Improving the use of the discharge lounge - Gayton ward, QEH King's Lynn

The challenge

In October 2019, the Queen Elizabeth Hospital in King's Lynn was placing a big focus on emergency pathway flow. Typically, A&E admissions per hour would peak at midday, whereas discharges per hour would peak at 4pm. This time lag was leading to congestion in the emergency department, resulting in delays for patients in A&E and for those awaiting the arrival of an ambulance.

As part of a Trust-wide programme, all inpatient wards were asked to develop initiatives to maximise the number discharges earlier in the day.

Gayton ward is the Trust's 33-bedded Trauma & Orthopaedics unit. For our project, we decided to focus on our use of the discharge lounge. We suspected that our use of the discharge lounge, which was historically only for 11% of our patients, was too low. If this was true, then this meant that patients were spending unnecessary time on the ward, delaying the admission of new patients from ED and other wards.

What the ward changed

To test our initial theory, the whole team carried out a simple two-week data collection exercise. Each day, at the board round, we kept a record of those patients not discharged via the discharge lounge, recording the reason why not. This quickly showed that, whilst there were indeed some patients who were clinically unsuitable for the discharge lounge, there was an opportunity to make much more extensive use of this step on the pathway.

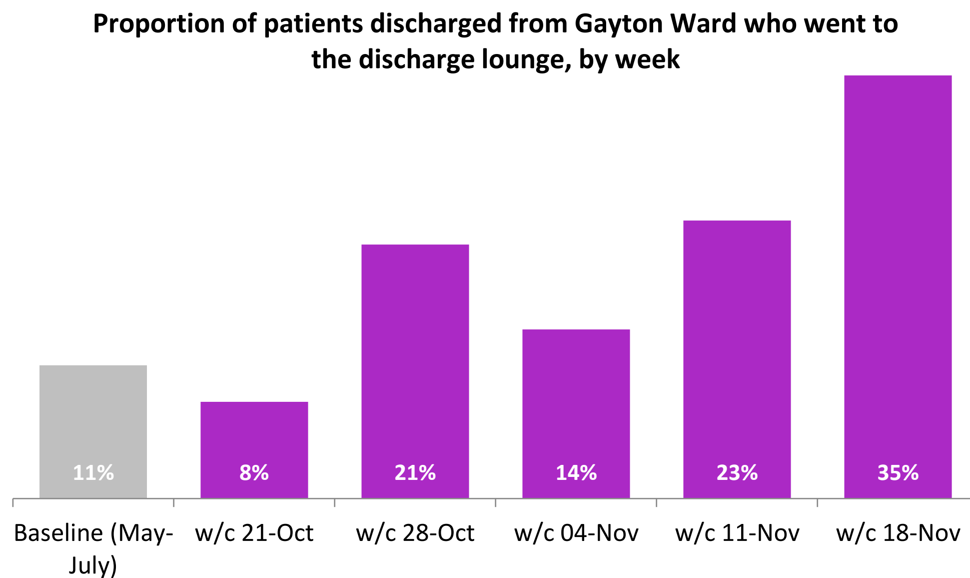
As a result, we introduced a simple new rule: all Gayton patients should leave the hospital via the discharge lounge, unless a valid clinical reason not to was identified. Alongside this new "opt-out" approach, we made several supporting changes:

- Created an area on the board round whiteboard to record whether a patient is suitable for the discharge lounge (filled in shortly after admission and reviewed daily until discharge)
- Educated team members on the discharge lounge at ward meetings and team leaders' forums
- Role-modelling of early preparation for the discharge lounge by senior members of the team
- Shared data with the team each week, showing the proportion of patients discharged via the discharge lounge

Throughout the project, we used a suite of simple problem-solving tools to guide our approach. This ranged from the Problem Definition Sheet, a one-page summary of the problem to be solved, to the Influence Model, for thinking through how to change behaviours in the longer term.

How it benefited patients and staff

After just 6 weeks, it was clear that the new approach had made a big difference. Our use of the discharge lounge had **increased from the baseline of 11% of patients up to an average of ~20%**.



Care staff quickly became more familiar with the discharge lounge and were able to describe and explain it to patients, educating them about what to expect when they are discharged back home.

Following this short project, we are now working to instil the 'opt-out' approach as part of our normal day-to-day processes – ensuring that each patient's suitability for the discharge lounge is assessed as soon as possible after admission. We are also continuing to look at our discharge processes and are considering the introduction of criteria-led discharge for our #NOF pathway.

The team for this project included:

- Katy Whicker – Ward manager and project lead
- Cathryn Abbs-Rowe – Ward matron and project sponsor
- Dr Pradip Sarda – Consultant Ortho-geriatrician

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