

3rd Annual Quality & Patient Safety Conference

Improving the Healthcare Journey for Patients & Staff



TITLE

Effect of adopting a Medical Speciality Ward model on Patient Outcomes

SUBMITTED BY

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ABSTRACT

INTRODUCTION

The demand for improved hospital efficiencies has never been greater. There remains an onus on clinicians to manage limited resources efficiently while maintaining high-quality patient care. Patients cared for by specialities specific to their presenting complaint have better outcomes. We found that adopting a speciality medical handover model, in October 2018, in which 1-2 patients appropriate to a team's speciality were handed over to each team every day, did not result in a reduction in length of stay or other indicators of patient care quality.

METHODOLOGY

The department of medicine adopted instead a speciality ward model in March 2019.

AIM

We examined the impact of switching to a speciality ward model on length of stay, discharge destination and mortality.

CHANGE IMPLEMENTED

Each consultant-led medical team was assigned to a specific ward and managed all patients admitted to this ward. Every effort was made to transfer patients to appropriate wards based on their presenting complaint.

MEASUREMENT

The primary outcome was length of stay. Secondary outcomes were the proportion of patients who: were discharged home; died in hospital; or re-presented within 30 days.

RESULTS

After introduction of a speciality medical ward model, the length of stay reduced from 8.8 ± 11.0 days in 2019 to 6.2 ± 8.9 days in 2021 ($p < 0.001$). Correspondingly, the proportion of patients who were discharged home increased from 72.5% in 2019 to 85.2% in 2021 (12.7% increase, $p < 0.001$). The proportion of patients who died in hospital (3.58% [2019] vs 2.15% [2021], $p < 0.001$) or who represented within 30 days (11.5% [2019] vs 11.1% [2021], $p = 0.817$) remained low.

VALUE

The introduction of a speciality ward model conferred improvement in inpatient length of stay and inpatient mortality without a requirement for increased resource. The amount of time that patients spent in the emergency prior to admission remained below target despite the increased number of attendances.

SUSTAINMENT

Data were compared across three time periods;
Group 1: the pre-intervention group (April to August 2019)
Group 2: the immediate post-intervention group (April to August 2020)
Group 3: the late post-intervention group (April to August 2021).

Sustained improvement noted from 2020 to 2021.

ADDITIONAL INFORMATION

We plan to implement soon another adjunctive intervention which will hopefully prove beneficial also.