

Reducing average length of inpatient stay at Hawkhurst Community Hospital

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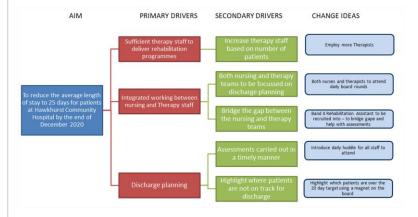
What was our aim?	Why is it important to service users and carers?	Ideas and te		
To reduce the average length of inpatient stay to 25 days before the end of December 2020.	It is known that patients can deteriorate when in hospital, whether it be due to contraction of infections or their general wellbeing and mental health, from being isolated from their own homes, families and friends. Kent Community Health NHS Foundation Trust (KCHFT) aims to have an average length of stay in community hospitals of 20 days. This target has failed to be reached by Hawkhurst Community Hospital since April 2018. In order to reduce the average length of inpatient stay and move closer to the target, this project has been initiated. The project aims to look at rehabilitation pathways and working together as a multidisciplinary team to understand and drive forward the patients' rehabilitation programme to allow them to be discharged from the hospital quicker.	Staffing levels: - review of nursing staffing levels - timely assessments from multidisciplinary Integrated working: - colleagues involved in patient care deliver patient's rehabilitation programme and ide - introduction of new Band 4 rehabilitation a secondment to bridge the gap between te - process for identifying therapy staff daily w - introduction of a healthcare assistant (HC meetings - support with board round process – improcess Discharge planning: - - introduction of therapy-based outcome mediates for both - introduction of daily team huddles for both		

The tools we used

Process Mapping (x3)

Handover	Breaks	Allocation	Comm RN's	Lunchtime Handover	Lunch & Menus	Comments
Staff arriving late Unable to access hospital	Drug Round Drugs left on table not given to patient	Pair Up Allocation of patients	Huddle Separate groups 1-12 13-23	Starts late and is too long	Allocation of staff for lunch Shop floor, Day room, PTS rooms	Tired/ exhausted at the end of shift
Night staff work not completed	All trolleys stocked ready for next shift	S HCA'S	<u></u>		Patients need to know change of menu	Allocation and rotation of patients
Handover sheet not printed Uvable to access	Staff not going on break Lunchtime delay for patients	RN Allocation Worked with HCA to care for patients Emergency call bells and senor			Patient Care Toileting	
Night staff not handing over before leaving	Allocation of patients & breaks Allocate a task	alarms			Stocking up for next meal	
Late preparing patients for Breakfast	Breaks start at 10.45					
washing patients early mornings						
Corridor lighting on to alert patients						

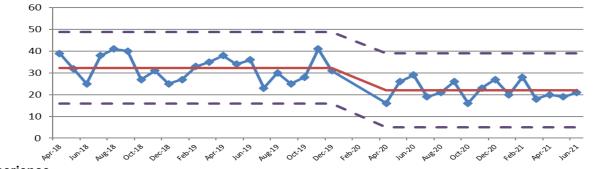
Driver Diagram



Results/How did we do/Anticipated outcome

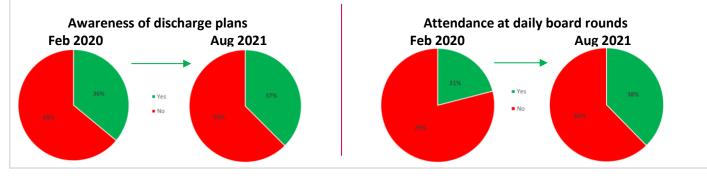
Length of inpatient stay

The below Statistical Process Control (SPC) chart shows the monthly average length of inpatient stay at Hawkhurst Community Hospital. The changes identified to improve inpatient stay were implemented shortly before the COVID-19 pandemic began; therefore, there were extra incentives to be able to reduce inpatient stay. However, many of the changes that were implemented have remained in place and we believe that they have contributed to the efficiency of discharges and therefore average length of inpatient stay, which is still being maintained.



Staff experience

Staff survey results show that prior there has been a small increase in awareness of discharge plans for their patients and an increase in attendance at daily board rounds.



(we care)

Kent Community Health NHS Foundation Trust

I tests of change

nary team members.

- elivery will have awareness and understanding of the didentified goals. Changes include:
- tion assistant role to the therapy team one-year
- en teams- Feb 2020
- aily work plan
- (HCA) to handover/weekly multi-disciplinary team

mproved structured process.

e measures

introduction of daily team huddles for both nursing and therapy staff to attend Oct 2019 review of current working practices on early shift to release time back to staff.

What we learned and what's next

What we learned:

Daily team huddles need to be sustained and include a focus on patient safety and staff wellbeing.

HCA colleagues should also attend weekly multidisciplinary team meetings and board rounds to share care needs of allocated patients.

Board rounds are now taking a shorter period of time to complete.

More improvements need to be made to further integrate the teams to work cohesively to reduce inpatient stay.

What's n ext?

Therapy staff to review use of outcome measuring tools and implement accordingly.

Established recruitment to Band 4 rehabilitation assistant role within therapy team to continue with structured work plan, to include delivery of therapy training sessions for both qualified and unqualified colleagues.

Therapy colleagues to focus on working alongside both qualified and unqualified staff to promote the philosophy of delivery of holistic patient care by an integrated multidisciplinary team, resulting in an increased level of understanding of individual patient care management and discharge plans.