Ward 10 Support Programme

Theme | UEC/ Flow

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SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

By discharging and transferring patients, to the discharge lounge, creates capacity and therefore 'frees up' hospital beds to make way for patients waiting to be admitted. By creating early morning 'flow' this will reduce time for patients to be admitted and will in turn support ambulance handovers and wait to be seen in the ED.

AIM

Ward 10s aim was to increase pre 10 discharges to 50% of the wards daily discharges (equivalent of 1) by the 8th May

PLAN

The ward manager and matron met with the supporting team on the 06/01/2023 and reviewed their ward dashboard data. From the 25/11/2023 to the 05/01/2023 the ward had improved their average length of stay from 11 days to 8.

The ward did not have consistent pre 12 or 10 discharges and this became the wards focus for the programme, along with increase their use of the discharge lounge. The baseline data showed that the average transfer to the discharge lounge a week was 5 patients.

The ward team decided to review their rhythm of the day using the model for improvement, to see if they could move their discharge profile to earlier in the day, on a daily and weekly basis in the format of virtual touchpoints and written feedback along with a review of the wards discharge and length of stay data on the ward dashboard available on the intranet.

Some of the interventions were support by the SHOP model designed by the Royal College of Physicians and the Royal College of Nursing.

The wards performance would then be measured at 30, 60 and 90 days in a PowerPoint presentation for the senior leadership team in Medicine & Emergency Care Division.

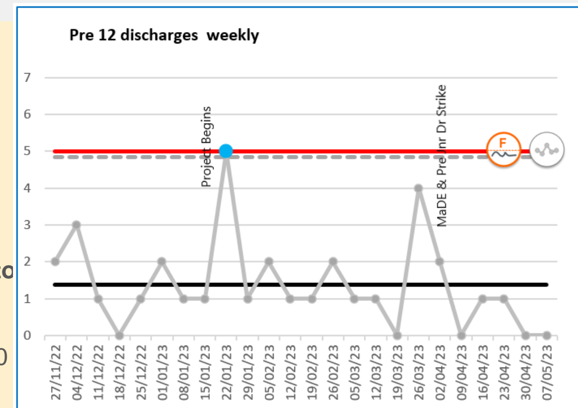
DO

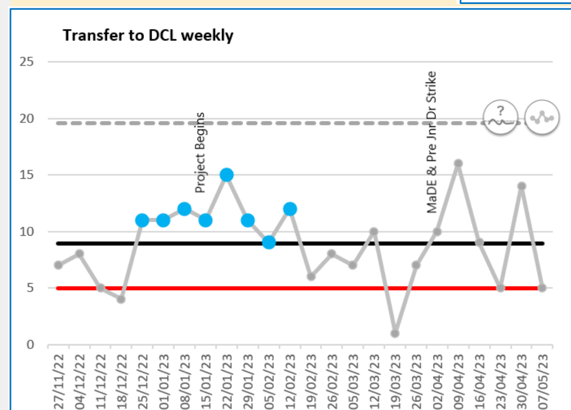
Essentially we introduced some minor changes to our discharge planning. Dr's board rounds have had an increased emphasis on discharge planning and trying to get therapies more involved earlier with patients instead of waiting for them to be medically fit. As a nursing team we also became much more proactive in chasing discharge letters from Dr's early.

STUDY

Ward 10 achieved the 1 a day target in the first week of the project but this unfortunately did not sustain. By the 90 day remeasures point the ward had 0 pre 12 discharges 2 weeks in a row.

The number of patients transferred to the discharge lounge was improved taking the average to 9 a week from 5. This has been sustained up to the 90 day remeasures point.





After an initial enthusiasm from the Dr's and Therapists there was a return to bad old habits due in part to staffing issues with medics and staffing turnover in therapies. Therapies reverted to wanting patients to be medically fit prior to assessing them and Dr's reverted to there original reluctance to complete discharge letters until after they had finished their rounds and wanting day of discharge bloods

ACT

We are awaiting a decision as to whether our Dr rotation will be split from Stroke/rehab which should improve our junior dr rotation and staffing.

We are also trialling the virtual ward PDSA to see if this will lead to earlier discharges and a further reduction in our lengths of stay.

We have also introduced changes in how patients are allocated to consultants on the ward which has led to lengths of ward rounds being reduced by roughly one hour from three hours to two.

ACKNOWLEDGEMENTS & REFERENCES | Bunkley, Nick (March 3, 2008). "Joseph Juran, 103, Pioneer in Quality Control, Dies". The New York Times.