# Right Patient, Right Bed, Right Time

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## Introduction

The Countess of Chester Hospital, (COCH) was selected as a Model Hospital and one of the key drivers behind the focus on the Operational Transparency workstream was the patient story called **Win's story.** The hospital invested in the TeleTracking system to provide real time sight of patient flow, transfers and the patient pathway across the hospital. This technology uses real time location system through patient, staff and asset badges.

This project will enhance the implementation of this system, focussing on use and compliance in the Emergency Department (ED) and the wards. It is not just ED pressures causing issues but the knock on effect of patients not being discharged in a timely manner due to limitations within social care. Due to the Countess serving patients from both England and Wales, there are regularly longer waits for discharge for Welsh patients and an increased number of delayed transfer of care. This creates a health inequality that will be assessed.

## Aim

The aim of this project is to refine the implementation of TeleTracking to reduce ED wait times for those patients waiting for a bed and reduce idle bed time and to optimise the discharge pathway to identify blocks and delays.

## Methodology

- Stakeholder engagement sessions
- Engagement / training  sessions ongoing
- Patient interviews
- Rapid Improvement Exercise week 18/03/19 – 22/03/19
- Perfect week 15/04/19 – 18/04/19
- Communication – short and long term

*Patient views regarding TeleTracking system*

*"It's good that the nurses and Doctors know where the patients are," (Patient, Ward 45)*

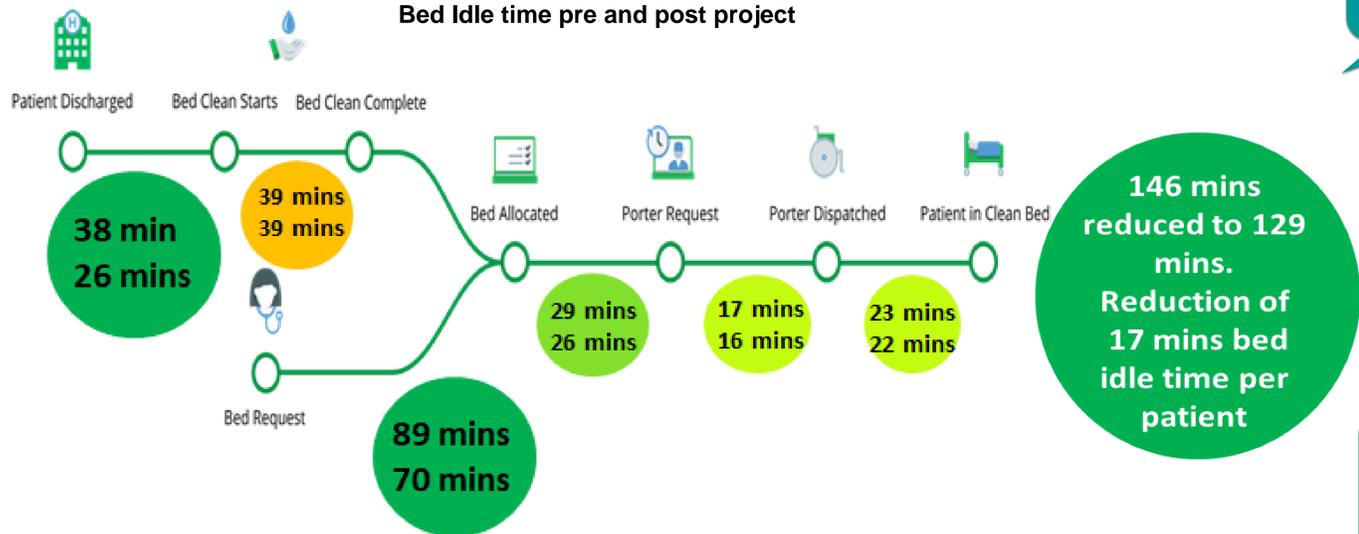## Results, (Baseline Dec'18-Feb'19, Post Mar-May '19)

### TeleTracking Performance data

- ED attends ▲ 305 patients
- 4 hour Performance ▲ ~5% to 84.8%
- Breaches due to no beds ▼ by 68
- Bed Assignment time ▼ ~20 mins
- Bed Turnaround arrival time has ▼ 12 mins
- Porter request time ▼ 3 mins

*Porters know exactly where I am, less time wasted," (Patient, Ward 45)*

*"It's a valuable addition to the hospital, " (Patient, Ward 44)*

### Ward compliance table

|  | Date (W/C) | RTM Compliance | Discharges before 11am | Discharges before 3pm | Dropbox | Pending Discharges | Confirmed discharges |
|---|---|---|---|---|---|---|---|
|  | 11/03/19 | 51% | 16% | 56% | 58% | 70% | 76% |
| RIE | 18/03/19 | 60% | 16% | 51% | 50% | 75% | 74% |
|  | 25/03/19 | 69% | 13% | 50% | 58% | 72% | 73% |
|  | 01/04/19 | 64% | 13% | 51% | 64% | 74% | 72% |
|  | 08/04/19 | 64% | 16% | 48% | 61% | 72% | 74% |
| Perfect week | 15/04/19 | 63% | 19% | 56% | 66% | 78% | 79% |
|  |  | ▲12% | ▲ 3% | ▶ = | ▲ 8% | ▲8% | ▲ 3% |

*"I'm all for it," (Patient, Ward 44)*

*"Definitely a good idea," (Patient, Wd 45)*

### Bed Idle time pre and post project



Patient Discharged — Bed Clean Starts — Bed Clean Complete — Bed Allocated — Porter Request — Porter Dispatched — Patient in Clean Bed

Bed Request

38 min / 26 mins

39 mins / 39 mins

89 mins / 70 mins

29 mins / 26 mins

17 mins / 16 mins

23 mins / 22 mins

**146 mins reduced to 129 mins. Reduction of 17 mins bed idle time per patient**

*"The system makes sense," (Patient, Ward 51)*

*"This is the best hospital," (Patient, Ward 50)*

## Conclusion

Through strong senior management support and staff engagement, the Rapid Improvement Exercise provided a focussed, team approach to communicate the key messages for using the TeleTracking system and identify and gather issues and gaps in use, access and training, for example, Therapies inpatient team training required. This provided an action plan for the month prior to the Perfect week which was focussing on system wide processes, in addition to TeleTracking.

Rapid Improvement Exercises aimed at improving flow have resulted in an improvement in staff understanding, staff compliance and a improvement in bed turnaround team performance at a local ward level. On a wider trust level, there has been a reduction of ED breaches by 68 and a reduction of bed idle time of 17 minutes per patient.

## Next steps…

- Continue to collect and review the data
- Review if system can identify health inequalities for discharges
- Collate patient interview information
- Sustain use of the system
- Widen TeleTracking training plan to include Health Care Assistants
- Plan next Rapid Improvement Exercise event, ED to AMU pathway