Reducing in the number of CTR patients residing over +14 days in SaTH

Theme | Capacity & Flow

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SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY? | A prolonged LOS can lead to an increased risk of falling, sleep deprivation, hospital acquired infections and physical and mental deconditioning – especially for those who are elderly and frail.

SMART AIM | To reduce the number of patients residing in SaTH over 14 days with criteria to reside by 25% by 31st March 2025.

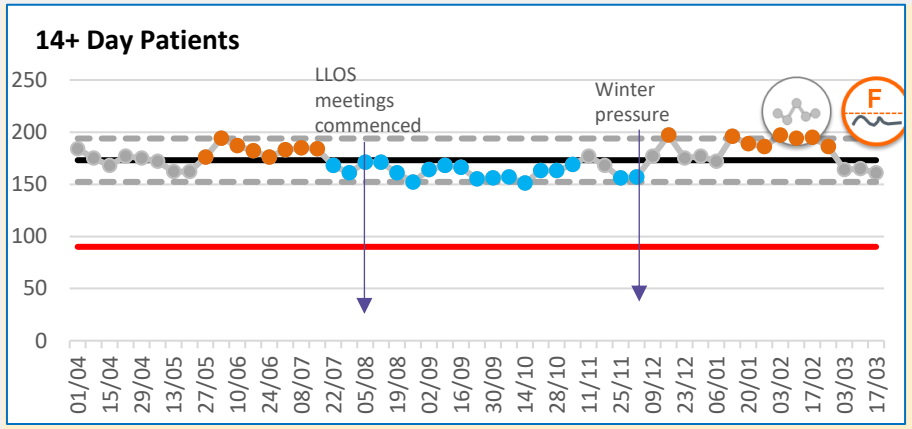
PLAN

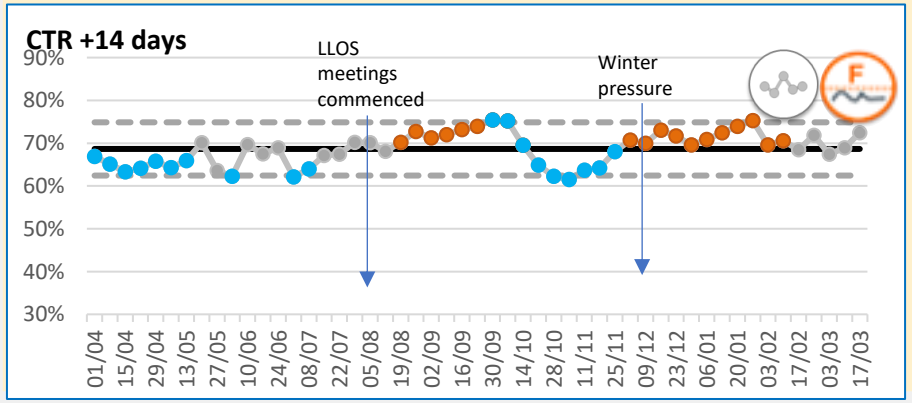
Previously SaTH ran a multi-disciplinary long length of stay meeting which brought together social workers, the care transfer hub and a clinical flow coordinator. Due to staff vacancies and a long recruitment process these meetings were eventually stood down.

The plan was reinstate the weekly LLOS meetings with divisional representation alongside local authorities, ICB and the care transfer hub to primarily discuss those with CTR and create robust discharge plans. It also provides a forum to escalate concerns and problem solve.

DO

The LLOS weekly meetings were reinstated beginning of August 2024. They involve divisional flow representation, ICB, local authorities, care transfer hub and lead by either the matron of capacity and flow or lead for patient flow.





STUDY

The number of patients over 14+ days saw an 18 week reduction from the commencement of the LLOS meetings, however, this then rose to above average during the winter period and has taken 11 weeks to recover where there has now been a reduction for the past 3 weeks.

The percentage of patients with CTR saw a 9-week reduction following 1 month of the reinstated meetings, this similarly has rose during winter pressures and is now starting to recover.

ACT

The LLOS meetings will continue and moving forward will include a medical champion. This will be a GP who will in-reach to the wards and to help support and guide medical conversations and plans.
Further to this, the CTH are now aiming to have TOC's completed 5 days prior to patients being declared MFFD reducing the time LOS and the time spent NCTR.

Weekly walk-a-rounds have also recently been setup to involve –
CTH, capacity and flow matron, community in-reach to support VW referrals, therapy lead, divisional flow coordinator, ward manager/matron for area and ward based doctor.

ACKNOWLEDGEMENTS & REFERENCES | Divisional flow teams, ICB, Local Authority, Capacity and Flow Teams