

Patient Flow at The Princess Alexandra Hospital

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About The Princess Alexandra Hospital

- Local population 258 000
- Turnover £136M
- Employees 3000 (approx 2000 wte)
- Beds 401 Medical & Surgical
88 Maternity + Paeds
- Separate Elective Unit + Same Day Admissions Unit

Activity for 2008 – 9

- Elective surgical admissions 29 717
- Emergency admissions 20 961
- A & E attendances 79 517
- Outpatient attendances 181 000

Theoretical flow in 2005



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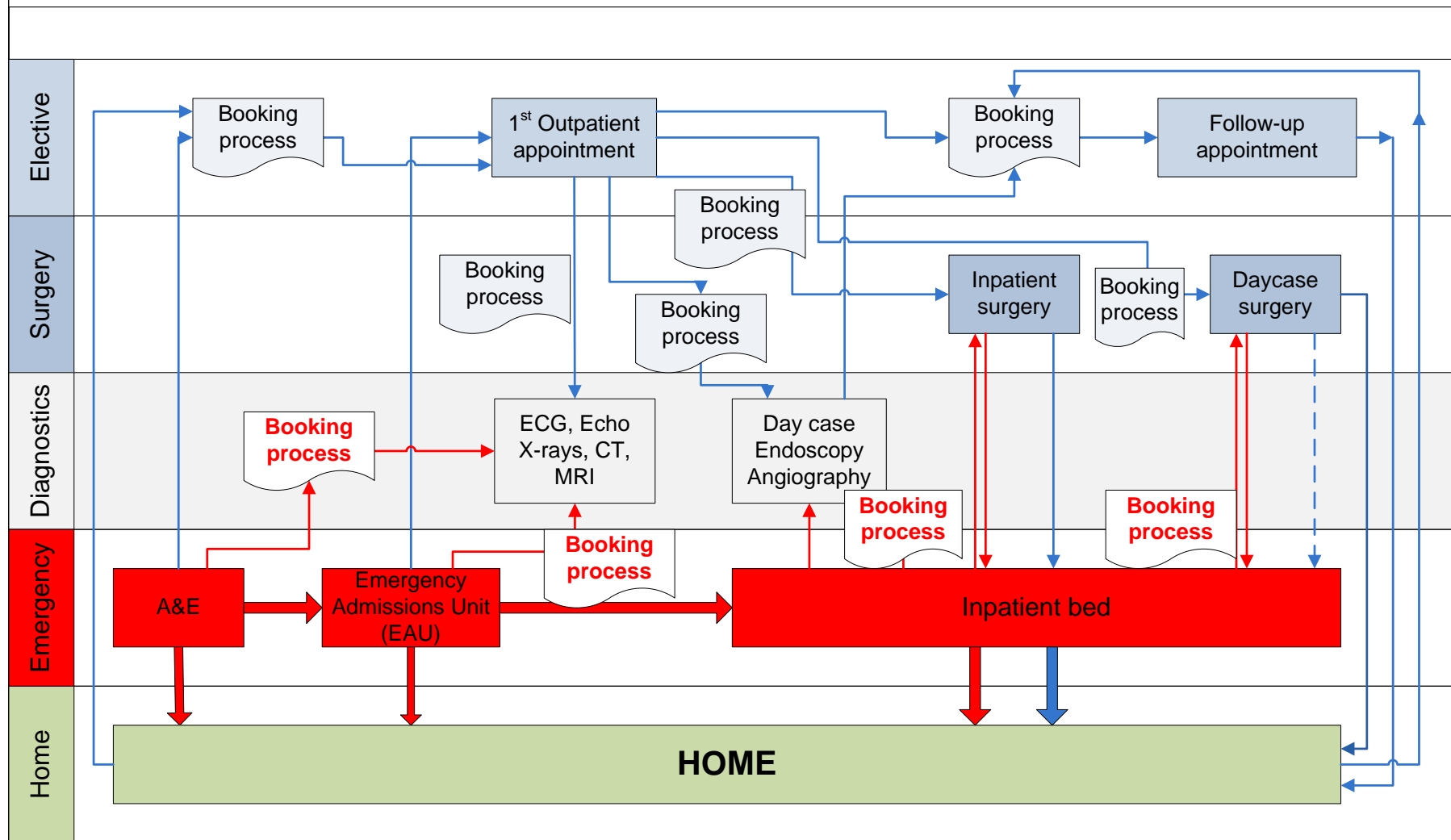
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Elective vs Emergency

- Emergency and elective flows split
- All elective inpatient admissions were admitted into a purpose-built elective unit
- Emergency admissions
 - All transferred from A&E to EAU
 - <48hr admitted from EAU to mixed medical + surgical ward
 - >48hr admitted from EAU to specialty wards

Actual flow in 2005

Elective and Emergency pathways



End to end elective process over 1 year
 Complex medical admission almost 40 days

Elective flow problems

- Patients placed on waiting-list in error
- Scheduling of pre-assessment appointment and perception that more staff were required
- Same day admissions unit crowded
- Unusual for Theatre lists to start on time
- Lists frequently held up due to broken or missing equipment (including instruments)

Emergency flow problems

- Specialty assessments in A&E and EAU delayed
- Elderly Care patients on multiple wards
- Delayed access to diagnostics (particularly elderly care)
- Delayed discharges

Frustrated staff

Blame culture

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Key outcomes of Elective and Emergency Value Stream Maps

Revalidation of:

- principle of separation of elective and emergency streams
- <48hr mixed surgical + medical emergency ward

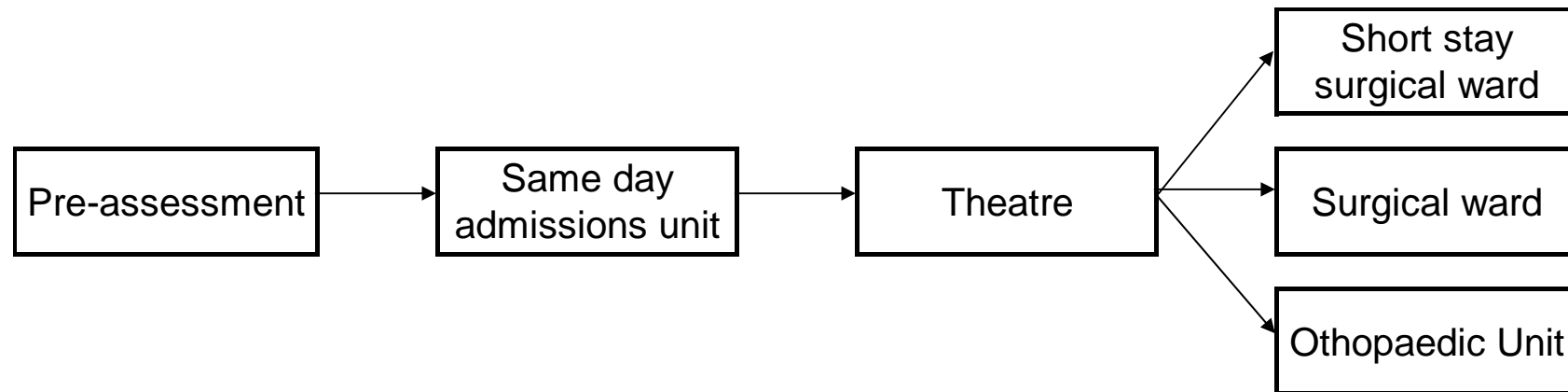
Confirmed

- Staff and diagnostic resources not split
- Site of 2 elderly care wards contributing to delays in patient pathway

Plan

- Closure of 2 elderly wards (loss of 55 beds)
- Redesign elements of elective and emergency pathway
 - Focussed on inpatient care
 - Diagnostics

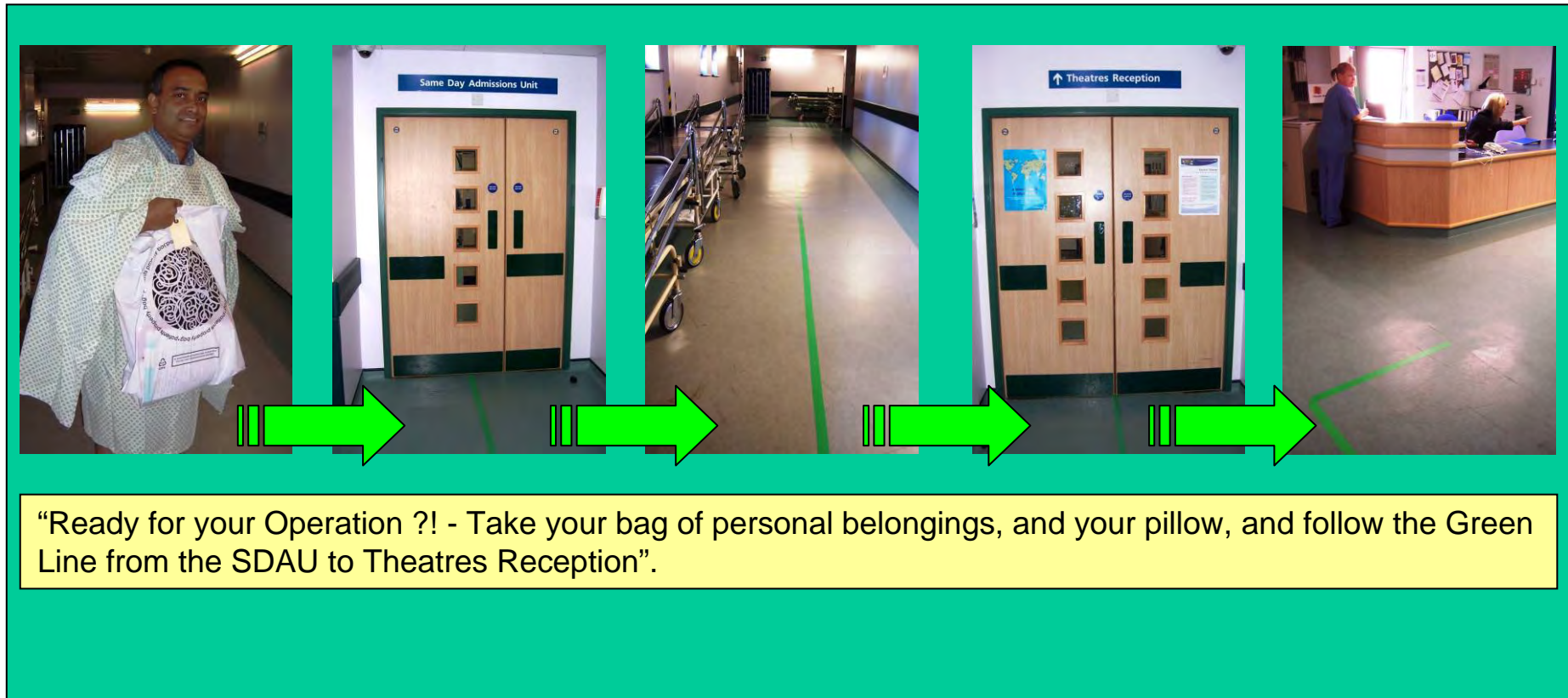
Inpatient elective flow



Pre-assessment – work in progress

- Trial of undertaking pre-assessment at time patient placed on waiting-list
- Waiting-list card redesigned to capture ‘red-flag’ indicators that patient is possible anaesthetic risk
- Re-designing booking function – links with theatre IT system

Same Day Admissions Unit



- Patients to walk unescorted from SDAU to Theatre Reception saving nurses time.
- Green (Tape) Line on Floor to lead patients from SDAU to Theatre Reception.
- Reduction in forms/paperwork.
- 2 Cubicles to be added to SDAU as a project (giving 1 for each Theatre).

Feedback from the “long walk”

“Good, I prefer it, no delays”

“No problems, they are expecting me”

“Ok, no problem”

“I don’t think of it as an issue”

“First time, I was very nervous,
but my Mum walked with me”

“Less work!”

“Makes sense”

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Theatres and sterile services

Main Theatres



Before



After

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Consumable store

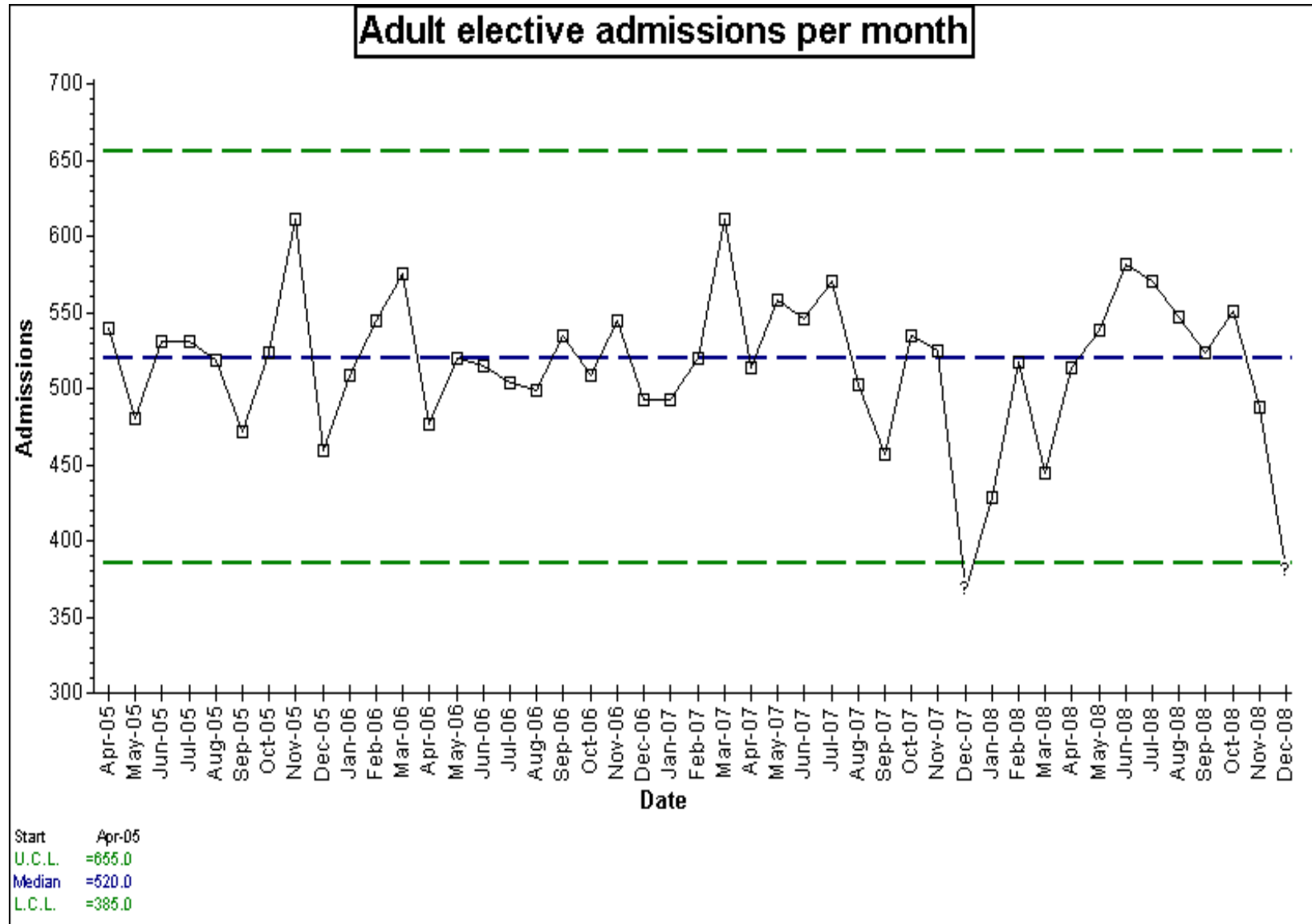


Before

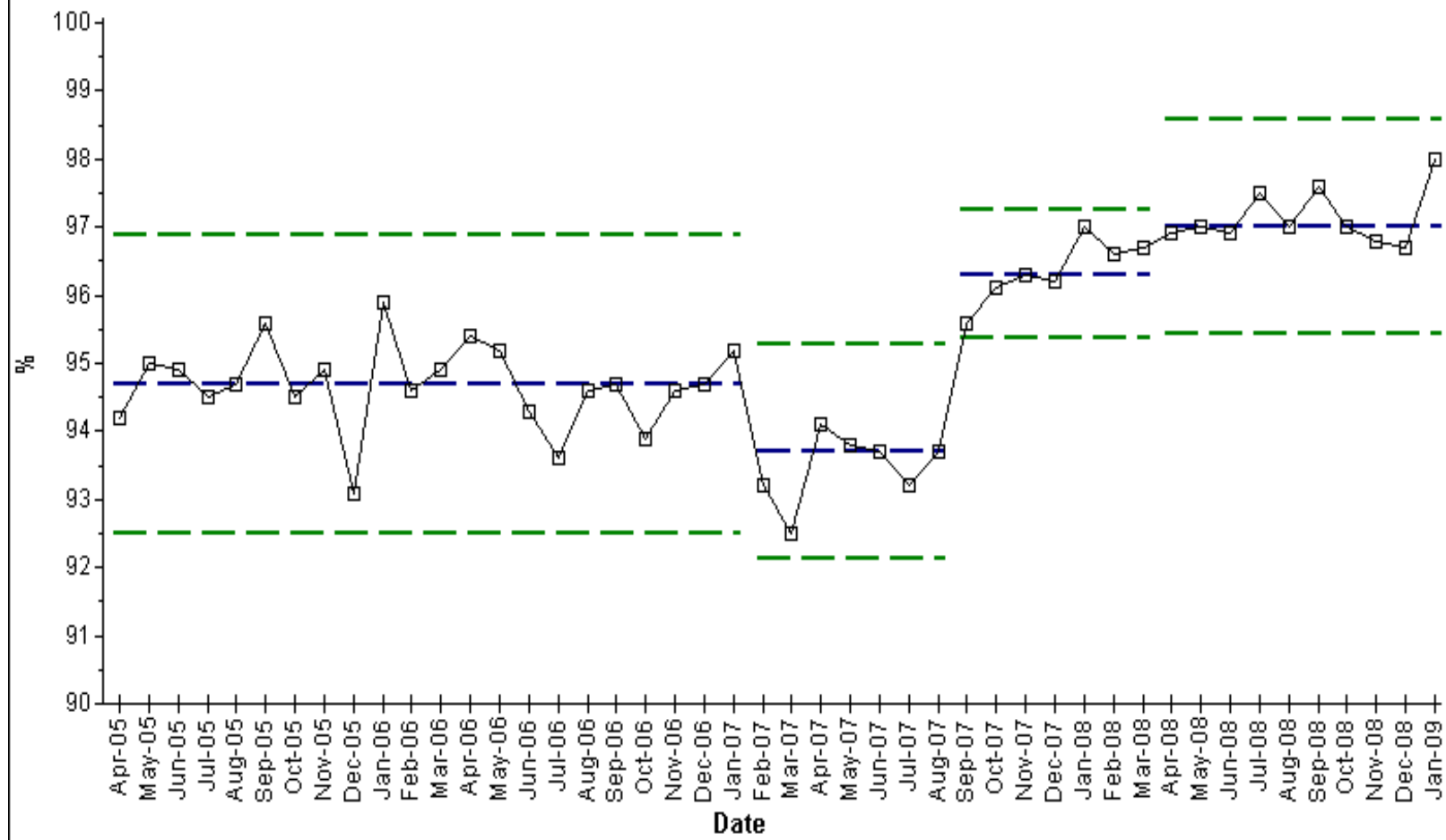


After

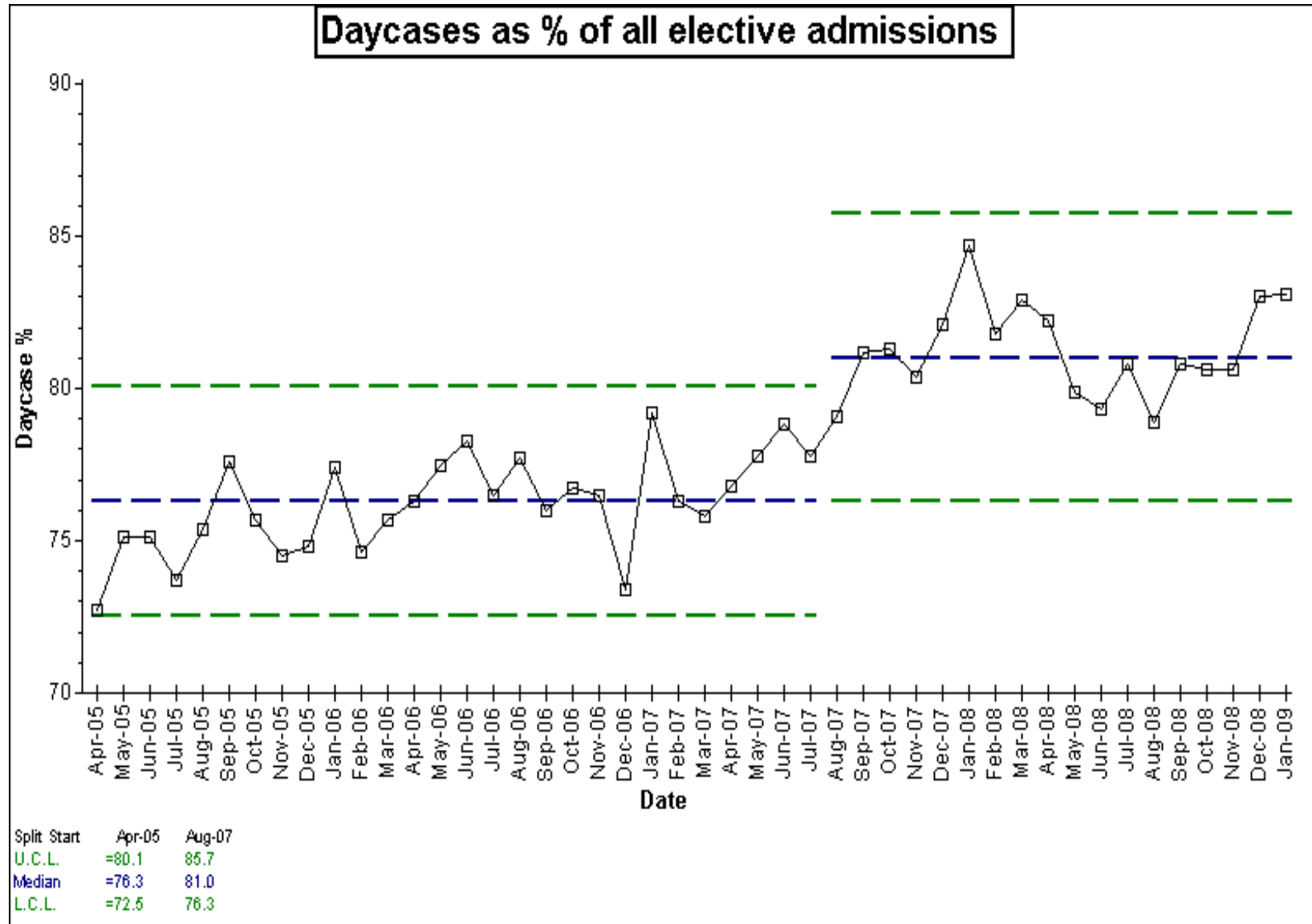
Outcomes

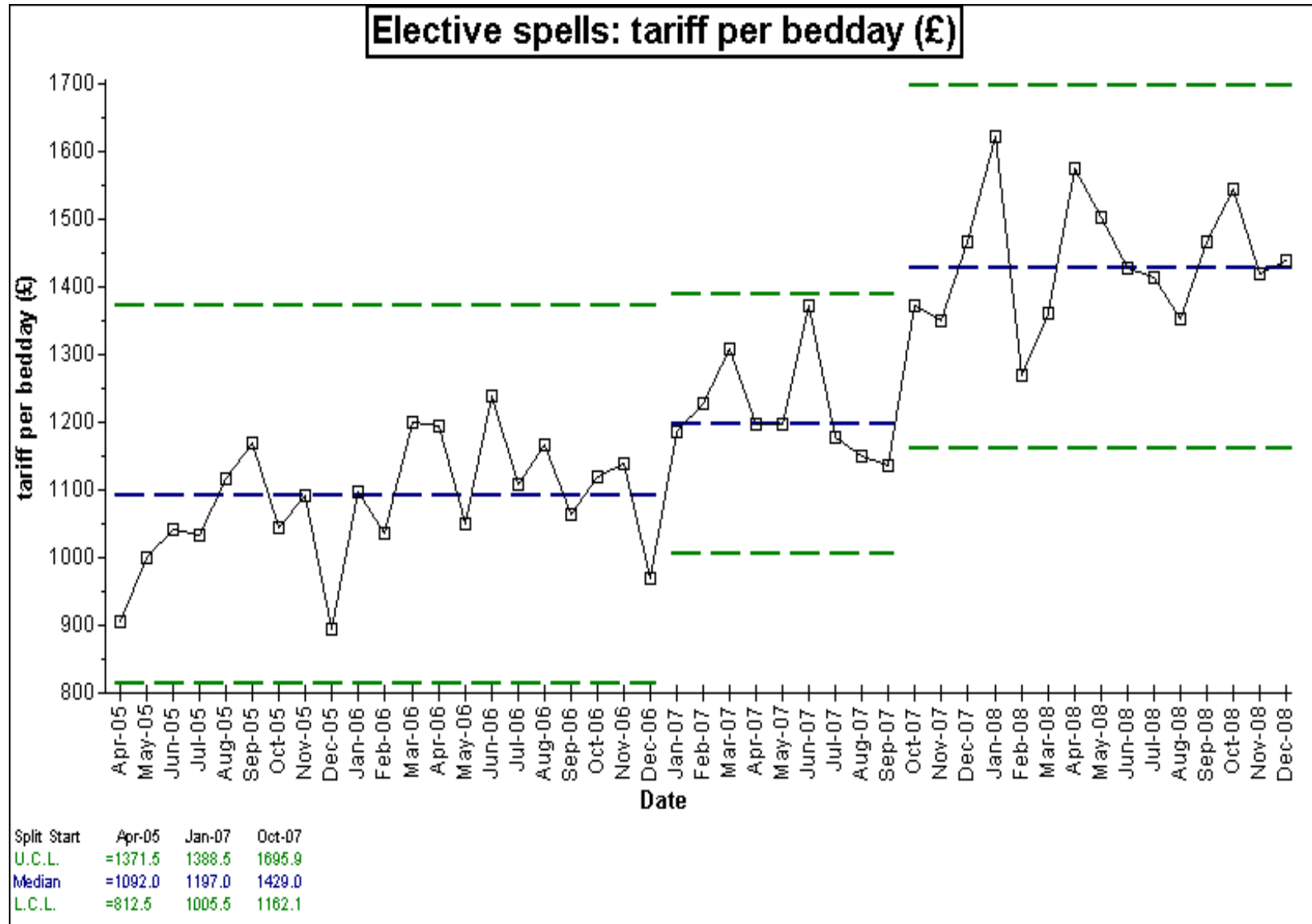


% of all elective patients admitted on day of surgery



Split Start	Apr-05	Feb-07	Sep-07	Apr-08
U.C.L.	=96.9	95.3	97.2	98.6
Median	=94.7	93.7	96.3	97.0
L.C.L.	=92.5	92.1	95.4	95.4





Emergency flow

A&E and EAU – work in progress

- Unable to resolve specialty assessment completely – requires redesign of Consultant job-plans
- Pilot study demonstrated patients could be seen within 2 hours and decision to admit or discharge made

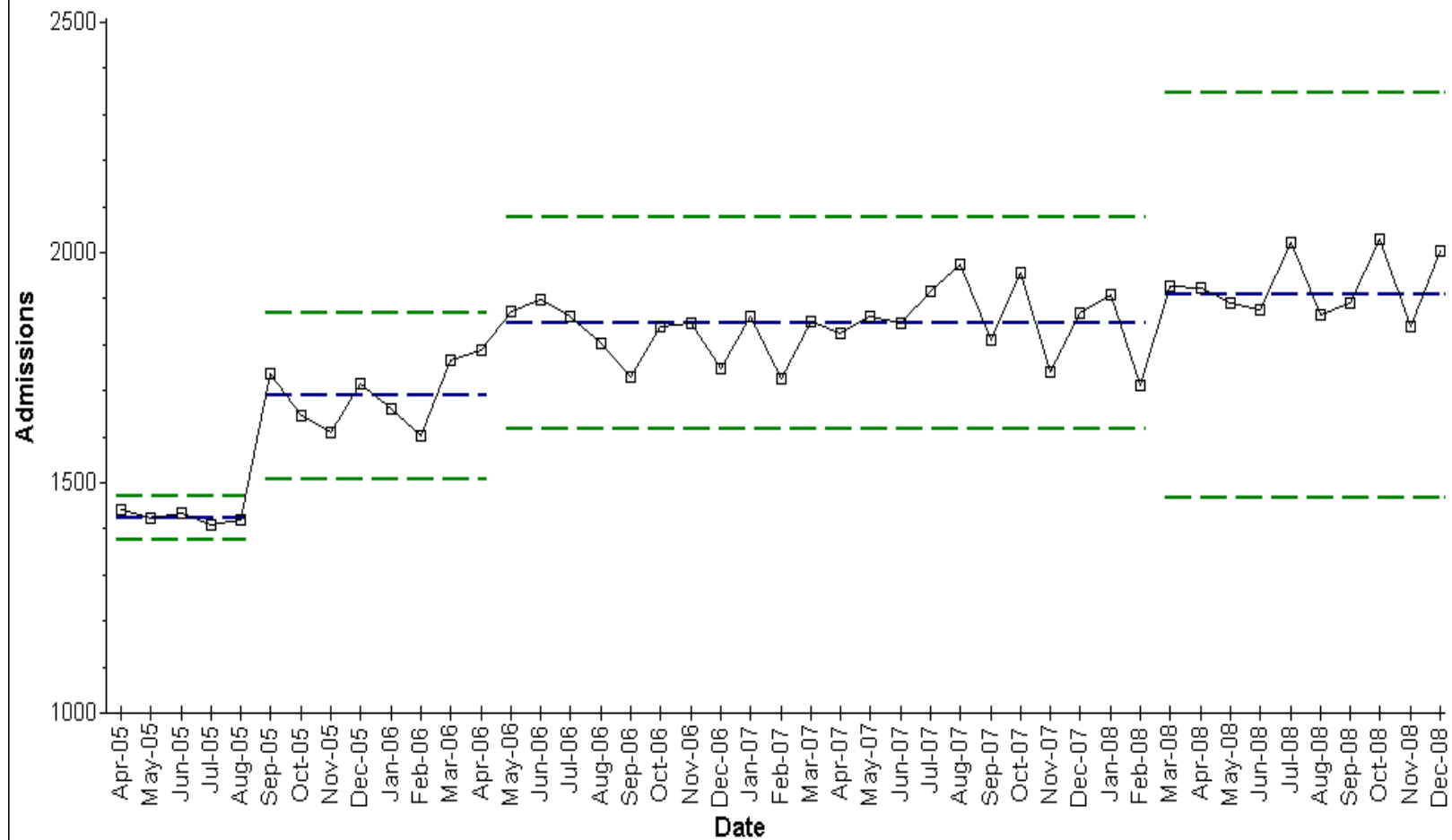
Wards

- Ward based junior Drs in Medical specialties
- Piloting 'Hospital at Home' service
- Partnership working with Nursing Home (starts this week)

Discharge process

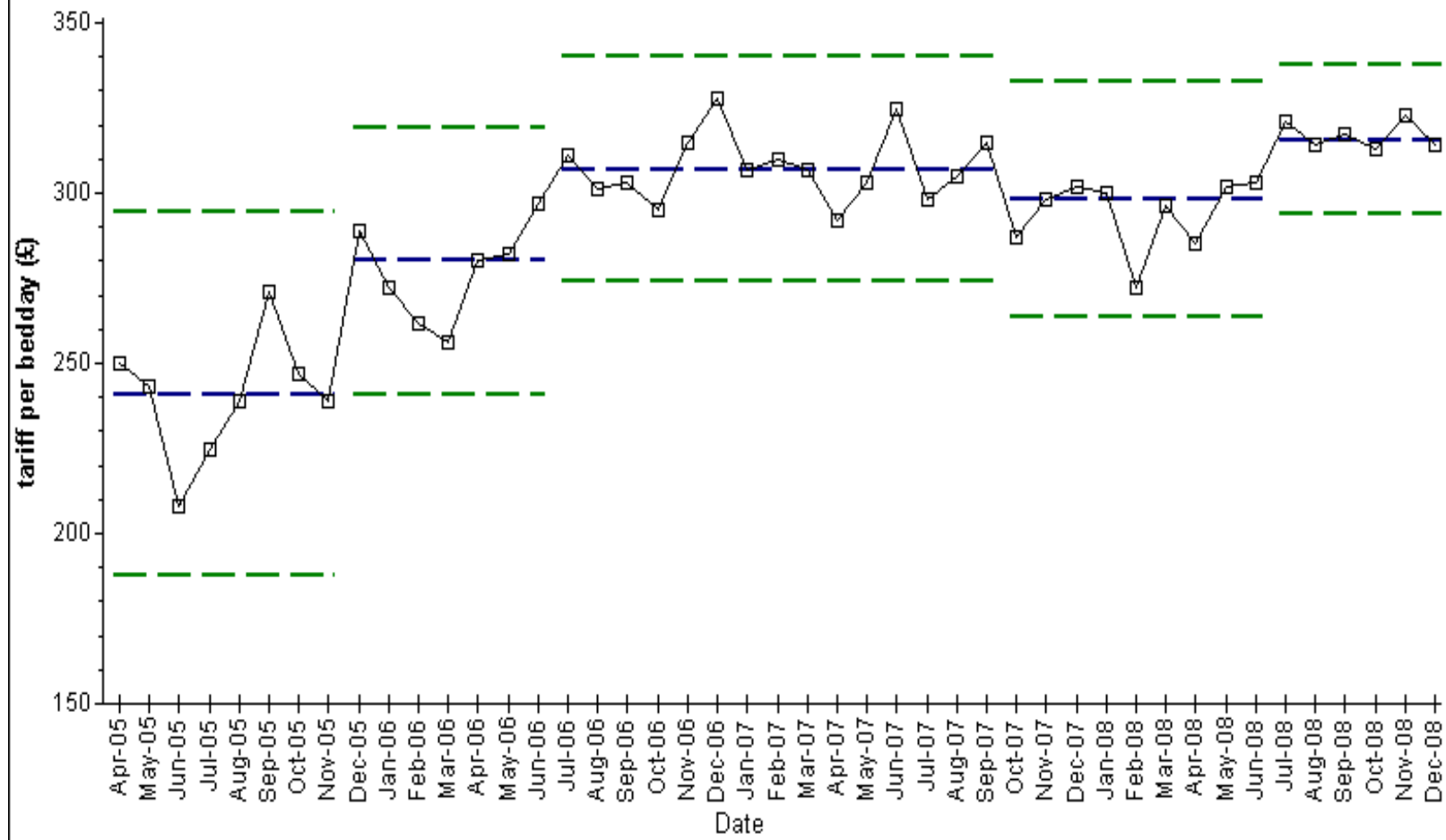
- Establishment of discharge lounge
 - Later review increased discharges via discharges lounge from 15 to 19 per day
- TTA packs on wards
- Use of patients' own drugs
- Pharmacy redesign – turnaround time now 20mins
- Senior Dr round on Sat + Sun
- Discharge Facilitators for complex care patients

Adult non-elective admissions per month



Split Start	Apr-05	Sep-05	May-06	Mar-08
U.C.L.	=1469.1	1870.1	2076.7	2346.6
Median	=1422.0	1688.0	1847.5	1907.0
L.C.L.	=1374.9	1505.9	1618.3	1467.4

Non-elective spells: tariff per bedday



Split Start	Apr-05	Dec-05	Jul-06	Oct-07	Jul-08
U.C.L.	=294.4	319.2	340.0	332.5	337.5
Median	=241.0	280.0	307.0	298.0	315.5
L.C.L.	=187.6	240.8	274.0	263.5	293.5

Current state

- Flow of both streams now interlinked resulting in patient safety issues
- Delays in decision making in Surgical specialties
- Enormous effort required to ensure patients discharged and beds freed for next admission

Summary

- Flow improved at various steps in pathway
- Inpatient flow yet to be improved across whole hospital
- Significant shift of elective work to daycases and increased use of Same Day Admission Unit has helped us to cope with increase in Emergency admissions

Thank you