WS4B: Planning for Tomorrow

Theme | MECTP

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REASON WHY?

Improvements are needed to internal medical flow through multiple incremental changes to processes on the wards to ease pressure on the emergency department and allow for more timely initial assessments, reduced LOS in ED and mean ambulance handover time.

SMART AIM

On wards 7, 11 and Med Esc improve pre 10:00 discharges to 20% and increase weekend simple discharges to 15 by September 30th 2025.

PLAN

Workstream (WS) 4 ward processes has broken off into 3 task and finish groups to focus on separate aims to achieve the overall aim of the WS.

WS4B – is focusing on ward processes aiming to achieve timelier discharges and increased weekend simple discharges through structured afternoon huddles and forward planning.

Medical champions from each of the nominated wards are to lead daily afternoon huddles following a structured agenda, complete discharge letters in advance, identify tomorrow's discharges and early morning moves to the discharge lounge (DCL).

Weekly workstream meetings are to be held to discuss metrics, progress and put into place further actions.

DO

3 medical champions have been nominated and have driven and lead the daily afternoon huddles – most recently a renal registrar has joined.

The weekly workstream meetings have been incredibly helpful in identifying constraints in achieving the aim and collectively the group have discussed and implemented actions to overcome these, for example, lack of phlebotomy cover on Med Esc impacts timely discharges therefore Hospital at Night (H@N) have agreed to a 4-week trial to support early morning discharge dependent bloods workload dependent.

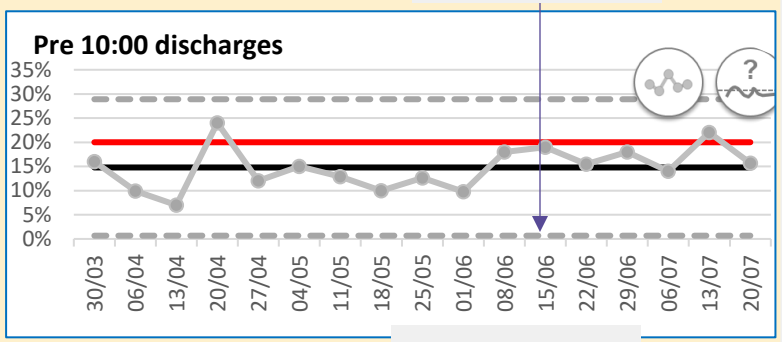
Friday huddles have been shaped to focus on weekend planning.

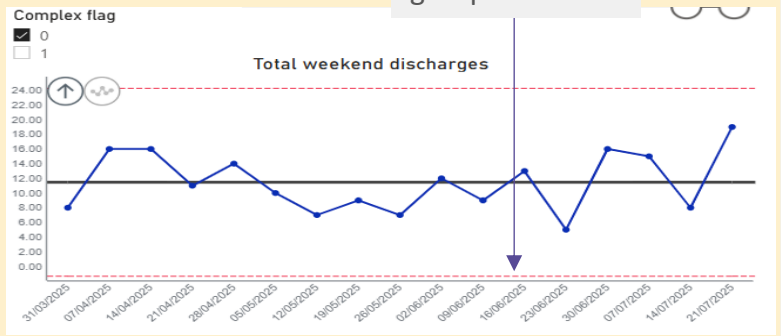
The workstream membership has grown and now includes a wider team such as pharmacy and the Care Transfer Hub to support a multi-disciplinary approach.

STUDY

Over the past 6 weeks, the team have made progress in sustaining the PDSA cycles, which have seen improvements in both metrics.

Pre 10:00 discharges have either remained slightly improved on the average or met the target, similarly, in weekend simple discharges they have met or succeeded the aim on 3 occasions.





ACT

Through the weekly meetings teams can identify the constraints and most pressing problems and use further PDSA cycles to overcome these.

Future PDSA and actions include:

- 4-week trial commencing 4th August with H@N supporting discharge dependent bloods on Med Esc
- Pharmacy to support earlier preparation of medication through 'afternoon sweeps'
- Medical teams to prepare discharge letters for any patients with a LOS of over 7 days
- B6 nurses to receive training on BD Pyxis machines to support with low pharmacy coverage on weekends
- To trial a new initiative called 'Ready To Go' to replace the term 'Medically Fit For Discharge'.

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