

Innovative stroke patient management system cuts hospital bed usage by more than 25 percent

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An innovative patient management system at the acute stroke unit of Kelowna (BC) General Hospital has reduced the number of stroke patient bed days by more than 25 per cent, according to a study of the system presented at the annual Canadian Stroke Congress in Vancouver.

In total, it is estimated the new system is saving the 380-bed hospital more than 1,000 bed days per year. This represents annual savings of up to \$800,000, all achieved without the need for any new investment in devices, treatments or personnel.

"It's a win-win situation," says Dr. John B. Falconer, director of the transient ischemic attack (TIA) and [stroke](#) clinic at the hospital, and author of the study. "Patients are better and more efficiently treated, the hospital saves resources and the morale of the whole unit is much better."

The program is called Proprietary Physician, or Pro-MD. It involves assuring that one of the hospital's five neurologists is always designated as primarily responsible for best bed usage and patient flow on the acute stroke unit.

"The ward becomes "that doctor's" ward; they have a propriety interest in it functioning well," says Dr. Falconer. Each doctor's assignment as Pro-MD could last several weeks or a month.

A crucial component of the program is that beyond the normal care to the [patients](#) by their own neurologist and other caregivers, the Pro-MD makes twice-weekly rounds of all patients with the full care team. This includes the ward head nurse, physiotherapist, occupational therapist, social worker, transition nurse, pharmacist, rehabilitation ward head nurse and – very importantly according to Dr. Falconer – the patient's family.

"This brings everyone who needs to have input into decisions about a patient's care together to agree on the action needed," says Dr. Falconer. "This is very advantageous compared to formerly having to compare written notes from one another and wait for input from others."

The meetings take only 30-45 minutes to discuss the usual half-dozen patients, but result in everyone agreeing on the course of care, including the family. This is crucial, particularly when discussing the timing and terms of a patient's discharge from hospital.

A further benefit, added Dr. Falconer, has been a huge boost in staff morale on the ward. "We're now the primo ward of the hospital, with staff enjoying the team-based collaboration," he says.

The program is actually very simple but has proven very effective. "It could perhaps be used in other areas of the [hospital](#), but it's particularly relevant to stroke care because of the many players involved and the crucial role the patient and family play in rehabilitation."

Hot Topic in Stroke: Health Systems

Given that there are about 62,000 strokes in Canada per year and [stroke patients](#) spend a total of more than 630,000 days in acute-care hospitals, the learnings from this study could have an important impact on hospitals and health care right across the country, says Ian Joiner,

director of stroke for the Heart and Stroke Foundation.

"This local success story shows that savings don't necessarily only have to come from cutbacks, nor improvements in care solely from large monetary investments," he says. "They can result from just doing things smarter and more collaboratively."

He says that coordinated systems are the best way to deliver [stroke care](#): having the right resources, in the right place at the right time.

Stroke Care and Treatment Have Improved but There Is Still Work to Be Done

Compared with five years ago, more hospitals are designated as stroke centres, more hospitals have stroke teams, more hospitals have stroke units, more hospitals are administering clot-busting drugs (such as tPA) and more hospitals have telestroke capacity. Telestroke uses various types of technology to link healthcare sites, providing diagnosis and treatment recommendations, and services to stroke patients regardless of their location.

Other improvements include faster access to CT scans and more patients being discharged home with services, or accessing in-patient rehabilitation.

"There are still opportunities for improvement at every point along the continuum of care, from prevention to rehabilitation," says Joiner.

"Governments, healthcare system decision makers, healthcare providers and Canadians all have a role to play."

"Initiatives such as the Canadian Stroke Congress provide an unprecedented opportunity for health experts to get together to identify

research priorities and the evidence required to share best practices which will improve the health of Canadians," says Dr. Robert Côté, co-chair of the Canadian Stroke Congress. "This study is a perfect example of a model which could be transferred to hospitals and enhance treatment in other communities."

Provided by Heart and Stroke Foundation of Canada

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