

# Here to improve discharge of patients on Ashwell Ward

Sarah Elizabeth Murfitt, Ashwell Ward Nurse Team Manager

## Introduction

### Background

- Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience.
- National guidance regarding hospital discharges issued by the Department of Health and Social Care in 2020. Guidance on how health and care systems should support the safe and timely discharge of people who no longer need to stay in hospital.



### The pebble in our shoe

- Currently, the ward struggles with patient flow.
- There are late and delayed patient discharges; hence, the ward is expecting admissions late in the day.
- Discharging patients late in the day may increase risks of safety incidents for the patients
- Some patients in the unit have longer lengths of stay

### Project aim

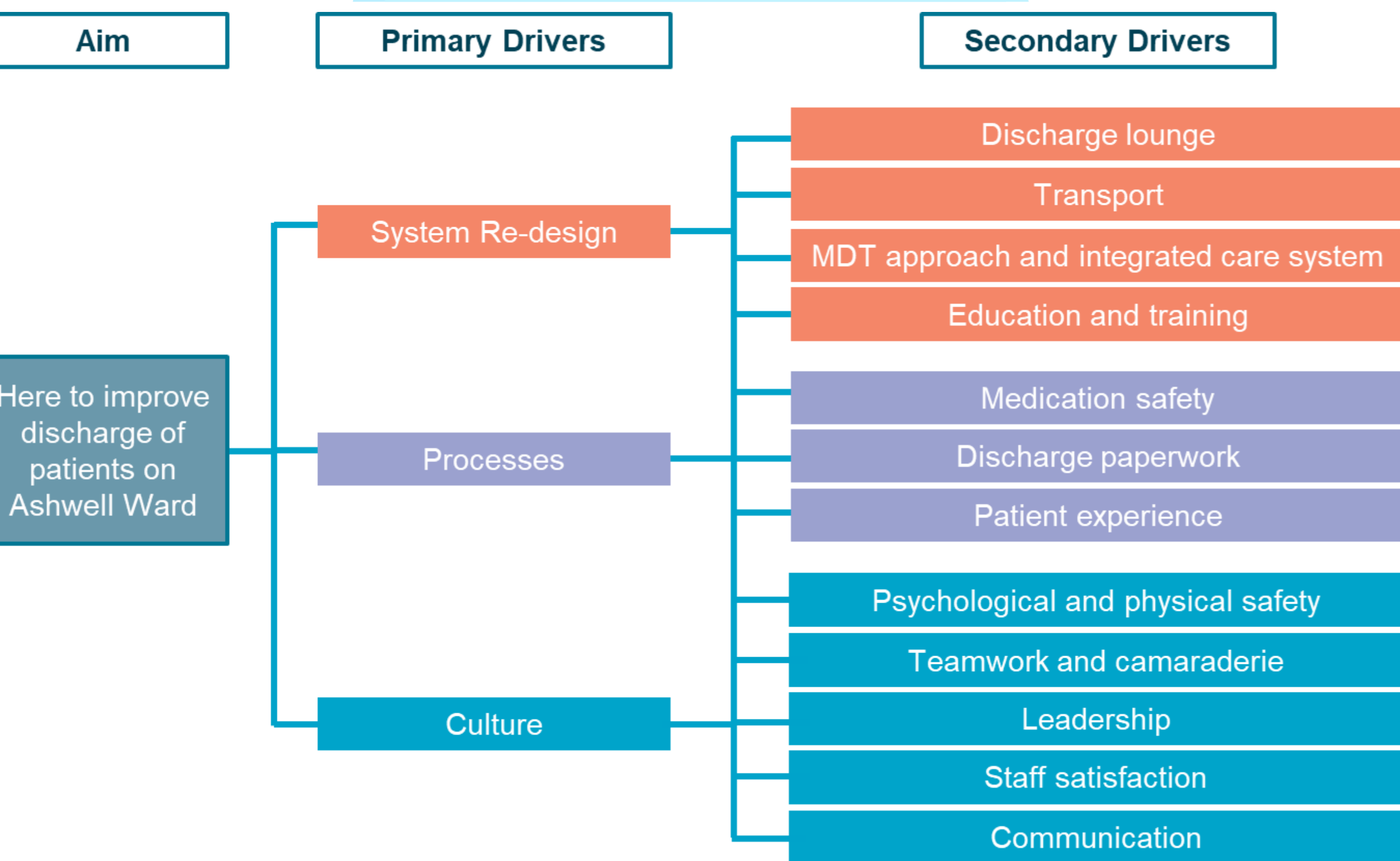
- Patient Flow:** to increase the numbers of patients discharged before 12 pm by 50% on a weekly basis by September 2022
- Safety:** zero discharge-related medication incidents for 12 months
- Patient experience:** zero complaints related to discharge for 12 months

### Improvement Methodology

ENHT 7-step Model for Improvement

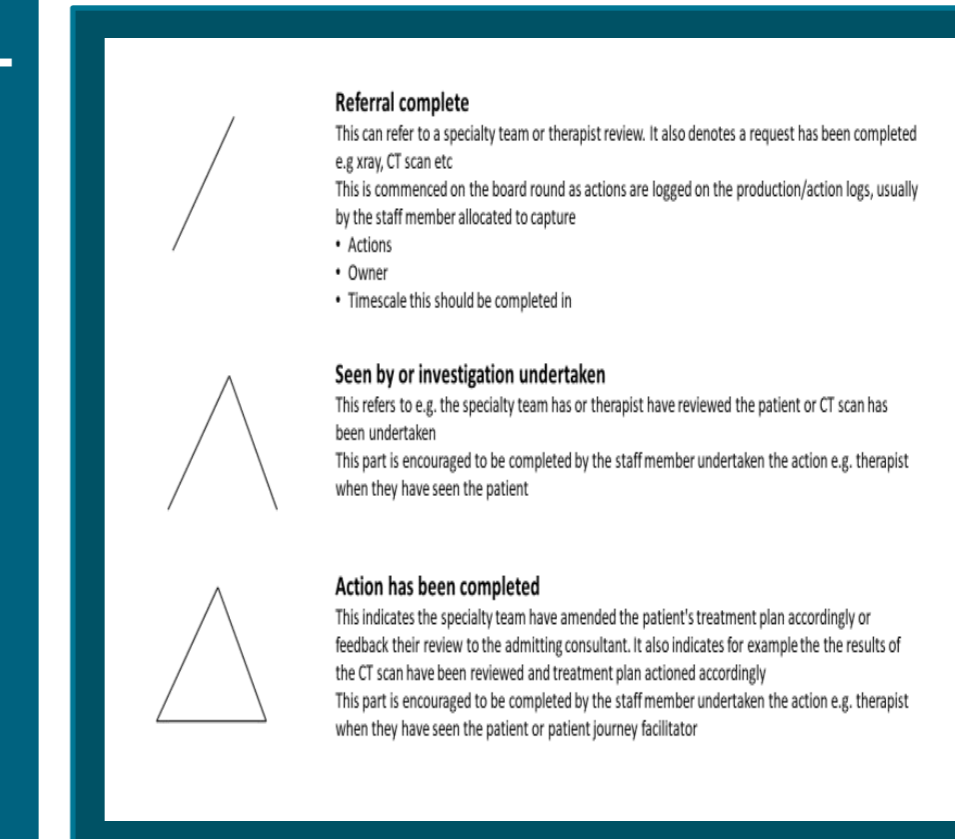
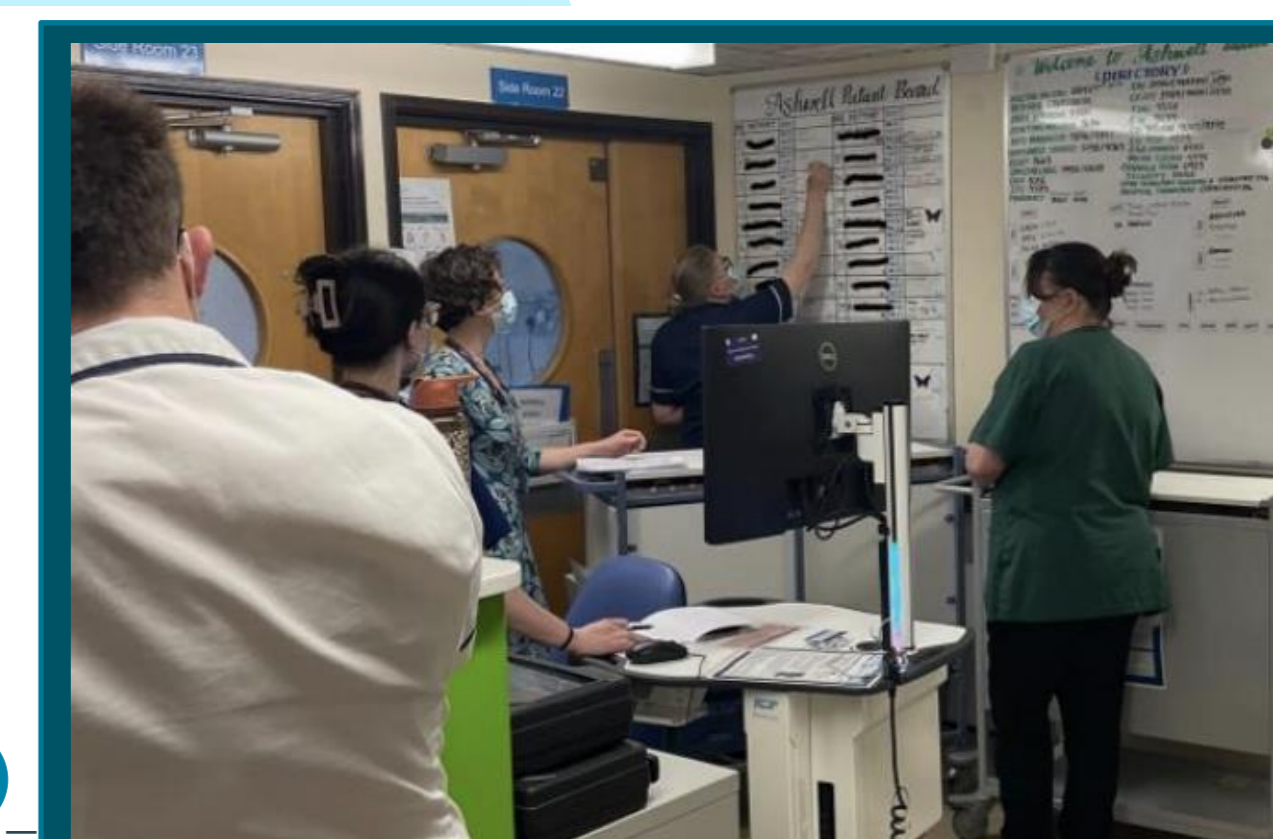
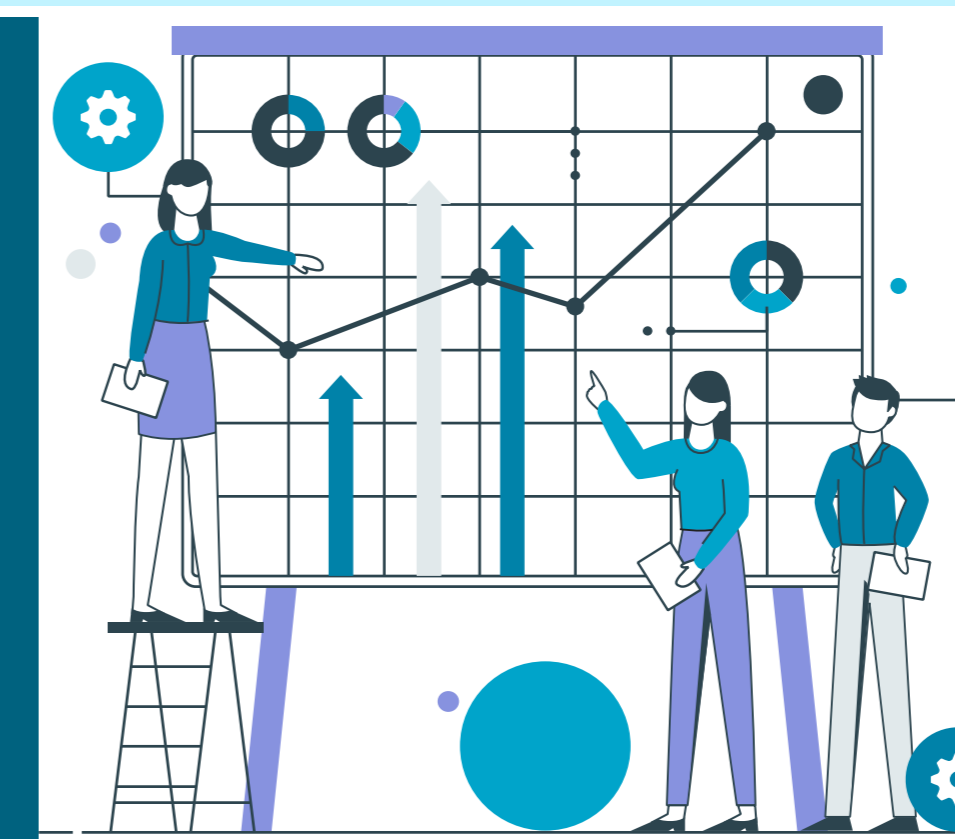


### Driver Diagram



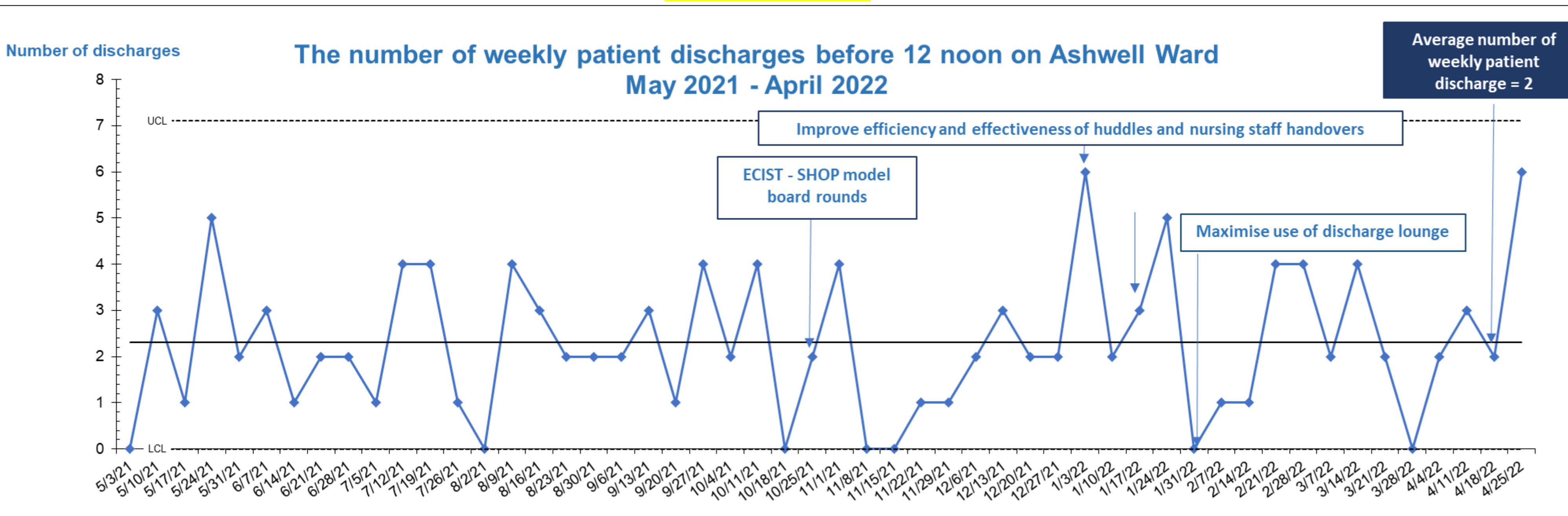
### The change ideas being tested

- ECIST input
- Data collection
- Stakeholders
- Actions
- Board rounds
- Use of discharge lounge
- Engagement from MDT
- Improve efficiency and effectiveness of safety huddles and nursing staff handovers



### Measurements of improvement

#### Patient flow



No discharge-related complaints for 4 months now.



No discharge-related medication incidents resulting to harm for 7 months now.

#### Safety and patient experience

#### Other Measures:

Number of minutes spent on board rounds, length of nursing staff handover, percentage of jobs accomplished in a day, staff satisfaction on re-structured handover

### Barriers

- Discrepancies between QlikView and actual data
- Staffing issues
- Staff members resistant to change
- Covid outbreaks on the ward

### What went well

- Improved clarity of roles in the processes
- Improved communication
- Improved team planning
- Engagement from pharmacist

### Leadership learning

- Give time for the project
- Be willing to listen and support others
- Coach others
- Reflect and challenge poor practice
- Effective time management

### Next steps

- Continue testing change ideas and find out what to adopt, adapt or discard.
- Collaborate with MDT to find ways of continuous improvement and promote a culture where continuous improvement is a 'norm'
- Ensure IDT is aware of medically optimized patients as soon as notified
- Trial on trust assessor pilot
- Review good/bad days and identify what was/was not contributing to success
- Nurse-led discharge – identify barriers and drivers to the discharge process
- Ensure relatives aware and ask if they can support discharge
- Build capability by promoting the Quality Improvement Apprenticeship Programme

