

# Home for Christmas MADE 3 of 3 RSH

**Multi Agency Discharge Events (MADEs) are held to work with internal and external partners across the Integrated Care System to maximise discharges to provide capacity in the acute setting. This case study focuses on the outcomes at RSH**

## SMART Aim

To discharge the most patients possible from 14th December 2022 'Home for Christmas'

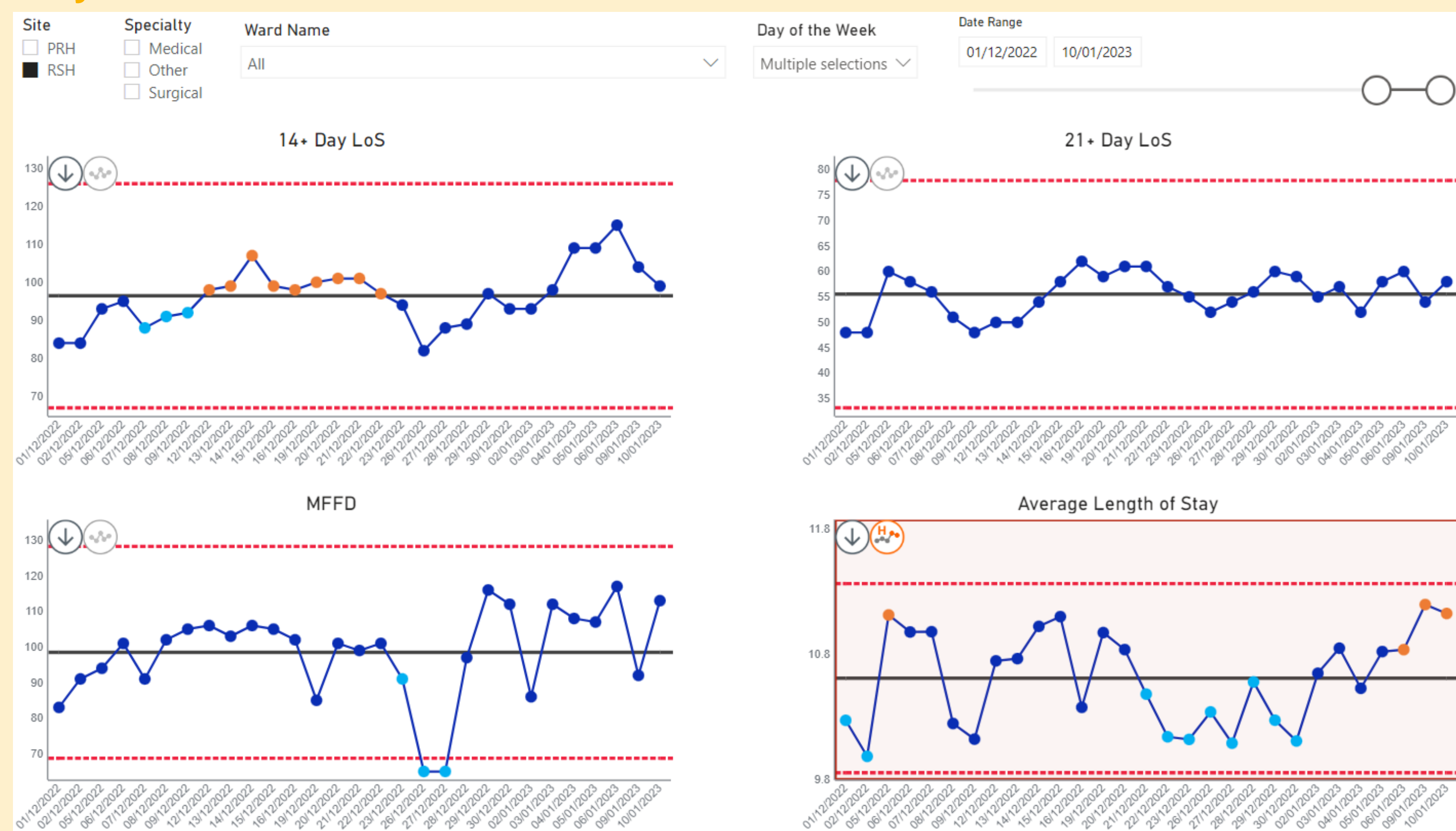
## Plan

Utilising data from 2021 the learning from MADE team predicted that SaTH would require flow to cope with on average 150 decisions to admit every day between Christmas and New Year. In order to work towards this the working group organised daily support from each division, local authority and Shropshire Community Trust from the 14<sup>th</sup> December 2022- 21<sup>st</sup> December 2022 (excluding the weekend). Each site would operate from a command centre, the Improvement Hub at RSH and Education Room G at PRH, with the ability to have a virtual link for set touch points during the day. Each command centre would attend the standard daily work for site management via teams. As the trust was in a critical incident on the MADE dates, the decision was made to use the usual incident command centre telephone numbers and email address. The event was advertised through various internal communications, emails and fortnightly teams meetings from November 2022.

## Do

At RSH the command center huddled every morning at 0815 and joined the site call together. Where possible the directorates and system partners co located to allow for shared understanding and cut down the wastes in contacting multiple individuals to resolve issues. Following the initial check chase challenge, work was allocated daily, according to pathway and job role, to follow up on the previous days actions and review new inpatients needs. At the end of each day every patient identified with a discharge for tomorrow either through SQL or the tracker were then shared with the discharge lounge to begin handover for an 0800 transfer. Outstanding urgent actions were escalated to the matrons to resolve after 1200 to allow the PJs to continue work on new discharges, simple discharges and planning for tomorrow.

## Study

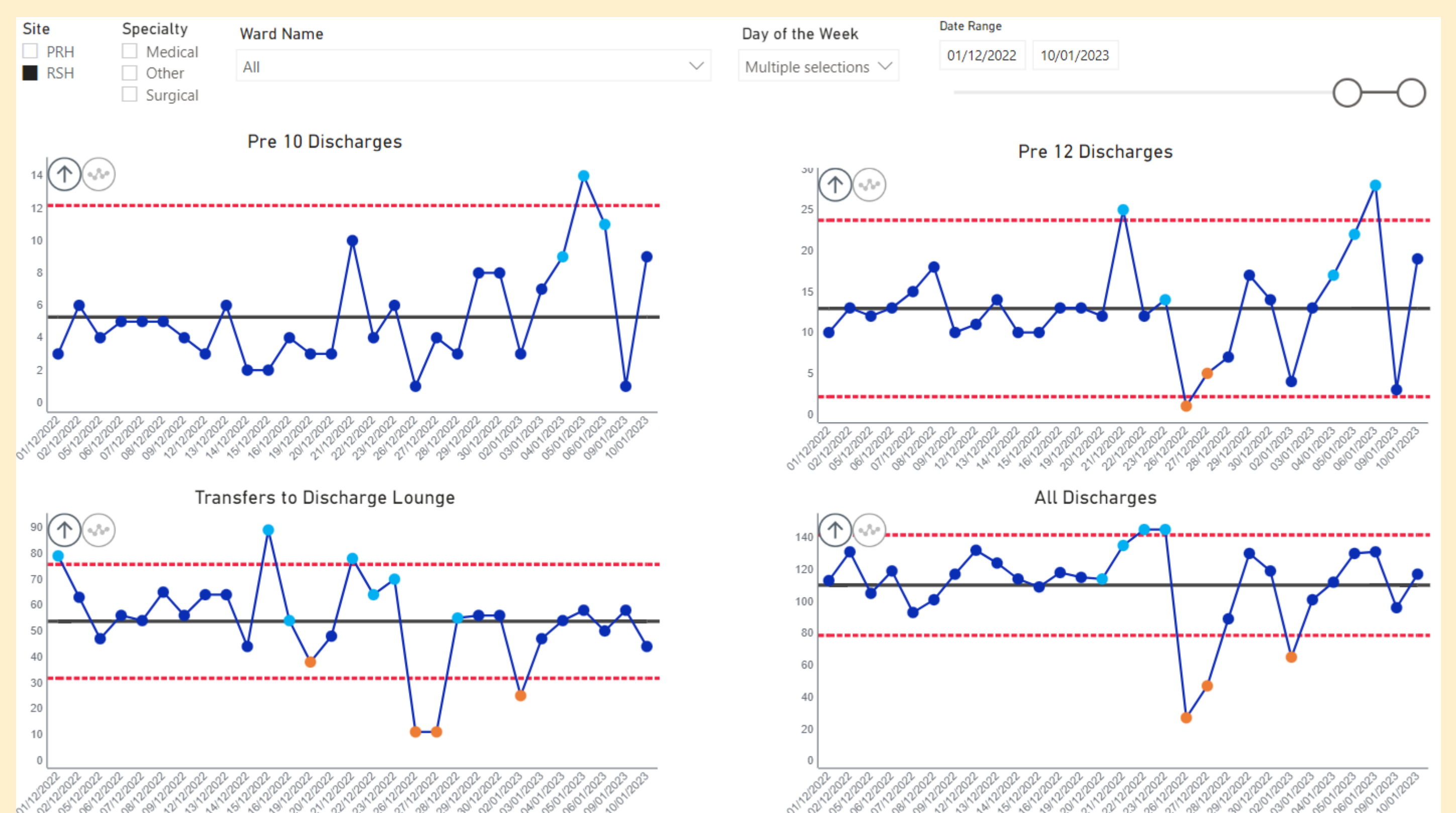


- RSH saw above average pre 10 discharges on the 21<sup>st</sup> December but this was not sustain over Christmas, this has since seen a statistical improvement since the New Year bank holiday, it should be noted that the chairing of the Plan of Tomorrow (POT) meeting has changed so this may explain the improvement. The same is mirrored in the pre 12 discharges.
- The RSH site saw improvement in the number of patients transferred to the discharge lounge with over average for nearly the entirety of MADE with the significant decrease on the Monday (MADE did not run over the weekend so the command centre follow ups and touchpoints with discharge lounge sis not take place)
- RSH also saw above average discharges peaking at 143 discharges on both the 22<sup>nd</sup> & 23<sup>rd</sup> December suggesting that the plans made with the wards and system colleagues resulted in a positive outcome for our patients.

### Observations and escalations

- There were significant number of patients who were booked on transport following the ward rounds but not made ready until later in the day. This led to some transport being aborted and a number of challenging discussions with the care homes to extend their cut off times and impeded on patient flow throughout the day from ED

- RSH saw a negative trend in patients residing over 14 day from the 12<sup>th</sup> to the 22<sup>nd</sup> December this then reduced to below average over Christmas but has not been sustained following the New Year bank holiday.
- +21 days remained consistent around the average daily number with no significant statistical fluctuation.
- The number of patients who were medically fit for discharge did improve over the course of the MADE event with a significant improvement before and over Christmas this has however has not sustained and returned to above average figures. Be looking at the discharges on RSH below this could be due to above average discharges in the build up to Christmas.
- The average length of stay of a patient also had significant improvement over the course of the event and in the build up to Christmas. It was identified that 3 of the 5 patients with the longest length of stay were discharged from the hospital with the support of the complex discharge team and our colleagues in Powys and Shropshire.



## Act

The next steps is to open an improvement project on pre booked transport and escalation process for patients booked but not made ready to ensure a timely discharge. The +21 day review from previous learning from MADE will be extended to include all patients over 14 days and escalated to our system partners via the long stay meetings. To address engagement the MADEs for 2023 will be pre booked and shared via the various communication routes in the trust