

REASON WHY?

Ward 25 opened on 22nd December 2025 with an initial 18 bed footprint followed by an additional 18 beds opening 29th December 2025. The ward forms part of the General Internal Medicine pathway and was designed to support de-escalation of the emergency department by delivering a high-functioning rapid turnout unit.



Sustain the following for a period of 90 days from ward opening 22nd December 2025 –

LOS: 72 hours post acute intervention

Pre 12:00 discharges: 35%

Pre 17:00 discharges: 80%

PW0 discharges: 75%

PLAN

Two Quality Management System (QMS) workshops were held - one with consultants and nursing leaders, and one with the wider nursing team. Across both sessions, the focus was to establish a clear and shared understanding of:

- Ward culture and what “success” looks like for a rapid turnover unit.
- Shared aims for Ward 25 and how teams will work collectively towards them.
- Standard work and an agreed rhythm of the day, including behaviours, expectations, and escalation routes.
- Criteria for operating as a rapid turnover ward, including patient selection and clinical pathways.

These sessions resulted in co-produced standards, a defined daily cadence, and a collective understanding of how Ward 25 should function to optimise patient flow.

DO

Ward 25 has now been open for 7 weeks. Early signs show promising progress as well as challenges.

To keep the LOS within 3 days post-acute intervention, criteria was developed and shared with the ward and a pull model was developed to ensure patient selection was within criteria.

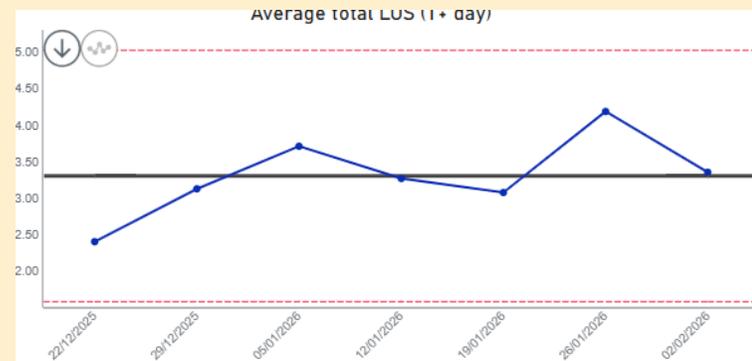
Best practice was implemented during board round to ensure referrals were sent, investigations reported and blood results shared – this has supported earlier senior clinical decision making, and much faster potential to definite discharge turnaround.

Consultant-to-consultant referrals have led to faster response times and increased same-day in-reach.

Use of virtual ward and OPAT has been high, and the integrated front door team are now in-reaching to support referrals.

Consultants are also fully utilising the new General Internal Medicine (GIM) outpatient clinics.

STUDY



Ward 25 since opening has remained at a LOS of 72 hours, raising slightly in recent weeks due to the shift from pull model to push.

Initial *pull model* (consultant + ward manager walking ED/AAU/acute floor) led to:

- Too few patients flowing through the acute floor from ED.
- Increase in inappropriate patients being diverted to 22SS, negatively affecting their LOS.
- Unsustainable having senior members of the team off ward multiple times a day

Current *push model* trial showing:

- Inappropriate patients arriving before handover.
- Increase in patients requiring therapy (despite agreed “no therapy provision” criteria).
- Increase in patients requiring social care input, slowing discharge.

One of the biggest contributions to maintaining within 72 hours has been the consistent consultant presence on the ward throughout the day. Because consultants remain on site later, late-arriving results can be reviewed immediately and plans for discharge agreed the same day.

ACT

Current and planned actions include:

- Refinement of the Ward 25 SOP and criteria, with consideration to:
 - Expanding criteria to include patients needing therapy for equipment-only needs.
 - Accepting patients requiring small packages of care within a local footprint.
- Further testing of push vs pull model, balancing:
 - Patient suitability
 - Timing of flow
 - Impact on other areas