Ward 25 pre 12:00/17:00 discharges

Theme | Capacity and Flow

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REASON WHY?

Ward 25 opened on 22nd December 2025 with an initial 18 bed footprint followed by an additional 18 beds opening 29th December 2025. The ward forms part of the General Internal Medicine pathway and was designed to support de-escalation of the emergency department by delivering a high-functioning rapid turnout unit.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

Sustain the following for a period of 90 days from ward opening 22nd December 2025 –
LOS: 72 hours post acute intervention
Pre 12:00 discharges: 35%
Pre 17:00 discharges: 80%
PW0 discharges: 75%

PLAN

Two Quality Management System (QMS) workshops were held - one with consultants and nursing leaders, and one with the wider nursing team. Across both sessions, the focus was to establish a clear and shared understanding of:

- Ward culture and what "success" looks like for a rapid turnover unit.
- Shared aims for Ward 25 and how teams will work collectively towards them.
- Standard work and an agreed rhythm of the day, including behaviours, expectations, and escalation routes.
- Criteria for operating as a rapid turnover ward, including patient selection and clinical pathways.

These sessions resulted in co-produced standards, a defined daily rhythm, and a collective understanding of how Ward 25 should function to optimise patient flow.

DO

Ward 25 has now been open for 7 weeks. Early signs show promising progress as well as challenges.

The rhythm of the day has begun to embed. Daily discussions before board round include:

- Review of yesterday's ward performance.
- Identification of challenges and quick wins to action for the current day.
- Oversight of LOS, NCTR, and ED position (including numbers of DTA and capacity).

These discussions take place around the 'Ward Flow Dashboard' and has supported awareness of ward performance as well as ED pressure and contributes to the need and successful earlier senior decisions.

Discharge decisions are being made during board round due to standard work of reviewing results/diagnostics plus bloods being taken at 06:00. On average ward 25 has around 5-7 definite discharges by 09:30.

Due to the unit being a rapid turnover unit, all potential discharges are discussed first and then the others. Consultants are constantly challenging each other as to why the patient can't go home today and whether there is an option for community support/treatment.

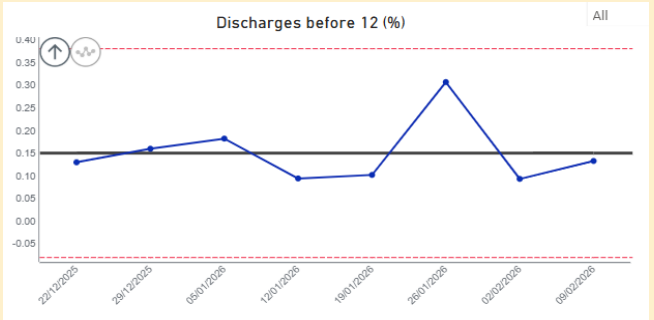
Patients are highlighted and transferred to the discharge lounge (DCL) as soon as able.

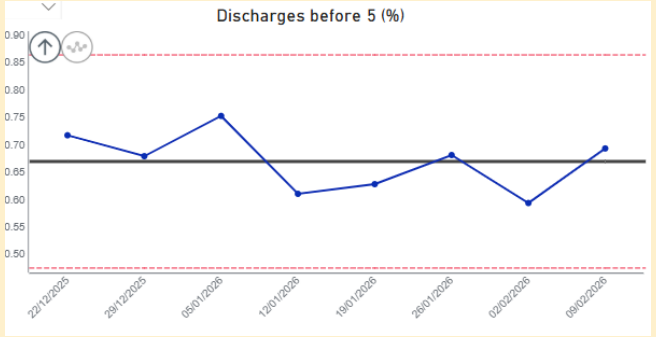
STUDY

Although the ward have embedded best practice on the board round which results in earlier definite discharges, there have been challenges around discharging them from the ward.

Key Challenges –

- Pharmacy and phlebotomy provision is currently insufficient for a rapid turnover unit. Unfortunately, these 2 services were not included within the business case and are only covering the ward as current capacity allows.
- Many of the potential discharges rely on blood results and the ward either has no phlebotomy visit or relies solely on 1 medic.
- Pharmacy have not been arriving to the ward until 10:30-11:00 which has meant delays in medications arriving to the ward.
- DCL has seen regular overnight escalation resulting in a delay to normal operations
- DCL has recently moved location and this has resulted in delays to transfer patients
- Due to the criteria on ward 25, other wards are prioritised to move to DCL due to ED pressure.





ACT

Current and planned actions include:

- Improving clinical support provision:

Meetings underway between ward leadership, phlebotomy, and pharmacy to agree models that meet the needs of a rapid turnover unit.

- Explore alternatives to DCL

ACKNOWLEDGEMENTS & REFERENCES | Suresh, Sana, Mona, Richel, Siji, Chinelo, Jey, Johnson, Michael, Elizabeth, Stacy, Michelle, CSS