

Theme | UEC/ Flow  
 Produced by | Madeleine Oliver  
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## REASON WHY?

By utilising a discharge lounge whilst patients wait for medications, discharge letters and hospital transport, the trust can create capacity in the core wards for patients with a decision to admit on the acute floor and the emergency department.



To increase the number of patients transferred to the discharge lounge and to increase the number of patients to 10 by 10am by 30<sup>th</sup> June. The target for the discharge lounge is 30 a day on both sites by 30<sup>th</sup> September, but for the purpose of this case study we wish to see consistent improvement.

## PLAN

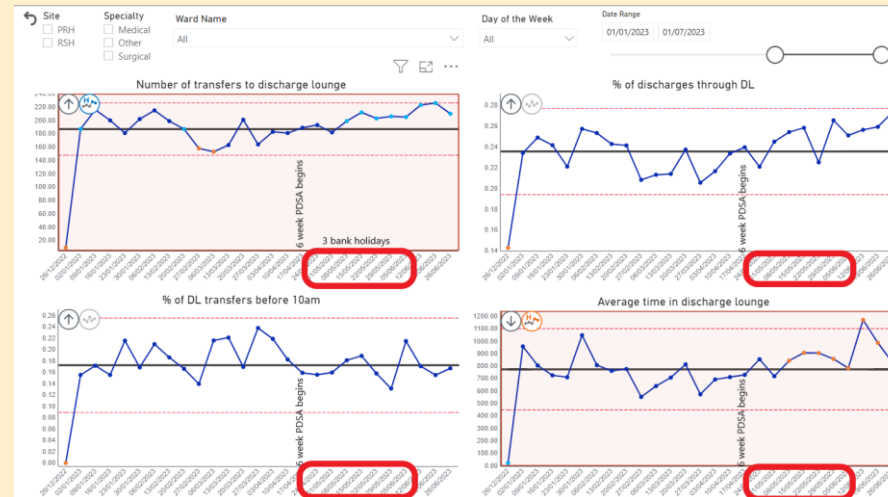
The plan was testing the discharge management tool (DMT) and the standard approach with the Flow Co-ordinators for both MEC & SACC to understand if it made any improvement on the discharge, discharge lounge and length of stay data. Using the model for improvement, the plan was to run 6-week Plan Do Study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

**The discharge lounge has seen high levels of improvement since the start of the 6-week PDSA and after.** The % of discharge lounge transfers has seen a more consistent performance averaging 18 a day (the target is 20 a day across the trust). The % of discharges through the discharge lounge has also increased almost week on week, which could suggest that beds are becoming available sooner on the wards for patients with a decision to admit. The impact of this however has increased the average time in discharge lounge, but this would appear to have peaked and now returning to the average length of time. It is important to note that May/ June 2023 saw increased bank holidays that historically cause a decline in performance.



## 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

ACKNOWLEDGEMENTS & REFERENCES | Thank you to all the flow coordinators, discharge lounge and David Bruce in the data warehouse team