

Multi Agency Discharge Event

22nd August 2022

SaTH, Local Authorities, Shropcom

Abstract: Multi Agency Discharge Events are an operational tool to decompress the acute hospital prior to a public holiday in readiness for an increase of admissions post weekend.

SMART Aim

To increase discharges and reduce the medically fit for discharge list to create capacity prior to the public holiday weekend on the 27th August 2022

Plan

The plan for this Multi Agency Discharge Event was to focus on patients who had been residing as an inpatient for over 14 days. In order to do that two command centres were set up, one in PRH and one at RSH, staffed by representatives from each division within SaTH, colleagues from the complex discharge team and the emergency planning and resilience team, social workers from either Shropshire or Telford & Wrekin local authority and a representative from Powys.

The data stated that:-

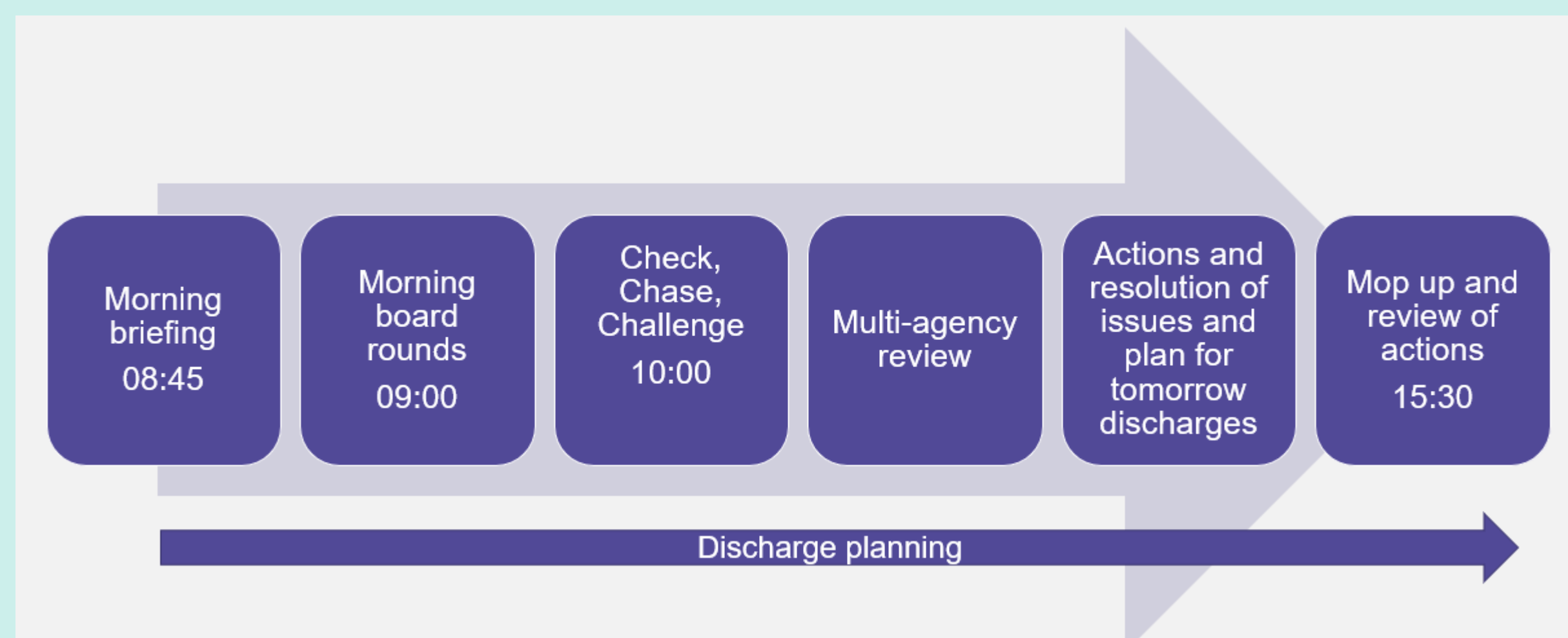
- 215 patients had a stay of 14 days or more
- 73 patients had resided at SaTH for over a month
- 97 Patients were medically fit for discharge and had stayed with us in total for 1071 days longer than they were required to
- If we took the average length of stay at 5 days this accounted to 214 additional patients, we could have admitted and treated in this time.

Do

The event was run from the 23rd & 24th August on both sites, from 0800 -1700 face to face with a virtual link between both sites via Teams. Wards were expected to join their local command centre face to face to review all patients who had been an inpatient for over 14 days. This allowed for all external and internal colleagues to have a shared understanding of the next critical step needed to discharge the patient. The following questions were asked:-

- What is the next critical step?
- Is that next critical step happening today?
- If not, what can be done to enable this to happen today?

Following the face to face review the command centres then reviewed the next steps and carried out their individual actions, including planning for the next days discharges. At 1530 a joint mop up session and reflection of the day took place.



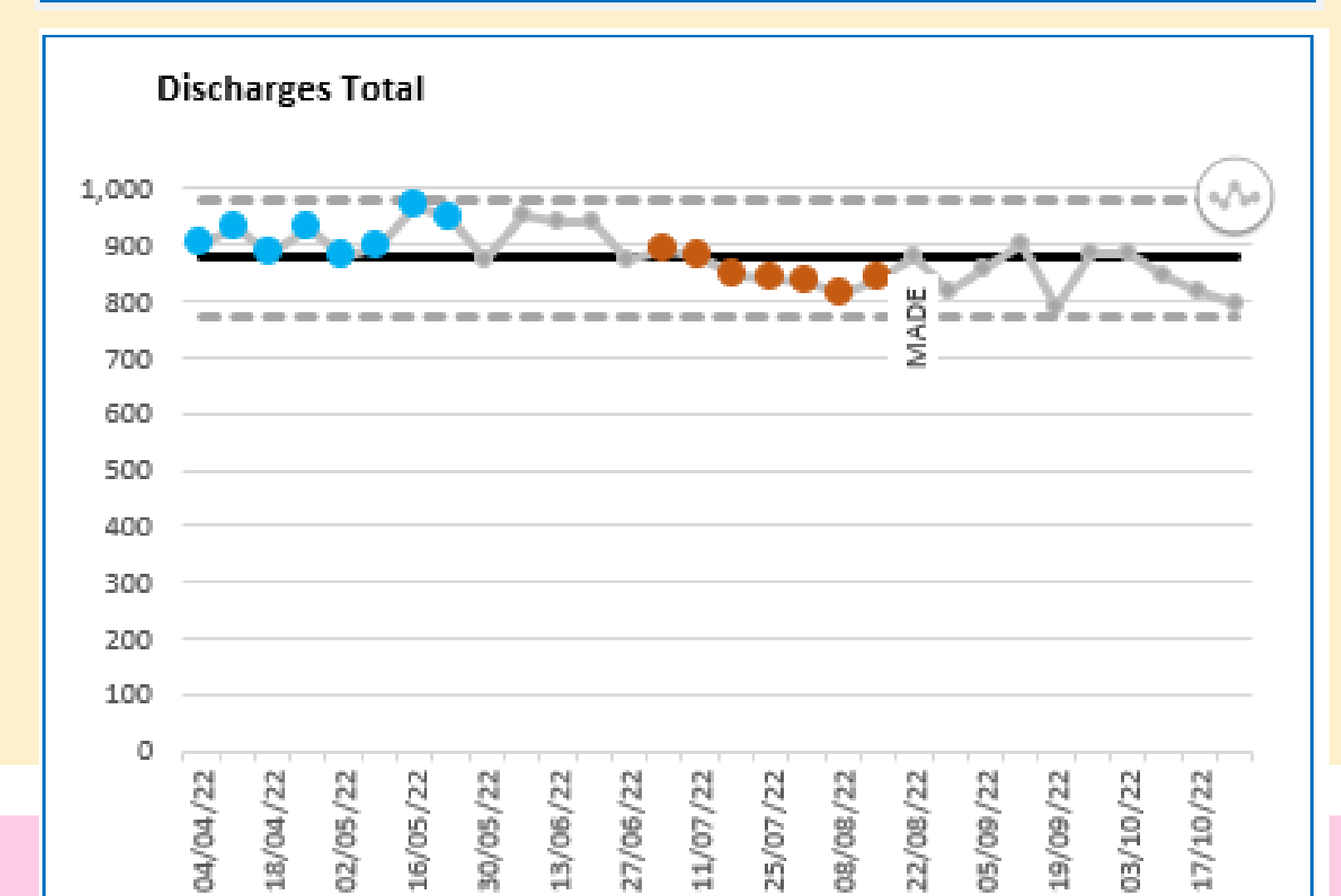
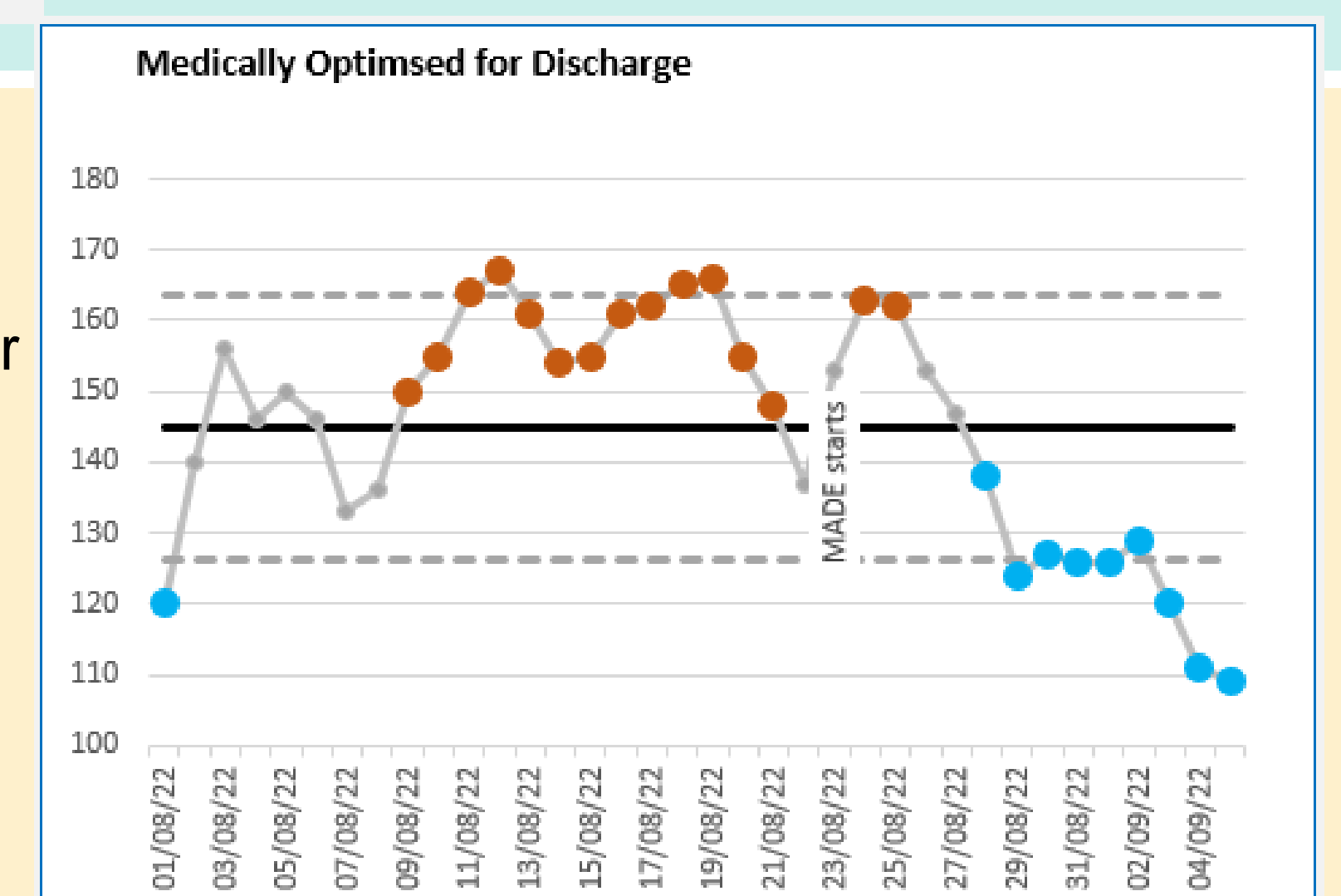
Study

As demonstrated in the SPC charts opposite we can see that significant improvements in the number of patients medically fit for discharge. The data for total discharges demonstrates that the MADE broke the downwards trend in total number of discharges.

The table below describes the improvement made for each cohort of patients and reduction in days delayed.

Improvements were made in all but 3 areas

Days	23/08/2022		26/08/2022	
	Total Patients	Total days delay	Total Patients	Total days delay
14-20	76	225	82	179
20-30	65	411	54	327
30-40	35	118	37	181
40-50	26	147	23	86
+50	12	143	10	81



Act

- The next steps following this trial is to PDSA a weekly +21 day review
- To review the escalation policy and opportunity to innovate around the communication and actions