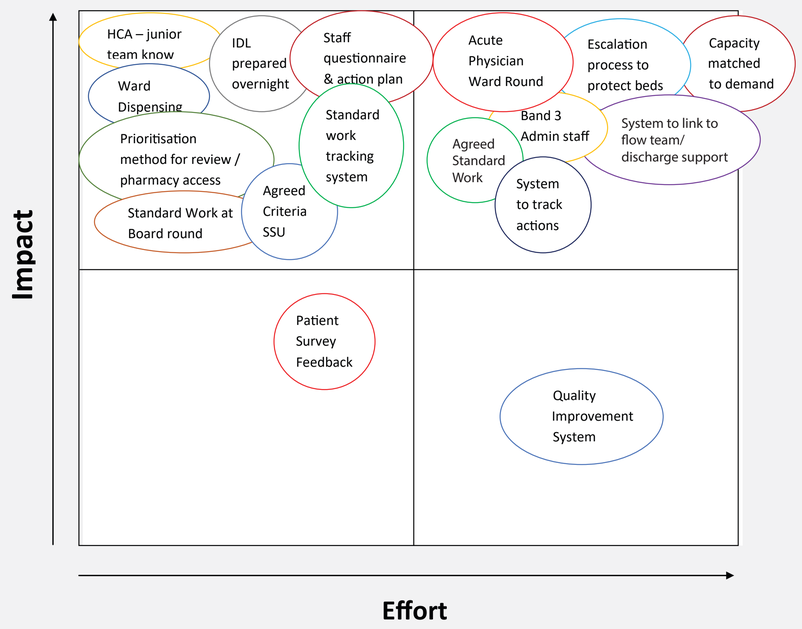
The team aimed to achieve their objectives by applying quality improvement principles.

Weekly 'short stay team meetings
Use of PDSA cycles
5S,
standard work
Visual Controls
Driver Diagram

Visual Control

The team prioritised actions using a **Prioritisation Matrix** and systematically tackled the identified problems in six work streams, which include patient identification, patient experience, efficiency, continuity of care, the discharge process and staff morale .

Acute Medicine – Short Stay Trial
2 x 2 Prioritisation Matrix



Ward Round/Acute Medicine Assistant (AMA)

We altered ward rounds to review short stay patients more rapidly, and improve continuity of care.

Band 3 AMA's provide support, information collection, ensure patients are 'consultant ready' for ward rounds , facilitate timely request of investigations, appropriate early referrals to AHPs and earlier seamless discharge.

Results & Moving forward

The number of people discharged direct from the ward (non same day discharges) increased from a median of **34** per week to **48**, an increase of **40%**.

Our hospital has extended the trial for a year allowing us time to gather more data to support our business case and the opportunity to continue to develop new ways of working to improve the care of our short stay medical patients.