Clear structure and leadership to an assessment area can reduce Length of Stay (LoS)

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BACKGROUND
In September 2014, Geriatric department took over the management of a medical assessment ward at Nottingham University Hospitals due to around 80% of the patient cohort being over 65 years of age. A large team of over 40 consultants provided daily cover resulting in a lack of continuity for patient care. Staff morale was low with staff members feeling frustrated and of little value. Patient care was disjointed due to inconsistency in ward processes (such as the format of ward and board rounds) with the daily routine changed dependent on which consultant was working with no clear structure in place as to how the day should run. Junior medical staff and ward staff reported frustration at a lack of clear leadership and guidance.

OBJECTIVE
To provide leadership and improve consistency of ward processes to reduce LoS and enhance staff experience.

METHOD
A series of structured processes where implemented to achieve the desired objective.

**Dedicated project manager and a clinician Lead**
A clinician lead and dedicated project manager were appointed to provide leadership and engage the team in process redesign.

**Morning “huddle”**
Introduced a structured 9am “huddle” for staff allocation and safety and process messages.

**Prioritisation sheets**
Prioritisation sheets were introduced identifying patients medically unwell or ready for discharge to be seen early on the ward round.

**Morning & afternoon board rounds**
11:30 am and 4:30pm board rounds were introduced to ensure all tasks had been allocated and a clear plan was in place for each patients.

**Consultant geriatrician input**
Consultant job plans were modified to ensure daily geriatric presence.

**Optimised IT resources**
We ensured there was adequate and appropriate computer resources introducing dual screen computers to facilitate “one stop” ward rounds.

**Score boarded an SOP**
A standardised operating procedure (SOP) including roles and responsibilities was developed and score-boarded. We also ran focus weeks where aspects of the SOP were scored (such as compliance to providing a predicted date of discharge) to embed the process and enhance accountability.

**Changed the ways of working of the ward team**
We changed how the ward team worked from Band 2, 3 and 5 nursing staff working within their banding across the wards to working as a team in each bay.

This enhanced team work, freeing up time for the band 5s to lead transfers and discharges.

**Environment changed to meet the needs of the unit**
Supported by Nottingham Charities we changed the function of a number of rooms within the ward to optimise use of space and enhance efficiency.

RESULTS
Length of Stay (LoS) reduced from 35 to 29 hours.

<table>
<thead>
<tr>
<th>Measure</th>
<th>September 2014</th>
<th>April 2015</th>
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<tbody>
<tr>
<td>Ward round ordered in terms of shop</td>
<td>18%</td>
<td>93%</td>
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<tr>
<td>Time from senior review to handover to nursing staff</td>
<td>60 mins (Range: 10-3hrs 35mins, Median 50mins)</td>
<td>70% updated in “real time” on nerve centre during ward round</td>
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<td>Ward staff felt happy coming to work</td>
<td>30%</td>
<td>65%</td>
</tr>
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<td>Ward staff felt valued</td>
<td>19%</td>
<td>59%</td>
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CONCLUSIONS
Having a dedicated project manager to spend time with the team and developing processes alongside the team was key to the success of the project. A clear leadership structure, guidance of roles, responsibilities and a clear SOP engaged with by the team resulted in a reduced LoS, and subsequently improved flow across the hospital, and improved staff experience.