MECTP Pre 12:00 Discharges

Theme | MECTP

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SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

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 Length Of Stay in ED and mean ambulance handover time.

SMART AIM

- To achieve 35% of discharges before 12:00 by April 1st, 2026

PLAN

To implement and sustain SHOP model board rounds across all medicine wards.

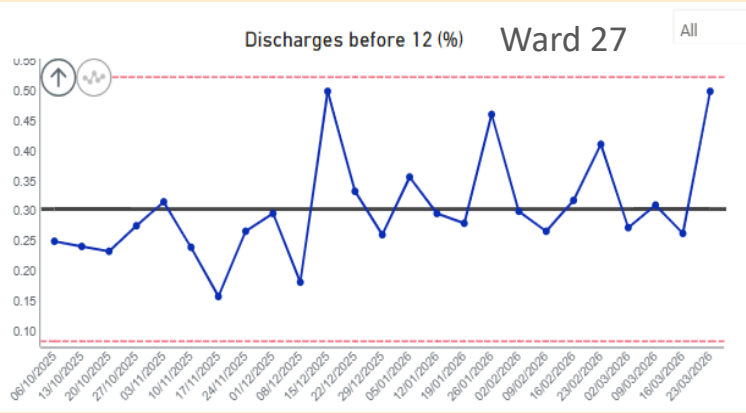
Sick, Home, Others and Plan model is part of the 'modern board round'. It supports patients with high clinical acuity to be identified and treated early, also supporting the earlier discharge of patients.

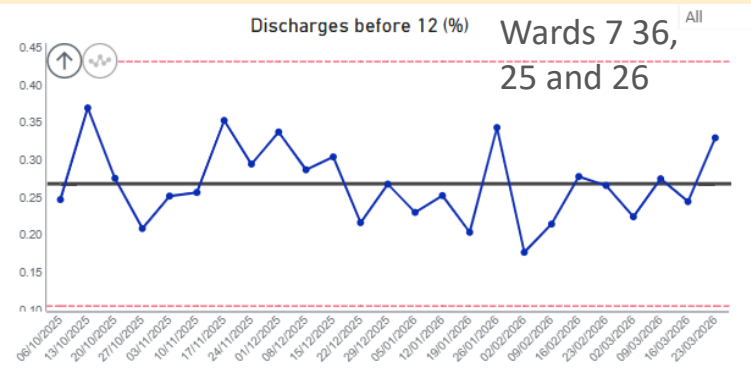
DO

Ward 27 was first identified as a ward struggling with consistent board round process and standards. Challenges included timely attendance, inconsistent medical plans and logistics.

Ward 27 adopted 1 board round for all 3 consultants and followed the SHOP model for 1 month; however, it was noted that this was taking a lengthy amount of time due to the size of the ward and multiple consultants. Following a SEIPS session to identify challenges and solutions, a consultant suggested that the ward trial a process from his previous trust. This consisted of only discussing the Sick and Home patients for a maximum of 15 minutes, allowing ward round to start considerably earlier, returning together as a comprehensive multi-disciplinary team at 12:30 to discuss all patients, plans and estimated dates of discharge. This has supported timelier discharge and was rolled out to ward 26, 25, 36 and 7.

STUDY





There has been no statistical impact on the pre-12:00 discharges, however, the average has improved for ward 27 more recently averaging 32% (an 8% improvement) and collectively the other wards have improved to 28% (a 5% improvement).

Through feedback sessions and observations, the cause remains inconsistent standard and processes exacerbated by staffing challenges.

To achieve a consistent 35% pre 12:00 discharge performance the wards have a reliance on a high performing discharge lounge, which at times faces it only challenges.

ACT

The Sick and Home board round will be adopted by the wards and rolled out to all remaining wards.

Improvements are still needed to ward processes, and the release of junior doctors on board round to complete discharge letters.

There is a separate focus on discharge lounge improvements for 2026/7 within the capacity and flow programme.

ACKNOWLEDGEMENTS & REFERENCES | Ward 27 medical and nursing colleagues.