Priority: Implementation of the long stay patient reviews process as set out in ‘guide to reducing long hospital stays’

Cambridge University Hospitals NHS Foundation Trust

What were you aiming to achieve/what was the problem you were trying to solve/what was your goal?

To reduce the number of patients in the hospital who have a length of stay of 21 days or more.

The original ‘ambition’ for the Trust (set in July 2018) was to have a maximum of 139 beds occupied by long stay patients. This would be a reduction of 46 from the 2017/18 baseline of 186 (a 21% reduction).

What interventions took place?

- On 16th November 2018 The Trust, with ECIST support, introduced ward-based long length of stay reviews.
- A presentation of the rationale, impact observed elsewhere and practicalities of the approach was made to a large group of senior clinicians, managers and some ward managers prior to the first wards being visited. Discussion of the approach followed prior to the first ward visits commencing.

  This opportunity to discuss the approach before starting was very important in influencing the attitude and behaviour of the visiting team in order to avoid any sense of ‘grilling’ the ward manager.

  The unique quality of the process lies in bringing together Trust senior staff together with the ward staff for a focused discussion about individual patients resulting in clear actions being allocated between ward staff and, if necessary, the senior visiting team. It is a team effort. The impact of the visits happening every week is likely to have a wider effect on culture and behaviours in the organisation– not just an impact on length of stay for patients.
- The visiting team included the deputy medical director, the Chief Operating Officer, a senior nurse, senior therapist and the manager of the integrated discharge team. At this point there was no administrator or laptop loaded up with the ECIST workbook. Each visiting team member was provided with the up to date list of patients with a stay of 21days+; the list of ECIST codes to

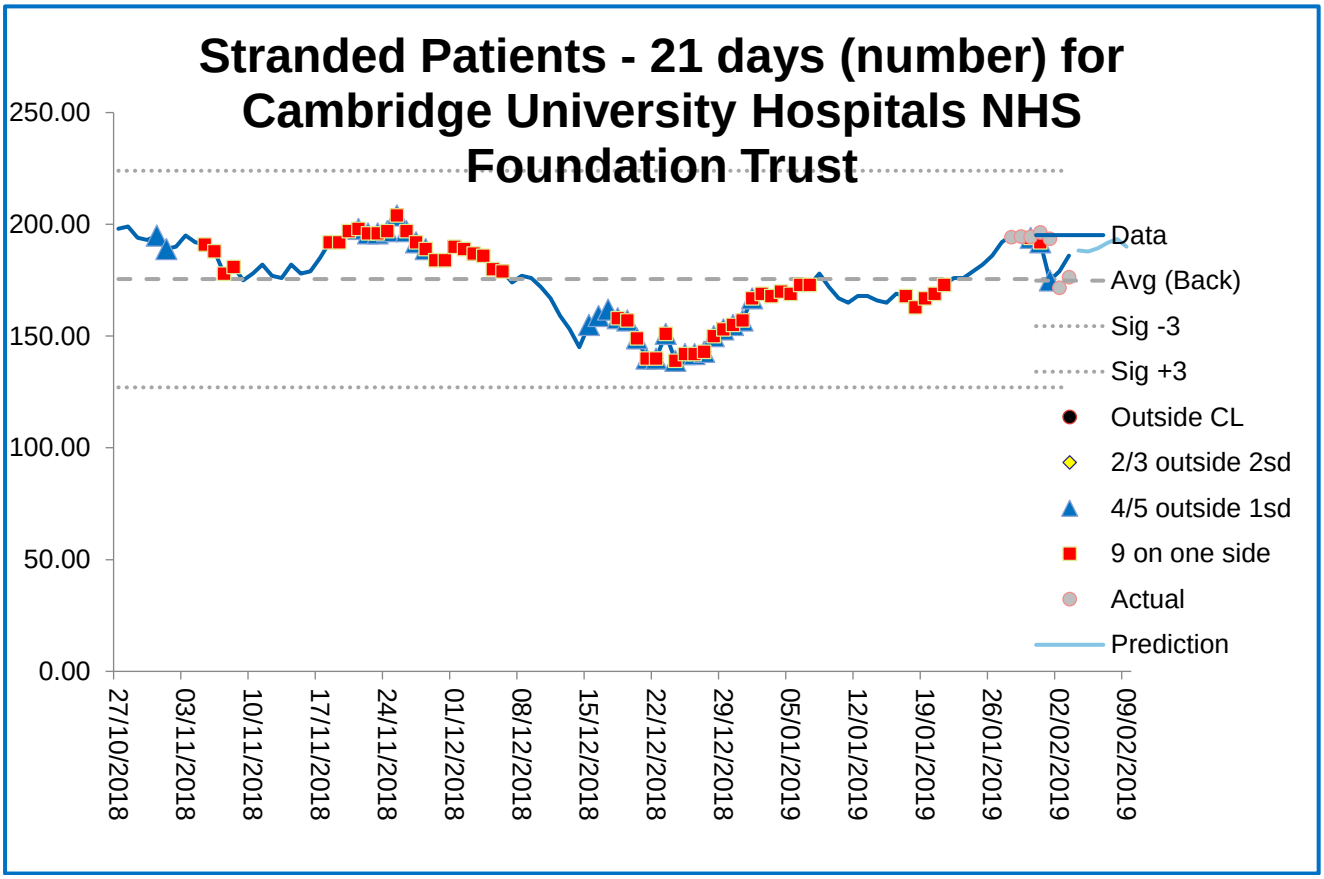
describe either the current requirement for acute inpatient care or the obstacles preventing discharge to the community or an alternative healthcare provider and a guide to a range of questions to ask in order to keep the focus on the next step for the patient's care pathway, and actions to facilitate progress as quickly as possible. ECIST initially took a leading role in asking questions, but the team soon took charge in leading the discussions, with ECIST providing guidance where necessary.

- The team visited three wards on the first day. The following week ECIST returned and more wards were visited.
- The Trust were then left to continue the ward visits without ECIST being present, with the aim of adding more wards periodically until full coverage across the organisation was achieved. Support was always available to the Trust if they needed it – but this was not required.
- ECIST returned on 30.1.19 for a planned follow up to see how the process had developed.
- The Trust had continued to do the ward-based reviews every week with a senior team – and their numbers of long stay patients had reduced.
- The Trust has adapted the model slightly to suit the needs of their large teaching hospital as follows:

    i. The visiting team must always include a senior consultant. The benefits of this were plain to see in the individual patient discussions and where escalated action/themes were apparent around some clinical process delays. The presence of the senior clinician undoubtedly attracted the attention and engagement of doctors on the wards. Feedback has been positive with all ward nursing, medical and other therapist team valuing the constructive challenge and support received from the visiting team. A differentiated approach was taken to the stroke and rehabilitation wards where there is a weekly review meeting between the Deputy Chief Nurse and the Head of the Integrated Discharge team with the Stroke/Rehab MDT.

    ii. On the Medicine for the Elderly wards there is a weekly peer challenge discussion involving all the consultants, the head of the integrated discharge team, senior therapists and nursing staff. The peer challenge process looks at patients with the longest waits and then a ward based review is undertaken on one of the wards each week.

- The visiting team is still not supported by an administrator inputting the data generated by the visits into the ECIST workbook contemporaneously. This means that the notes collected by the visiting team have to be inputed at the end of the day by the manager of the IDT or a senior nurse who has been on the visiting team. It is accepted that this is suboptimal and the Trust intends to remedy this.



The data shows a reduction in long stay patient numbers from the introduction of the approach until the Christmas and New Year period, since when numbers have increased again but not to the same level as before. Given the usual winter pressures including high numbers of patients admitted with respiratory viral illnesses, it will be necessary to review the impact over a longer time period before concluding the overall degree of impact of this initiative on length of stay.

What were the learning points? What worked well/less well and why? What else did you observe? Were there any unintended consequences?

- The visible commitment of very senior leaders in the organisation and the consistency in carrying out the reviews every week has undoubtedly led to the positive impact seen.
- Having a dedicated administrator would assist greatly in communicating effectively in real time back to the wards around actions agreed.
- Instituting a ‘closing the loop’ huddle of the senior team to check that any escalated actions have been progressed. Generic themes of some delays in clinical pathways including timely access to diagnostics have been identified and are being addressed.
- Ensure feedback is provided to the wards and there teams to thank them for their efforts to encourage and embed the sense that the whole hospital is working together to prevent delayed progress of care for patients.

Find out more

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