

## Project Brief/Aim

The aim of this project is to assess the current performance of the Cardiology specialty pathway at PAHT and to identify sustainable areas of improvement against non-elective length of stay. Currently the Trust performs with high rates of bed occupancy leading to delays in patient placement and patient flow through the hospital. The scope will include ED attendance to discharge from the hospital.



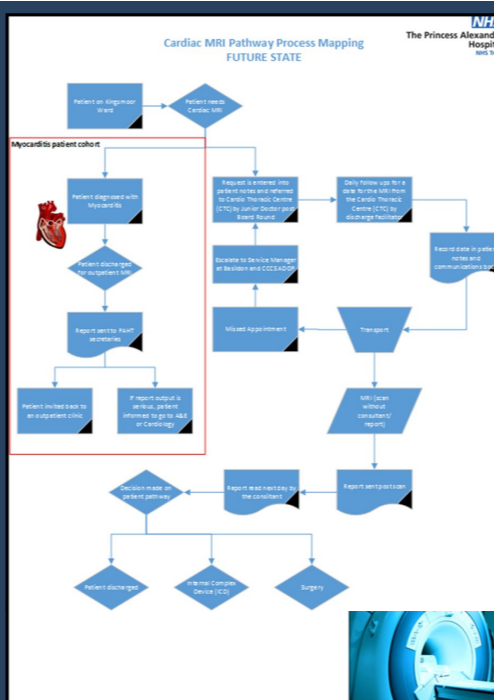
## Project Team

- Dr Debashis Roy - Consultant Cardiologist
- Mary Hindley - Cardiac Service Manager
- Sharon Cruse - Cardiology Matron
- Dr Alexander Owusu-Ansah - Cardiology Doctor
- Lindsay Hanmore - Associate Director of Nursing
- Chetna Patel - Project Manager

## Why is this important to anticipated outcomes and benefits?

Length of stay is sustainably improved to at least the national median position and discharges occur earlier in the day (35% before 12:00). The project will have a patient panel member representative involved.

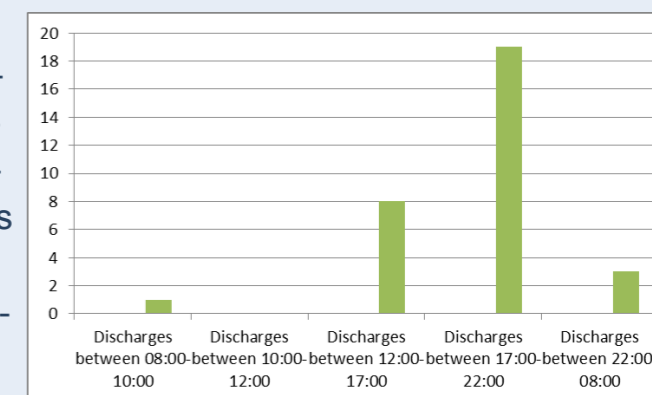
Specialty	2018						2019					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cardiology	8.4	8.4	8.4	8.8	7.9	8.0	7.8	7.8	7.3	5.8	5.7	5.0



## Data

Process mapping sessions have taken place to identify how different cohorts of patients can be managed differently. This has supported the Criteria Led Discharge project of this programme.

Tracking time of discharge will support the team in ensuring that discharge summaries and TTAs are completed as early in the day as possible to support patient flow. This will enable appropriate and early use of the Discharge Lounge.



## Timeline for delivery

From: July 2018

To: March 2019

## Tests of Change (PDSA)

**PDSA Cycle 1:** To have the Kingsmoor Ward (Cardiology ward at PAHT) board rounds begin at 9am everyday, with attendance from all key stakeholders so that effective discharge planning can take place to result in reduced lengths of stay.

**PDSA Cycle 2:** To discharge patients waiting for a Cardiac MRI from PAHT waiting for a Cardiac MRI pathway that have a primary diagnosis of Myocarditis, and allow the patients to receive the MRI as an outpatient

**PDSA Cycle 3:** Specialty tagging from ED to ensure that the right patient is in the right ward first time. To be defined

**PDSA Cycle 4:** Improve the discharging process from the ward to the Discharge Lounge and the patient physically leaving the site. To be defined.

## Learning and Next Steps

Small step changes have been important and furthermore taking the time to embed them have been key. Full stakeholder engagement at clinical level has been vital to the success to date and to ensure the changes are sustainable. Clear communication and visibility of the approach and plan has proven to be fundamental in keeping the project team fully engaged.

Next steps involve embedding criteria led discharge and specialty tagging at the earliest point. Clear EDDs are vital for ensuring that the patient pathway is clear with SAFER and Red2Green being followed.

