Acute Floor Review 2023

Theme | Length of stay across the acute floor

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SaTH Improvement Hub

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 acute medical floor AMF will achieve expected LOS in AMA (12hours) & AMU (24Hours) stay 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 floor that will enable patients to be cared for effectively. This will increase the acute medical capacity from 46 beds to 69 beds and trollies plus 10 assessment chairs

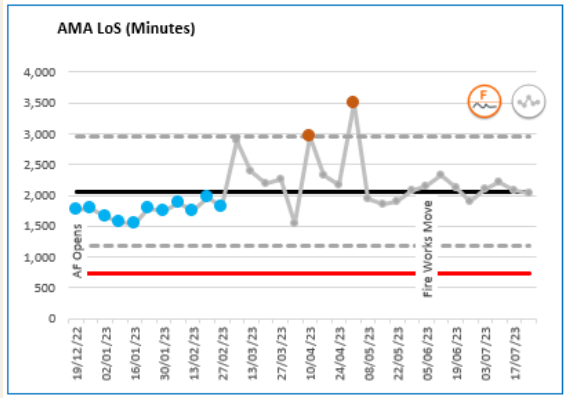
DO

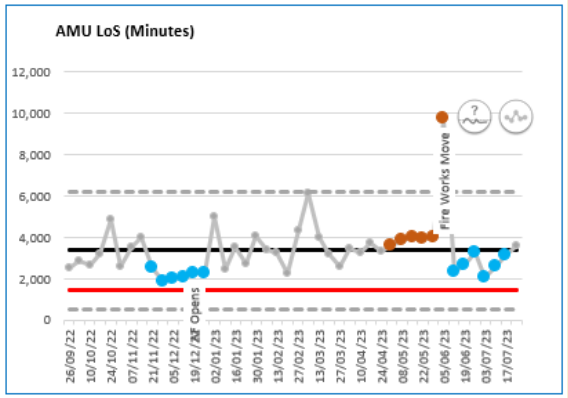
With the expansion of the acute medicine footprint, the hope was that the LOS in AMA and AMU would improve and allow the patient to be managed in the right place first time.

Unfortunately, exit block to the main bed base is the primary driver for LOS in the AMF, and these external factors have yet to improve to faciality the floor functioning to its full capacity..

STUDY

We can see from the data below that neither the AMA & AMU have achieved the targets set out. AMA initially saw special cause improvement variation but this since has ended and currently no statistical trends of improvement emerging. AMU have seen both positive and negative special cause variation and currently are seeing an improvement run since temporarily moving for estate work to be carried out. It would be useful to understand if any processes have change as part of this move?





ACT

Ongoing work externally in medicine dept and capacity teams to try to reduce exit block and reduce LOS in the dept.

The acute medicine senior team work closely with the capacity team, to try to pull patients as early as Is possible to the floor to be clerked.
It has been shown that there is a 20% discharge rate when a patient is clerked on the AMF as they are managed by medical nursing team compared to care and discharge rate when clerked in ED, and so this ongoing push to clerk patients in AMF as this maximises discharge potential on the floor, reduces LOS and improved capacity to pull ED patients

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