

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

In the initial planning meeting the ward identified that from the 23rd December 2022 to the 3rd February 2023 they had seen a statistical improvement trend in patients residing +14 days and +21 days since the 27/01/2023. The number of patients who had been medically optimised and average length of stay was seeing no statistical trend and the ward did have some pre 10 & 12 discharges but would like to improve this further. The ward were transferring an average of 2 patient to the discharge lounge daily. 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

Ward 24 re-established the SHOP model in their morning board round. The changes they initially made was trialling green houses for patients going to the discharge lounge the next morning and introduced afternoon board round at 12:30 on a daily basis.

Afternoon board round with the doctors to ensure that any discharges could be acted upon as soon as possible.

Creating lists for criteria led discharges so the nurse in charge/ staff knew and could act upon the criteria to streamline discharges.

Discharge board was updated, with the MDT using it to communicate and update what the patient was waiting on or if they have been seen. This being updated throughout the day by the MDT to ensure smoother discharge processes and clear communication

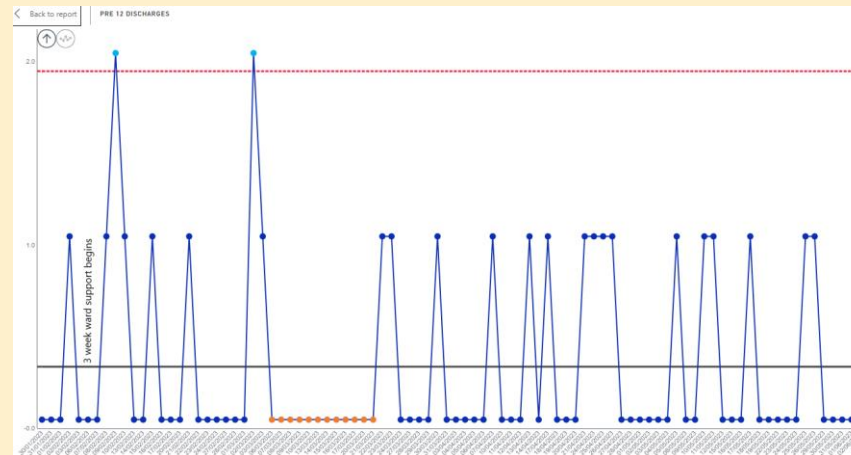


Ward 24s aim was to increase their pre 10 discharges to 2 a day by the 3rd June 2023

STUDY

Ward 24 have not seen any statistical improvement trends during their 90 day remeasures period. In week one and 2 of the programme the wards did see slightly higher pre 12 discharges but this has not sustained. The ward has not seen an increase in 6 week averages.

The ward has more team work from the MDT in regards to discharges, with the aim and drive to prep and aim for pre 12 discharges and overall more discharges when possible. The MDT are utilising the discharge board, board round and criteria lead which is positively effecting discharges and the MDT. Overall it was massively insightful and useful.



ACT

Continue to utilise the discharge board, use the green houses where possible and ensure afternoon board rounds.

Afternoon board round/ handover need to be ensured and utilised. With the Nurse in charge and ward manager reminding the medics to ensure afternoon board rounds, clear communication and discharge planning.

Criteria led discharge continue to be used and used to promote/ improve discharges numbers.

Challenge, plan and prep will be used as the main aim of discharge on ward 24. Challenge why patients are staying, what may delay them and prep everything where possible to ensure smooth discharges with no to minimal delays.