

REASON WHY?

Currently, there are significantly low discharges on a weekend and a Monday/Tuesday compared with Wednesday through to Friday on the medicine wards in RSH. This is mainly because patients are not routinely planned for weekend discharge reviews to enable them to go home on a Monday. Due to the higher number of discharges on a Friday, this means an influx of new admissions to the wards which then wait over the weekend for a speciality review.

PLAN

Currently, the medicine flow team uses a system called the Discharge Management Tool (DMT) to update patient information daily. This helps identify delays and escalate issues to senior staff, supporting patient flow, leading to increased discharges and reduced LOS.

While useful, the DMT has several limitations:

- It only refreshes once daily at 8:00 AM, so the data quickly becomes outdated.
- It can't be used outside of Monday to Friday, 08:00-18:00
- It's unreliable, crashes often, and requires specialist knowledge to fix errors.
- Although many have access, only the flow team uses it due to its complexity.

To improve the discharge process and overall flow, the goal is to transition from the DMT to the new Patient Flow system by **31st March 2025**.

DO

Over the past 6 months, several key steps were taken to move daily work from the DMT to Patient Flow:

- A new live report was developed and is now fully automated, updating every 30 minutes. It's based on the original DMT and includes multiple tabs for different types of information.
- A tasking function was built into Patient Flow, allowing team members to flag concerns and outstanding actions. These tasks now feed directly into the report to support flow coordination.
- The team now enters daily updates into Patient Flow using national Reason for Delay (RFD) codes to record why patients still meet criteria to reside.
- A live electronic production board has been introduced to show real-time discharge progress.

All RSH medicine wards have now transitioned from the DMT to Patient Flow. Each PJF moved over in 4-week phases for full support:

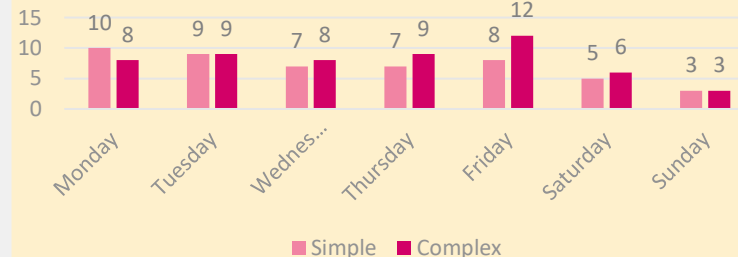
- **Stage 1:** Ward 28 – 13/01/25
- **Stage 2:** Ward 26 – 03/02/25
- **Stage 3:** Wards 27 & 24 – 03/03/25



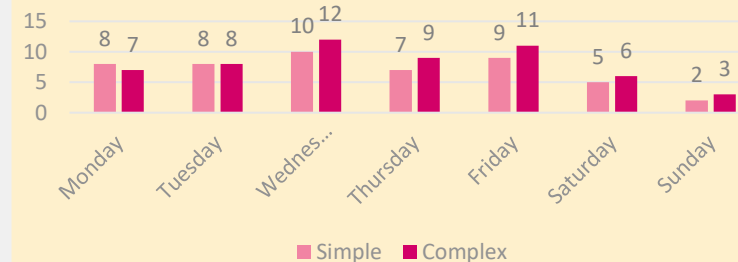
Increase the proportion of patient discharges at the beginning of the week as measured by weekly discharge data to improve overall discharge balance throughout the week by April 2025.

STUDY

Average discharges by day. 6 week average



Average discharges by day. 6 week average (post)



Since transitioning from the DMT to Patient Flow, the discharge profile has begun to shift positively. There has been a noticeable increase in discharges on Wednesdays, suggesting improved mid-week flow.

Although Monday discharges initially appeared lower when comparing 6-week averages, a longer 8-week view shows a positive upward trend, indicating early signs of sustained improvement.

ACT

With RSH successfully transitioned and earlier discharge peaks emerging, the project has now begun at PRH.

A follow-up meeting with the Care Transfer Hub is planned to align both sites and teams.

The DMT will no longer be updated after its final refresh on 31/03/25.