

The Power of Innovation

A health care system to meet our needs
NSW Health
 Symposium Oct 2012

Stranded Sam to the Rescue of Long Stay Patients Improving Access to Timely Quality Health Care

Introduction

Identification of large numbers of long stay patients triggered a program of work to improve patient safety and flow at St Vincent's Hospital (SVH) commencing in May 2011.

In 2010 patients with a length of stay (LOS) of 21 days or more (stranded patients) comprised 2.7% of all acute admissions and consumed over 30% of bed days

Aim

To reduce the numbers of patients at SVH with LOS of 21 days or more by 30%, and to reduce the number of bed-days used by these patients.

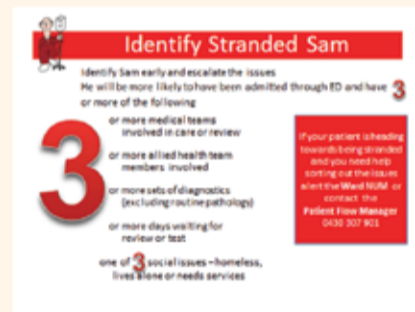
Develop and implement strategy to address key issues:

- culture of not valuing an inpatient bed as a scarce resource
- deficiencies in the identification of patients at risk of longer stay
- poor adherence to business rules
- problems in communication between and within teams
- delays in access to medical review and diagnostics
- inconsistent discharge planning practices

Method

Communication strategy

- Organisation wide communication strategy "Stranded Sam" to build understanding of the factors that keep patients in hospital, increase the visibility and transparency of waste within the hospital
- Stranded Sam with a caption was deployed to computer screens, hospital wide memos and newsletters, presentations – eg Grand Rounds, JMO orientation, clinician meetings
- Case studies used to demonstrate waste



Process & decision support changes

- Process changes included refined Patient Flow Business rules, developing NUM skills and accountability with respect to problem solving delays
- Early identification of potential "Stranded Sams"
- Remove perverse practices with respect to allocation of beds
- Patient Journey Boards were developed and adapted to suit conditions within specific wards
- Business rules for MDT meetings developed

Results

Significant reduction (8%) in overnight ALOS.

Reduction in stranded patients of 11.4%

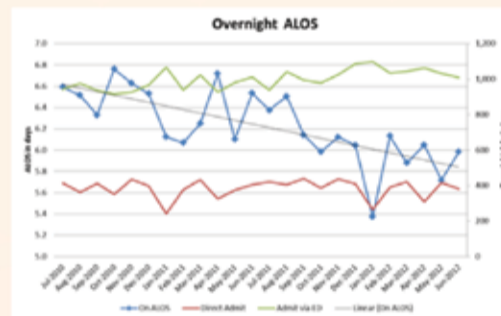
Number of bed days used by this group of patients decreased from 41,271 to 34,786 (annualised).

Equivalent of 18 beds saved

5% reduction in RSI from 2010 to 2011/12.

The time that patients are left waiting for an inpatient bed within the Emergency department has decreased by an average of 1.5 hours or a 15% reduction in LOS in January to June 2012 compared to the same period last year. This has occurred at the same time as there has been an increase (6%) in Emergency admissions. NEAT performance has increased slightly and eight hour Emergency Access Performance has increased from 57% to 63% to end of June 2012.

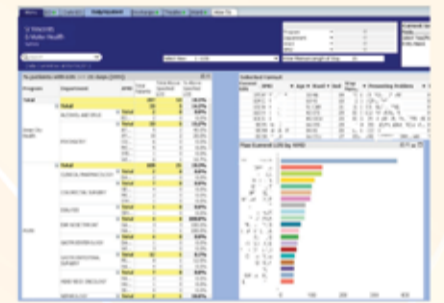
July and August 2012 showed significant deterioration in length of stay and access performance. This has triggered a second round of awareness raising.



Conclusion

Stranded Sam has become embedded as a key figure that signifies positive change within the organisation.

An extensive electronic clinical dashboard that includes a range of indicators including Stranded Sams (21 day+) NEAT, ED LOS, long stay patients, overnight and day only LOS against benchmark



The multidisciplinary project team that included clinical, analytical and change management expertise, a creative and innovative mind-set that recognised the cultural issues within the organisation, as well as the seniority to communicate issues to the Executive, was key to the success of the initiative.

Acknowledgements

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 ...and Stranded Sam

