
Bed Blocking and the role of STPs



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The healthcare challenges created by an ageing population are well documented. But with the NHS coming under ever increasing pressure to address bed blocking that is acknowledged to affect service provision across every hospital, the problems associated with elderly patients – especially with so many living alone – is fast becoming a priority. Yet while innovative concepts are being trialled, the impact on patient safety is a concern - the number of patients in England being re-admitted to hospital within 30 days of discharge has risen by nearly a quarter in the last four years.

Safely discharging patients from hospital in a timely manner is not an issue that can be addressed by NHS hospitals alone – it requires collaboration between multiple agencies, including GP surgeries, local authorities and emergency services. And while the creation of sustainability and transformation partnerships (STP) is a great concept to build that co-operation, without a single source of accurate, timely patient information, how can the objectives be realised?

Orlando Agrippa, CEO, Draper & Dash, outlines the importance of creating a central repository of shared patient information across each STP to enable the use of intense data science and analytics, to determine the best model for patient discharge and optimal long-term care – one that works for the patient, not just the specific challenges and needs of individual organisations.

New Ideas

Across the NHS, different strategies are being considered in a bid to address the devastating impact of bed blocking felt across every level of a hospital. One hospital is to create Britain's first accident and emergency unit for elderly people in an effort to avoid them being stranded on wards. The Norfolk and Norwich University Hospital will ask all patients over the age of 80 to go to a separate unit, next to the existing A&E, staffed by geriatric specialists. It hopes this will speed up patients' assessment and treatment. Other ideas include the 'NHS Airbnb' where members of the public could be paid to take in patients needing care.

However, one of the biggest concerns with any plan to reduce bed blocking is the fear of re-admission due to patients being discharged before they are ready. Emergency re-admissions continue to rise, with more than half a million patients back within a month of being discharged. This is simply not a viable long-term solution – and certainly does not offer the level of patient care required.

Effective decision making requires a far better understanding of the end to end implications of bed blocking throughout the hospital. What are the consequences of hitting or missing key patient care targets? How does bed blocking affect A&E departments? What is the knock-on effect of delays within A&E on emergency services? This is not an issue that can be considered in isolation – it is simply too big.

Understanding Patient Flow

The starting point, however, must be analysis of the impact of bed blocking on patient flow throughout the hospital. With an accurate understanding of patient flow – from the front door to point of discharge – a hospital can undertake scenario planning, comparing different models and bed blocking solutions to determine their potential impact on other hospital services.

A fundamental component of this approach must be better understanding of patient safety. Scenario comparison must, therefore, factor in issues
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such as patient re-admission, often via A&E, with its clear implications for emergency service provision. Innovative ideas are required – but hospitals need to be proactively tracking different models of patient discharge to understand the implications on patient health and safety.

Without this deep understanding, hospitals cannot confidently introduce new strategies that will effectively address the issue – they will simply continue to make tactical, short term decisions that may exacerbate the problem in the longer term.

Joined-up solution

Bed blocking and patient discharge strategies affect – and need commitment from – the wider community. The challenge is to get strong co-operation between hospitals and the local authorities who are then tasked with managing an individual's health within their own home, or in a care home environment. The development of sustainability and transformation partnerships (STP) is a bid to address this divide, with NHS and local councils forming partnerships in 44 areas covering all of England to improve health and care, with three core themes of hospital performance, patient-focused change and transformation.

However, to enable that co-operation requires far better information flow to support intelligence led collaboration. And the biggest barrier to this collaboration today is a lack of joined-up data. Despite the strides forward in data sharing within secondary care, one of the biggest challenges to achieving effective change is the lack of visibility between participants, including GP surgeries, hospitals, local authority care homes and emergency services.

Adding another layer of care services into the mix – whether that is individuals offering care for specific patients or dedicated elderly care units – simply creates another pool of unlinked data.

Data-Led Collaboration

A key development currently being undertaken is to leverage the single consistent data resource – patient name, date of birth, gender and address – to provide that essential consolidated view, enabling hospital, GP surgery and care home to confidently work together within each STP.

With this single, central repository of information, intense data science and analytics can be used to determine the best model for patient discharge and optimal long-term care – one that works for the patient rather than just addressing the specific challenges and needs of individual organisations.

In addition, layering a dashboard over this insight will provide organisations within each STP with full and real-time insight into the current situation – with alerts in place to raise concerning trends. A lack of care home places, for example, needs to be flagged early before it affects hospital discharge policies. With early warning, organisations can move away from the current reactive processes and use the available insight to confidently take decisions early, before the situation hits crisis point.

Conclusion

Bed blocking is an incredibly complex issue to address. Patients cannot be sent home – often to an empty house – without adequate support; the result will simply be a spike in re-admissions, which is both far more expensive to manage and upsetting for the patient.

STPs provide an opportunity to deliver that joined-up, community-led approach to patient care required to improve patient welfare at every level – from freeing up resources to focus on the most unwell to improving patient flow and minimising wait time. But without a consolidated information source and usable analytics, how will the STP vision be realised?

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