

Case Study: Implementation of the long stay patient review process as set out in the 'guide to reducing long hospital stays' South Warwickshire NHS Foundation Trust

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

As an integrated trust SWFT have 98 beds with a commissioned Length of Stay (LOS) > 21 days. The NHSE mandated a target for a 27% reduction from 124 to 90. Our aim was to remove wasted time for patients staying in SWFT by reviewing processes for internal and external delays in order to do 'today's work today'. This involved a change in mind-set for staff to think 'home first' in order to discharge patients in a clinically safe and timely manner

What was the solution/what interventions took place?

- Weekly stranded patient review meetings for all patients with a LOS > 7 days, using an MDT approach. Led by a nurse consultant, the MDT included a social worker, complex discharge co-ordinator, therapy lead, nurse in charge of the ward, a matron and a programme manager to support the outputs and actions identified
- The ECIST long stay tool was adapted to SWFT specifications and used to record outcomes from these meetings, circulated to all stakeholders and managers to share the findings
- The escalation process for Red2Green delays was reinforced, for support and problem solving
- Frailty assessment introduced, initially 8-4 with hours extended (8-8) to support admission avoidance
- Quarterly system wide Multi Agency Discharge events and 6's Audits for ED attendances, with action plans developed to provide traction for driving changes (including 3rd sector support and social care teams, commissioning etc)
- Intense R2G operational days to support the unblocking of delays and provide clinical staff with support to raise concerns for delays, using a buddy system to enable staff to develop working relationships with the management teams
- System wide point prevalence audits to provide situational intelligence and support further pathway developments – new pathways being commissioned by Better Care Fund for Non Weight bearing Pathways and Brace pathways
- Frequent attender meetings working collaboratively with wider organisations to action plan specific frequent attenders
- Criteria Led Discharge has supported raising the profile for discharges within the Trust.

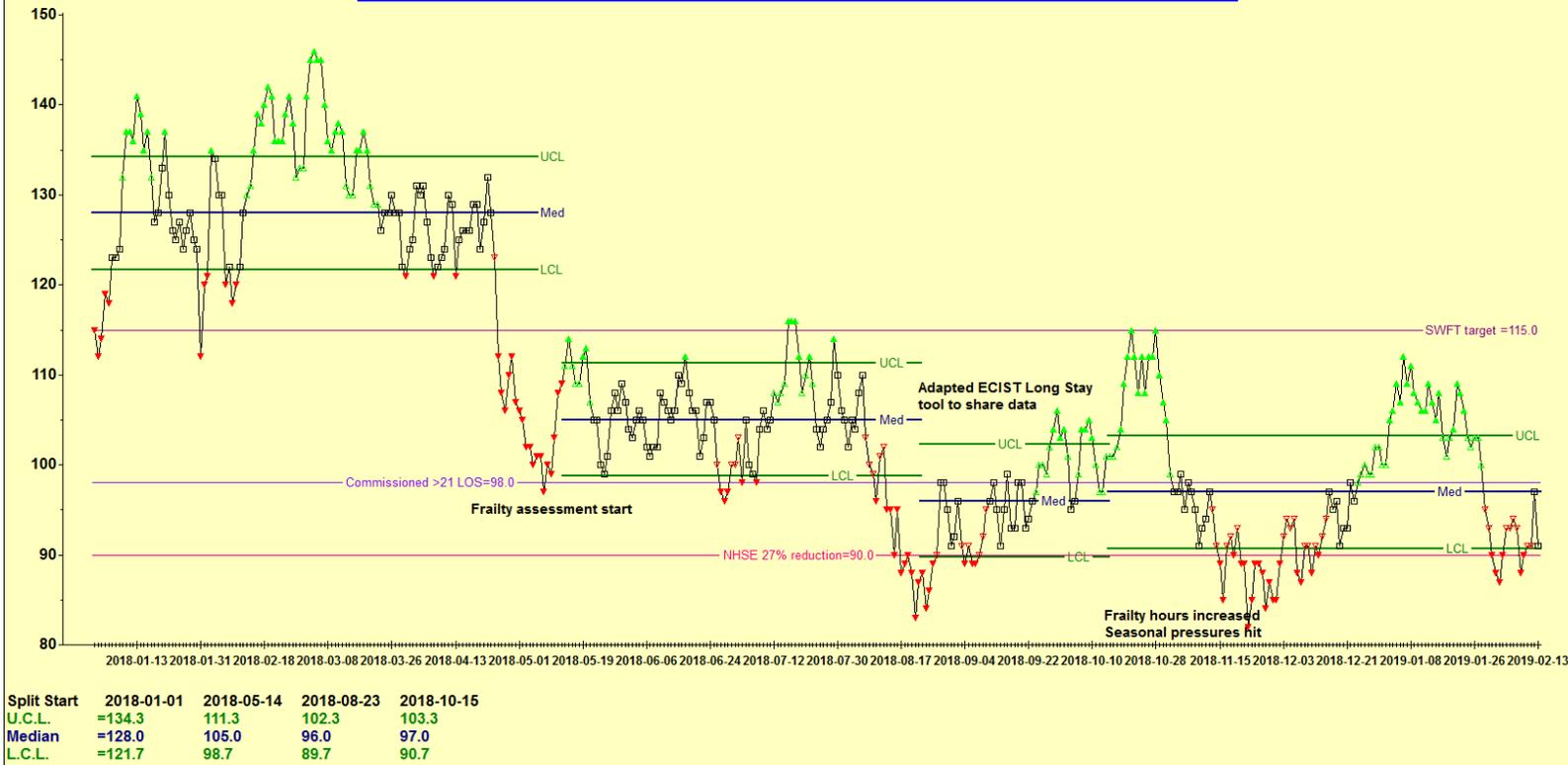
What were the learning points? What worked well/less well and why? What else did you observe? Were there any unintended consequences?

- Engagement increased with the more information on outcomes that was shared
- Staff preferred to leave their clinical areas to come to a meeting, so that they were not disturbed. To minimise their time away from the clinical areas; time slots were allocated and strictly adhered to
- Attendance was mandated to ensure stakeholder engagement and rolled out across the trust as learning and processes were embedded

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

- Number of patients with LOS >21 has reduced by a range 22% - 34%
- The number of discharges across the Trust has increased by 7% over the last 12 months
- There has been a LOS reduction by 1.47 days compared to Feb 2108
- Frailty Unit admission rate 20% lower than for similar cohort of patients seen in ED
- We have 6 less beds in use than this time last year

Stranded Patients - 21 days LOS for South Warwickshire NHS Foundation Trust



Findings and Impact:

The reduction in numbers of patients over 21 day LOS was multifaceted:

- Implementation of Frailty Assessment Area (by avoiding admission)
- Embedding Stranded patient reviews for all patients over 7 days and sharing the outputs and evidence of improvement with staff
- Using the MDT approach for the stranded reviews – whole system engagement
- MADE/ 6A's with action plans to keep traction
- Intense R2G reviews to support clinical staff reducing delays

Next steps:

- Continue with stranded patients meetings across the organisation, empowering staff to escalate and address delays sooner in the patient journey
- Increase Frailty to a 7 day service (currently 5 day)
- Continue with quarterly MADEs, biannual 6'As audits, annual point prevalence audits, Criteria Led Discharge
- Continue system wide engagement to enhance collaborative working relationships

Trust contact details: Rachel Williams, Associate Director of Operations, Emergency Division Rachel.Williams@swft.nhs.uk