

Bed Block

You are the newly appointed Executive Medical Director of a 350 bed tertiary hospital/service in a large regional town. Your service is the hub for rural and remote patients, some of whom are from Indigenous communities. The service runs an efficient telehealth system supporting your region for acute consultations and for outpatient department visits.

As long as staff can remember, the hospital has suffered from bed block. Each morning at least 20 admitted patients are “parked” in the emergency department awaiting a bed. When this hits 50, the local paper has a front-page story, and the health minister often holds a press briefing outside the emergency department.

During your first week, the CEO meets with you and as you are ‘a new set of eyes’ gives you a priority challenge to “solve” the bed block. She tells you that part of the problem is that 25% of all inpatients are long stayers (> 14 days) with the longest, long-stayer present for 750 days.

The CEO asks you to research and develop a draft strategy and implementation plan for addressing this issue across the region, for her consideration within the next six months.

Questions

- 1. What additional information do you want to know to develop the strategy?**
- 2. Who are the stakeholders you should be engaging with?**
- 3. In general terms, what will be the content of your strategy and plan?**

Censor notes for Bed Block

Summary of the scenario

This scenario involves issues around bed block and patient flow in a regional/rural community with remote and indigenous communities. The hospital has an unacceptably high number of long stay-patients, meaning that many of the occupied beds are unavailable for patients needing acute or elective care - a virtual reduction in the service's bed stock.

Before developing options for suggested changes, there is a need for the candidate to consider what are the causes for the long stays, and as it is a long-standing problem, what has been successfully / unsuccessfully tried in the past.

Outline of topics/tasks which could be considered in presentation and discussion

- **Unacceptable proportion of long stay patients**
 - Whether the rate of 25% is unusual for a regional service
- **Causative factors in bed block**
 - Common causes why patients may be staying longer
 - Possible new studies or surveys etc, that may be useful before option development
 - Factors which mitigate against long stay patients being discharged earlier
- **Opportunity costs of bed block**
 - Potential benefits of improved efficiency and LOS
- **Previous activities regarding bed block**
 - Consideration of previous actions that may, or may not, have been successful
- **Development of action proposal – development and operationalisation of strategy**
 - Some short, medium and long term solutions that could be considered
 - Which suggested options may deliver quick results and be welcomed by the CEO
 - How the CEO action proposal would be developed including options and realistic timeframes
 - Realistic time frames for implementation of options and expected improvements
- **Information and reports required**
 - Which reports, information sources/opinions could provide data about causality
- **Cultural factors and engagement with stakeholders**
 - Key internal and external stakeholders that would need to be consulted / interviewed
 - Potential vested interests
 - Possibility of a social-welfare culture in the organisation which mitigates against robust discharge policies
 - Specific understanding of issues relating to indigenous patient discharges
 - How local media, community and political issues could be managed

THE CUSTOMISED RUBRIC for Bed Block

Met the standard (i.e. score = 3)

Answered the questions specified in the scenario. With or without prompting covered the following points:

Knowledge

- Recognises the problem of bed block, including 25% increased LOS in acute service.
- Common reasons why long stays can occur including mental health, social, economic and clinical reasons and the characteristics of the long-stay patients
- Additional data and opinions that may need to be gathered / considered
- Importance of community organisations and external professionals on discharge planning from hospital
- Engagement options with indigenous and remote communities/services

Skills

- Leads investigation of the problem:
 - Describes and understands the key operational reports, data and opinions that must be gathered and considered to explain local causes and impact of long stay patients
 - Ability to describe the analysis of the problem prior to creation of solutions
 - Ability to describe how a strategy would be created.
 - Recruitment of key stakeholders to assist in developing a strategy
 - reporting – up to CEO
- operationalisation of strategy
 - team
 - indigenous and remote
 - targets and timeframes
- Ability to identify how the success of the strategy will be tracked and how it will be sustained over time

Professional Approach

- accepts leadership role in staff engagement as a newly appointed DMS.
- Respectful of stakeholders – internal and external
- Patient outcome and safety focused
- Respectful of staff struggling with change
- Respectful of patients learning a new way of receiving treatment

Better than Pass (i.e. score = 4 or 5)

- Understand that there may be a significant cultural aspect to the issue – “this is how we have always operated”.
- Appreciation some previous failed strategies may have been initiated by other executives
- able to engage with community to explain the need for change
- able to engage external community agencies and professionals in strategy – e.g. NDIS, Aged Care Services
- demonstrates their leadership to lead change
- extended discussion of realistic targets and the time needed to effect change
- how is strategy operationalised both at a high level and in the clinical areas
- Knowledge of relevant capability frameworks and/or role delineations

Key points which would indicate an overall clear fail (i.e overall score less than 7.5)

- Fails to recognise that a high percentage of long stay patients in an acute service is a major contributor to Bed Block.
- Jumping to conclusions regarding causation of Bed Block without appropriate investigation
- Fails to address indigenous health aspects of scenario

2022 COLLEGE TRIAL EXAMINATION
DAY 2: QUESTION 2

Generic rubric

Score	1 Poor Articulated capacity well below expected.	2 Limited Lacked elements important for specialist level functioning.	2.5 Marginal Insufficient to demonstrate independent specialist capacity.	3 Met standard Response sufficient for demonstrating independent specialist capability.	4 Good More than sufficient for demonstrating independent specialist functioning.	5 Outstanding Approaching, or at, level of experienced specialist.
Dimensions						
Knowledge (K) Identified and explained significance of issues in scenario with reference to laws, policies, standards or practices.	Identified wrong or irrelevant issues, laws, standards, policies or practices.	Little/ no identification of important issues, laws, standards, policies or practices.	Identified some relevant issues, laws, policies, standards or practices, little explanation of significance.	With/without prompting appropriately identified the key/critical issues in the scenario and outlined significance with reference to relevant laws, policies, standards or practices.	Identified and expanded on significance of key/critical issues with detailed description of relevant laws, policies, standards or practices.	Demonstrated authoritative knowledge, possibly citing and explaining current literature.
Skills (S) Described appropriate priority setting and sequencing of practical actions in managing the issues in the scenario.	Did not suggest relevant effective interventions.	Identified very few important interventions and/or explanation of methodology inadequate.	With/without prompting, identified some key interventions but did not sufficiently explain stages or processes involved in managing the actions.	Answered the questions by outlining and explaining sufficient actions for scenario role, based on relevant methodologies for acquiring information, making judgements in consultation with others, managing actions, reviewing, and reporting.	Provided expansion on possible intervention actions required by scenario e.g., timeframes, contents, reporting and priority settings.	Described advantages and disadvantages of key management actions; or may have also explained actions for minor issues in scenario.
Professional approach (A) Described adoption of relevant leadership & management responsibilities	Did not identify or explain her/his interpretation of responsibilities. Did not identify key needs of stakeholders.	Described actions, or non-actions, which may actually create additional/ unnecessary problems, or need re-working. Described limited insight into key stakeholder requirements in scenario.	With/without prompting identified elements of responsibilities required in scenario role, provided insufficient explanation of risks. Insufficient description of key stakeholders in this scenario and the impact that in/action may have on them.	Addressed management responsibilities relevant to scenario role, identifying challenges and/or risks in steps to be taken. Identified key participants and/or consumers in scenario, noting potential impacts of her/his engagement with them.	Described collaboration in leading the management processes, highlighting relevancy to, and with, stakeholders in scenario role.	Described understanding and dealing with complexity of own role and interactions of others with stakeholders in the scenario.