

# Care Pathway to Reduce Days in Hospital

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## Quality issue / initial problem

There are individuals with a diagnosis of Personality Disorder who are frequent attenders across the services within the city, utilising high number of bed days and presenting frequently to various services. We know based on research that short elective admissions provide patients with positive service user experience, that lengthy admissions (over 72hours) is worse for patients (research shows often increased self harming behaviours) and that these can be costly to the service.

## Specific aim

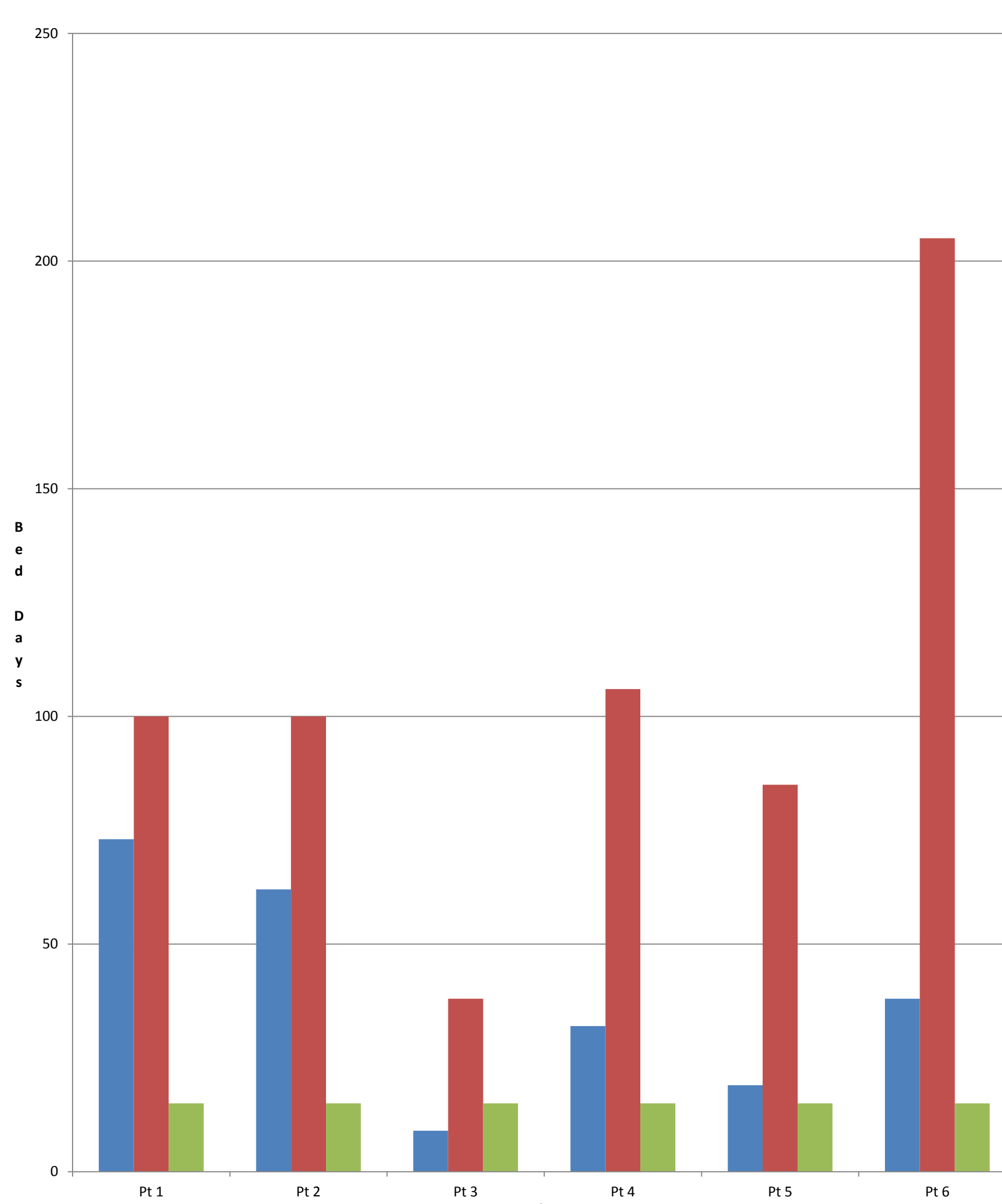
To develop a city wide pathway of care, enabling identified service users to have time limited elective admissions within the Royal Edinburgh Hospital, which are positive for patients, enabling patients to feel empowered and to experience a therapeutic benefit. To reduce the number of days in hospital and cost to service.

## Measurement of improvement

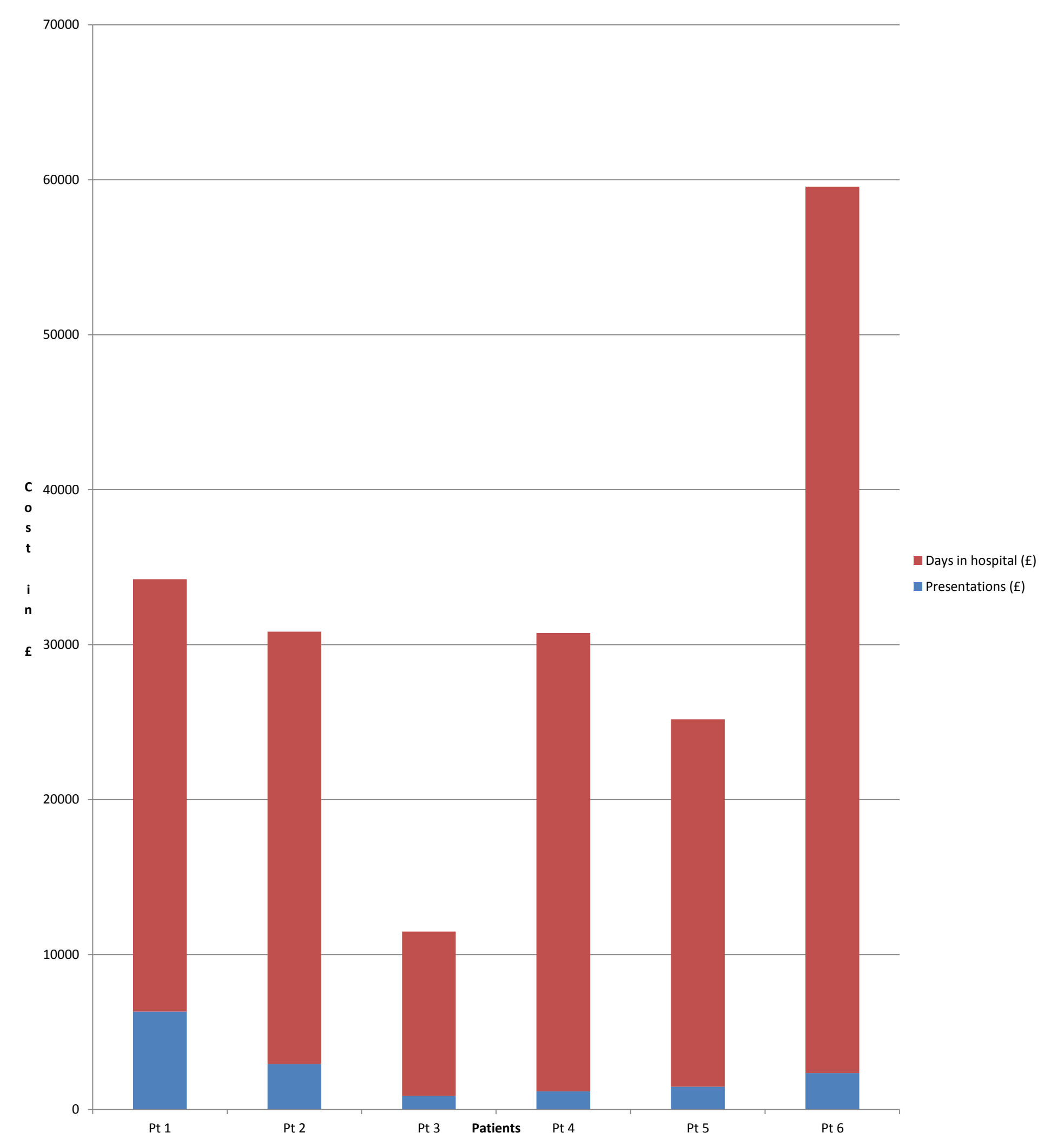
By implementing elective admissions for one identified patient, inpatient days reduced from almost 300days in 3 years to 11 days in one year. The patient stated they felt empowered to access services when they required and incidence of self harm prior to admissions lessened. This reduced costs to services.

Here I have scoped for 6 other patients who may benefit and got baseline data for hospital usage and costing in year of 2017.

### Days/Presentations



### Costing (£)



## Tests of change

- Introduce booking system for elective admissions for CCN.
- Seek agreement on whether only sector beds to be used or REH acute as whole.
- Decide whether IHTT needs advanced warning of elective admission – likely omit from timely process
- Introduce planned way of informing patient of bed availability.

## Effects of change

This pathway to care has not yet been implemented as yet however based on evidence from individual patient we would hope to see that other patients would have reduced presentations and reduced number of days in hospital. Reduced costs to service and improved service user experience. Reduced time to care providers seeking admissions and locating beds.

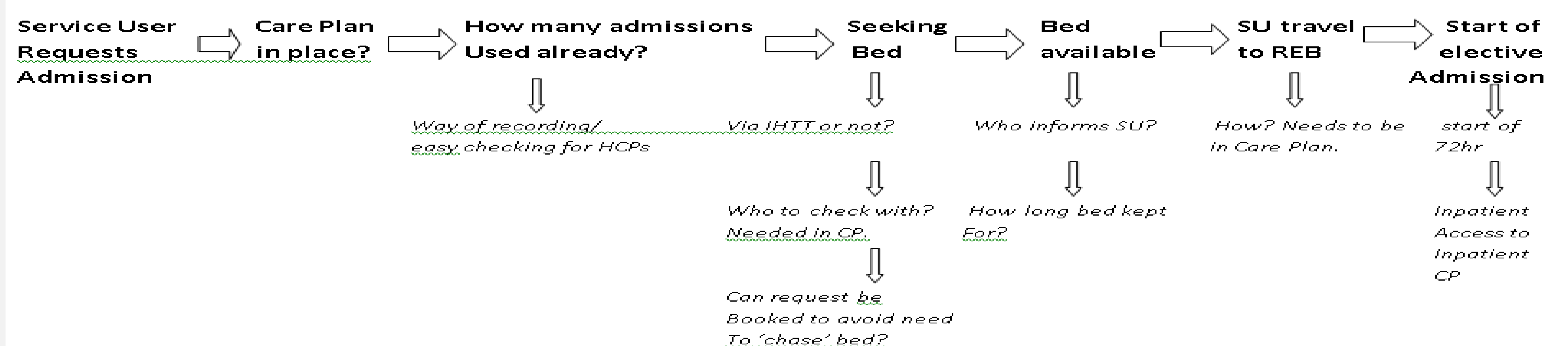
## Lessons learned and message for others

This will not work for all frequent attenders as they may not feel the benefit of elective admissions and still utilise emergency admissions. Measurements can be complicated by physical presentations and it would be time consuming to examine each presentation to decide whether physical/mental health needs were main presenting complaint. Monitoring of usage for individual care plans rely on good communication and record keeping. By process mapping, this has helped identify areas for change to shorten length of process/pathway to make lesson time spent for professionals.

## Tools

### Process Mapping

- Aim: To develop a city wide pathway of care, enabling identified service users to have limited elective admissions within the Royal Edinburgh Hospital, with aim to reduce number of days in hospital and provide service user led care. Improve service user experience.



- Quantitative data.
- Service user / service provider questionnaires