

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.

PLAN

To implement and sustain an afternoon huddle on Fridays at 14:30/15:00 to support the identification of weekend discharges.

Alongside this, to introduce the process of ensuring patients are identified via the F14 code on patient flow, with discharge criteria included in the narrative.

DO

Resident doctor champions were chosen from each medicine ward to attend a weekly workstream and lead an afternoon huddle in their area.

An agenda was developed and shared with the wards.

Afternoon huddles were held between 14:00 and 15:00 across the wards.

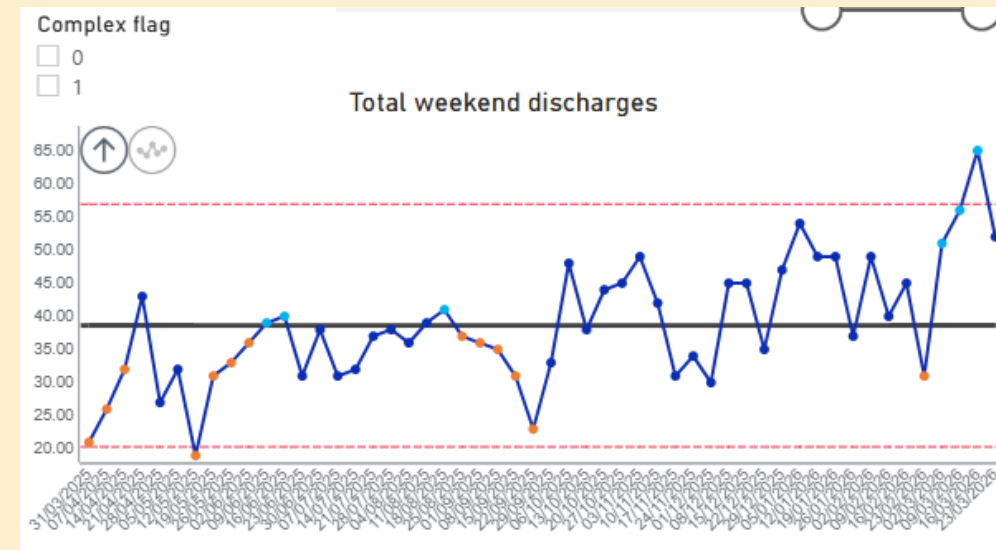
Alongside this, ward managers were shown how to identify patients on patient flow using the F14 code which pulls into a report.

The above was supported by operational colleagues and patient journey facilitators.

STUDY

S SPECIFIC **M** MEASURABLE **A** ACHIEVABLE **R** RELEVANT **T** TIME-BOUND **AIM**

- To achieve an average of 50 discharges per weekend by March 31st 2026



There has been no statistical impact on the weekend discharges since the introduction of the Friday huddle in September however, there has been a shift in the average number of discharges. For the first 6 months the average was 33 and from September 30th – 31st March the average is 46 – showing an improvement of 39% in 6 months.

ACT

The huddle and identification of weekend discharges via F14 code will be adopted.