

## REASON WHY?

Ward 26M's pre 12pm discharges for September were 16%, as we go into winter this figure needs to improve for the best delivery of the service we provide. At present we have 4 separate consultants with only one consultant doing a 9am board round. This impacts our ability to discharge patients before 12pm.

## PLAN

The plan was to focus on increasing our pre-12 discharges, which would then lead to an increase in our 5pm discharges.

The ward had been unable to meet its target for various reasons, including, disruption due to a ward move. This involved merging two wards together, which resulted in creating a new nursing and Consultant team; the number of Consultants increased from 1 to 4. As they came with their own working practices, it was important for the ward to learn from each other pull together to create a new standardised way of working, together.

The plan was to focus on board rounds to identify suitable patients for onward discharge to home, or the discharge lounge. This was important due to the variation noted in board rounds, including timing. One round routinely took place after 10 am.

## DO

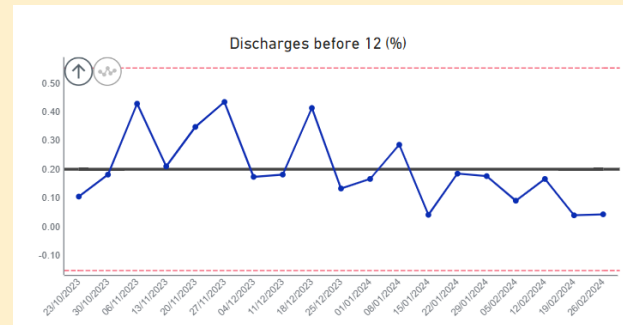
The daily Board Round occurred at different times with no standardisation. To improve this, a discussion took place with the consultants of how the board rounds would look and what was needed from them. There was a little uncertainty around timings and how this would work for the consultants, especially after the weekend, with one team of consultants splitting the month with consultant working 2 weeks each. This made it difficult at times to catch up. To that end, it quickly became apparent that there was little flexibility in changing some of the timings of the Board round.

## STUDY

During this period there was much variation in success of achieving an improved pre 12 pm discharge for our patients. Initially, an increase in pre 12 discharges was seen. However, it is difficult to correlate the reason. Since early January, we have seen a drop in our pre-12 discharges.

Difficulties in achieving the target include the following:

- Variation in timing of the Board round to identify suitable patients
- Variation in acuity of patients, particularly those with diagnosed dementia who are unable to move to the discharge lounge
- Patients declining a move to the discharge lounge due to previous poor experience
- Delays with patients from Powys due to additional administrative procedures, or waiting for available beds for ongoing treatment/rehabilitation



To increase discharge profile of pre 12pm discharges to 33% by 14<sup>th</sup> January 2024.



## ACT

Following the test of change the learning suggests, that more work is required to understand the reason why patients decline moving to the discharge lounge and what other options are available. Further discussions will be required with the Consultant body to understand how to utilise the Board Round more effectively to identify potential discharges of patients earlier in the day. This in turn, will enable nursing colleagues and other MDT members expedite the discharge process from the ward.