

Priority: Long Length of Stay Reviews

Royal Preston Hospital (RPH)

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

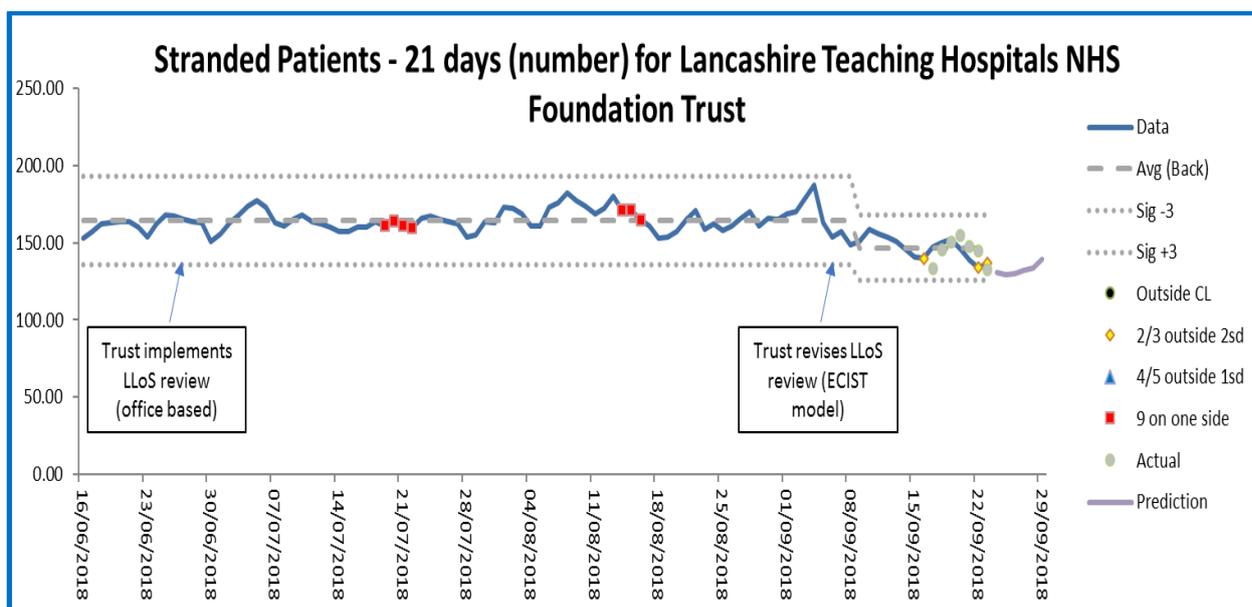
To achieve a reduction in the number of patients with a length of stay greater than 20 days.

What was the solution/what interventions took place?

The trust adopted an office based review process initially to help understand the root cause of the delays. This was the first time the trust had tried to systematically review long stay patients. Whilst the trust adopted a clinically led model, it did not follow the full ECIST recommendation. This process may have prevented any further increase in long length of stay patients but it failed to reduce the overall number of patients with a long length of stay.

After three months of experimenting with this approach, and acting on the advice of the ECIST improvement manager, the chief executive requested the ECIST long length of stay reviews described in the 'Reducing Long Lengths of Stay Guide' be implemented in full. A team led by the divisional nursing directors, supported by therapists, social workers and discharge specialist visited wards and talked through every patient as part of a weekly review process. The ECIST data tool was used to capture themes and ensure that action was taken to address underlying themes that led to delays.

Describe the measured results/ What was the impact on your aim or goal?



The trust has delivered a step change in the number of patients with a length of stay greater than 20 days. This reduction, if sustained, will achieve the 25% national ambition to reduce long lengths of stay. The trust has set a stretch target reduction as part of their winter plan to reduce reliance on escalation areas.

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

- The MDT approach worked well.
- By visiting the wards, the senior team were able offer coaching, advice and guidance to help prevent future patient delays.
- The surgical division, following one week visiting the wards, focused on the themes to reduce delays. This approach also delivered reductions.
- The DTOC rates at RPH increased. Although not related to the review process, the improvements achieved by reducing internal delays compensated for this increase. The trust is working with their social care and community partners to manage DTOC delays.
- A different approach is required for specialist areas such as neurology, neuro-rehab, etc.

Find out more

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