

Length of stay case study

Wrightington, Wigan and Leigh NHS Foundation Trust

October 2014

The Trust operates from three hospitals (with a combined bed base of 750) and three outpatient facilities.

Approaches to reducing length of stay

Taking beds out

The Trust has historically taken out beds year on year through the closure of mainly community based units. There is a hypothesis that this has altered the demand and re-balanced admission criteria.

However, the Trust has deferred removing further beds due to emergency system pressures and the recognition it has reached a tipping point for whole system stability.

Proactive patient management

The Trust has implemented a bundle of approaches to reducing length of stay, but underpinning all is a relentless focus on proactively managing patients and progressing their care through the hospital.

The main reductions in length of stay have been in general medicine and rehabilitation. This has been achieved through ward managers and matrons ensuring patients are progressed as well as through the work of the discharge team.

The discharge team, on the Royal Albert Edward Infirmary site, physically goes to the wards and ensures every patient has a plan for the day. They are a valued resource for ward sisters and managers to call on to unblock cross-organisational issues and maintain a good patient flow through the hospital.

There is a clear escalation system for patients with delays in their care and senior managers and clinicians work to unblock delays on a day by day basis.

Ambulatory Assessment Area

The Trust has established an Ambulatory Assessment Area (AAA) at the Royal Albert Edward Infirmary site. This unit sees and treats up to 30 patients per day including GP referrals as well as patients that may not require hospital admission, but who would benefit from urgent investigations otherwise unavailable in a GP practice, outpatient clinic or community based referrals. These tests may include blood sampling, blood pressure and ECG monitoring, X-ray and CT scanning.

The Ambulatory Assessment Area is open 9am to 9pm Monday to Friday, and 11am to 7 pm Saturday, Sunday and Bank Holidays. The unit is led by senior nurses and supported by 8 acute physicians and in addition pulls in consultants from across the specialities.

The unit is able to treat patients who are able to sit comfortably in a chair and also has trolleys/beds available for patients who may be more unwell

Enhanced recovery programmes

The Trust has implemented enhanced recovery programmes for breast and colorectal surgery. This has shortened the length of stay for these patients and improved the patient experience.

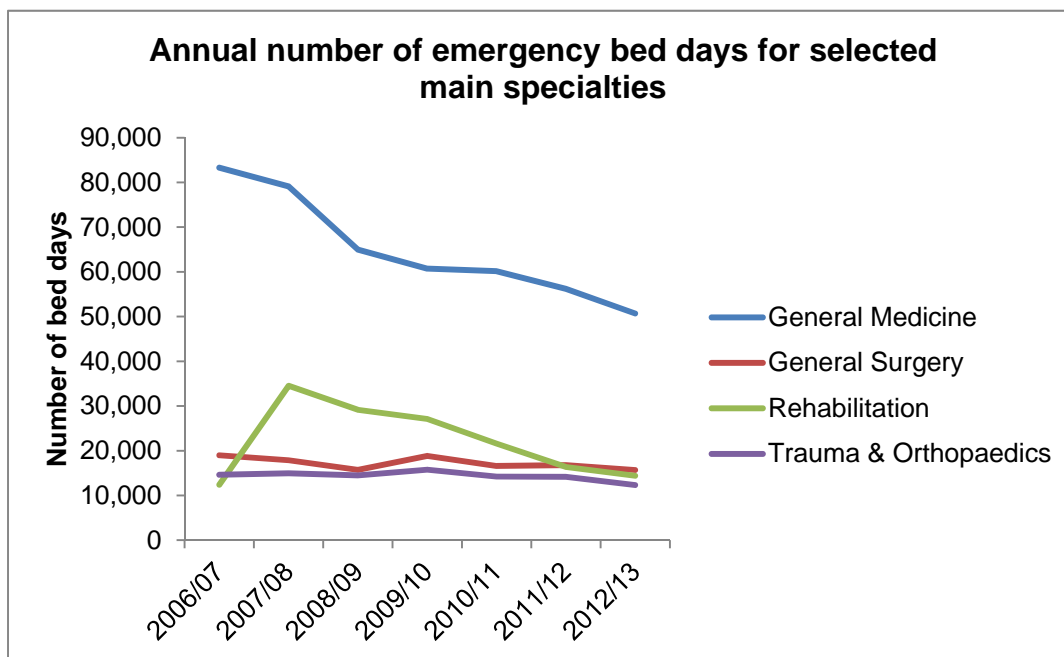
Community services operated by the Trust

There are 80 community staff employed by the Trust who are referred patients via the emergency department to prevent a full admission and support early discharge of patients. For example, the community staff can provide IV and inter muscular injections.

Impact

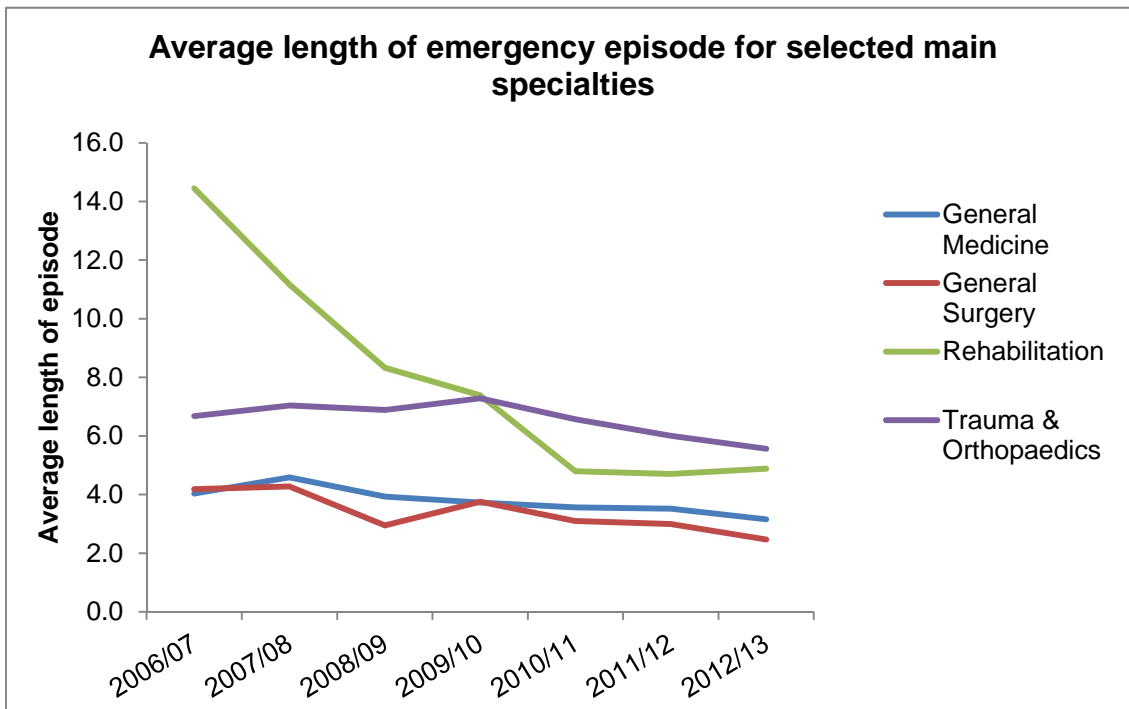
Analysis of data from the Trust indicates that between 2007/08 and 2012/13 the average length of stay in hospital decreased from 6.6 days to 4.9, a reduction of 25.6%. This compares with an overall reduction of 6.1% nationally over the same time period. The implemented approaches have led to a significant reduction in the bed days, particularly in general medicine and rehabilitation.

The graph below shows the changes in number of emergency bed days for selected main specialties (these four specialties account for 80.8% of all emergency bed days).



Source: The Nuffield Trust analysis Sept 2014

The average length of stay in rehabilitation has decreased from an average episode of 14.4 days in 2006/07 to 4.9 days in 2012/13. For general medicine there has been a reduction from 4 days in 2006/07 to 3.2 days in 2012/13.



Source: The Nuffield Trust analysis Sept 2014

Critical success factors

- Having a team within the hospital that has developed strong relationships with community providers and social care.
- Shifting to daily clinical decision making and ensuring every patient is constantly progressed.
- Strong team working within the hospital with good communication. There are three quick bed meetings a day to maintain a relentless focus on progressing patients.

Challenges

- Clinical input can be a challenge and the Trust works to improve engagement. The Trust aims to work with consultants to push back the ward rounds to earlier in the day so that the peak discharge of patients moves from 2pm-6pm to 10am-2pm.

Next steps

- Although LoS has reduced, the Trust has above average 28 day readmissions and has identified the main cause as stemming from the need for further senior clinical input into nursing homes.

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