

Why Am I Still Here Study Overview

Purpose and background to study

This study has been designed, as a snapshot in time, to identify bed status and capacity on the wards and identifies either legitimate medical treatment purposes or other reasons for delays. This study has been conducted at numerous sites and commonly identifies 24-33% of latent capacity in organisations.

Achieving significant reductions to delays in patients' length of stay requires a clear understanding of why patients are actually waiting in hospital. 'Why am I still here' is aimed at identifying those rate limiting steps to timely discharge.

Previous studies have identified significant opportunities for improving patients' experience by managing the blocks associated with transfer of care from hospital to the community. Some of these are not always within the control of the hospital; however there are internal processes that can often be improved to provide access to ward beds for patients coming from the ED or from inter-facility transfers.

As an example, see results from a study undertaken recently in a large Sydney tertiary organisation.

- 76% of beds were occupied for legitimate medical reasons, patients requiring treatment and care
- 24% of beds were occupied for unknown or non-medical treatment related reasons.

The reasons for these patients occupying the beds are as follows

- 38% due to external support service delays
- 14% unknown
- 13% due to discharge decision delays
- 11% due to delays in reviewing patients
- 9% due to delays in tests
- 5% due to waiting for allied health review

The NSW Patient Flow Portal has the capability to capture delay reasons via the 'Waiting for What' functionality. It was designed as a powerful IT tool to capture these delays and give the clinical staff the much needed information to act where possible to reduce these delays. It has the ability to generate reports using aggregated data to identify common areas of constraint and can provide a contemporary report of patients who are currently delayed for local escalation and resolution. There is often variation in the use of the portal and the information that is collected in the Waiting for What relating to the delay reasons. The "why am I still here" study is a helpful exercise to validate the information in the portal.

Study set up

Communicate widely to the NUMs and patient flow teams the purpose of the study, why it will be undertaken, when it will be undertaken and how it will be undertaken

1. Identify which wards will participate in the study – top volume by specialty or length of stay
2. Identify a resource to collect the data
3. Identify a resource to enter the data onto the excel spreadsheet
4. Analyse the data
5. Print the Data Collection template

Resources Needed

- Staff
- Clipboards
- Pens
- Templates
- Excel spreadsheet for entering the data

On the day

Visit the wards am and pm and run through the white board with the NUM / Team Leader and ask the questions that are on the template:

- “is this patient receiving active medical treatment?”
- “could this treatment be completed in a care setting better suited to the needs of the patient such as Hospital in the Home?”
- “if the patient is not receiving active medical treatment what is the delay to care or to discharge?”
- “is there anyone waiting on the ward for a test and will this test be required to make the decision to discharge the patient”?

This can be done as a one day snapshot or more commonly is done every day for 5-7 consecutive days to identify delays that occur on different days of the week, and those commonly occurring on weekdays or weekends.

Data Analysis

Enter the data into the excel spreadsheet daily. This prevents having to undertake significant time doing this at the end of your study.

Next steps

- Make a plan as to how to display the data to share within the organisation (pie charts, graphs etc)
- Make a plan for presenting the data to the hospital executive and staff across the hospital
- Make a plan for the next steps of collecting issues and undertaking root cause analysis, set up short focus groups to discuss
- Make a plan for 2 weeks later to undertake the solution design
- Make a presentation of the data to ward NUMs, in particular to compare it to data collected in the 'Waiting for What' (WFW) module on the Patient Flow Portal. This will highlight the value of regular use of the WFW module on wards as an operational tool for NUMs.