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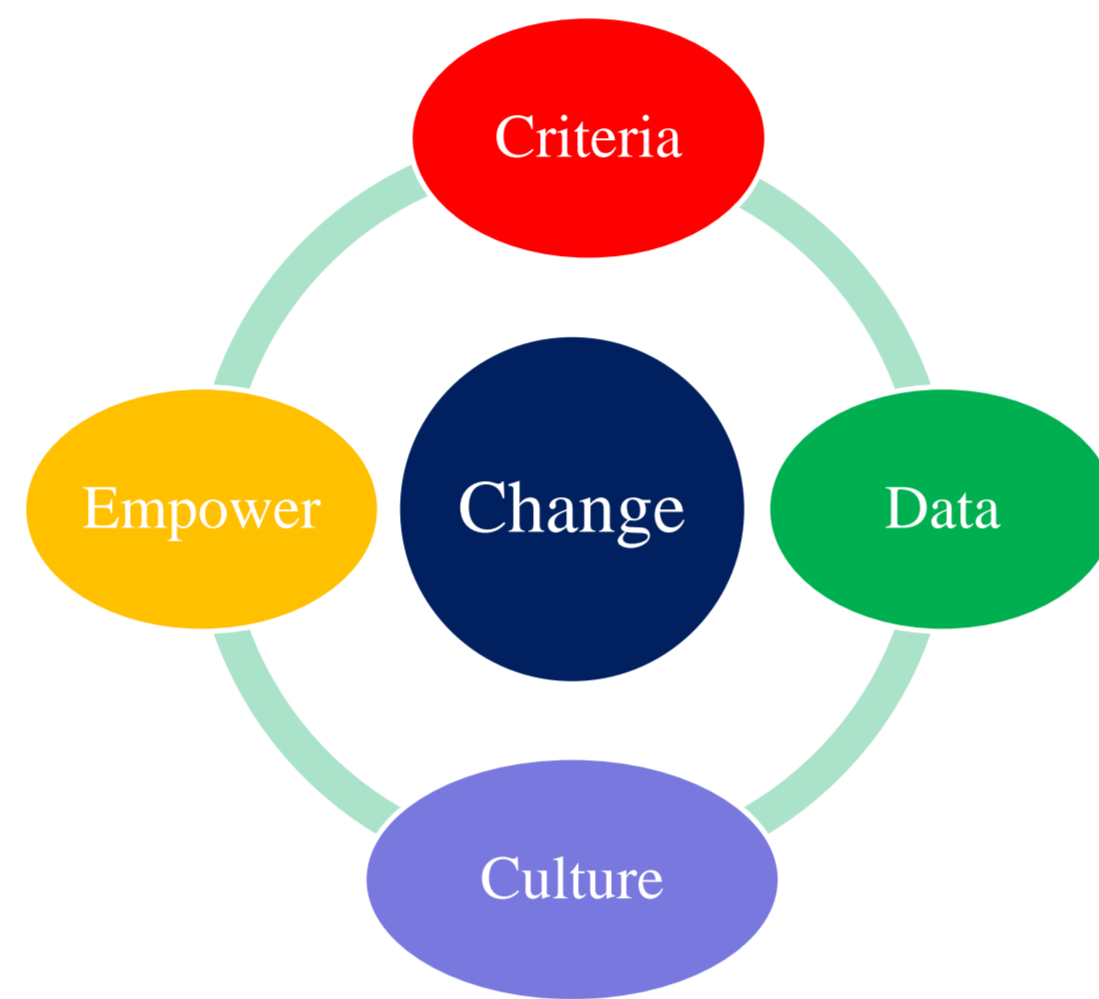
Our Challenge

Due to demand for inpatient beds in the out of hours period, incidences of patients being transferred from the Combined Assessment Unit (CAU) before consultant review were a frequent occurrence within University Hospital Ayr. Often these patients were moved during the overnight period without formal consultant diagnosis and, therefore, on occasion to areas inappropriate for the level of care they required. This resulted in further inter-ward transfers for this group of patients. Not only did these practices have a potential effect on patient safety, outcomes, mortality rates and overall inpatient experience, but they also raised questions over dignity and compassion.

Our Aim: To reduce the number of patients being transferred from Combined Assessment Unit (CAU), University Hospital Ayr (UHA) before consultant review

What Did We Do ?

- Implementation of Admission, Discharge and Transfer Criteria (ADT) for medical specialties
- Develop whiteboard to identify when Patients are “clinically ready to move”
- New way of working – patients move when “clinically ready” not when bed available



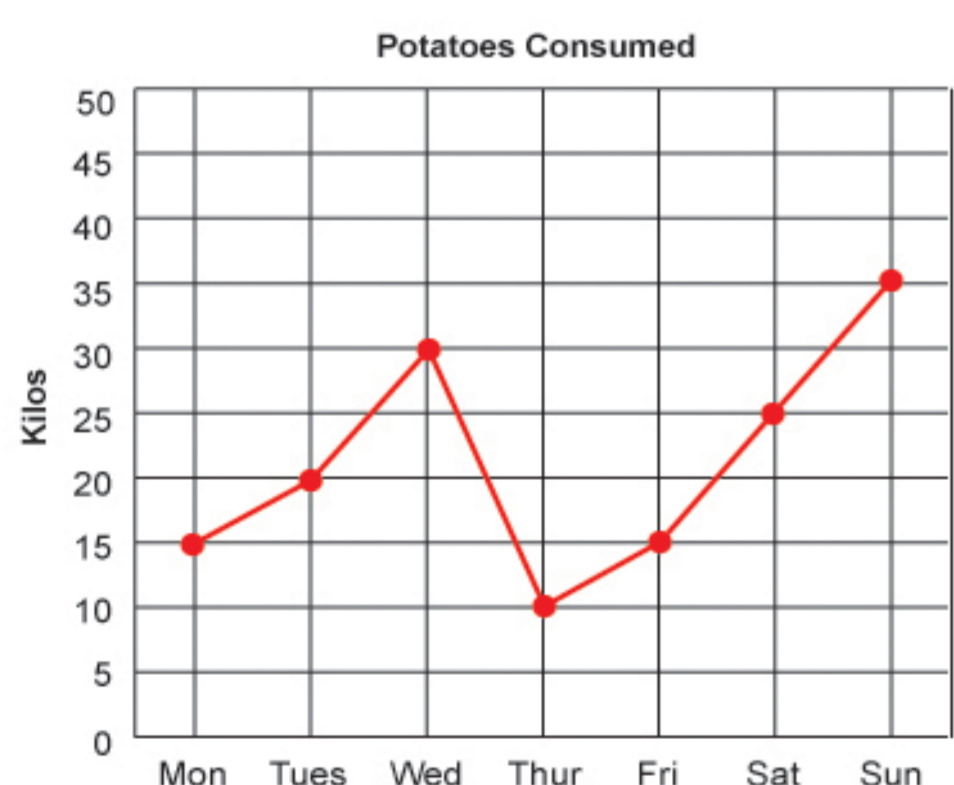
What Worked Well ?

- Deeper understanding of impact of poor flow on patient, staff and organisation
- Reduced artificial variability in ADT process
- Empowerment of staff re decision making
- Widespread recognition of significance of



Challenges

- Culture – “We’ve always done it this way”
- Medical staffing
- Site pressures
- Area demographics



Key Learning Points

- The effect of human factors on change
- Existing culture – don’t underestimate it!
- Senior engagement is vital for project success
- Make data your pal – understand it and share it
- Conflict can be healthy and positive

References/Acknowledgements

- The Improvement Guide, Langley et al, 2019
- Improving Length of Stay: What Can Hospitals Do, Nuffield Trust, September 2015
- Good Practise Guide: Focus on Improving Patient Flow, NHS Improvement, July 2017
- The association between night-time transfer from the intensive Care unit and patient outcomes, Critical Care Med, Aug 2008

Grateful thanks to the staff of CAU and medical inpatient wards, University Hospital Ayr

Results

Chart 1 – Reduced Number of Patients Transferred before Consultant Review

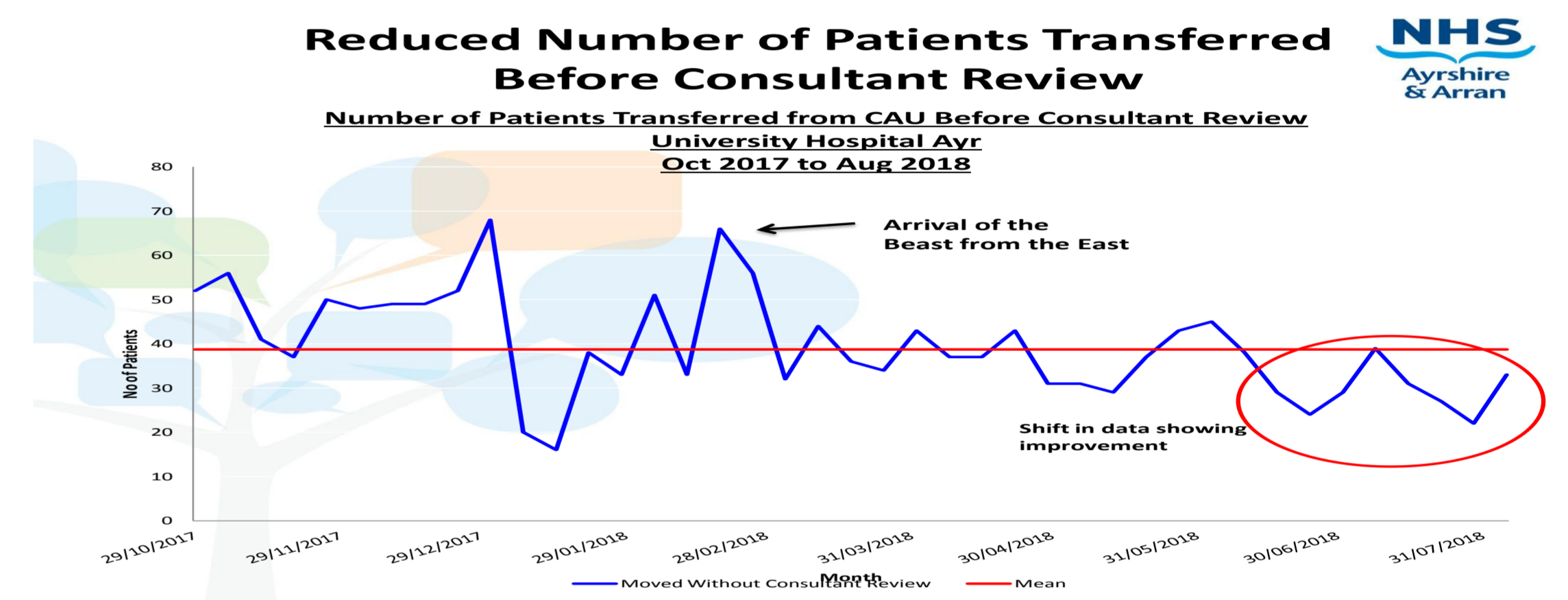


Chart 2 – Reduced Inter-Ward Transfers

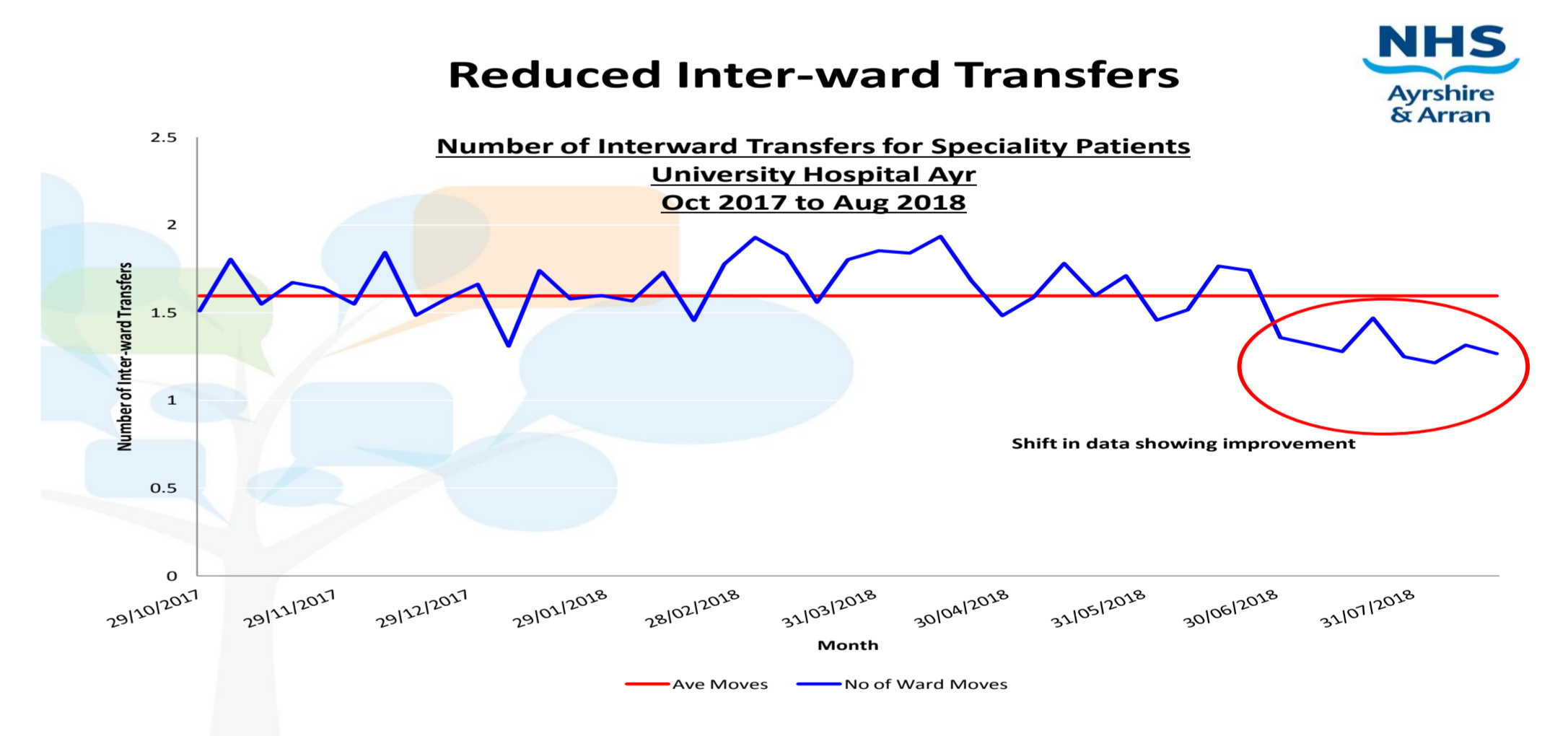
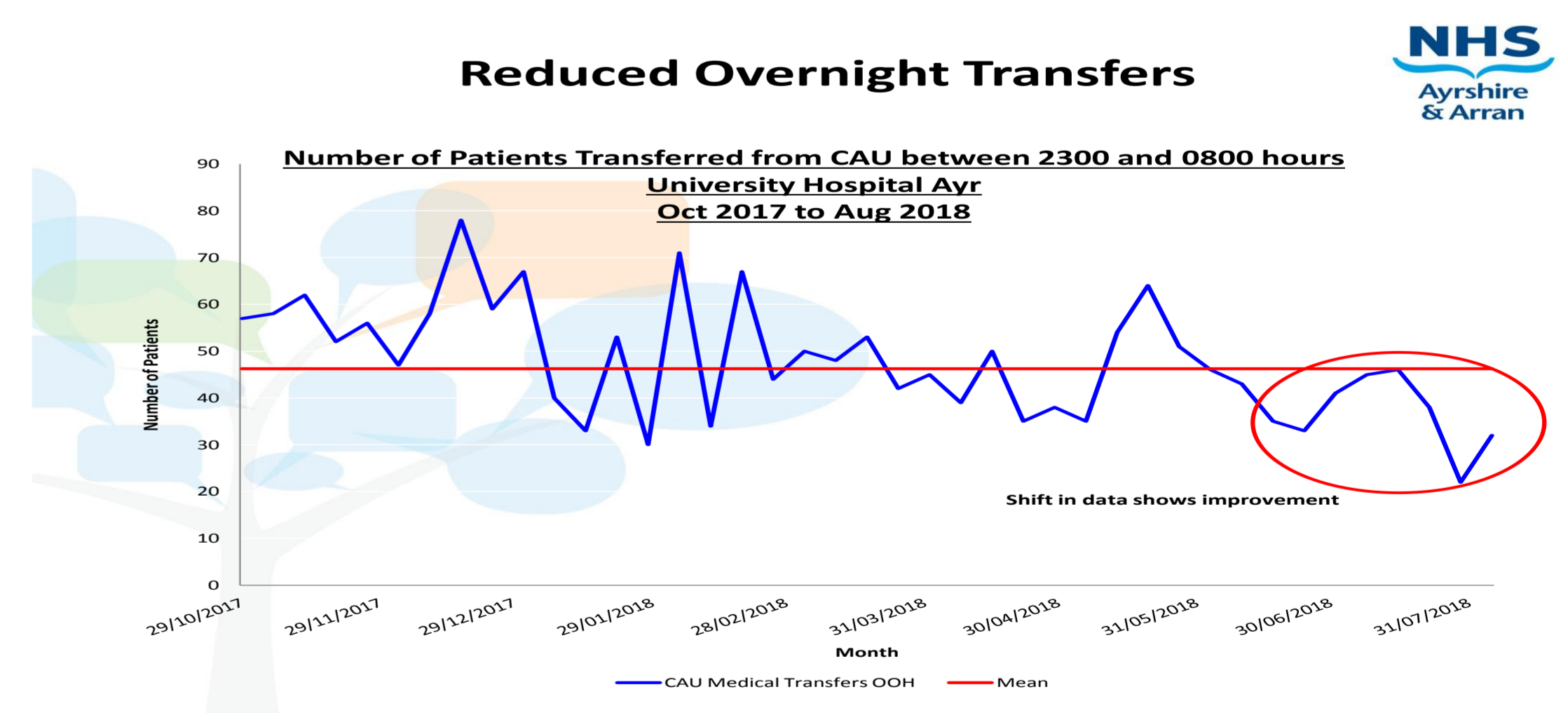


Chart 3 – Reduced Overnight Transfers



Conclusions

Application of ADT criteria and education about the importance of doing the right thing, first time has resulted in a reduced number of patients being transferred from CAU before consultant review. This has had a direct impact on the requirement to subject patients to repeated inter-ward and overnight transfers

Next Steps

Scale up and spread underway to University Hospital Crosshouse and Girvan and East Ayrshire Community Hospitals

