Utilization of Beds in Short Stay Ward - Improving Effectiveness

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Introduction

Aims and Objectives
- To provide an overview of the age distribution of patients in SSW.
- To assess if appropriate patients are being transferred to SSW, as per advice of PTWR.
- To ascertain whether E-LOS is reflected on patient selection for SSW and their discharge planning.
- To ascertain if bed utilization in SSW is influenced by the weekend or week days.

Methodology

Population and Sample
Data was collected on patients occupying beds in the Short Stay Ward (SSW) on the mornings of 4 consecutive Mondays (Group A) and Thursdays (Group B).

Group A data was to reflect impact of the weekend.

Conduct of the project
- Lists of all in patients present in SSW in the morning of 4 consecutive Mondays and Thursdays were obtained using Real Time.
- Data was collected on age, destination ward, estimated LOS and the number of days since the admission on each patient by Dr Arif and Dr Packianathan.
- The data collected, was analysed using Excel and a report with action plan was prepared by Dr Arif (Project Lead).

Findings

Sample Size: 253
- Group A: 128
- Group B: 125

Patient Demographics

Gender distribution
As expected, the distribution of male to female was almost 50% in each group. In Group (A) 64 patients were males and 64 females and in group (B) 64 males and 61 females.

Estimated length of stay (ELOS)
- In Group (A): E-LOS was not recorded in 23/128 (17.96%) patients, 19/128 (14.84%) were expected to stay over a week, but still admitted to SSW.
- In Group (B): E-LOS was not recorded in 31/125 (24.8%) patients, 9/125 (7.2%) were expected to stay over a week, but still admitted to SSW.

Length of stay at the time of data collection (LOS)
- In Group (A): 53/128 (41.40%) had already stayed over 4 days and 11/128 (8.59%) over 8 days in SSW. Overall, 35/128 (27.34%) had already exceeded the E-LOS on the day of survey. In Group A, significantly higher number of patients (27.34% vs 20%) exceed the E-LOS and more patients (50% vs 28%) had stayed over 4 days, indicating less clinical input in SSW over weekends.
- E-LOS mostly wrong, was ‘48 hours’.

Conclusions

Unscheduled care pathways in acute hospitals are driven only by the flow of patients who arrive at the door and whose needs have to be met promptly, safely and efficiently (1). A number of articles suggest that short-stay wards are safe, decrease the length of stay, provide earlier senior involvement, can reduce unnecessary admissions and improve patient satisfaction. Studies have shown that strong management, appropriate staffing levels, size and location are important factors for efficient running of Short Stay Units (2). This bed efficiency can not be sustained without 7-days working model (3).

We conducted this audit survey to assess efficiency of our Short Stay Ward (SSW). We collected data on demographics, ward allocation in PTWR, estimated length of stay and number of days already in hospital of all patients present in the SSW in the mornings of 4 consecutive Mondays (Group A) and Thursdays (Group B). Our survey suggested that only around 1/3 patients were over 80 years of age and 5.5-8.8 % were over 90. This finding was against the common myth of ‘too many old patients in SSW, hence low turn over’.

In Group A (weekend practice) almost half of the patients did not have a destination ward marked in PTWR (45.31%) as compared to 20.8% in group B (weekdays). Significant numbers did not have estimated length of stay (ELOS) recorded in each group (17.96% in group A and 24.5% in group B). Higher number of patients with ELOS of ‘over-a-week’, were admitted to SSW during the weekend (14.8%) as compared to weekdays (7.2%). Significantly higher number of patient had stayed over 4 days in hospital in Group A (weekend) than in group B (weekday). More patients in group A (27.34%) had already exceeded their ELOS than group B (20%) and the most wrong ELOS, was ‘<48 hours’. These results reflect increased LOS over the weekends due to the absence of senior cover and other resources in SSW. Similar conclusions were drawn in audits in other hospitals (4). To improve efficiency of AMU / SSW, we propose the following recommendations.

Recommendations
1. All Consultants involved in post-taking must be reminded to mark the destination ward and ELOS on all admissions every day, including the weekends.
2. Ideally, only those patients whose ELOS is <72 hours (or generally less than a week) should be allowed to move to SSW.
3. SSW team responsible for daily running of the ward, must give priority to those expected to be discharged within 24-72 hours and check on those exceeding their E-LOS.
4. All those patients inappropriately placed in SSW, must be immediately notified to the bed managers and moved to the right wards, as marked.
5. There is a dire need of adequate staffing and senior reviewing (Consultant-led ward round) in both AMU and SSW over the weekends.
6. A re-audit after implementations of recommendations is vital, to assess for any positive outcome in efficiency.

References
1. ‘Planning for predictable flows of patients into unscheduled care pathways beyond the Emergency Department: Meeting Demand and Delivering Quality’. https://www.raps.org.uk/12113287795426-4759300557849867571456
4. ‘Conduct of the project’.