

REASON WHY?

Due to a lack of a dedicated team, or agreed process for transferring patients from wards to the discharge lounge, nursing colleagues are spending large amounts of time away from their patients to undertake the transfer themselves. The time has increased due to the improvements to early discharges to the discharge lounge and the creation and staffing of a dedicated discharge lounge.



To reduce time taken by nursing colleagues to transfer patients from wards to the discharge lounge by 1st March 2024

PLAN

To engage with clinical colleagues to establish the requirement and agree resources and service delivery times.

A small pool of porters will be established to undertake the transfer role, as part of a dedicated transfer team on the assumption this would free up time for nursing colleagues and therefore, increase care back to patients.

It will be necessary to link in with temporary staffing colleagues and the wider portering team to gain the necessary support for the test of change.



DO

The test of change took place over a 3 month period.

Changes needed to be made during the trial, due to the unpredictable nature of the volume of patients that needed transferring to the discharge lounge.

Additionally, due to other projects across the Organisation (mainly Hollinswood House Porter cover) it was necessary to engage with the Temporary Staffing team to secure additional resources in the form of HCA's. However, by employing HCAs in this role, variation was noted in additional tasks that each role could support. As an example, an HCA was able to support nursing colleagues within the discharge lounge when not employed in transferring patients, whereas, portering colleagues, would return to the portering base to await further tasks; this was not a particularly good use of resources.

Start times changed in line with service needs, and transfers were processed mainly through the Tele Tracking system. However, variation was noted in how this was used and therefore, made it more difficult to run effective data.

STUDY

The figures below show the volume of patients transferred to the discharge lounge during the trial, including the time taken for both sites:

PRH

161 Patient moves to the Discharge Lounge, with an average completion time of 21.45mins

This was achieved with 18 HCA shifts, along with 2 Porter shifts (Band 2)

RSH

246 Patient moves to the Discharge Lounge, with an average completion time of 29.64mins

This was achieved with 36 HCA shifts

By using a dedicated transfer team, this enabled nursing colleagues to remain on their respective wards, thereby, increasing their time available during the shift to give time back to care.

Although use of the Tele Tracking system proved effective, this has not become standard work and variation in the request of the transfer team continues.

It was also noted, that more work will be required to ensure the portering team are available for all transfers, but also able to integrate within the wider portering team and take on additional tasks during times when there is not much movement of patients.

ACT

The plan is to continue providing the resources to the Discharge Lounge as it has demonstrated a significant increase in time back to nursing colleagues back into patient care.

The Discharge Lounge team will be supported to facilitate patient moves by using the Tele Tracking system. This will also support collection of valuable data for further analysis as to the impact of the change that will help to support a business case.

In due course, a business case will be written to create the additional resources required to ensure effective support to the Discharge Lounge