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Measuring the success of a short-stay unit

Authors: Beshlie Richards, Melanie Nana, Hannah Cranch, Ruth Alcolado and Helen Lane

Aims

Having set up a short-stay unit (SSU) with an expected length of stay <72 hours, we aim to identify the number of patients who do not meet their anticipated date of discharge (ADD) and the reasons why.

Methods

Initial details and journey summaries were collected for all medical patients admitted from 4–11 April 2016 (n=117). Patients managed in an ambulatory care setting were excluded from the study. Prospective data were collected, capturing relevant baseline information, medical and social care administered throughout the patient's stay. Patients defined by the admitting consultant as appropriate for admission to the SSU (ADD <72 hours) were categorised as short-stay patients (n=58). At inception of the SSU, there had been investment in pharmacy, therapy and coordinator staff roles.

Data for those who did not meet their ADD were analysed by a focus group, including junior, middle- and consultant-grade doctors to identify the reasons behind delayed discharges. Three patients died unexpectedly during their admission; these cases were subjected to detailed mortality review and excluded from the final analysis.

Results

44% (24/55) of patients did not meet their ADD of <72 hours. In combination, short-stay patients who exceeded their 72-hour stay spent a subsequent 215 days in hospital. 38% (81/215) of these additional days were a consequence of unpredicted deterioration or ongoing medical care. Of the remaining 134 days, 17 were spent awaiting diagnostic investigations or specialist review. 52% (112/215) of additional days' stay were accumulated while patients were medically fit for discharge (MFFD).

The area accounting for the greatest proportion (92%) of excess days' stay while patients were MFFD was discharge planning. Discharge planning included initiation or reinstatement of care packages, transfer to external rehabilitation sites and rehabilitation with physiotherapy and occupational therapy teams. There were no delays as a consequence of provision of take-home medication.

Conclusions

The greatest barrier to timely discharge in patients admitted to a recently developed SSU was prolonged discharge planning, where delays arose from finite availability of services, poor communication within the multidisciplinary team and delayed referrals. We have since introduced a 'hospital front door' social worker who is available 12 hours per day, 7 days a week, who will aim to facilitate this process. The coordinator role needs redefinition to further support the multidisciplinary team. Pharmacy investment is working well. ■

Conflict of interest statement

None to declare.

Authors: Royal Glamorgan Hospital, Llantrisant, Cardiff, UK