

Patient Flow Improvement Journey

Harvey Ward



The Princess Alexandra
Hospital
NHS Trust

Project aim

To adopt a holistic view of hospital flow in order to:

- Decongest front door by pulling patients with the increasing of early discharges in the ward.
- Get right patients right bed first time
- Frailty agenda
- Reduce LoS

Measures

LoS - SAFER/R2G implemented to improve patient flow
Golden patients – Number of patients discharged before 12:00

Right Patient for Right Bed – Reduction in Outliers and pulling right patients from A&E/Fleming to Harvey Ward

Tests for change

- MDT/Whiteboard meetings to complete patients' review and decision making
- Golden patients identified to ensure they are discharged before 12:00
- Actions to reduce LoS
- Ward based Consultant being implemented to give consistency and continuity of patient care and patient flow



Project team

Dr Monica Bose - Associate Medical Director for Clinical Strategy - Clinical Lead for Gastroenterology Services
 Helen Webber - Matron: Medicines Health Care Group
 Jill Holden - Ward Manager: Harvey Ward
 Alison Wilcox - Improvement Manager
 Harvey team - Clinical and non-clinical staff

Results

1) The data:

	Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Average Length of Stay (LoS) (in Days) (on discharge)		7.7	10.0	9.2	9.8	10.1	10.4	15.8	9.0	7.8	9.3	14.5	12.6	13.1
LoS Performance Trend (Month by Month)		→	↑	↓	↑	↑	↑	↑	↓	↓	↑	↑	↓	↑
No of Discharges between 08:00 - 12:00		2	9	14	9	8	9	11	10	11	18	13	6	13
No of Discharges between 08:00 - 12:00 (%)	33%	2.50%	13.85%	21.54%	12.86%	14.29%	14.52%	20.75%	16.39%	15.71%	32.14%	25.00%	15.00%	33.33%
Discharges Before Midday Performance Trend (Month by Month) (Based on %)		→	↑	↑	↓	↑	↑	↑	↓	↓	↑	↓	↓	↑
% of Gastro patients admitted to Harvey "First Time" - Right Patient to Right Bed		53.42%	30.95%	35.29%	68.42%	76.00%	72.00%	80.00%	66.67%	43.33%	86.67%	100.00%	81.82%	76.92%
% of Gastro patients - "Right Patient to Right Bed" Performance (Month by Month)		→	↓	↑	↑	↑	↓	↑	↓	↓	↑	↑	↓	↓

2) **A SOP:** 9am Function: Shift NIC to lead board round; clarity of allocation of duties for the Medical team from the senior doctor.

Learning and next steps

Maintain Leadership – Lead consultant – weekly visit to embed behaviours
 Valuing people
 Active learning by the MDT
 Evolve GOW/Ward consultant plan



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