SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Add in some of your background information, what is the problem you are trying to solve, why is it important

SMART AIM

S SPECIFIC M MEASUREABLE A ACHIEVABLE R RELEVANT T TIME-BOUND AIM

To increase pre 12 discharges in line with the operational by 27th May 2023.
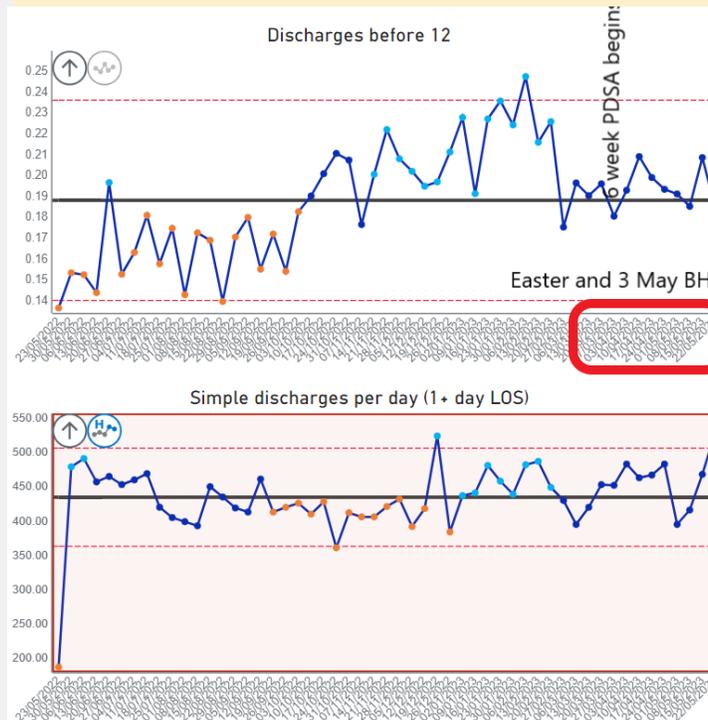
PLAN

The plan was test the discharge management tool (DMT) and the standard approach with the Flow Co-ordinators for both MEC & SACC to understand if it made any improvement on the discharge, discharge lounge and length of stay data. Using the model for improvement, the plan was to run 6 week Plan Do Study Act cycles to create standard work. It was also an opportunity to develop the DMT with the teams that use the tool on a daily basis and the data warehouse team.

DO

Week 1 saw the introduction of the tool and a single check chase challenge on a Tuesday for all core wards. We identified a basic rhythm of the day. By the end of this week we had noted a number of the 7 wastes.
Week 2 saw the flow coordinators move to a digital version of the DMT which saved time, rework and complication.
Week 3 saw the introduction of a daily huddle with the discharge lounge and flow coordinators and a test of change to move the check chase challenge (CCC) back to the wards.
Week 4 CCC reverted back to being held off the wards and critical incident was declared in the trust.
Week 5 critical incident was stood down and flow coordinators rhythm of the day was finalised
Week 6 involved a hand over to a nursing lead where further areas of improvement were identified.

STUDY

Discharges before 12

6 week PDSA begin:

Easter and 3 May BH

Simple discharges per day (1+ day LOS)

Pre 12 discharges in March 2023, for the core wards, was 21.2%. **This increased to 22.7% for June 2023.** The stakeholders and workstream lead did expect to see a higher increase, however it is important to note that during the 6 weeks there was 4 bank holidays, which are historically challenging times for all acute trusts.
Average daily simple discharges, for the core wards, in March 2023 was 37. **This increased to 43 average simple discharges a day in June 2023.**

Feedback from the wards included that they much preferred one grand check chase challenge a week. The DMT has anecdotally improved the accuracy of information being given regarding patients next critical steps. It has also given back over 10 hours a week of nursing time to patients, where nurses were previously on meetings.

Please see +14 day case study for impact on LoS and Discharge Lounge DMT case study for impact on discharge lounge data

ACT

Workstream 14 is going to continue and adapt the DMT tool and expand it out further to colleagues in the integrated discharge team and clinical site team. This is because of the time it will save with multiple ward walks and one version of the expected discharges etc.

We also wish to continue to use the DMT over the summer to review the impact in more detail due to the number of bank holidays that fell in the PDSA period.

The tool is also going to be utilised to reduce the number of patients residing over 100 & 50 days in the trust

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