Model Wards West North West Region

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Model Wards Concept:
Multidisciplinary teams working together towards improvement in patient-centred approach

Problem

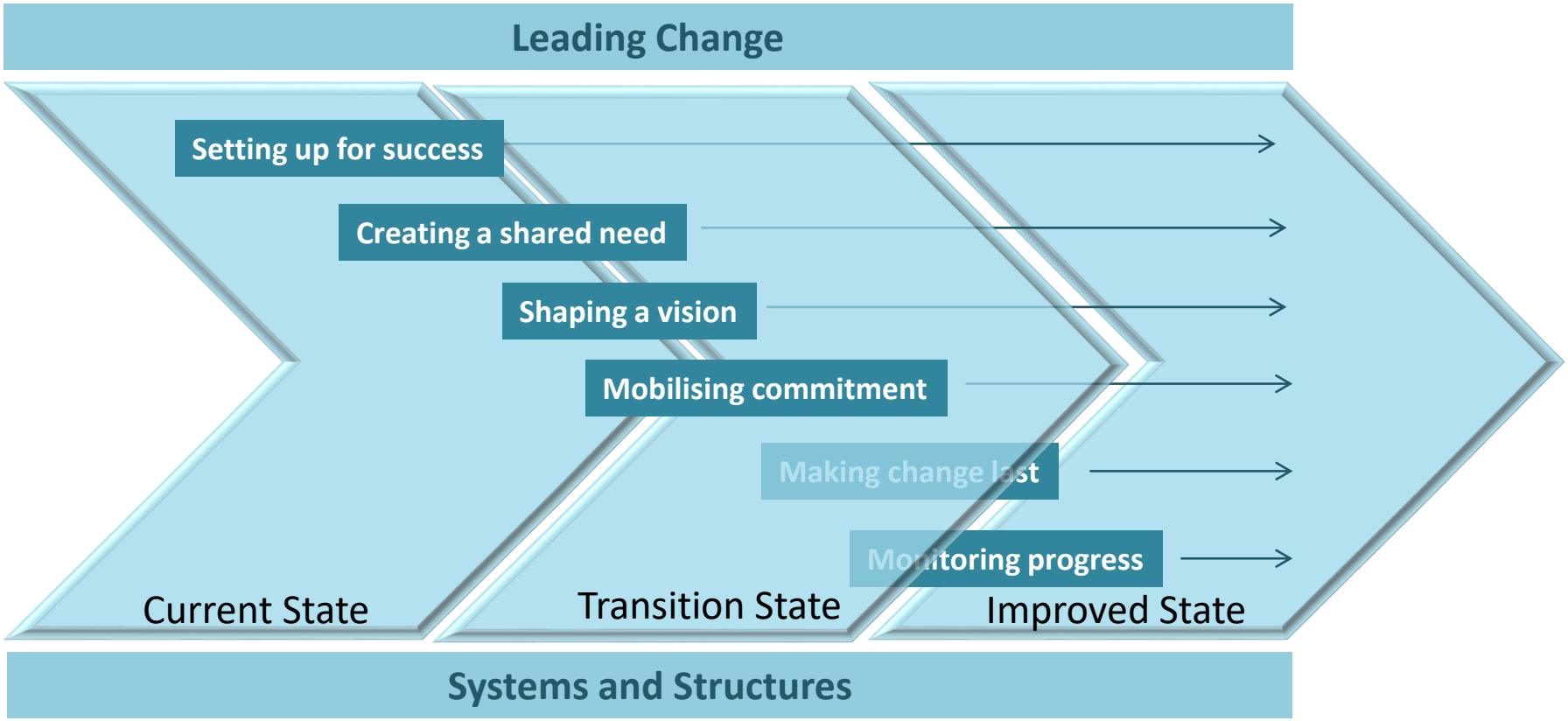
Change

Impact

Sustainability

Continuous Improvement

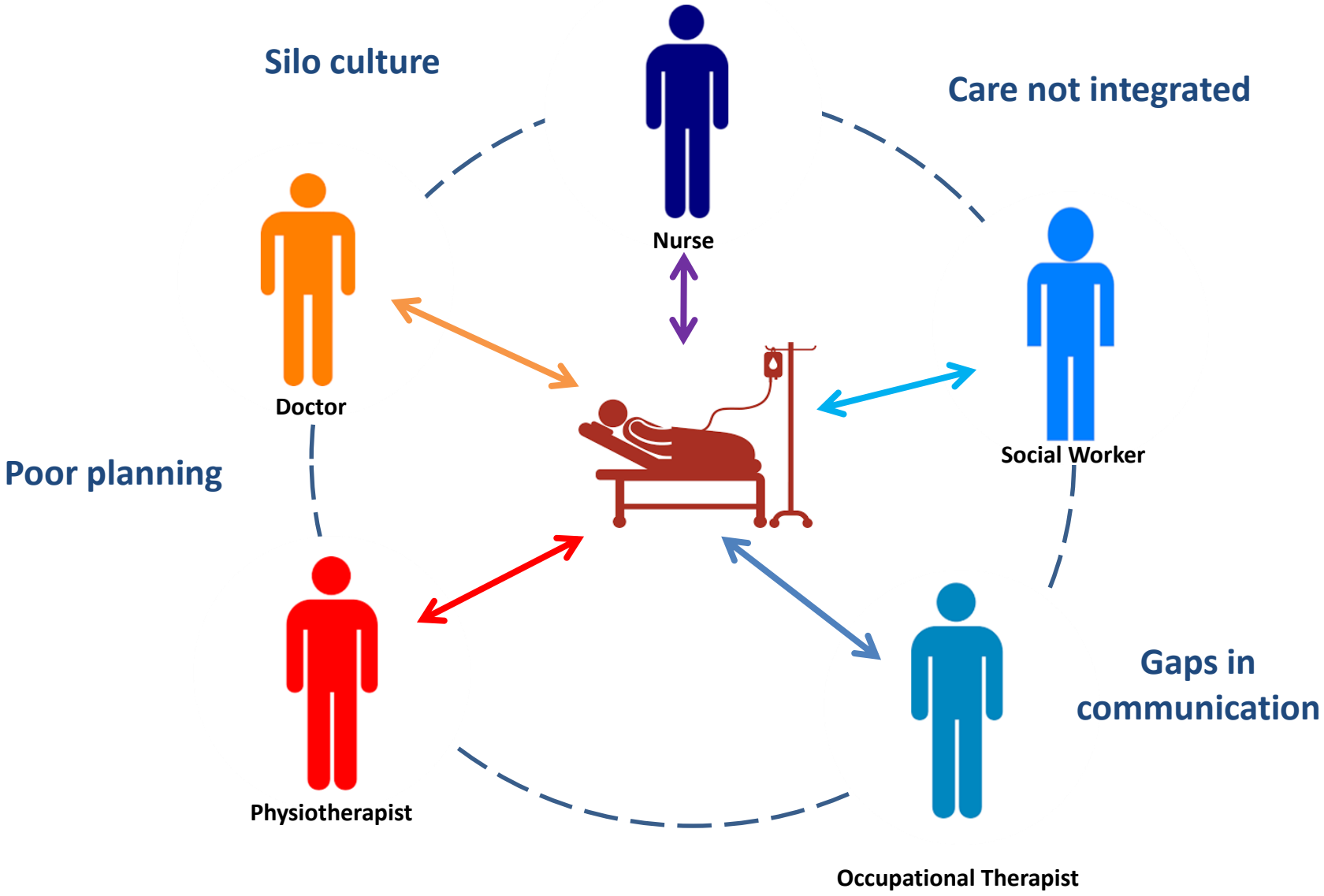
CAP: Change Acceleration Process



1. Open collaboration team-working 2. Stakeholders analysis 3. Team leads 4. Ownership 5. Sustainability

The Problem:

Patient care and discharge planning not integrated leading to poor planning and gaps in communication among the interdisciplinary team



The Change

Standardised Whiteboards

- **Standardised** Whiteboards across the **six hospitals** in the region
- **Start and End Plan** for every patient
- Standardised **Patient Status Magnets** updates
- **Red and Green** columns on all whiteboards (incorporating R2G as part of SAFER)
- Whiteboard **education sessions** for all staff disciples
- Hospital wide communications/awareness of the **SAFER bundle**
- All **disciples information updates** at the whiteboard, IPC, Site Operational ADoNs
- Development of **operational whiteboard SOPs** in all hospitals

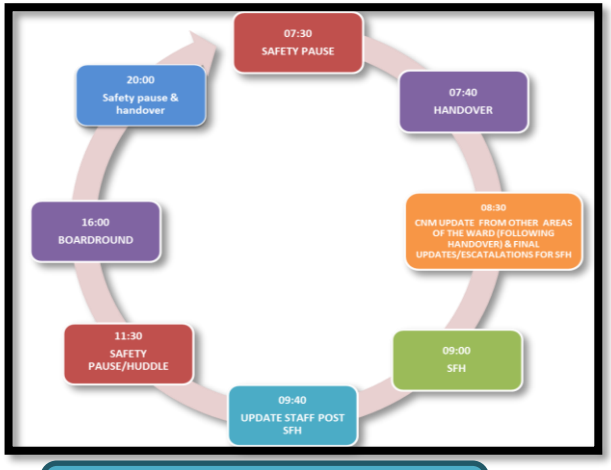
WHITEBOARD MAGNETS KEY

Green	Going Home Today
Yellow	Potential Discharge Today and/or next 24hrs
Red	On-going care
Blue	Early Morning discharge
Black	Delayed Discharge

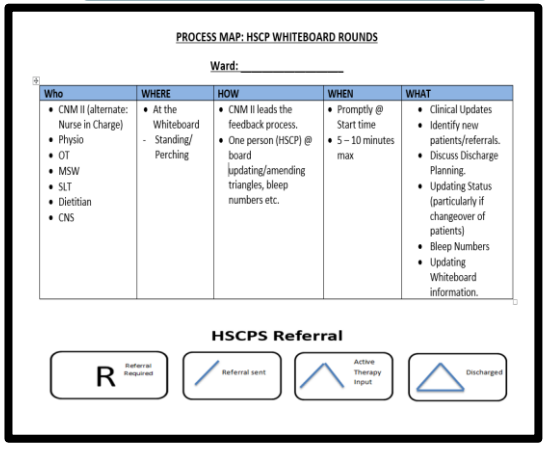
The Change

Ward Huddles

Ward Drumbeat



HSCP Whiteboard Rounds



PROCESS MAP: HSCP WHITEBOARD ROUNDS

Ward: _____

Who	WHERE	HOW	WHEN	WHAT
• CNM II (alternate: Nurse in Charge) • Physio • OT • MSW • SLT • Dietitian • CNS	• At the Whiteboard - Standing/ Perching	• CNM II leads the feedback process. • One person (HSCP) @ board updating/amending triangles, bleep numbers etc.	• Promptly @ Start time • 5 – 10 minutes max	• Clinical Updates • Identify new patients/referrals. • Discuss Discharge Planning. • Updating Status (particularly if changeover of patients) • Bleep Numbers • Updating Whiteboard information.

HSCPS Referral

R Referral Required | Referral sent | Active Therapy Input | Discharged

Whiteboard Audit Tool

Date	Area	Whiteboard ledgible/well presented	All columns filled in	SAFER Red2Green in place and number of Red Days recorded	PDDs in date on whiteboard	D/C destination on whiteboard	Magnet Keys up to date	HSCP Referral process on whiteboard	Daily Ward Huddle completed	Model Ward Communication Board with all processes, to include Ward Huddle, Magnet status, HSCP process,	Comments

- Development of daily ward **drumbeat on all wards in all hospitals**
- Standardised **processes** for whiteboards
- **HSCP whiteboard rounds** weekly or twice weekly in place
- Introduction & support of **ward safety huddle**
- Introduction and supporting **boardrounds**
- PDD **whiteboard** audits
- Robust staff **education sessions** in place for staff and new staff to support the operational whiteboard and function
- **Model ward working group** (ADoNs, CNMs, HSCP reps, NCHD reps etc), meets monthly with focus on sustainability, **shared learning** and **metric updates**
- Development of **Whiteboard Audit Tool** – as part of sustainability

The Change

Weekly Integrated >14 LOS Rounds

>14 LOS Standardised Tool

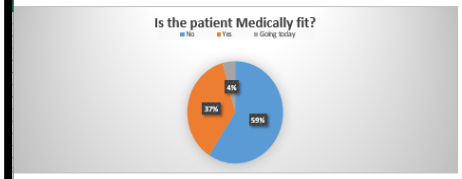
Wards & Total Patients Length of Stay

Wards	Total Patients	LOS	PDD
Coronary Care	4	86	1
Haematology/Oncology	5	131	1
Left Wing Orthopaedic	10	211	2
Medical 5	6	694	
Medical 7	12	636	3
Medical North	15	1312	7
Medical Short Stay	7	350	
Medical South	6	162	
Surgical North	3	388	1
Surgical South Gynaecology	3	174	1
Grand Total	**71**	**4144**	**16**

Patients with Red and Green Days

Questions: 1. Has the Patient had a red or green day today? 2. Is the patient medically fit?

Red of Green	Is the Patient Medically F No	Yes	Going today	Total
Green	40			40
Red	2	26		28
Going today			3	3
Total	**42**	**26**	**3**	**71**



Is Patient Medically Fit	Yes
Red or Green	Red

Red of Green	hat is the Discharge Destination?
Home	4
NRH	1
Rehab	2
LTC	16
Hospice	1
Rehab	2
Total	**26**

Red of Green	s Patient Medically Fit
No	42
Yes	26
Going today	3
Total	**71**

Patients who are medically fit and who have had a red day - Reason for Continued Stay

Is Patient Medically Fit	Yes
Red or Green	Red

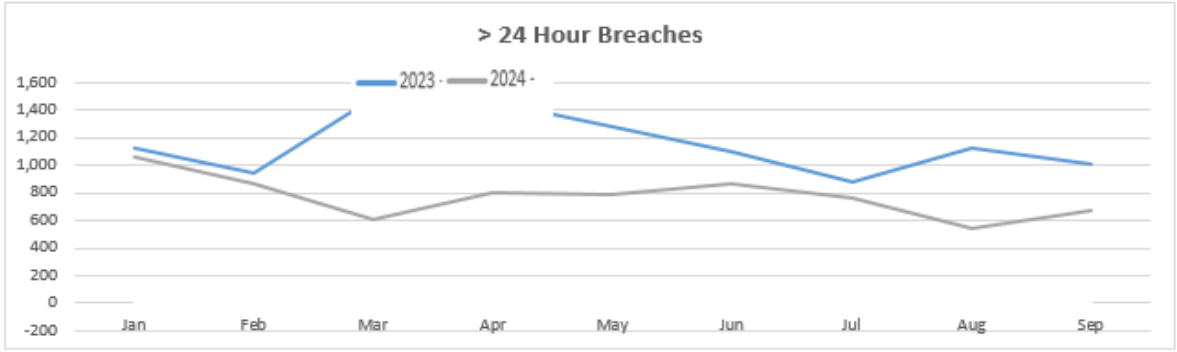
Reason for continued Stay	Total
DTOC	16
Discharge planning	3
New DTOC	7
Total	**26**

Total Patients >=14 Days
71

End of 2023 and in 2024 the additions were added to Model Wards in all hospitals

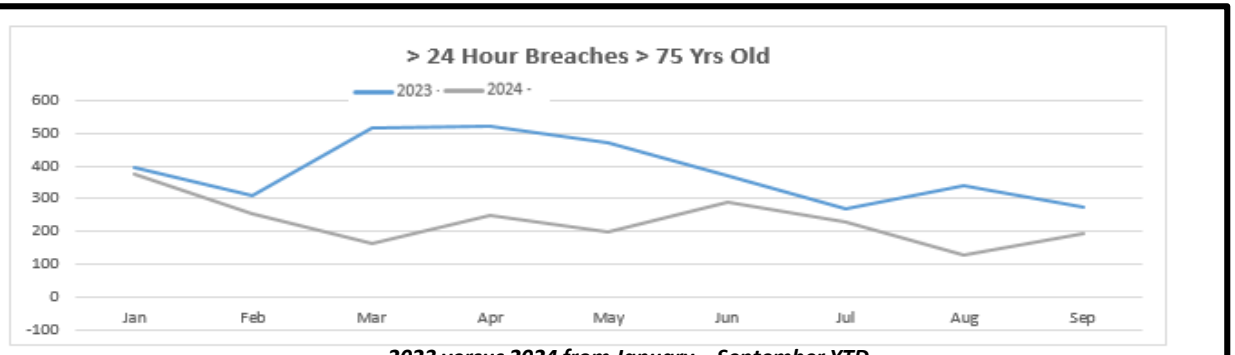
- **Integrated Weekly >14 LOS review** rounds in all hospitals
- Introduction and development of **>14 LOS unique tool**, issued to key stakeholders and trended data on a weekly basis
- Development of **>14 LOS targets** across the region
- Weekly **Deep Patient Flow Dives** are now in place to ensure all patients have clear plans and require acute hospital care – based on the fundamentals of national AEP bed utilisation tool. A report is issued following the deep dive with clear actions/follow ups to progress patient flow and egress
- Standardised **escalation process** of patients having 3 red days

Impacts



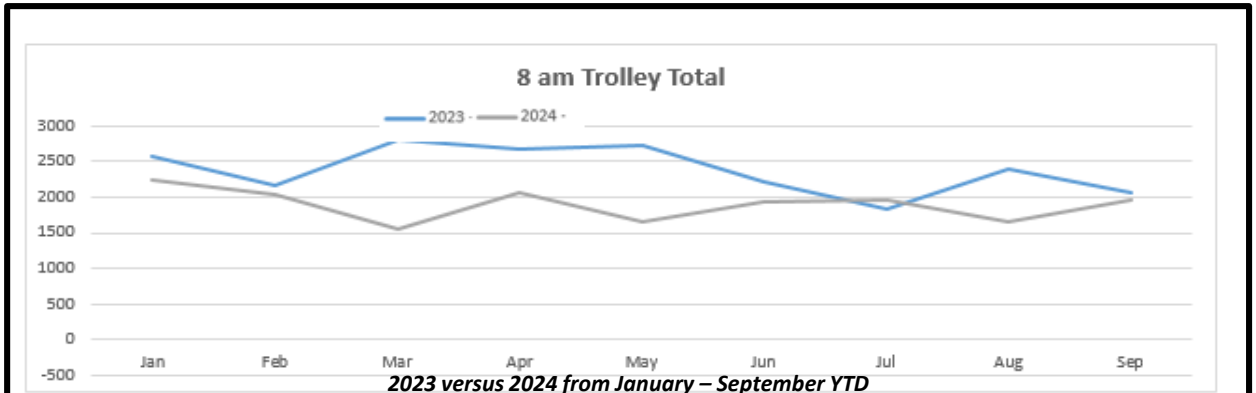
2023 versus 2024 from January – September YTD

33% reduction in the >24HR PET for all patients



2023 versus 2024 from January – September YTD

40% reduction in PET times for the >75 Yrs. >24Hrs



2023 versus 2024 from January – September YTD

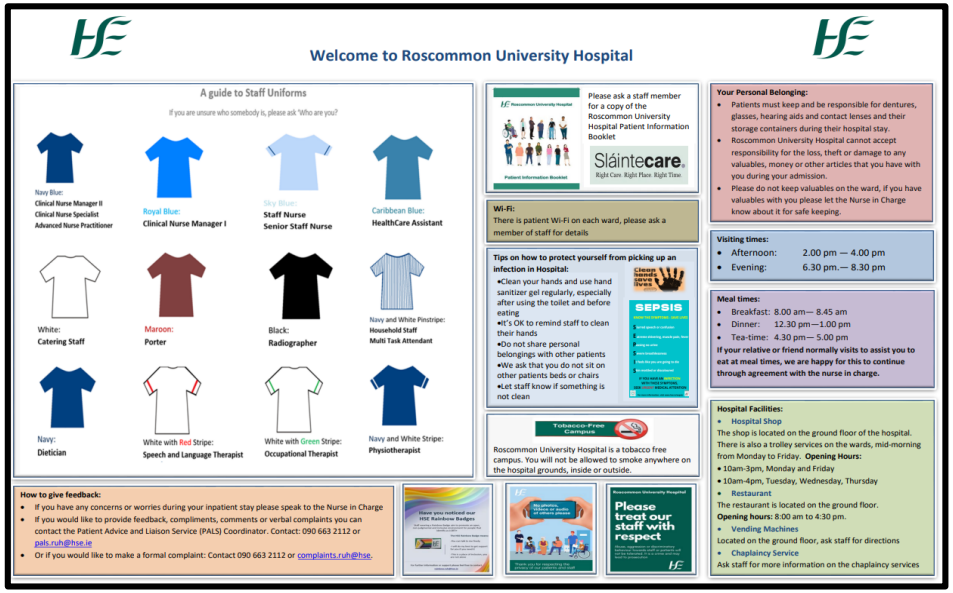
20% reduction in the 8am Trolleygar

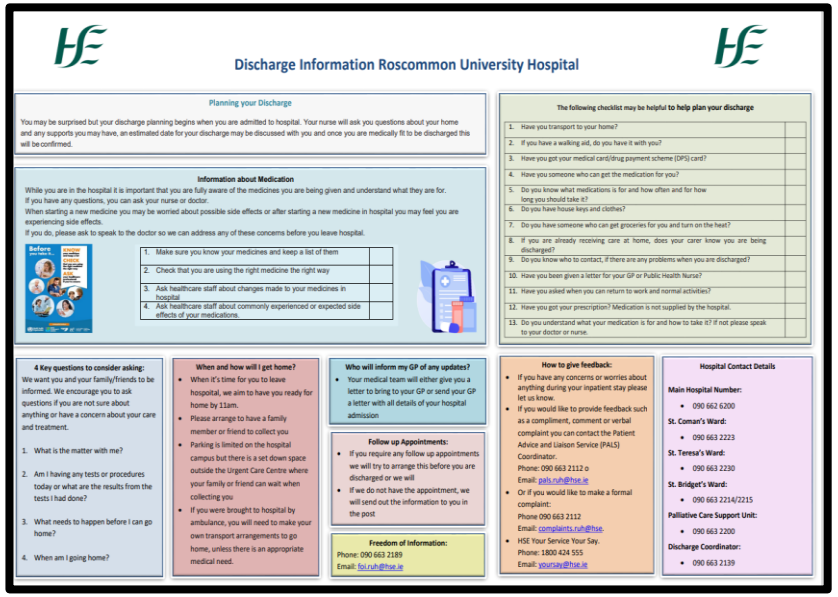
Impacts

This project demonstrates that implementing processes that facilitate structured communication improves integrated patient care and discharge planning. Elements of Model Wards are entirely unique e.g. ward drumbeat which reflects the daily operational processes on the ward

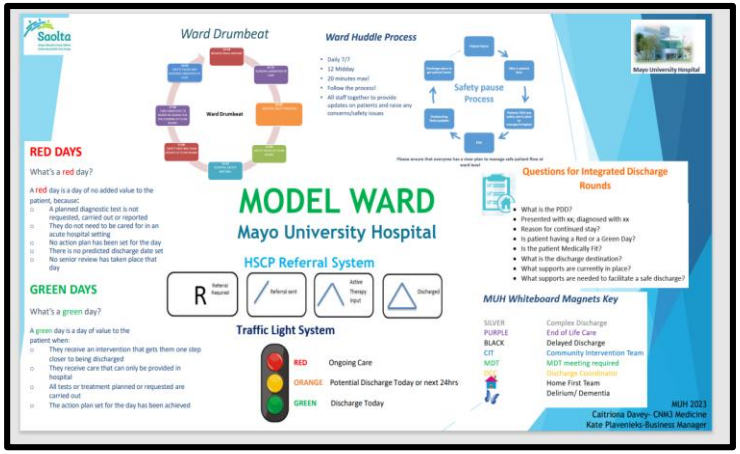
- Ward processes **structured**
- Improved **communication** within interdisciplinary teams
- Improved **team** collaboration
- Improved **patient care planning**
- Improved **PDD compliance** – using the operational whiteboard
- Reduction in LOS, RUH Medical AvLOS went **from 15** in Jan 2024 to **9.6** in June 2024
- Increased bed **occupancy**
- A **7% reduction in surge capacity** used across the region from January – September 2023 verses same time period in 2024
- **Reduction** in >14 LOS hospital targets
- **Red2Green** playing a significant role in the **day-to-day operations** of patient flow
- Model Wards on **Nursing induction** Programmes
- Model wards on **NUIG Nursing curriculum**, progressing in ATU in Castlebar, RUH and St. Angela's in SUH
- **Practice development** heavily involved and supports project
- **Integrative approach** - staff felt more supported
- **CNME – 4th year students** placement with patient flow team members

Impacts





- Standardised welcome to ward noticeboard for all wards
- Discharge noticeboard for all wards
- Model Ward Information boards
- Patient Information booklets



Sustainability Model Ward Teams hugely invested across the West North West Region

LUH *"Model wards provide a consistent approach to the patient's journey. SAFER – Red2Green provides an approach that helps to identify waste (periods of activity), thus promotes more timely care"*

PUH *"Effective teamwork as demonstrated by the PUH MDT team is crucial for reducing wait times, minimising congestion, and ultimately improving patient outcomes and satisfaction"*

SUH *"Model wards is all about the person. The person in the bed who is receiving the care and the person who is delivering the care (any of the MDT members). It is a holistic approach to looking at flow, and the success of it depends on sustainability, audit, metrics and monthly meetings"*

MUH *"As a result of Model wards - the introduction of the operational whiteboard and use of Safer R2G has resulted in significant benefits to our hospital, allowing a marked reduction in trolley numbers across the year and has enabled us to streamline processes to circumvent blocks that were identified. We have also implemented target thresholds for our hospital from this data to improve efficiency on day to day operations"*

GUH *"Operational white boards are vital to effective communication fostering a organised workflow of what we do"*

RUH *"By using the operational whiteboards it has shown to improve teamwork, by bringing the MDT closer together through communication and collaboration. Overall providing safe and timely care for our patients"*