Aborted Transport PDSA 4

Theme | Capacity and Flow

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SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Across SaTH there have been 1321 aborts relating to discharge and transfers at a cost of approx. £117,569 between 1ST January 2024 – 31st December 2025

AIM

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

A system approach to reduce 'avoidable' inpatient aborts across SaTH by 25% by 1st April 2025

PLAN

EMED had offered to trial a 4-week initiative to pre-plan and allocate all confirmed complex discharges <24 hours in advance.

The initial plan was for the CTH (care transfer hub) to notify the wards of their tomorrows complex discharges, and for the ward staff to contact the on-site PTLOs to book transport in advance stating this was a booking to be included in the trial. The PTLOs would book the transport, and contact the wards after 15:30 with the allocated collection time, they would also confirm with wards the day of collection.

DO

The trial was widely shared across the trust with weekly inclusion in the winter bulletin plus separate posters and intranet presence.

The initial process was reviewed 2 weeks in – and following discussions the process was amended.

It was noted by the CTH that despite notification to wards the transport was not being booked and the trial was not being utilised.

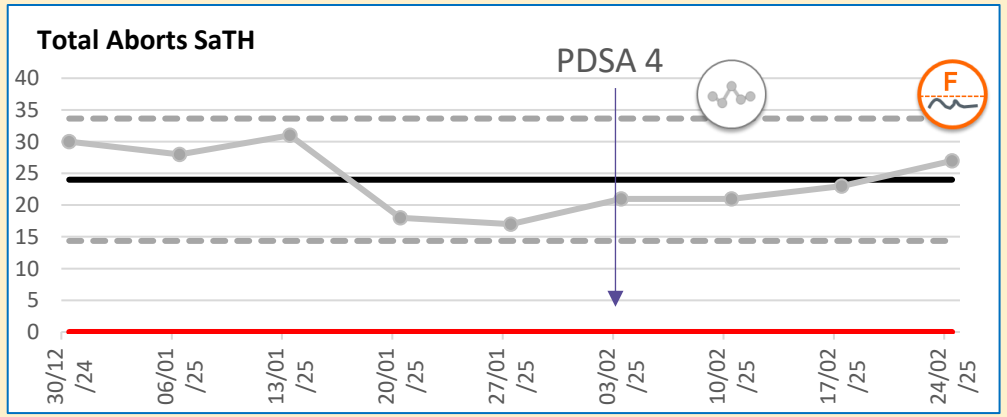
The process was changed to the flow teams having oversight of the transport and supporting the wards to book transport plus completion of letter and medication. There was also a twice daily touchpoint notifying the flow teams directly of tomorrow's discharges.

Another challenge with the trial, was the following day when transport arrived the patients were not ready and the transport was aborted. The PTLOs were contacting the wards in the morning but the answering of the phone was inconsistent.

STUDY

The trial saw 110 pre planned journeys made with a 13.6% (15) aborted rate and 16% (18) cancelled.

66 out of the 77 planned journeys were collected within the planned allocated hour a success rate of 85% and 10 were collected after the planned hour.



Overall the aborts remained below average, however started to creep back up towards the end of the trial.

ACT

Following the success of the initial 4-week trial, it was agreed to extend the approach for a further 4 weeks. However, the process hasn't yet fully embedded, largely due to ongoing uncertainty around where the responsibility for booking transport should sit.

Since the conclusion of initial 4 weeks, there has been a noticeable drop in pre-planned journeys being arranged.

To help address this and move things forward, a process flow mapping session has been scheduled for 14/04/2025 to outline a clear and sustainable approach going forward.

ACKNOWLEDGEMENTS & REFERENCES | EMED and flow teams