



Flash of brilliance

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Service: West Kent community hospitals



Kent Community Health
NHS Foundation Trust

Aim: What were you trying to achieve?

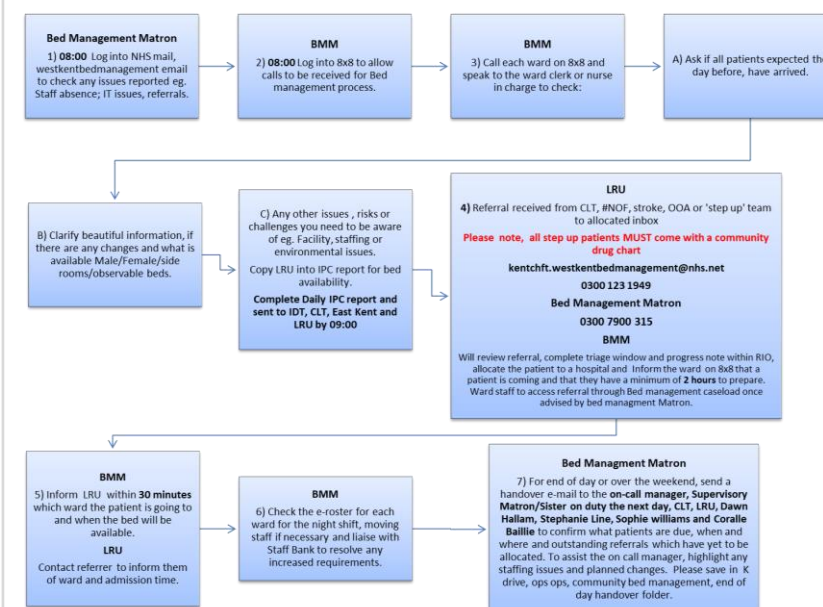
Implement a single point of access (SPA) for referrals to community hospitals in response to the COVID-19 pandemic and the need to discharge patients quickly from the acute settings.

It was anticipated that this would result in improved waiting times and better oversight of all community hospitals across west Kent.

Having a single point of access should also have the following additional benefits:

- Increase percentage occupancy of beds
- Staffing overview
- Performance monitoring
- More focus on the patient's experience
- Improve quality of care for patients transferring into KCHFT services
- Improve average length of stay.

Change ideas: What changes did you make?

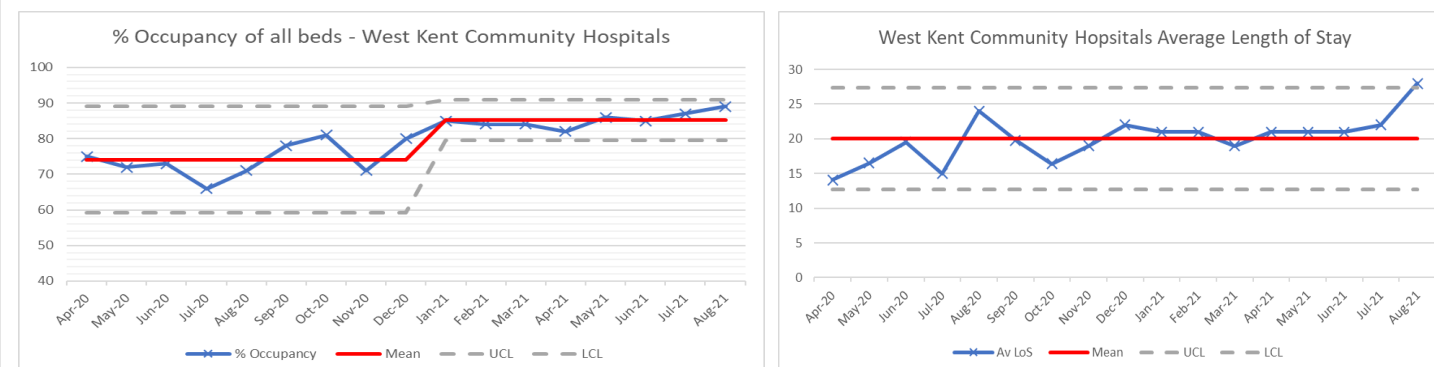


The initial plan was to implement the SPA by having the community hospital matrons on call each week; however, this proved unsuccessful. Therefore, a single bed management matron was appointed across west Kent with the additional responsibilities of:

- Oversight of admissions, discharges, bed allocation, staffing, associated data, SOPs /process/procedures around management, guidance notes/templates
- Utilising and maximising use of RIO, and working with the local referral unit (LRU)
- Development of relationships and communications with referrers and matrons at community hospitals– and dealing with transfer of care (TOC) issues
- TOC meetings, mortality reviews, lessons learned
- Improve quality of the referrals and make them consistent across all referrers.

Measures/results: What was the impact of the changes?

Although there was an aim to improve time from referral to bed allocated, or referral to admission to the community hospital, this data was not readily available to collect. However; the below statistical process control (SPC) charts show the wider impact of the recruitment of a bed management matron.



The graphs show that there has been a shift in the occupancy of beds since the bed management matron was appointed in January 2021. With percentage occupancy rising to an average of 85%, with much less variation, shown by the control limits.

Also, average length of stay has become more consistent, with one outlying point in August 2021, due to an issue with obtaining care packages affecting all community hospitals and out of the trust's control.

Anecdotal feedback suggests that having a single bed management matron is a simpler and robust process with continuity built in.

Lessons learned and what's next?

What we learned:

The PDSA cycles shows the issues experienced when hospital matrons acted as the SPA. This led to the decision to employ a dedicated matron for this purpose.

The bed management matron has been successful and has resulted in many different benefits for the service.

The role has allowed relationships to be built with system partners, which will be built on as processes are streamlined.

What's next:

The bed management matron will complete a full review of processes to streamline then and be consistent with east Kent.

Develop a long-term plan to keep hospital matrons as part of the bed management responsibilities for development purposes.

Digital boards will be looked into, to streamline and reduce duplication. These pull data from RIO (electronic patient record system) for more accurate information. All data can be pulled from all community hospitals into one place for transparency.

Further evaluation of the role will be undertaken to determine whether the role can be expanded into a team or service which will ensure sustainability of the role as currently there is only one bed management matron and therefore leave and sickness can easily affect the service.