

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.



Ward 9s aim was to increase their pre 10 discharges to 50% of the wards daily discharges by the 22nd May 2023

PLAN

The ward manager and matron met with the supporting team on the 20/01/2023 and reviewed their ward dashboard data. From the 09/12/2022 to the 20/01/2023 the ward had seen an improving trend in their average length of stay from 15 to 8 days..

The ward did not have consistent pre 12 or 10 discharges and this became the wards focus for the programme, along with increase their use of the discharge lounge. The baseline data showed that the average transfer to the discharge lounge a week was 11 patients.

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

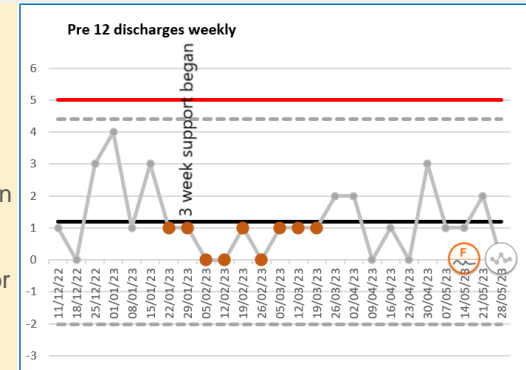
The coordinators on shift note the discharges from the board rounds. They then concentrated on these to get to the discharge lounge before the discharge letters were completed. Used production board to support discharges and transfers to the discharge lounge

What has been noted is that there has been a delay getting the patients to discharge lounge as they have been full. So there has been a wait n the ward, sometimes it has meant the patients going direct from the ward. There has also been a change with the patient flow coordinator. Therefore we had a fulltime one based on ward 9. however due to different issues there is often no facilitator.

Discussed with the Doctors about the importance of obtaining the letter once a patient has no criteria to reside or the day before.

STUDY

Ward 9 saw no statistical improvement in their pre 12 discharges and actually saw a negative trend when the 3 week support programme began and, therefore did not achieve their aim. However this deterioration corresponded with the ward **statistically improving their transfers to discharge lounge**. The transfer to discharge lounge for 9 weeks but returned to pre support figures at the end of March.



ACT

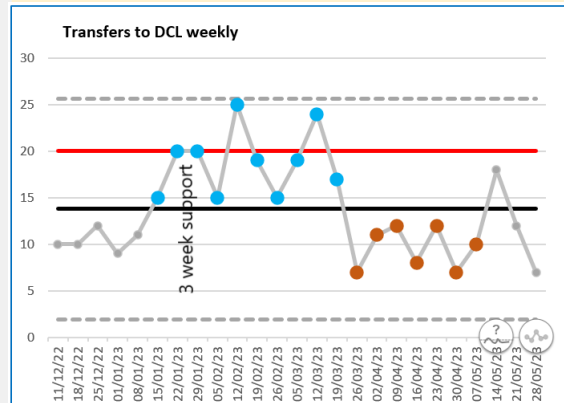
We are trying to get a permanent facilitator on the ward.

We are aiming to keep pushing the discharge by getting handover to discharge lounge early.

The NIC will continue to look in the notes after the ward rounds themselves for the first 2 bay completed.

Use production board to highlight discharges for tomorrow

Link in with flow coordinators about planning for tomorrow.



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ACKNOWLEDGEMENTS & REFERENCES | Thank you to all ward 9 staff and the discharge lounge team.