Acute Floor Review 2023

Theme | 22 Short Stay

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SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

SaTH ED performance currently sits at 55% with majors' performance at 25.55%. The time to initial assessment is on average 47 minutes against a quality standard of 15 minutes, with the total time in the department (admission or discharge) on average being 438 minutes (7.3 hours) against the quality standard of 4-hours. The average time a patient who needs to be admitted stays in the department is 699 minutes (11.65 hours), including 226 minutes from "decision to admit". There are routinely more than 10 patients waiting in ED waiting for a medical bed at any one time.

SMART AIM

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

The introduction of the acute medical floor (AMF) will enable ward 22 short stay to achieve a length of stay of 3 days (4320 minutes) by 31st July 2023

PLAN

To create new pathways and capacity at the front door to support early speciality assessment and direct admission pathways for medicine, orthopaedics and oncology.
The proposal creates the following:
• A co-located Acute Medical Assessment area (AMA), a larger Acute Medical Unit (AMU) and short stay unit
• A co-located trauma assessment unit and orthopaedic ward
• A co-located oncology assessment area within the oncology ward

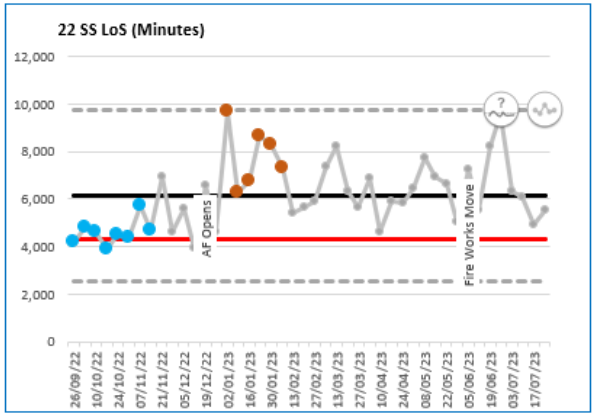
Utilising ward 22 to create a co-located Acute Medical Assessment (AMA) area with 18 spaces, a 35 bedded Acute Medical Unit (AMU) alongside the 26 bedded short stay unit in a horse-shoe shape will create an Acute Medical Floor that that will maximise acute medical processes. This will increase the acute medical capacity from 46 beds to 69 beds and trollies plus 12 assessment chairs.

DO

Co-locate the Short stay ward and Acute Medicine Discharge Area (AMDA) with the AMU which enabled closer and more efficient interaction between the admitting arm of acute medicine and SSW. This has led to closer collaboration between the teams & more prompt movement into short stay when discharge decision are made.

There was temporary disruption in this relationship when AMU had to return to ward 29 for ventilation works.

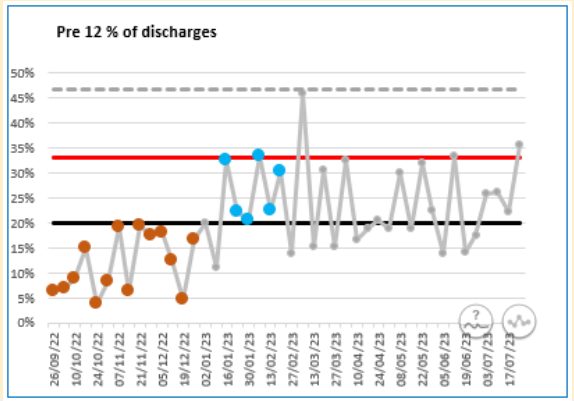
STUDY



Unfortunately, the LOS has not improved as we would like as, at times, due to pressures in the system, the "next patient is moved rather than "right patient"… and so has not improved.

Unfortunately, the data currently does not reflect our anecdotal experience of improved patient journey and adherence to "right patient into the right place, first time".

Since the opening of the acute floor the LoS based on the data provided, ward 22SS LOS has deteriorated and is not currently achieving its target of 3 days. Anecdotally the team believe that this data is not reflective of experience and so further work on this is required.
Based on the current data, we can also see that ward 22SS has not been consistently achieving 33% pre 12 discharges, however there was special cause improvement variation following the opening of the acute floor in December. This has unfortunately not been sustained.



ACT

We will continue that we aspire to get the right patients to Short stay to improved LOS and use the AMDA area to maximise the potential of patient being sat out as early as possible pre-10, pre-12, pre 2pm.

The acute medicine team are in the process or relaunching their internal processes, such as earlier starting ward rounds, huddle with SHOP model and full board rounds, as well as afternoon Check, Chase and challenge, to ensure that there is optimal discharge potential.

A review of all parameters of data as they pertain to AMF are being reviewed and will be compared to that which is being pulled by the improvement team.

ACKNOWLEDGEMENTS & REFERENCES | We would like to thank the whole of the Acute Medicine team but also the wider organisation and execs for demonstrating confidence in team to allow the opportunity to expand the acute medicine footprint at RSH and allow Acute Medicine to grow