Emergency Care Intensive Support Team

Safer, faster, better care for patients

Reducing long hospital stays
The *#longstaywednesday* approach

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- *Mamta Tailor - Transformation Facilitator @MamtaTailor*

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The Golden Circle

WHAT
Every organization on the planet knows WHAT they do. These are products they sell or the services they offer.
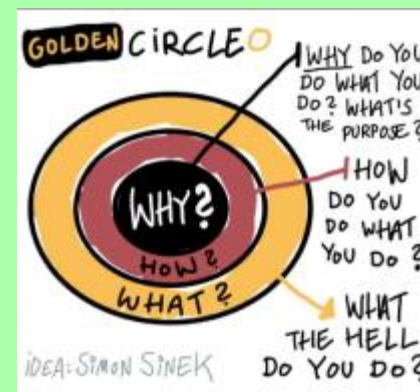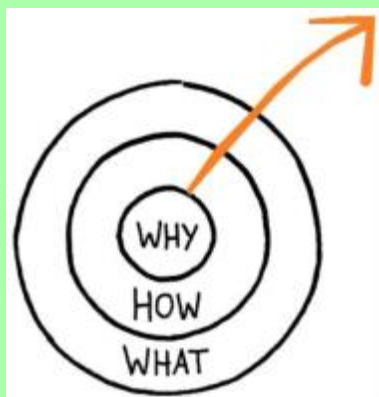
HOW
Some organizations know HOW they do it. These are the things that make them special or set them apart from their competition.

WHY
Very few organizations know WHY they do what they do. WHY is not about making money. That's a result. WHY is a purpose, cause or belief. It's the very reason your organization exists.
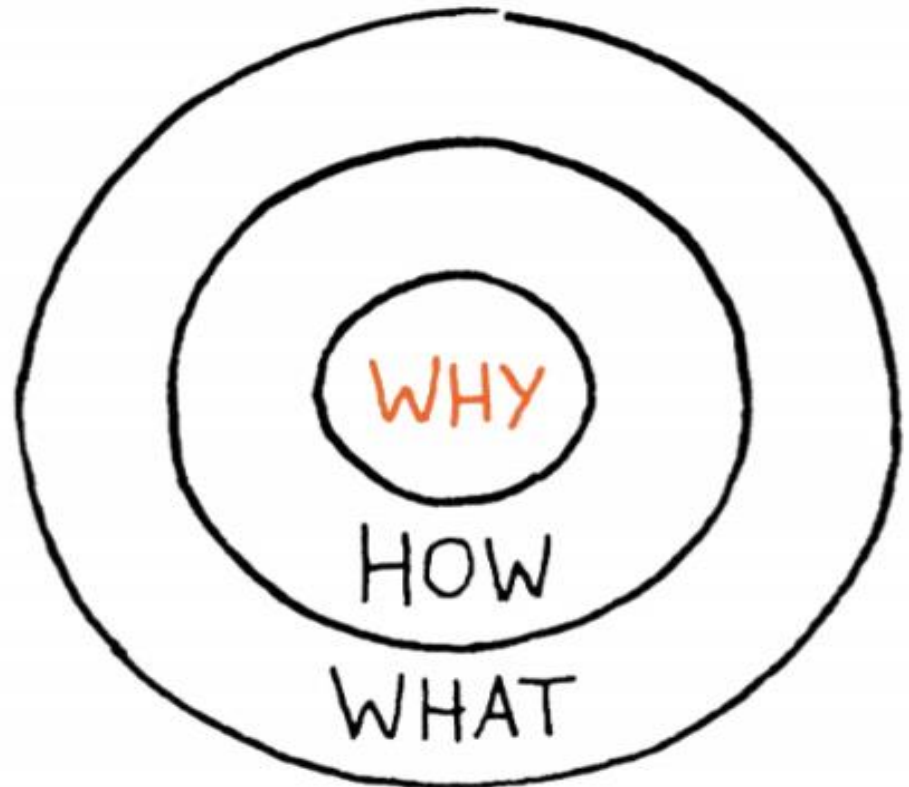
What's the purpose, cause, our inspiration?

Simon Weldon
@simonweldonkgh

Following

Feedback from the relative of a patient that talks to the importance of time:

'When you have a life limiting illness each moment becomes precious, waiting a minute feels like 10, waiting 10 minutes feel like half an hour. And waiting half an hour feels like an eternity'
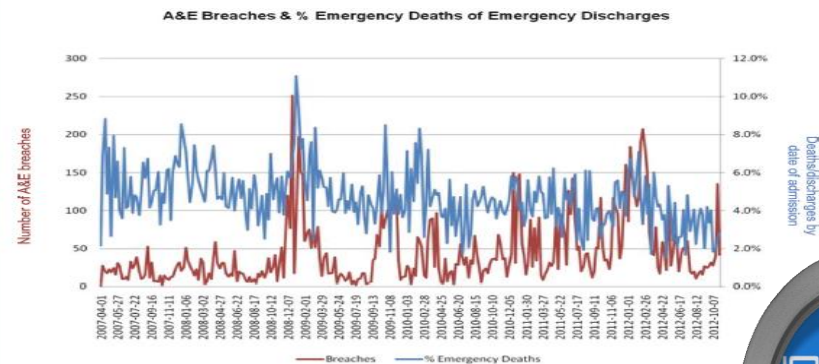
4:24 am - 10 Sep 2018

29 Retweets 52 Likes

1   29   52

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The why– waiting isn't passive

Figure WK8: Correlation between A&E performance and mortality rate for adult emergency patients*

A&E Breaches & % Emergency Deaths of Emergency Discharges

Breaches — % Emergency Deaths

* These data were subjected to Statistical Process Control methods (Paper accepted by the *International Journal of Healthcare Quality* and November 2012 and now in press: 'Does process flow make a difference to mortality and cost? An observational study').

Patient boarding has a statistically significant, unvalidated impact on adjusted rates of emergency readmission, inpatient discharge timing and inpatient length of stay

1 Oct 2008 to 1 Oct 2010

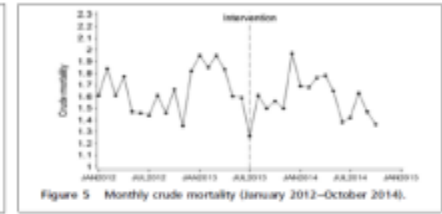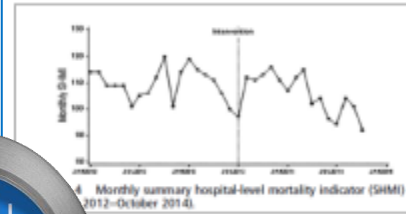Normalised against primary ICD-10 diagnosis code and patient age-band:

	Activity (excl. in-hospital deaths)	ALoS/ day	Inpatient discharge before 11am	Emergency readmission within 7 days	Emergency readmission within 30 days	Activity (inc. in-hospital deaths)	Mortality rate 7-day	Mortality rate 30-day
(i) Non-boarded	610,159	4.0	9.2%	4.3%	10.1%	624,022	2.6%	3.6%
Boarded -	51,053	6.6	13.3%	5.1%	11.6%	52,010	2.8%	3.9%

Source: local unvalidated PAS and linked SMR01-GRO(S) ACaDMe extracts, taken December 2010

Lowering levels of bed occupancy is associated with decreased inhospital mortality and improved performance on the 4-hour target in a UK District General Hospital

D G Boden,[1] A Agarwal,[2] T Hussain,[2] S J Martin,[2] N Radford,[3] M S Riyat,[1] K So,[1] Y Su,[4] A Turvey,[5] C I Whale[2]

- Mean medical bed occupancy decreased significantly from 93.7% to 90.2% (p=0.02)
- Mean reduction in all markers of mortality (range 4.5–4.8%). SHMI (p=0.02) and crude mortality (p=0.018) showed significant trend changes after intervention
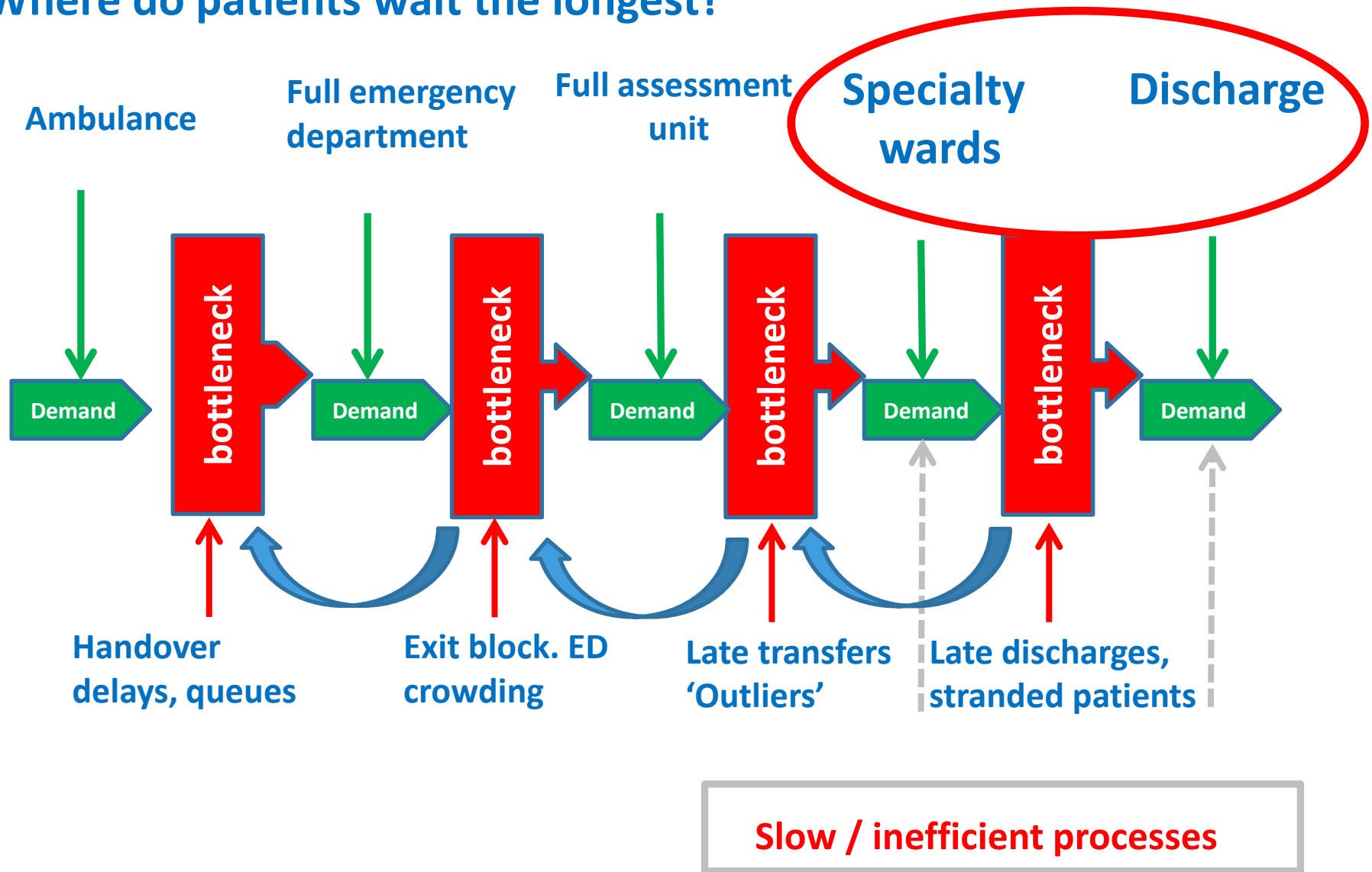- Improved 95% performance

Figure 4 Monthly summary hospital-level mortality indicator (SHMI) (January 2012–October 2014).

Figure 5 Monthly crude mortality (January 2012–October 2014).

If you had 1000 days left to live how many would you choose to spend in hospital?

- **48% of people over 85 die within one year of hospital admission**

Imminence of death among hospital inpatients: Prevalent cohort study
David Clark, Matthew Armstrong, Ananda Allan, Fiona Graham, Andrew Carnon and Christopher Isles, published online 17 March 2014 *Palliat Med*

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Where do patients wait the longest?

Ambulance

Full emergency department

Full assessment unit

Specialty wards

Discharge

Demand — bottleneck — Demand — bottleneck — Demand — bottleneck — Demand — bottleneck — Demand

Handover delays, queues

Exit block. ED crowding

Late transfers 'Outliers'

Late discharges, stranded patients

Slow / inefficient processes

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Approach

- A practical approach to review and reduce the number of long stay patients (length of stay 21 days plus).
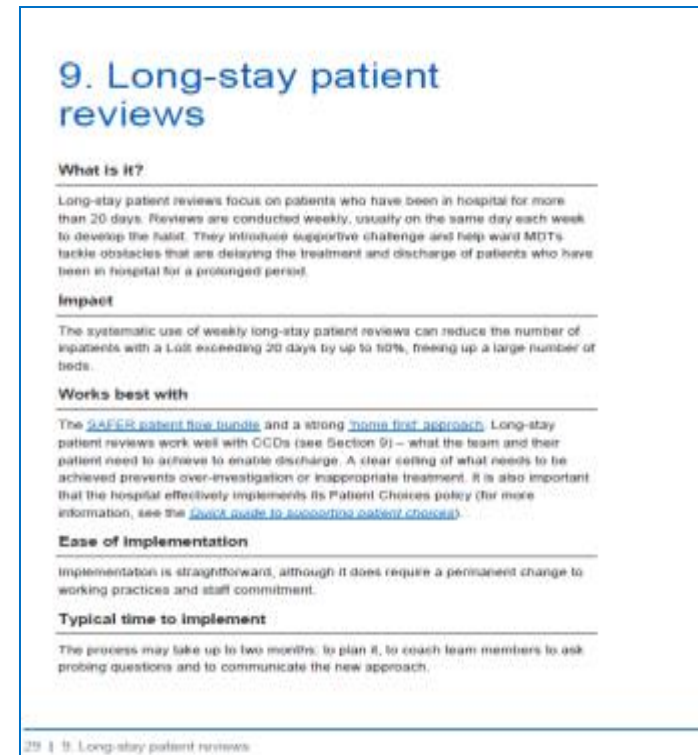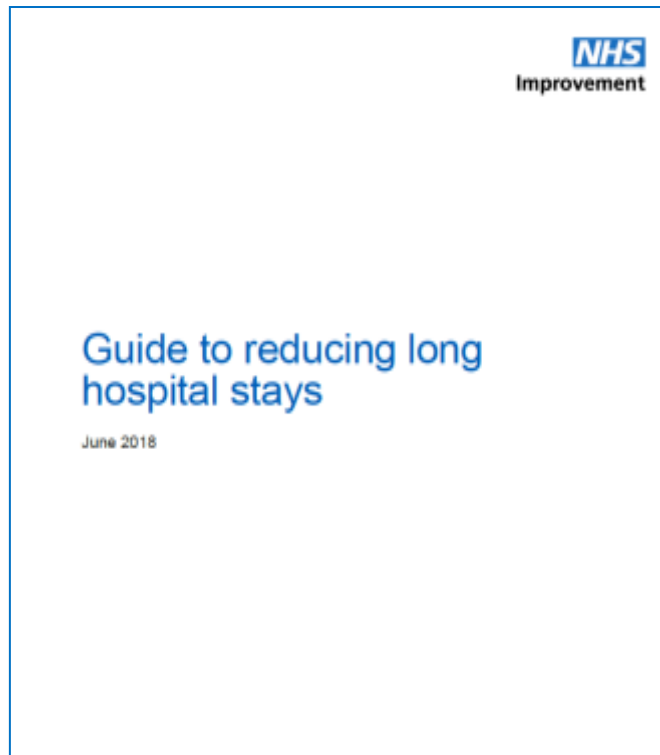
The team should include:

- a senior manager or the manager of the integrated discharge team

- a senior member of the discharge team who is familiar with the ward patients. A social worker and discharge nurse are needed if the hospital lacks an integrated discharge team

- a senior therapist

- a matron (there should be a rota for matron cover of the entire review day each week)

- an administrator (from the discharge team) who fills in the list on the ward, enters the data, comments and actions into an Excel spreadsheet, and produces the weekly report.

Questions for ward visiting team

- **Does this person need to be in an acute hospital bed?**
- **What is this person waiting for/what specific action needs to happen next?**
- **What needs to happen to make this day a green day for this person?**
- **Which code should we enter for this person?**
- **Why not home? Why not today?**
- **Is there a clear, agreed, plan in the notes that includes expected date of discharge and clinical and functional criteria for discharge?**
- **ADMINISTRATOR – at the end of the session on each ward:**
  - **confirm actions – both ward and visiting team (all escalation actions)**
  - **agree accountable person**
  - **agree timescale for completion of action**
- **ACTION SHEET SENT OUT TO EACH WARD DISTRIBUTION LIST WITHIN 2 HOURS**

KGH team after the first #longstaywednesday

- [https://www.youtube.com/watch?v=7pVkJz8X6m8&t=3s&list=PL6rrXMWFEqX JEZf6Ja8mnXiU7_g8Xsb3h&index=6](https://www.youtube.com/watch?v=7pVkJz8X6m8&t=3s&list=PL6rrXMWFEqXJEZf6Ja8mnXiU7_g8Xsb3h&index=6)

CEO support

First ward

Pete Gordon @PeteGordon68 · Aug 8
Replying to @ECISTNetwork @rawbubbles9 and 15 others
#longstaywednesday process on Cranford ward.

Bridgette Stanforth @Bridgette_Hop · Aug 9
Yesterday saw the first Long Stay Wednesday at KGH. Today on Lamport & Twywell we have implemented criteria led discharge, with all patients having a clear clinical plan and expected date of discharge documented. Great support from our Consultant and Registrar. **#longstaywednesday**

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Kettering General @KettGeneral · Aug 10
#longstaywednesday pictured in full swing by Lamport and Twywell ! Keep sending in your pictures of your ward meetings 📷

Annie Prime @ryanannie74
Lamport & Twywell Ward's marching through their stranded patient reviews valuing patients time @ECISTNetwork @lizsargeant @KettGeneral @dianepostle @MelanieParagre2 @LisachristCBC ...
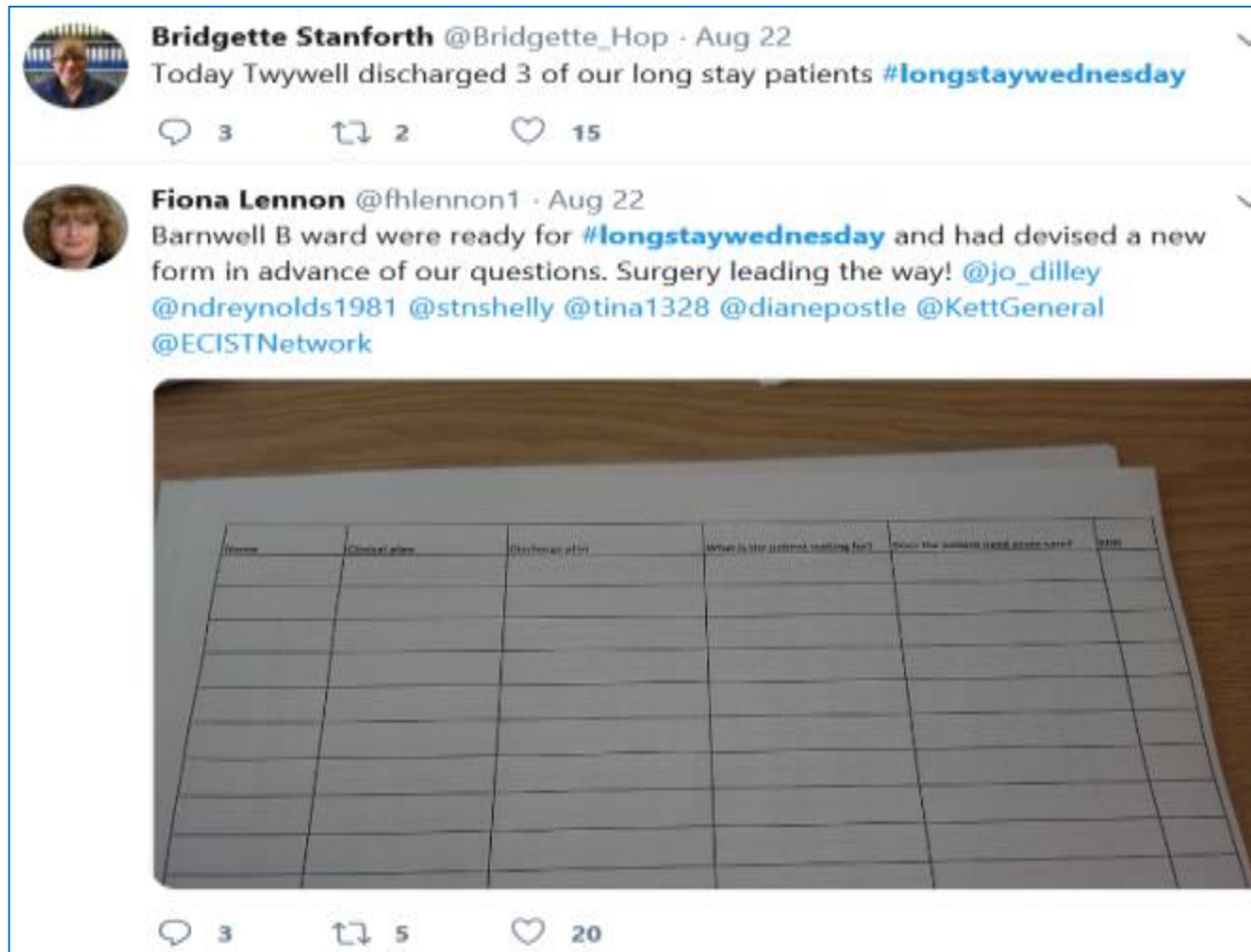
💬   🔁 4   ♡ 13

Fiona Lennon @fhlennon1 · Aug 15
Starting **#longstaywednesday** on Twywell ward. Making a difference for our patients @tasmania73 @K80Flo @Bridgette_Hop @dianepostle @ryanannie74

#longstaywednesday

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# Second week – they were expecting us

Top tips

- Keep the approach as simple as possible.
- The approach takes time to embed – keep going, it will get easier once it becomes routine.
- Undertake each review near the whiteboard (if possible).
- Communicate the process and why it's important as widely as possible.
- Ensure ward teams are fully informed and know when the visiting team will arrive on their wards.
- Try and keep the questions for ward teams as consistent as possible:

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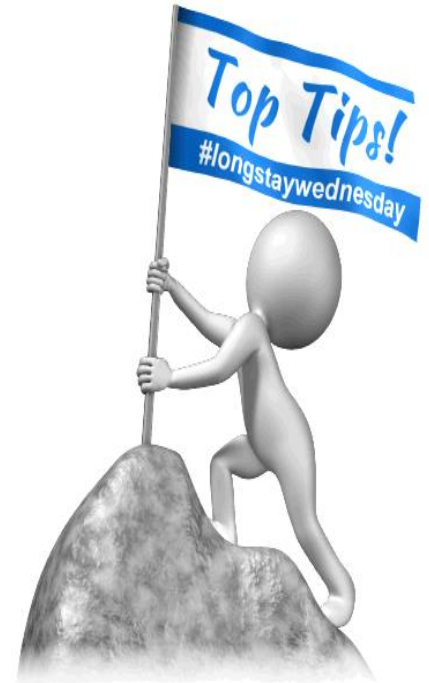
Top tips (continued)

- **Does this person need to be in an acute hospital bed?**

- **Is there a clear, agreed, plan in the notes that includes expected date of discharge and clinical and functional criteria for discharge?**

- **What is this person waiting for/ what specific action needs to happen next?**

- **What needs to happen to make this day a green day for this person?**

- **Why not home? Why not today? (always thinking #homefirst as the initial option).**
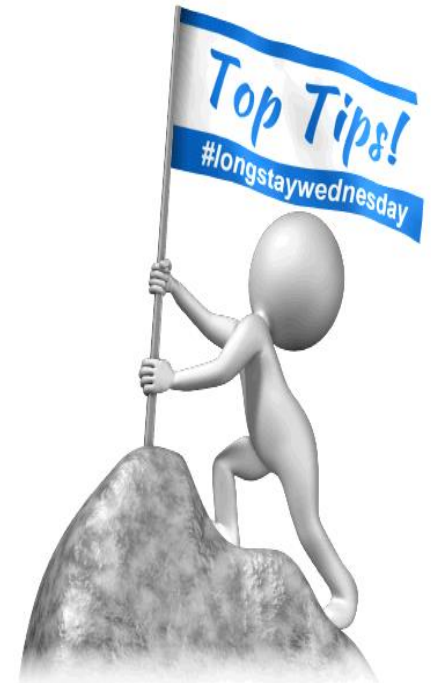
Quality Improvements

- **Background**
  - Increasing population – the Trusts seeing a 5.7% increase in ED demand this year (14 extra patients per day on average).
  - Aging population and increased usage of beds (in-hospital and out).
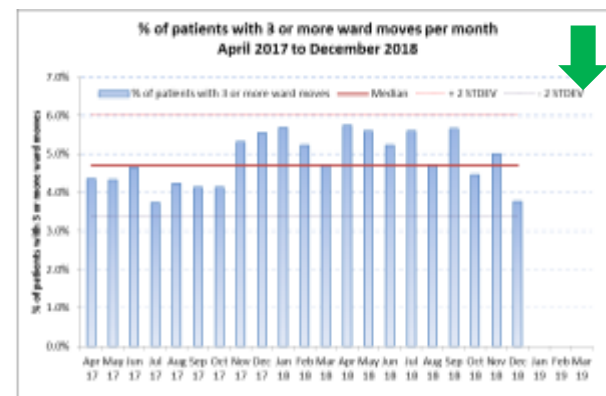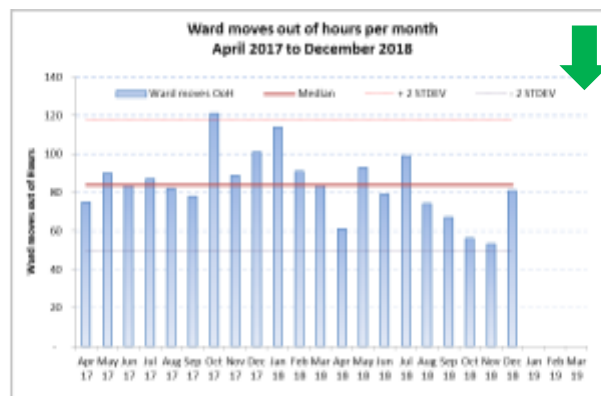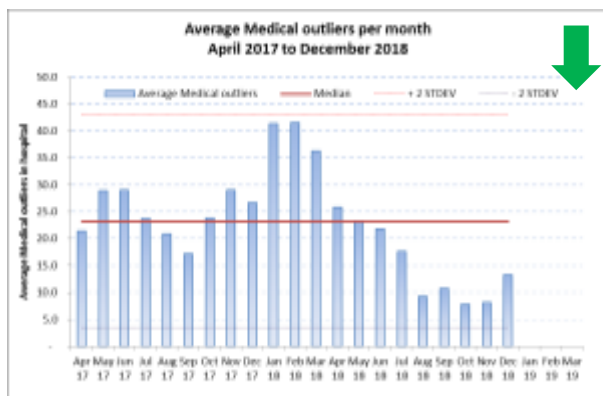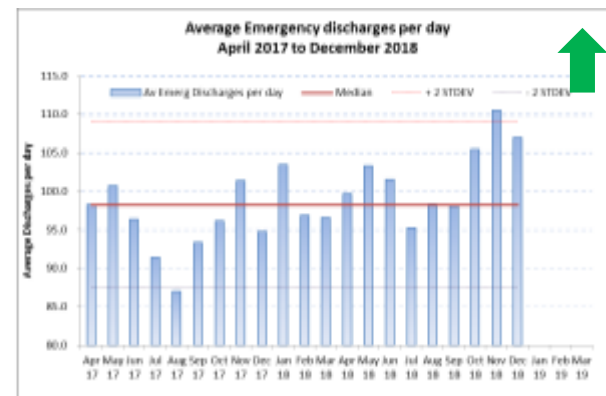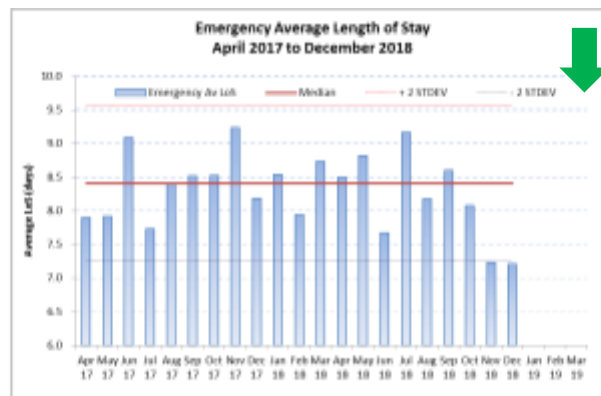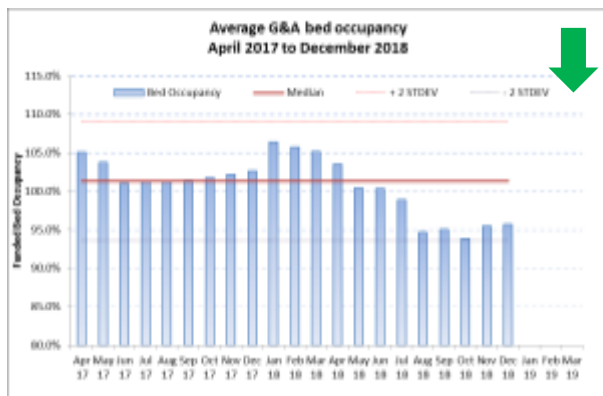- **Improvements**
  - In December 2018 the Trust was using 54 less beds than it did 12 months before.
  - Less reliance on escalation bed capacity 4 beds used in December 18, 13 beds used in December 17, and the re designation of Claremont (off-site beds).
  - Bed occupancy running at 95.7% with reduced medical outliers – 13.3 beds used by medical outliers, less than half the level seen in December 2017.
  - Increased and more consistent level of discharges per day.
  - Reduced emergency length of stay by an average of 1 whole day (7.2 days on average in December 2018).
  - Reduced ward moves and out of hours transfers supporting quality and safety of patient care.
  - Improved flow through ED, % of patients achieving 4 hour standard – 79.5% in December 2018, 73.4% in December 2017.
  - No increase in the level of emergency readmissions.

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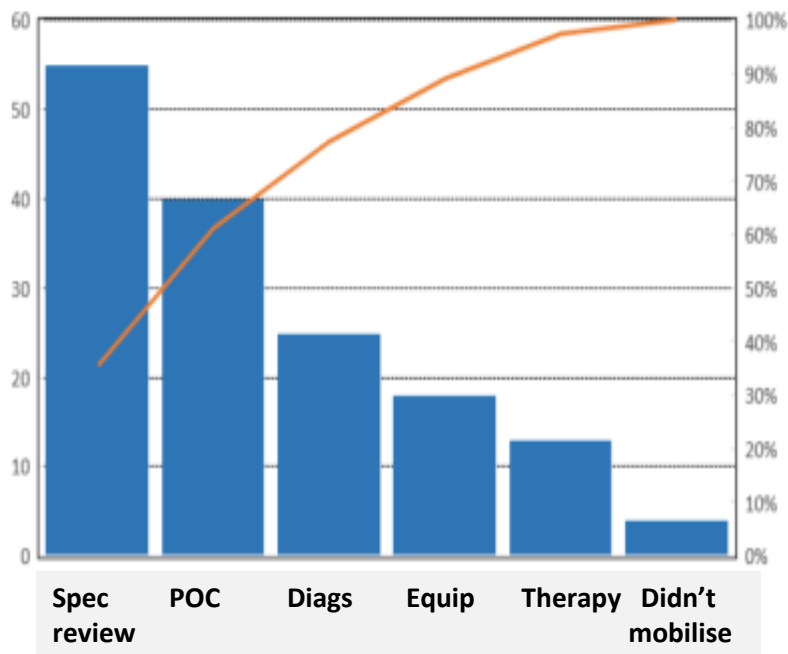
Reducing long stay patients
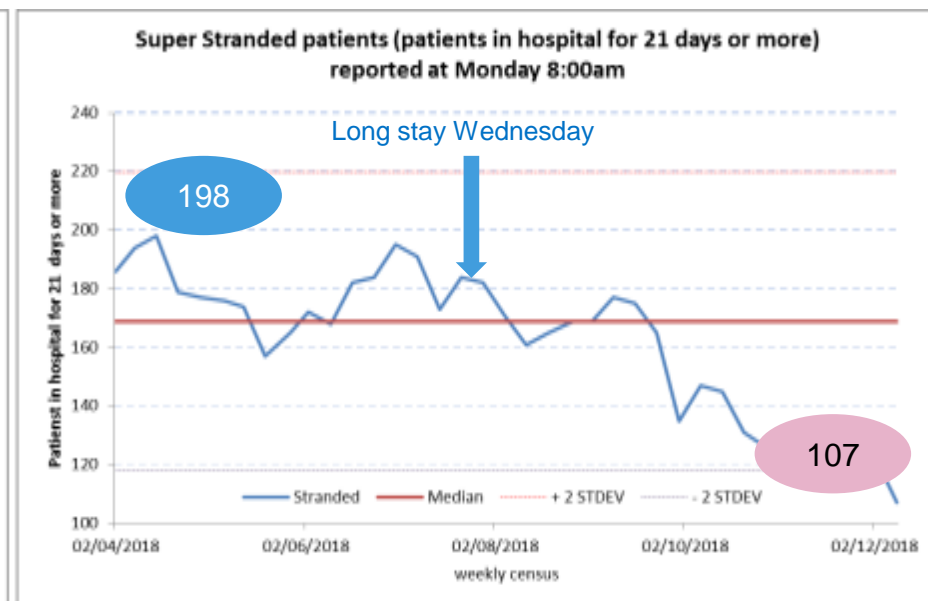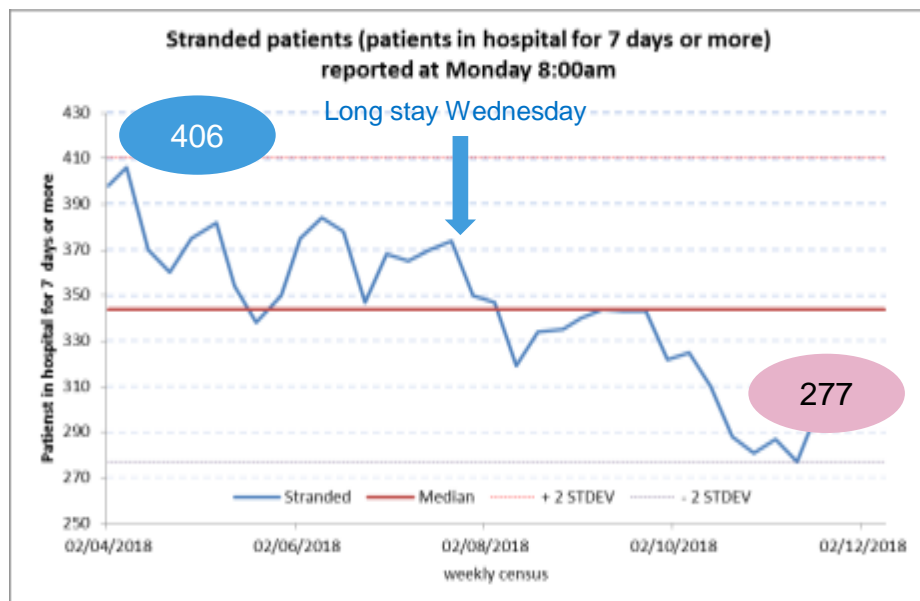
- Reducing the number of long stay patients in the Trust's beds, up to 100 less patients who have been in hospital for 21 days or more.
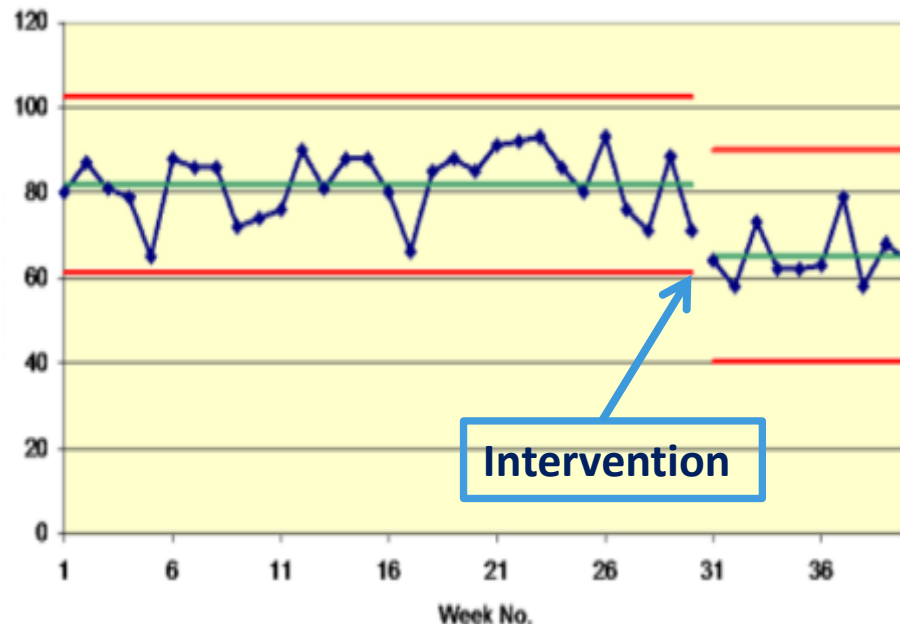
Quality Improvements

Make improvements visual

What are the top 3-5 constraints?

Have the interventions made a difference e.g. number of stranded patients (LOS greater than 6 days)

Intervention

4 Questions patients and their loved ones should know

- *Do I know what is wrong with me or what is being excluded?*

- *What is going to happen now, later today and tomorrow to get me sorted out?*

- *What do I need to achieve to get home?* 'Back to baseline' is rarely a useful phrase.

- *If my recovery is ideal and there is no unnecessary waiting, when should I expect to go home?* 'expected date of discharge' (EDD) which should be set along with the 'clinical criteria for discharge'

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Self-efficacy

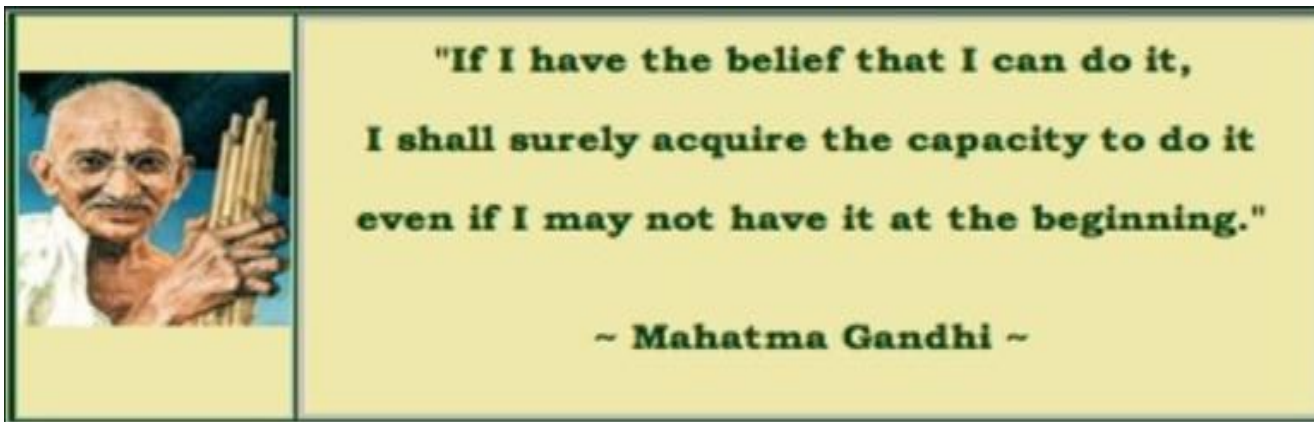**The perception of one's ability to perform a task successfully**

'If you think you can or think you can't, you are right.'
Henry Ford

There's a positive relationship between the self-efficacy beliefs and the ability to facilitate change and get good outcomes

'The ability to act is tied to a belief that it is possible to do so.'
Albert Bandura

"If I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it at the beginning."

~ Mahatma Gandhi ~

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You don't have to see the top of the stairs.
Perfect is the enemy of getting things done.

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