Introduction and Aim:

Use of short stay ward (SSW) could reduce the length of stay (LOS) for patients in hospital, which represents an alternative to the ordinary ward for selected patients [1]. The SSW model is not new and introduction of a SSW helps to identify and treat those patients with illness who can often be discharged home at an earlier stage [2]. A rational use of limited resource coupled with measurable benefits for the patients can be achieved without additional infrastructure [3]. We compare the LOS and discharge rate of patients in Walsall Manor Hospital, before and after the introduction of a SSW. The aim was to improve the patient flow in the hospital by creating more beds for new patients and reducing the LOS.

Methods:

Due to increased pressure on the medical admission and bed crisis, we adopted the SSW model from March 2016 in our hospital to find out the outcome on the patient flow. The rota for Acute Medicine including consultants, registrars and other juniors were redesigned. Few of the existing vacancies were filled in by newly appointed doctors (no additional funds). Nursing staffs were trained appropriately prior to the change as anticipated and also cross cover was provided between Acute Medical Unit (AMU) and SSW to help and run smoothly the newly introduced unit. Prior to this change, all the plans were drafted and briefed and presented in appropriate meetings to make every responsible person aware of their role and expectations. This also helped to make a smooth transition and adopt the new model. There were no additional beds or any extra investment from the trust.

Outcomes:

We collected the data over three months before and after the introduction of the SSW model was introduced in ward 14 (General medical ward) and evaluation was done to comprehend outcome. The following bar diagrams (Fig 1 & Fig 2) compares the average monthly LOS (in days) and discharge pattern (total number of patients per month) respectively before and after the change was implemented. Total average LOS over three compared months reduced from 5.8 to 3.2 days. Total absolute number of patients discharged increased from 282 to 506 (79% increase) during the same time period. All data collected from hospital patient flow dashboard record retrospectively.

Conclusion:

The implementation of SSW model in Walsall Manor hospital has shown a substantial reduction in the LOS with a significant increase in the discharge rate of patients. By adopting this model, assessments and investigations were done promptly to establish diagnosis and formulate treatment plan. Hence, early discharges could be done without compromising the effectiveness of care. So, SSW model in an acute hospital has a significant beneficial impact and improvement on the patient flow and better management of continuity of care. This findings support the implementation of SSW model in acute hospital settings with potential benefits.

References:


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