

UEC Workstream 7- +21 day Lists

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Abstract: Following the Multi Agency Discharge Event in August 2022, one of the key successes was the reduction in the medically fit for discharge list. Following the debrief of the event the SaTH UEC Improvement Programme would like to explore how the number of patients who reside with SaTH for over 21 days can be reduced.

SMART Aim

To reduce the number of patients who reside in the hospital for over 14 days by October 2023 to under 200

Plan

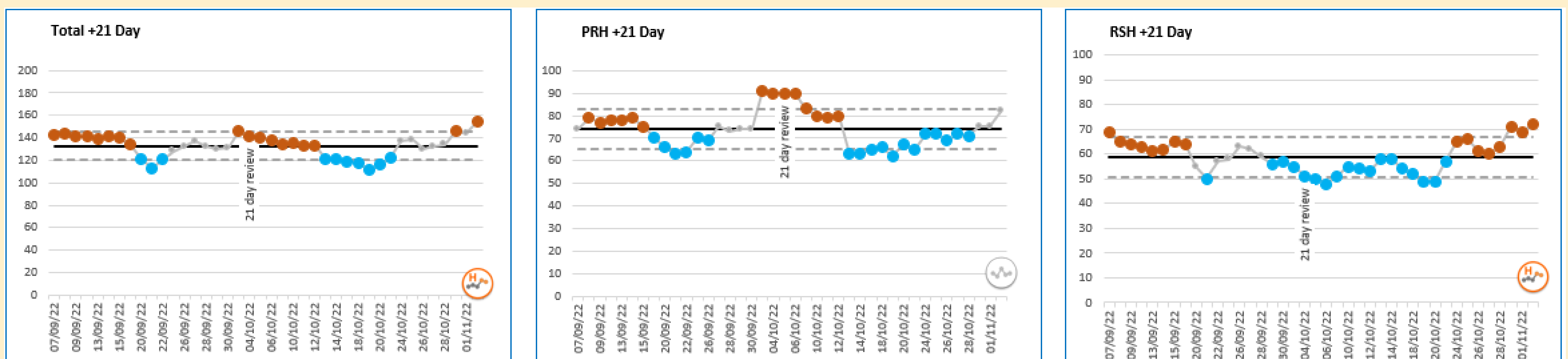
Following an initial scoping session with Kirsty Sloan, who had initiated and embedded processes in another acute trust previously, the decision was to initially focus on the +21 day length of stay patients. The initial work undertaken was understanding how the team could identify the patients currently reside in the trust for over 21 days. In order to do this the team worked with David Bruce in the data warehouse team, who was able to send the team a daily tracking document. This identified the patient and the ward that they resided on, whether they were medically fit for discharge and how many days they had been an inpatient for. The next step was to agree a team to review the patients and how this would be undertaken. It was agreed that a team would visit each ward and discuss with the nurse in charge. The team initially comprised of a flow matron, therapies manager and an improvement business partner. The weekly reviews were communicated by the Deputy Chief Operating Officer to the division via email and flyers were sent to all the wards to inform them of the reviews starting on Tuesdays at RSH and Wednesday at PRH.



Do

The weekly reviews began on the 4th October at RSH and the 5th October at PRH. Actions and comment were recorded on a tracking document that is rolled on from one week to the next recording the conversation each week for the teams internal and external colleagues. Following the review an email is sent to the ward manager and matron with outstanding actions. The Integrated Discharge Team are also sent any relevant patients who need escalating to them. As there is a therapies manager on the reviewing team they can capture any actions at the point of discussion, an email with any patients requiring therapy support is also distributed for governance and assurance purposes. After the initial week, the team reflected that utilising the ECIST delay codes would be beneficial to understanding the greatest blockers for discharging patients. This allowed the team to also escalate into the divisions when it was felt there was no clear plan for the patient.

Study



As per the SPC charts above we can see in the first 30 days of the +21 day review being implemented the team began to see an improvement across both sites. This unfortunately has begun to deteriorate particularly in RSH around the 24th October which coincided with a critical incident declared across the trust as pressures increased.

Act

The next steps to continue to support the patients who reside at SaTH for over 21 days is to extend out the multi disciplinary team to include the complex discharge sister starting from the 8th November and to review how the information is escalated into the long stay Wednesday meetings and refresh the data at 60 and 90 days. The aim is to have the reviews become business as usual and when appropriate change the focus of the review to all patients residing over 14 days as we see the overall number of patients decrease. This will also support reduction of the number of patients on the medically fit for discharge list and bring down the overall average length of stay for patients from Shropshire, Telford & Wrekin and Powys