CELEBRATING PATIENT FLOW

SUCCESS

Royal Berkshire NHS
NHS Foundation Trust

Title: A day in the life of a bed/site manager

Speaker: Paula Poole and Karen McAllister

CELEBRATING PATIENT FLOW

SUCCESS

Royal Berkshire NHS

NHS Foundation Trust

What does the bed manager/site manager do?

Repats

Chaplaincy

Doctor Staffing

Link ward

CHASING DISCHARGES

Internal transfers

Reporting / recording figures

Infection control

Support / listening ear

Section papers / mental capacity act

Estates

Pharmacy

Major incidents

Patient flow (emergency / elective)

Fire calls

Nurse staffing

A/E quality standard (target)

GP calls

Out of hours deaths

Staff disputes

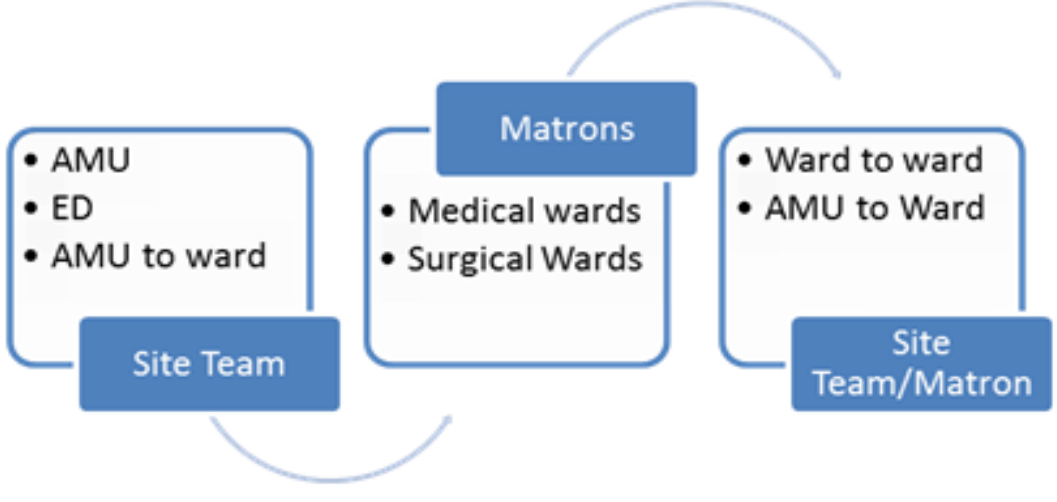
complaints

Violent and aggressive patients

CELEBRATING PATIENT FLOW SUCCESS

Royal Berkshire NHS
NHS Foundation Trust

OLD MODEL
(CHAOTIC –feels like everyone making decisions about beds)
Current model is REACTIVE.



CELEBRATING PATIENT FLOW

SUCCESS

Royal Berkshire NHS

NHS Foundation Trust

Reason for change:

What's not working:

Slow discharges across wards –need more visibility and collaborative working from the patient flow team with the wards. Presently we queue on wards against definite discharges in the morning where for best patient experience we should be discharging our 'early bird discharges'.

Late decision making in A&E (wait for bed request rather than using forecasting method) –need to be working collaboratively with the A&E controller (nurse and consultant) and forecasting patients' needs at 1-2 hours rather than waiting for work up of patient and requesting patient needs at 3 hours plus. We need to be forecasting from A&E versus patient flow against predictors. Forecasting also identifies single sex breech avoidance

Site team do not have control/management of beds often leading to blockages in flow whereby a planned transfer often is stopped due to a TCI from home (brought in by ward/doctor) with no communication and with no insight/overview of the whole Trust position. This often leads to the wrong patient in the wrong bed, poor patient experience and lots of inter-ward transfers.

Bottle necks in patient flow which often lead to quality standard breaches in A&E and poor patient experience.

Duplication in work due to non-defined roles

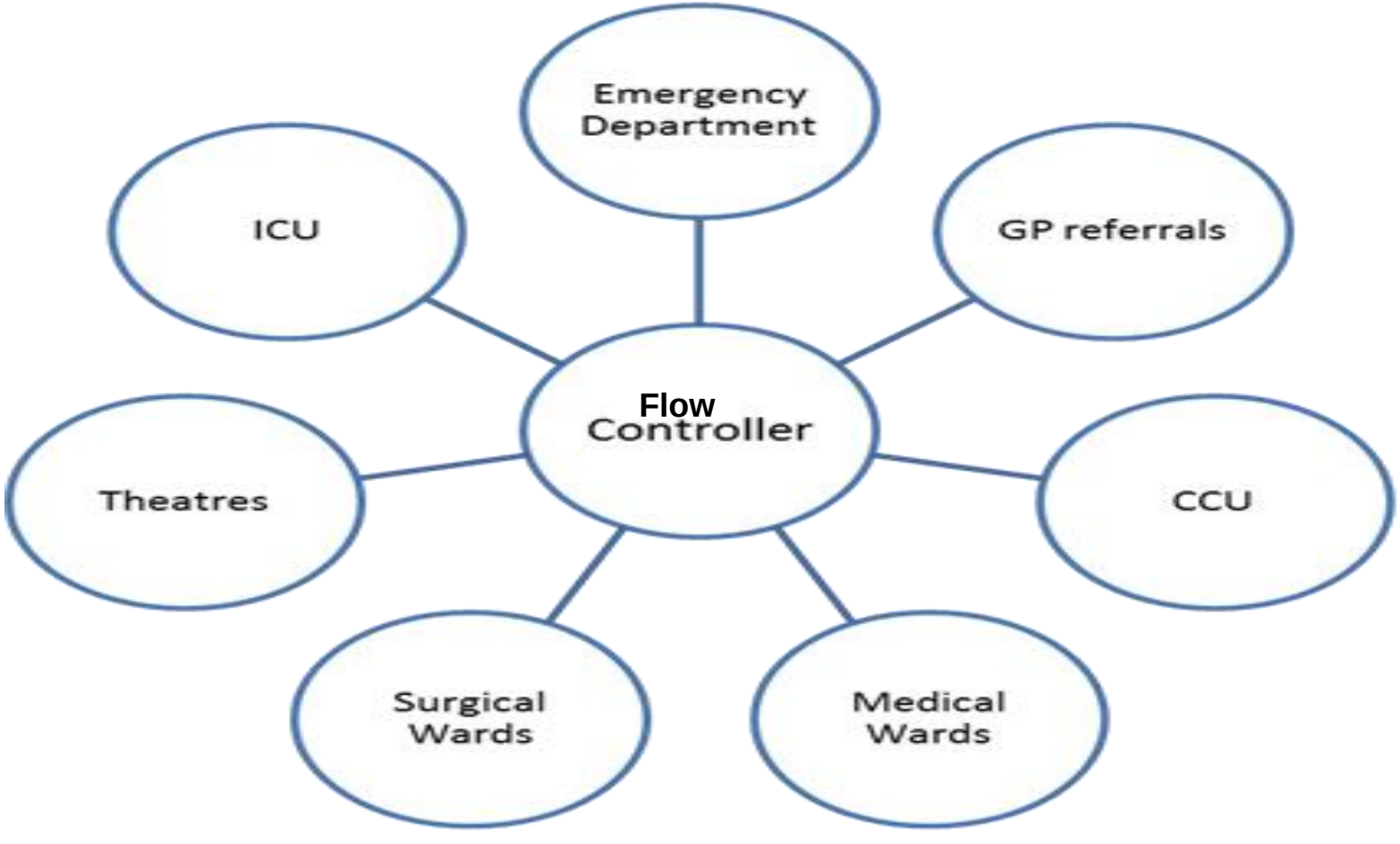
Escalation/outlying patients –often leave outlying to end of the day which is often not good patient experience and inappropriate patients moved. To ensure escalation/outlying of patients is planned and done at appropriate times.

Proactive working rather than reactive working

CELEBRATING PATIENT FLOW SUCCESS

Royal Berkshire NHS
NHS Foundation Trust

NEW MODEL OF WORKING - (Flow controller- senior decision maker)



CELEBRATING PATIENT FLOW SUCCESS

Royal Berkshire NHS
NHS Foundation Trust

What have we changed:

Pilot:

Front door Site Manager – working with A&E consultant and NIC with forecasting beds, working with AMU and SSU ensure beds are available for A&E admissions

Site Manager controlling patient flow – ensure right patient right bed for all patients in the Trust (arranging ICU transfers to wards, supporting wards with elective admissions, repats and internal transfers as well as beds for emergency admissions.)

Bed manager walking the wards: working with wards to expedite discharges in a timely manner to free up bed for the next patient, feeding all beds back to Flow Site manager, giving a list of beds that are coming up to AMU/SSU so that they can allocate right patient to right bed/

Introduction of a twilight shift: senior site manager to support patient flow at our busiest time of demand for beds, support staffing, complaints and other operational issues.

Advantages to the change:

24/7 constructive management with the patient flow controller liaising directly with ED, the on-call director as a senior decision maker, on site 24/7.
Collaborative working
Early decision making
Effective communication/reporting methods
Recognition to the Site team/ownership of beds
Improved patient experience – right patient right bed.
Improved planning/control in patient flow

Having a senior decision maker on site 24/7 means there will always be a senior level decision maker with clinical and operational credibility.


STRESS
FREE
ZONE