Launching afternoon board rounds - Necton 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, the number of 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.

Necton ward is the Trust's 32-bedded respiratory unit. Early on in our project, we identified that a major reason for late discharges was the delayed completion of TTO prescriptions. These medicines would often only be prescribed on the day of discharge, meaning that it would be well into the afternoon before the medicines could be dispensed by pharmacy and before the patient could leave the hospital.

What the ward changed

We made use of a series of simple tools to break down the problem. We started by articulating the key question to be resolved, using a Problem Definition Sheet. By considering what was in our direct control we quickly focused on the ward's board rounds. Whilst we held a morning board round each day to plan the next step for each patient's care, we had struggled to embed a consistent board round in the afternoon. We hoped that, by holding a daily PM board round, we could identify upcoming discharges for the following day and plan out how to prepare for these to take place in the morning.

Using a tool called the Hypothesis Tree, we quickly identified the criteria necessary for a successful afternoon board round – this included that a systematic approach was needed for discussing each patient, and that consistent attendance of representatives from across the whole MDT was crucial.

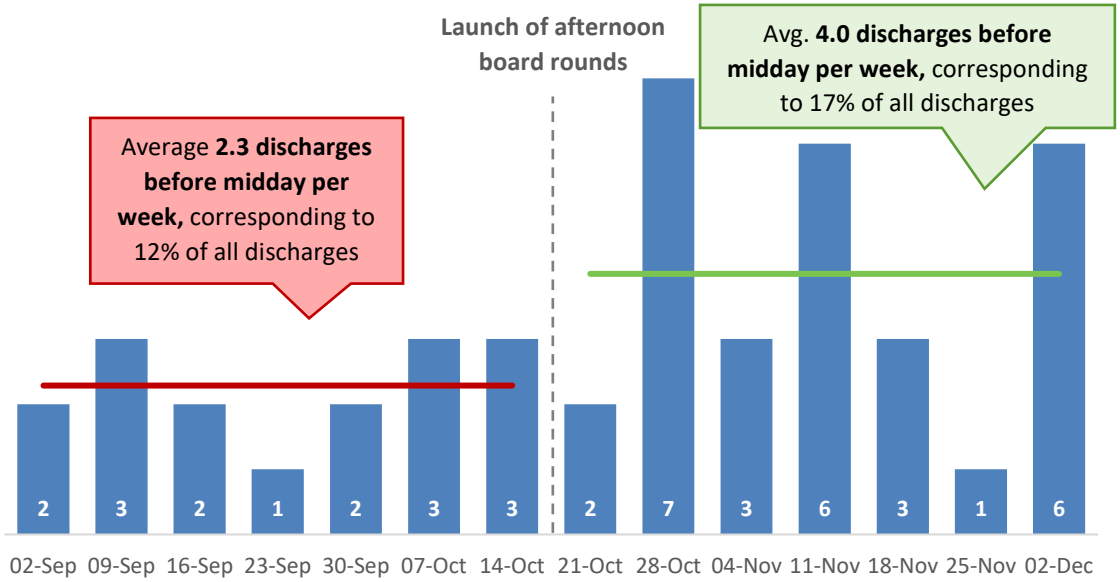
Following this, we launched our new approach to afternoon board rounds. We:

- Reached agreement as an MDT on who should be expected to attend from each team / service
- Worked with our junior doctors to agree a consistent board round time that aligned with their schedules
- Created, and formalised, a focused agenda to guarantee consistent and concise meetings
- Worked with our consultant to identify how to enable a registrar to attend each day
- Shared simple data each week to enable the whole ward team to track the impact of these changes; this included number of discharges, proportion of discharges pre-noon and use of the discharge lounge

How it benefited patients and staff

After just six weeks, we had already noticed the PM board round's impact on our discharge statistics. The average **number of discharges taking place before 12pm had increased from ~2 to 4 per week** (corresponding to an increase from 12% to 17% as a proportion of all discharges).

Number of discharges pre-midday from Necton ward, by week



The implementation of a daily afternoon board round enabled us to start identifying upcoming discharges much earlier. This made it easier for us to prepare patients to leave hospital early in the day. Not only did this reduce unnecessary waiting for those discharged patients, but it also enabled earlier admission of the new patients from ED and other wards, helping to ensure that they obtained the care they need as soon as possible.

As these board rounds were embedded, we increasingly used these meetings to probe discharge plans. We did this using a simple approach called the 5 Whys tool, in which you repeatedly ask 'why' until you reach the underlying root cause. By challenging clinical plans like this, the team were able to identify opportunities to simplify them (e.g., by asking if a procedure could be performed in an outpatient setting). This helped to reduce the risk of patients spending unnecessary days in hospital.

Following this short project, we are continuing to review our discharge processes. We are already focusing on sharing discharge preparation across both the day and night shifts. In addition, we are seeking to widen the provision of piped Oxygen in the hospital's discharge lounge, which would allow more of our respiratory patients to use this facility.

The team on this project included:

- Fiona Clutterbuck, Ward manager and project lead
- Claire Kent, Ward matron and project sponsor
- Dr Subramani Durairaj, Respiratory medicine consultant

This project was supported by 2020 Delivery, one of the UK's leading public service consultancies.