

Produced by | Shelbey Fenton-Cook  
Case Study Date | 12/05/2023

## REASON WHY?

As a result of current flow in the hospital for our inpatients, delays are being seen in ED with a build up of patients who cannot be admitted. To overcome this, it was agreed to create a Discharge Lounge at RSH and PRH. Once opened, however, there were delays noted for patients being transferred into the discharge lounge pre-10 and therefore, this needed to be improved.

## PLAN

Opening times of the discharge lounge were changed to 07:30 – 20:00 however, this did not create the early morning flow needed.

To achieve the overall aim, a process flow was undertaken with colleagues from the discharge lounge to identify the current processes and wastes as opportunities to improve. Using the Pareto Principle (80/20) 3 wards were identified who utilised the discharge lounge most pre-12. I then engaged with the ward teams and their managers to gain buy in and shared the process to enable achieving 2 x transfer before 08:00.

To support the implementation and to ensure success, the following was implemented and agreed to be trialled:

- Creation of a criteria list for accepting to the discharge lounge
- Use of a discharge folder to collate all necessary information prior to transfer
- Creation of a 'Plan to Transfer to Discharge Lounge' checklist to ensure all information was communicated and discharge criteria was completed
- Agreement with trial wards that patients' hygiene needs were met, they were in appropriate clothing and belongings packed up ready for transfer to the lounge from 07:30.

Discharge Lounge staff worked collaboratively with the trial wards to complete the checklist the evening before – ensuring discharge letters were completed and medications ordered as well as notifying patients and NOK's of discharge and early morning transfer.

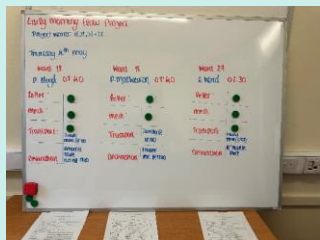
## DO

The process was tested out with three wards (18, 26 & 27) for 6 weeks.

During this time it was noted there were many MFFD patients on 28, therefore they were introduced into the project within 2 weeks.

Following the success on the above wards, ward 24 joined the project.

To support the Discharge lounge team, a 'flow office' was created and with the use of a production board, staff knew how many early AM moves there were and where from, as well as any additional information. A copy of the checklist was also stored here.



## SMART AIM

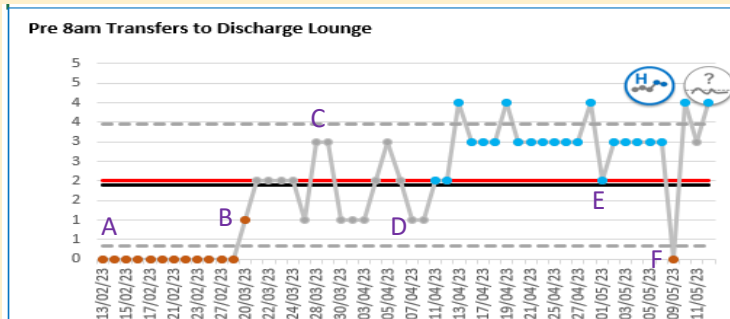
To increase overall transfers of patients from the inpatient bed base to the discharge lounge by 10 am, focusing on a target of transferring 2 patients by 8am by 10<sup>th</sup> May 2023

## STUDY

Prior to testing out the new process, the earliest patient transfer on average occurred after 9am, which was having a severe impact on overall flow within the hospital and therefore, the Emergency Department was under pressure with its demand and unable to move patients to an appropriate place of onward care in a timely manner.

During the trial phase we have held weekly meetings with Ward Mangers to gain feedback to enable the process to be improved as part of the PDSA cycles. Regular team briefs and huddles were also held to gather ideas, suggestions and further ideas from the DCL team.

During the trial, very positive engagement and feedback was noted for the new process, which resulted in a minimum of 2 patients arriving at the discharge lounge before 8am. This has improved further by being in a position to receive 3-4 patients per day before 8am on a regular basis. At present, the maximum patients that can be transferred before 8am is 4 – this is due to staffing levels during the short time window of 30 minutes.



### Key:

- A = New shift times implemented
- B = Project Start date
- C = Project Expanded
- D = Easter Bank Holiday
- E = May Bank Holiday
- F = Ward escalation

## ACT

Following the success of the trial, the new process will continue to be used until fully embedded and sustained. The aim is to roll-out this process to all the wards on the RSH site, and then to the PRH site once staffing levels have been agreed and maintained.

Due to the increase of ward involvement, a 'tag' will be developed and implemented for the use at the end of a patients bed. The aim of this is so patients will be easily identifiable by all staff as an early morning transfer to the discharge lounge. The tag will include instructions for staff to have a patient ready for transfer from 07:30. It will also negate the need for face-to-face handovers between the DCL team and the wards.

**ACKNOWLEDGEMENTS & REFERENCES** | All staff on the Discharge Lounge and a special thanks to Wendy Richardson for driving change and improvement. Ward Mangers and nursing colleagues of Wards 18, 26, 27 and 28!