SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

Ward 27 Improvement Support

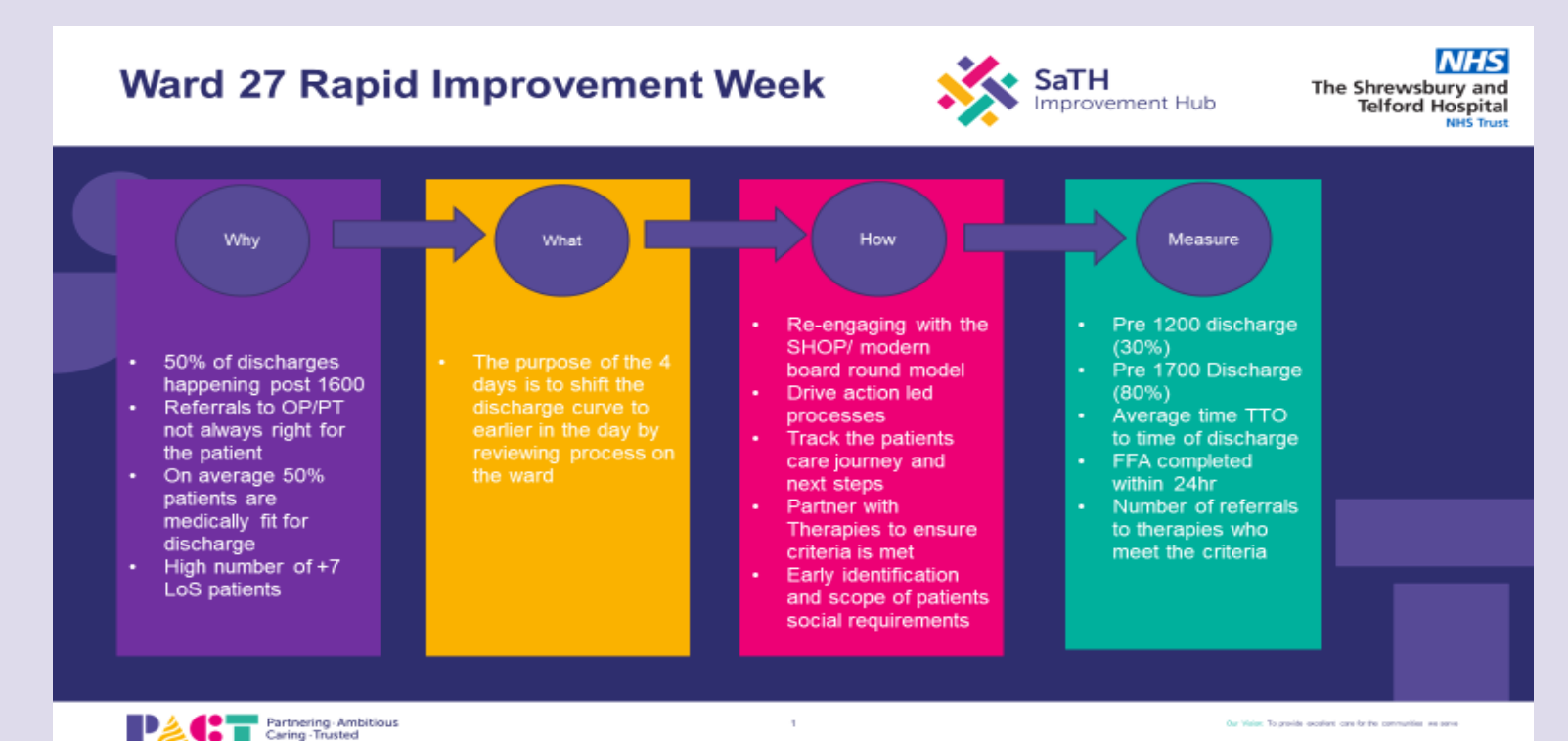## Ward 27 team, PJF, and Medicine Ops

Abstract: Following the August 2022 MADE event it was recognised that ward 27 had significant challenges regarding super stranded and number of medically fit patients. They also have one of the largest bed bases in the trust. A support week was implemented to understand the root cause of these challenges.

SMART Aim

To increase pre-10, pre- 12 discharges and transfers to the discharge lounge to 50% of discharges by 21st October 2022

Plan

Ward 27 had significant numbers of medically fit for discharge and the average length of stay which peaked during the August MADE event. The directorate decided to review the ward processes starting on the 20th September to observe and understand the root cause of the significant increase in the wards data. In preparation for this the team scrutinised the data from the 01/08/2022- 20/09/2022 when the support week began.

Do

Day one of the support week the morning board round and afternoon huddle was observed. The am board round took place but started late and did not follow the SHOP (sickest, home, other, plan for tomorrow) model. No afternoon board round took place. The ward manager decided to implement the SHOP model for board round, implemented an action log and afternoon touchpoint to be completed by 1:30.

The following day the team reinstated their discharge for the day and tomorrow board making outstanding actions visual to the entire team.

The Improvement Business Partner supported an evening touch point with the NIC and ward manager everyday to understand next steps in their PDSA cycles and to support any further escalations.

Study

End of support week – 23rd September 2022

- Improvement seen and sustained in number of patients residing for over +21 days from 14 at the start of the month to 3 on the 23rd September. Sustained improvement up to the 23rd September could also be seen in the wards average length of stay from 16 days to 8 days. Numbers remained consistent for +14 day LoS and saw slight improvement in medically fit for discharge.
- Pre-10 & Pre-12 discharges were achieved on the 22nd and 23rd September which accounted for 2 out of the 3 early discharges for all of September up to the 23rd. Use of discharge lounge also saw an improvement with numbers being above average throughout the duration of the support week.

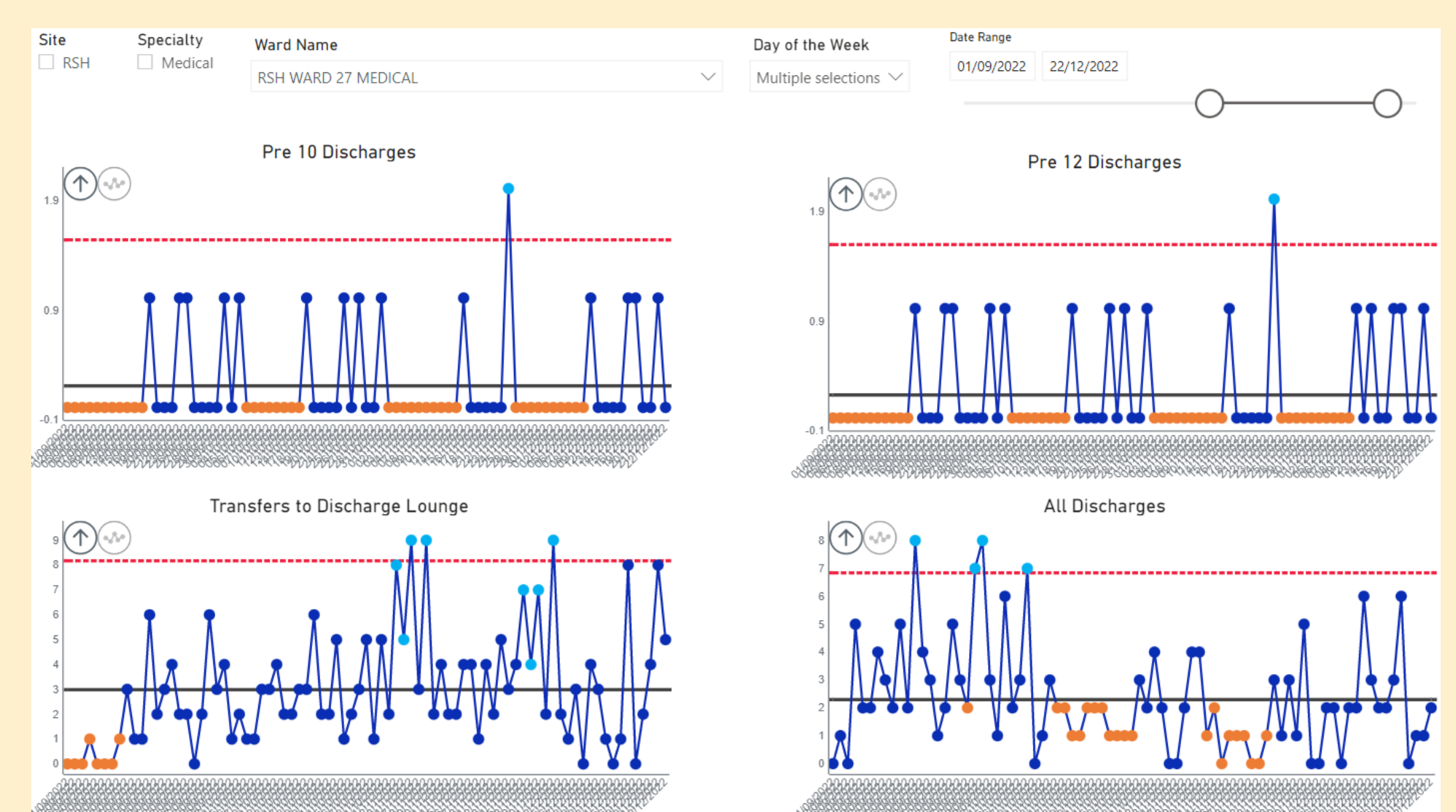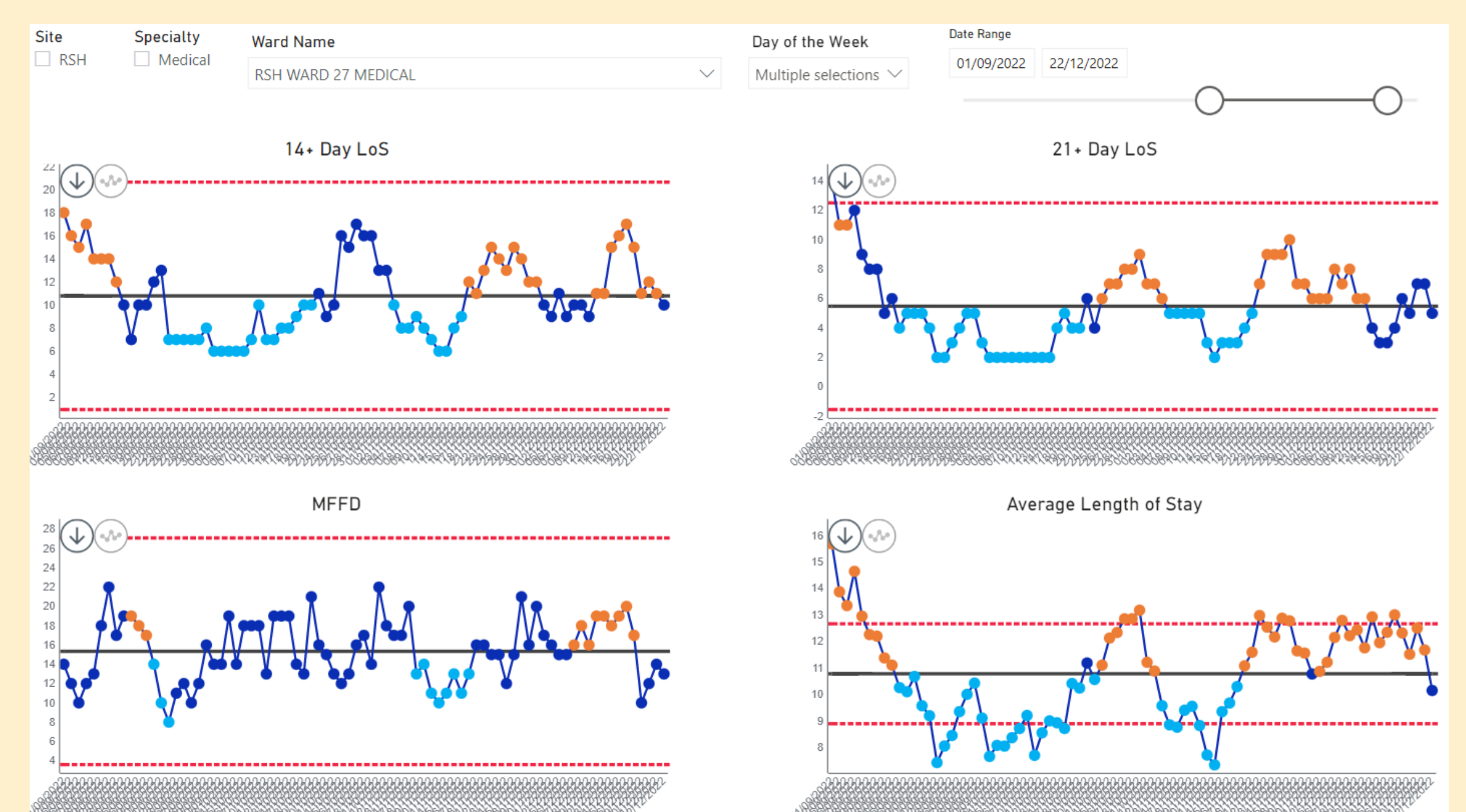### 30 day remeasures- 23rd October 2022

- Deterioration seen in all MFFD & LoS data, however up until October half term W/C 17th October sustained improvement had been seen in +14 day, +21 day and average LoS. This also coincided with a marked step change across the whole trust in these areas.
- Pre-10 & Pre-12 saw some small improvements but not consistently and discharges had also fallen below average by the 23rd October. Use of the discharge lounge remained consistent following the initial improvement.

60 day remeasures- 22nd November 2022

- Following the deterioration at 30 days the ward saw improvement in all MFFD & LoS data until the middle of November. This coincided with staff sickness and operational pressures increase as numbers ED arrivals and patients with covid and flu increased.
- Pre 10 & Pre 12 discharges remained inconsistent and total discharges saw a significant decline below average. Transfers remained consistent with 4 days of significant improvement at the beginning of November.

90 day remeasures- 22nd December- It is important to note that the trust saw staffing sickness increase to 7.8% in December and ED arrivals increase significantly above average throughout the entire of December

- All LoS and MFFD numbers saw some deterioration from 60 to 90 days but all have recovered to the average figures by 22nd December
- Pre 12 discharges also saw small improvement but remained inconsistent. Transfers to the discharge lounge and all discharges remained average.

Act

Next steps is to liaise with the ward manager to see if processes have remained since initial improvement was seen and either re-embed or look for new solutions

References
(1)   references here

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