

Theme | UEC/ Flow

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REASON WHY?

Discharging patients later in the day has a significant effect on clinical patient flow from the emergency departments, leading to higher risks in patient safety. It can also have detrimental effects on patients arriving home or to a new environment later in the day when settling in.



Ward 15s aim was to increase pre 11 discharges and/or transfers to the discharge lounge by 50% by the 17th May 2023. This equated to 1 patient a day.

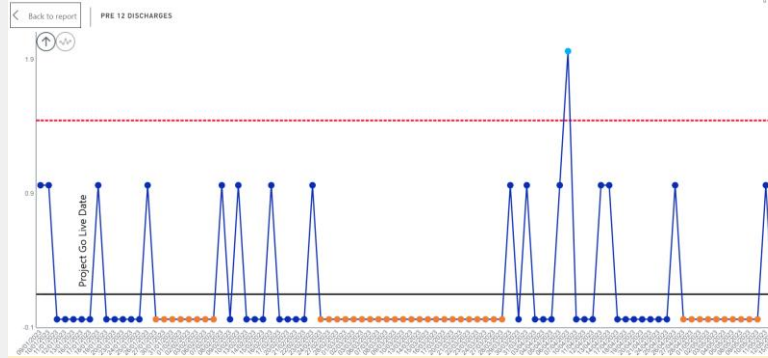
PLAN

The core group of workstream 4 met with one of the sisters and matron to carry out a root cause analysis to understand the blockers to earlier discharges. The ward were then given additional support for the following 3 weeks to trial different ways of working to support discharges earlier in the day. Some of the interventions were support by the SHOP model designed by the Royal College of Physicians and the Royal College of Nursing. Other interventions would be decided upon following the model for improvement 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. 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

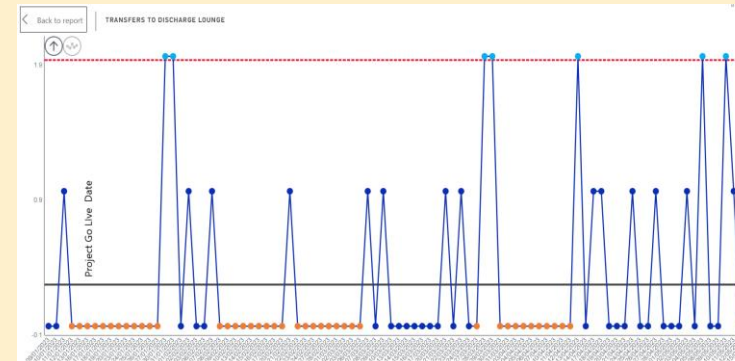
The ward noted that they had excellent engagement from all ward staff, this allowed them to introduce a daily afternoon huddle to support actions for discharges e.g. letters to be written and updating of the PSAG board. The ward also implemented that referral emails required a read notification from the recipient. Soon after this the ward began to highlight potential discharges for the next day so that the Doctors could prep the letter and be highlighted earlier to pharmacy for medications to take home.

STUDY



Ward 15 did not achieve their aim of 1 pre 11 discharge a day by the 17th May 2023. We can see in the SPC, to the left, that there were periods of a consistency followed by longer periods of zero activity in early discharges direct from the ward. It is important to note there are a large proportion of patients who require complex discharge which often makes pre 11 discharges a challenge.

The ward did however begin to see an increase in number of patients transferred to the discharge lounge. The wards consistency increases as the 90 days progresses. The opportunity to increase this further may be limited to capacity in the discharge lounge on any given day.



ACT

- To ensure Ward 15 continues to drive SHOP model with an emphasis on next day discharges so discharge summaries can be prepped at the earliest opportunity
- To continue to engage the whole MDT and work with medics to ensure PSAG is accurate, EDDS are updated and early movement is prioritised with utilisation of discharge lounge where appropriate
- To ensure robust process between Ward 15 and 16 whereby Ward 15 pulls through from 16 at the earliest opportunity to create acute capacity on Ward 16 and give a clear picture of available capacity on Ward 15.