Managing Longstayers at NTFGH

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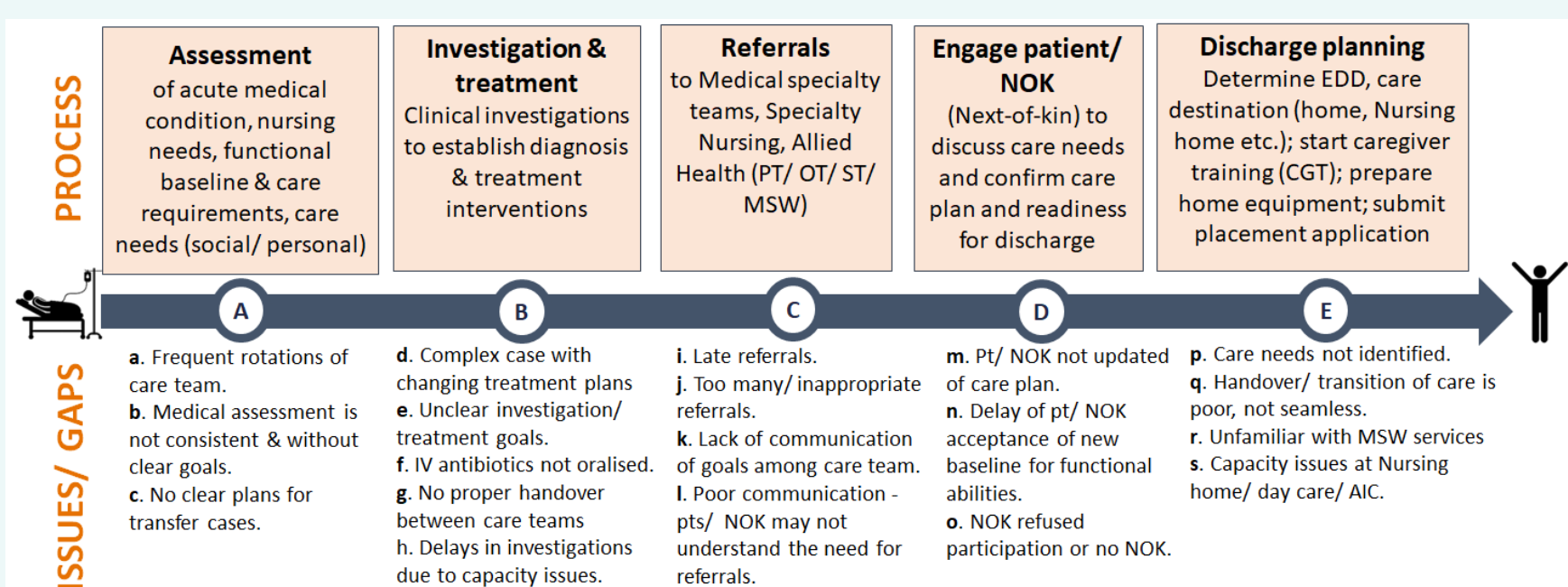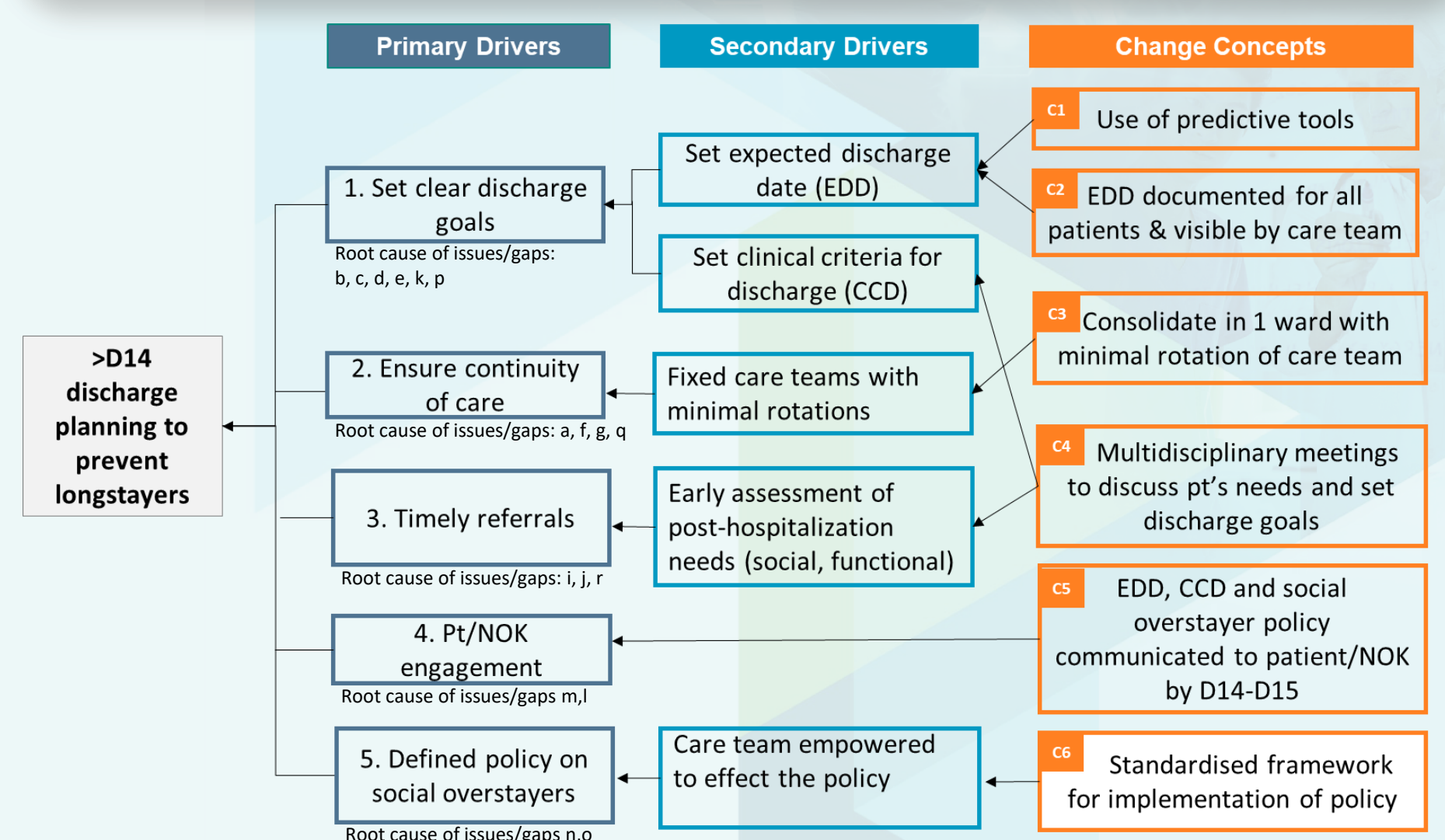
Problem Statement

While only 3% of all inpatients are longstayers (LOS > 21 days), they occupied 1 in 4 beds. Managing longstayers reduces unnecessary prolonged hospital stays & improve patient outcomes. It also optimise BOR and reduce ALOS for the hospital.
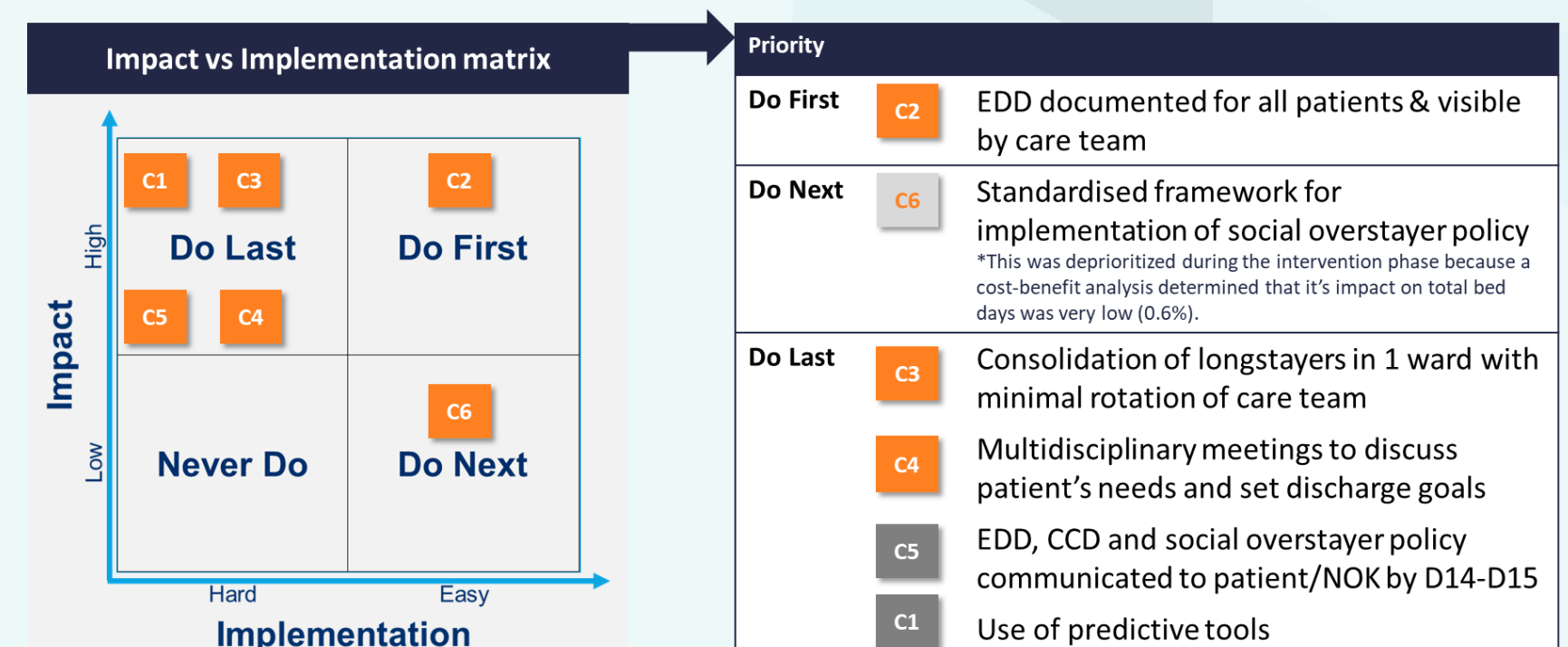
Issues/ Gaps were identified & grouped into root causes/ primary drivers.

PROCESS

A – Assessment	B – Investigation & treatment	C – Referrals	D – Engage patient/ NOK	E – Discharge planning
Assessment of acute medical condition, nursing needs, functional baseline & care requirements, care needs (social/ personal)	Clinical investigations to establish diagnosis & treatment interventions	to Medical specialty teams, Specialty Nursing, Allied Health (PT/ OT/ ST/ MSW)	(Next-of-kin) to discuss care needs and confirm care plan and readiness for discharge	Determine EDD, care destination (home, Nursing home etc.); start caregiver training (CGT); prepare home equipment; submit placement application

ISSUES/ GAPS

a. Frequent rotations of care team.
b. Medical assessment is not consistent & without clear goals.
c. No clear plans for transfer cases.

d. Complex case with changing treatment plans
e. Unclear investigation/ treatment goals.
f. IV antibiotics not oralised.
g. No proper handover between care teams
h. Delays in investigations due to capacity issues.

i. Late referrals.
j. Too many/ inappropriate referrals.
k. Lack of communication of goals among care team.
l. Poor communication - pts/ NOK may not understand the need for referrals.

m. Pt/ NOK not updated of care plan.
n. Delay of pt/ NOK acceptance of new baseline for functional abilities.
o. NOK refused participation or no NOK.

p. Care needs not identified.
q. Handover/ transition of care is poor, not seamless.
r. Unfamiliar with MSW services
s. Capacity issues at Nursing home/ day care/ AIC.

Project Aim

30% reduction of total bed-days of longstayers from Medicine by Dec 2022.

Type of measure	Measure	Monitoring frequency	Baseline
Outcome	Total bed-days of discharged Longstayers	Monthly	3,170 bed-days / mth
Process	Inflight longstayers	Weekly	60
Balancing	30 day readmission	Quarterly	12.6%

Lessons Learnt

Starting with the end in mind - The team was mindful to create system level changes (e.g. create new workflows, processes) & to mainstream interventions to ensure long term sustainability.

Teamwork makes the dream work - This project worked because we have a multi-disciplinary team who believed in the goal of the project. Our team members were open & willing to share their thoughts, & often challenged the status quo which led to better solutions.

Potential Solutions

Primary Drivers	Secondary Drivers	Change Concepts
1. Set clear discharge goals. Root cause of issues/gaps: b, c, d, e, k, p	Set expected discharge date (EDD) / Set clinical criteria for discharge (CCD)	C1 Use of predictive tools / C2 EDD documented for all patients & visible by care team
2. Ensure continuity of care. Root cause of issues/gaps: a, f, g, q	Fixed care teams with minimal rotations	C3 Consolidate in 1 ward with minimal rotation of care team
3. Timely referrals. Root cause of issues/gaps: i, j, r	Early assessment of post-hospitalization needs (social, functional)	C4 Multidisciplinary meetings to discuss pt's needs and set discharge goals
4. Pt/NOK engagement. Root cause of issues/gaps m,l		C5 EDD, CCD and social overstayer policy communicated to patient/NOK by D14-D15
5. Defined policy on social overstayers. Root cause of issues/gaps n,o	Care team empowered to effect the policy	C6 Standardised framework for implementation of policy

>D14 discharge planning to prevent longstayers

Change concepts were generated using a driver diagram (above) & prioritized for implementation (below).

Impact vs Implementation matrix

	Priority	
Do First	C2	EDD documented for all patients & visible by care team
Do Next	C6	Standardised framework for implementation of social overstayer policy *This was deprioritized during the intervention phase because a cost-benefit analysis determined that it's impact on total bed days was very low (0.6%).*
Do Last	C3	Consolidation of longstayers in 1 ward with minimal rotation of care team
	C4	Multidisciplinary meetings to discuss patient's needs and set discharge goals
	C5	EDD, CCD and social overstayer policy communicated to patient/NOK by D14-D15
	C1	Use of predictive tools

Outcomes & Impacts

Upon successful implementation of the interventions,
- Total bed-days of patients in C7,C8 & C9 (pilot) wards was 36% lower compared to all other General Medicine (control) wards.
- 564 bed-days were saved each month as a result.
- Results continued to be sustained in the control phase in FY23.

Pre-intervention

Control wards Avg: 1544 bed days/mth

36% lower

Pilot wards (C7,C8 & C9) Avg: 980 bed days/mth

Intervention C1 (Apr '21)
Intervention C3 (Apr '22)
Intervention C4 (Oct '22)

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