

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.

PLAN

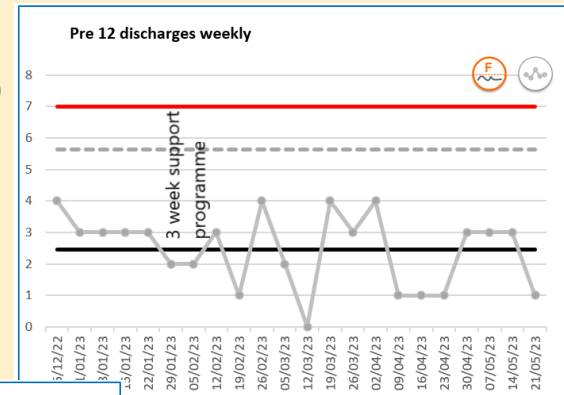
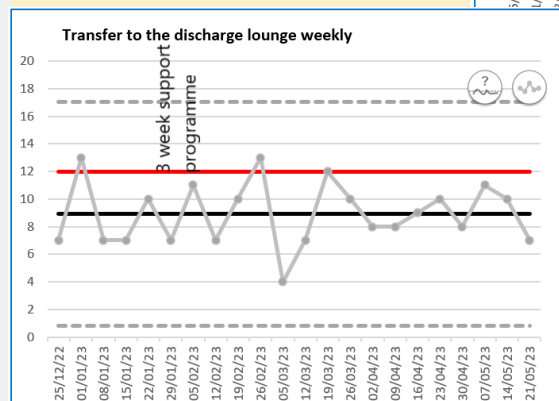
The ward manager and matron met with the supporting team on the 20/01/2023 and reviewed their ward dashboard data. From the 09/12/2022 to the 20/01/2023 the ward had seen a deteriorating trend in their average length of stay from 9 days to 14 days. The ward did not have consistent pre 12 or 10 discharges 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 6 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

Patients were highlighted the previous day as potential discharges, nursing staff were made aware to facilitate more efficient discharges by ordering medications, requesting medics to prep discharge summary's, book transport and restart care packages. Potential discharges were discussed at daily board rounds and medical team asked to prioritise review of these patients so that transfer to the discharge lounge could be facilitated sooner.

STUDY

Ward 17 saw no statistical trends throughout the 3 week support or the 90 days following this. Transfers to the discharge lounge is dependent on medical review of potential discharges, and consultants are requesting that any patients highlighted as definite discharges the previous day are only to be transferred to the discharge lounge once they have been seen by a consultant.



Nursing staff endeavour to transfer patients early to the discharge lounge but capacity is sometimes an issue.



Ward 17s aim was to increase pre 10 discharges to 50% of the wards daily discharges by the 22nd May 2023

ACT

To continue to encourage the medical team to prioritise potential discharges to be reviewed as early as possible. Nursing staff to continue to be as proactive as possible to facilitate early discharges.

- Order medications in a timelier manner
- Book and arrange transport
- Restart care packages
- Request the medical team to prep discharge letters the day before.