

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 11s aim was to increase pre 10 discharges to 50% of the wards daily discharges by the 8th May 2023

PLAN

The ward manager and matron met with the supporting team on the 06/01/2023 and reviewed their ward dashboard data. From the 25/11/2023 to the 05/01/2023 the ward had improved their average length of stay from 17 days to 10.

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 10 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

Information Board was commenced and used by the coordinator/ patient journey facilitator to update staff with discharge plans. This was for a visual aid. Staff were aware of the plan for their patients, sometimes before a hand over was given.

The band 6's and I quickly realised that the renal team were not planning for patients discharge. Several conversations took place with the renal teams, as the team changed regularly and were slow with discharge summaries and preparation for discharging of their patients. Conversations took place face to face with Renal Consultants and also on the Renal Governance Forum. This appears to have made a real difference and discharges are happening more slicker, and in a timelier fashion.

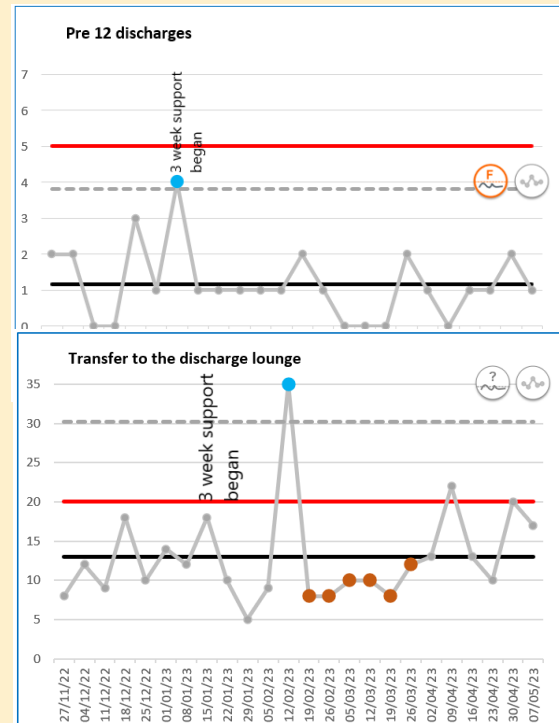
RGN's were asked to be part of the doctors ward rounds so they were aware of the plan for the patients.

Regular updates and changes were updated on the safety huddle, so staff were updated prior to their shifts.

Regular staff meetings with good attendance. Minutes sent to all staff afterwards. Staff meetings take/have taken place monthly since February.

Regular conversations and challenging from the WM to the coordinator and PJF about usage of the discharge lounge.

STUDY



The ward did not successfully achieve their aim. The first week on the support the ward demonstrated that it could be achievable with 4 pre 12 discharges in week 1. Throughout the 90 days following the support the ward rarely had 2 pre 12 discharges a week with the average being 1. The ward have seen improvement in their transfers to the discharge lounge following the initial 3 weeks support their average moved from 10 a week to 14. In the last month the ward have been more consistent and sometimes achieving their target of 20 patients transferred a week.

Currently, the Ward feels much more organised and Discharges appear to be happening slicker and in a timelier fashion. I feel this has been happening for around the last 2 months/6 weeks

ACT

Aims for the ward:

Band 6's and WM To work alongside the senior band 5's to develop their knowledge when coordinating and discharging of patients.

The management team/coordinator and patient journey facilitator to continue to work closely.

Yellow communication sheets continue for staff to document discharge plans. PJF asked to also update these for nursing staff to refer to.

To ensure that a twice daily handover between the MDT takes place on a daily basis.

Monthly staff meetings continue so staff are updated regularly. This has also been attended by the therapy team, so they are aware of any changes that need to be made.

Regular attendance of the management team at the Renal Governance Forum.