

Impact Case Study

Developing Achieving Reliable Care for Safety (ARCS) at Hull University Teaching Hospitals NHS Trust

It is widely recognised that achieving good patient flow in an acute hospitals is a daily struggle. We believe that one of the main principles of achieving good patient flow is to ensure patients get what they need, when they need it, i.e. on time and in full. The Improvement Academy has been working with a team at Hull University Teaching Hospitals NHS Trust to develop and test an intervention which encompasses this principle.



Achieving Reliable Care for Safety (ARCS) is an intervention which:

- supports the planning of a patient's care, ensuring each action is allocated a time scale for completion;
- considers the actions that are required to take the patient through to their planned discharge date;
- creates a visual prompt for staff, making it clear what needs to happen on each day of the patients stay;
- allows for actions and planned discharge dates to be reviewed daily and modified if required; and
- collects detailed information about each delay within the patient's journey.

Ultimately ARCS is a tool which improves quality and safety through supporting the delivery of consistent and reliable patient care. When patients get what they need, when they need it, they spend less time waiting and a measureable outcome for this is a reduction in length of stay. Through reducing delays, patients are less likely to come to harm through acquiring a hospital acquired infection, having a fall, or suffer deterioration associated with a hospital stay for frail, elderly patients.

Impact

Since we started developing and testing ARCS with Ward 9 at Hull Royal Infirmary we have seen a reduction in length of stay from a baseline of 11.68 to 7.5 (as of 04/12/2016), saving an estimated 3,301 bed days.

There has been a corresponding increase of 47% in the number of discharges and transfers from the ward, allowing the team to treat an estimated extra 291 patients.

Kay Brighton, Sister on Ward 9 (pictured opposite with Dr Fiona Thomson), says 'surprisingly, although we are seeing more patients on the ward, it doesn't feel busier; in fact it feels calmer as everyone is clear about what needs to happen to get our patients home'.

During our testing of ARCS, the ward has also been developing and expanding the role of their Patient Discharge Assistant (PDA), who is now a full time member of the team. Through using ARCS the team is able to plan discharge arrangements earlier, helping to fully utilise the PDA role.

