Here to Improve Discharges of Patients on Ward 10B

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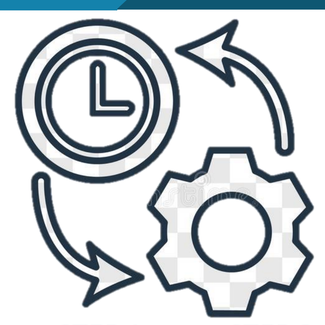
Introduction

There have been a significant number of complaints relating to discharge impacting on length of stay, patient and carer experience and safety. These complaints are also affecting staff morale and as a team, 10B wants to improve their pre-12pm discharges to aid overall patient flow through the hospital.

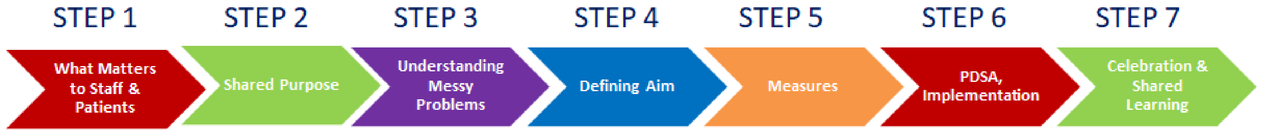
Rationale

Using the national guidance on Criteria to reside and Criteria led discharge to review patients earlier in the day, will mean patients can be discharged earlier in the day. This will make space for patients coming through accident and emergency in the afternoon where the hospital data shows the greater need for hospital beds. This will improve patient experience, patient flow through the hospital and decrease length of stay. We will use national guidance regarding hospital discharges issued by department of health and social care in 2020. This give guidance on how health and care systems should support the safe and timely discharge of people who no longer need to stay in hospital.



Improvement methodology

ENHT 7-step Model for Improvement



Project aim

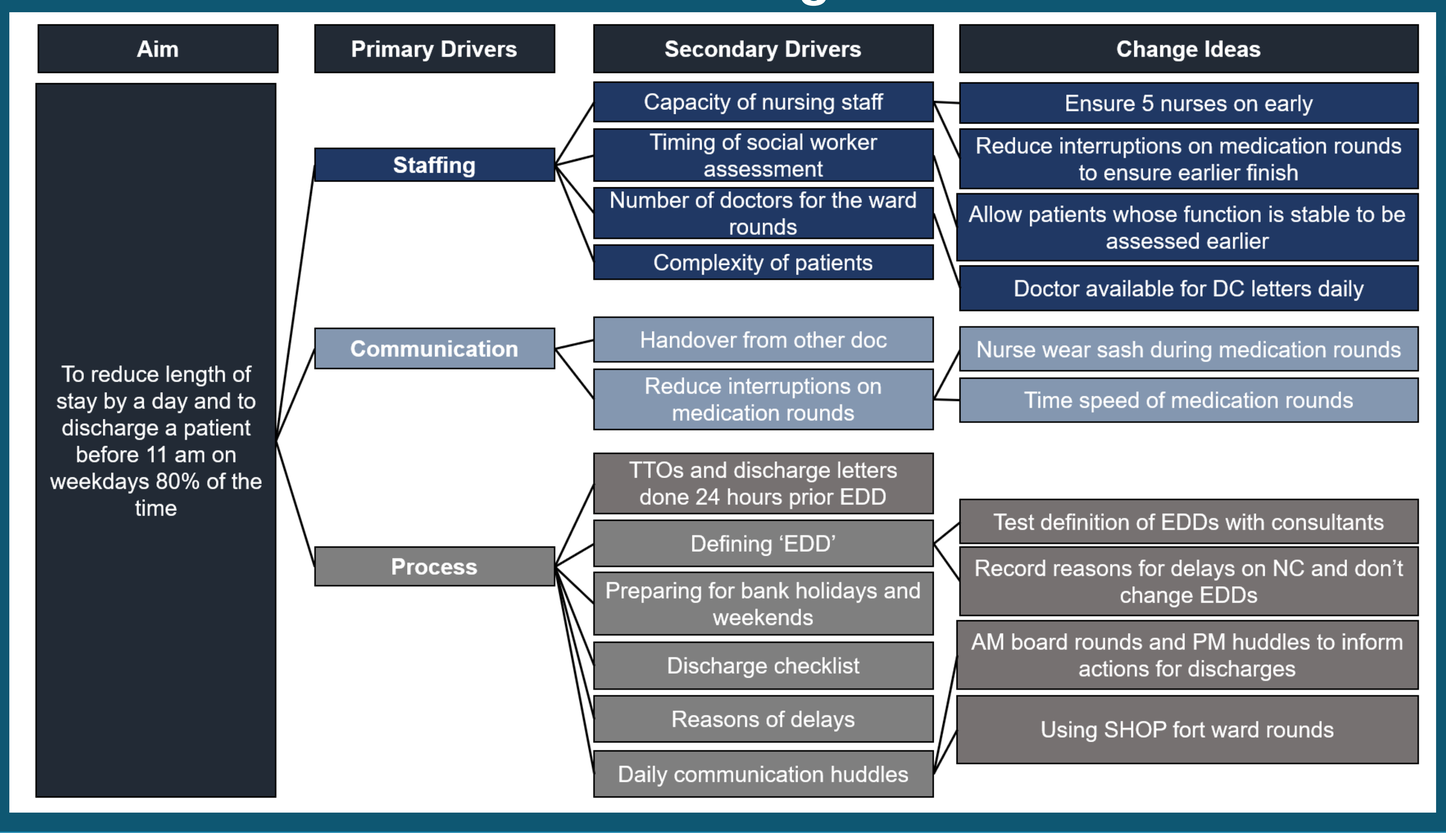
To reduce length of stay by a day and to discharge a patient before 12pm on weekdays 80% of the time

Measures

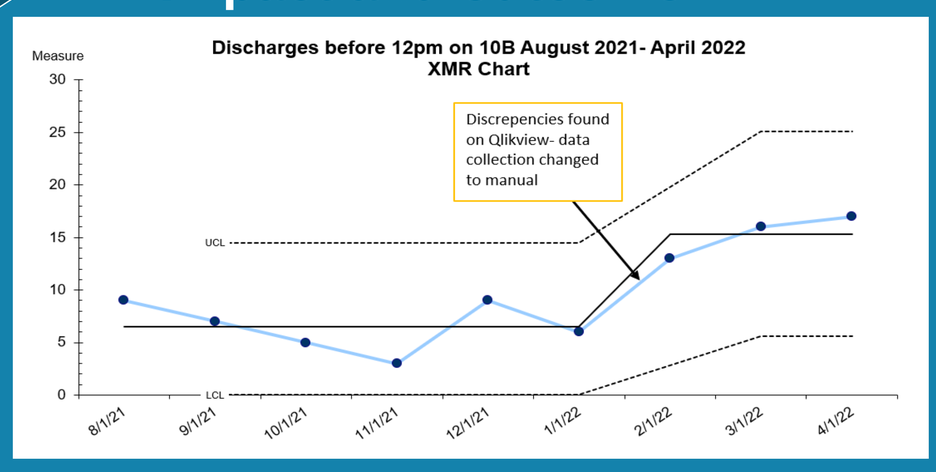
Outcome:
Average length of stay
The number of patients discharged before 12pm

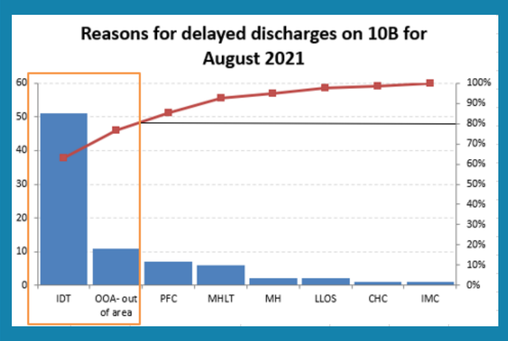
Process:
Reasons for delayed EDD (Estimated date of discharge)
Weekly meeting occurrence

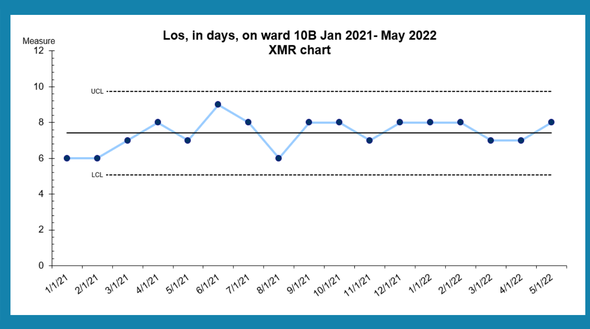
Driver diagram



Impact and outcome







Next Steps

- ✓To continue to monitor the monthly discharges before 12pm
- ✓Continue the morning board rounds, MDTs and afternoon huddles
- ✓To switch focus to improving staff Joy in work – morale and wellbeing are suffering since the pandemic with many staff reporting burn out and high staff absence due to sickness. We will be carrying out a Joy in work project as part of this QIP to improve the wellbeing of the team on 10B before resuming the improvement work for discharge
- ✓Our patient Partner Andrew has already had several conversations with our team on 10B, we will be using the information he has gained from What matters to you conversations to theme the work we will do on Joy in Work.
- ✓We currently are planning several sessions with the team, one of our band 6 nurses is speaking to the charity about support for staff

Leadership Learning

"In this journey, I realised that my definition of leadership has matured and so did my perception. I feel more comfortable in the shoes I'm walking on because I am equipped and more resilient and my need to explore how we can positively affect not only our team but the service users as well was fuelled. This brought in a positive outlook from me as a leader because now I am more aware that the possibilities are endless. The programme gradually helped me evolve further as a leader who can make the changes with the team and not on it. Winning the hearts of others was never easy and it was a continuous struggle until eventually the small changes we did turned into a culture then yielded to a positive result—lesser length of stay and safer discharge for our patients evidenced by lesser discharge-related complaints or incidences."

Additional Information

Hospital discharge and recovery services
Reason to Reside criteria

R2R Reason to Reside

Physiology	Treatment	Function	Recovery
• Needs frequent monitoring on a regular basis and subsequent timely specialist intervention • NEWS 2 ≥3 • Requiring ITU / HDU care			A new severe illness (e.g PE, sepsis, subdural) where NEWS <3 but needing monitoring that cannot be done in another setting as any deterioration would need timely intervention
Receiving treatment which cannot be delivered at home or as an outpatient • Requiring Oxygen therapy / NIV • Requiring IV fluids • Requiring IV medication • Rehabilitation			Treatment that cannot be given in another setting e.g qds i.v antibiotics Specialist neurorehab that cannot be done in another setting
• Diminished level of consciousness • Acute functional impairment • Last 24 hours of life • Urgent investigations to inform a management plan			Acute change in function e.g mobility or swallowing that cannot be managed on a discharge to assess pathway Delirium that cannot be managed in another setting Urgent investigations that need to occur to inform a safe management plan that cannot be managed on urgent outpatient basis
• Major surgery/intervention- elective or emergency • Immediate postoperative period			Includes elective surgery where patient cannot be safely managed out of hospital prior to surgery