Effective Discharge Planning and the Introduction of Delegated Discharge

Effective and timely discharge of patients is critical to our ability to maximise patient flow through the acute hospitals. Over recent years patients’ discharge needs have become more challenging to deliver as wards provide 21 day medications, coordinate with relatives, secure ambulance transport, arrange care packages, book follow up appointments and conclude with the production of a comprehensive immediate discharge letter. The timely coordination of the various tasks has made it increasingly difficult to achieve morning discharges which results in patients being discharged much later in the day. Across NHS Greater Glasgow and Clyde (GGC) at the end of March 2013 we reported only 15 per cent of all discharges achieved before midday.

There are two specific problems associated with discharging patients later in the day.

Firstly there is a significant quality issue which is applicable both to the patient who is about to be discharged and the potential new patient awaiting admission:

- Any unnecessary time delays results in patients waiting often without knowing why. Our mapping and audit work confirmed that current inpatients have limited interaction from ward/medical staff on the day of discharge whilst we await the completion of various tasks. This has an adverse effect on patient quality at the end of their stay and can be a source of frustration and anxiety for all concerned.

- For patients waiting to gain access to the wards any delay
that means we transfer patients to a ward late in the afternoon is impacted by the reduction in resource availability at the end of core daytime hours. It is likely that only urgent requests for investigations and other interventions will be progressed with less urgent management plan requirements handled by the medical team the following day.

- Both of these scenarios may result in an extension to the patient’s length of stay albeit that it may only be measured in hours rather than days.

Secondly the hospital’s ability to provide access to beds earlier in the day is critical if we are to manage the flow of both emergency and elective patients. To generate inpatient capacity and improve patient flow the hospital must have a higher number of discharges than admissions early enough each day to meet the demand. Our inability to synchronise the multiple tasks associated with patient discharges before midday results in unnecessary bed waits for new patients and has an adverse impact on our ability to deliver the four hour standard in A&E.

| Aim | Our aim is to achieve 50 per cent of all discharges on appropriate wards before 12pm to reduce unnecessary waiting for patients on the day of discharge and improve flow for new patients to gain timely access to the ward. This target would not be reasonable for short stay surgical patients and therefore for some selective specialty wards the target will be revised. |
| Action taken | Having defined the problem we identified specific process and flow performance metrics. We used the measures to isolate the various reasons for delay and to enable further analysis to establish potential root causes. We developed process maps for both admissions and discharges and identified the various bottlenecks within the system. Literary research was completed to explore various discharge models and enabled us to select the Delegated Discharge model as the one we wanted to pursue to explore new ways of working. This resulted in a small team being |
established to develop and test delegated discharge in the form of a pilot project within two respiratory wards at the Victoria Infirmary Glasgow and the scope was extended to a third respiratory ward during the initial evaluation phase.

The definition of delegated discharge is where delegation of responsibility for the discharge of a patient is shared with the ward’s senior nursing team as part of an agreed management plan where specific criteria are set by senior medical staff. The primary purpose of delegated discharge is to improve patient care through effective planning of timely discharge and avoiding unnecessary delays. Patients are selected for delegated discharge when the patient’s management plan consists of clear and specific criteria and can be progressed on the target date of discharge (EDD) without the need for a final/further senior medical review on the day of discharge. Key to this process is NHS GGC’s generic Discharge Checklist and provides the basis for proactive and comprehensive discharge planning.

Our local improvement approach was to use the plan-do-study-act (PDSA) cycle to support small cycles of change and to develop a framework that would ensure safe and effective, timely patient discharge whenever possible before midday.

Whilst the pilot was underway the measurement phase was completed across the other major inpatient sites in GGC to establish baseline information and inform our approach on a Board wide roll out plan. We then established target pilot wards across each of the sites and used Pareto to select wards where there were a high volume of discharges and associated reasons for delay which were adversely impacting on the time of day discharge. Although the improvement work is being developed using PDSA cycles, the overarching project approach has been established using the DMAIC Lean improvement methodology to ensure that we develop improvements that are relevant to each hospital site and that the benefits are sustainable system wide and embedded in the long term.

The pilot work has involved integrating the Board round improvement work which started earlier in June 2013. Between
Oct and Dec 2013 we established new generic documentation, changes in ward round processes, development material to support ward education and engagement, reinforced the use of the Discharge Checklist. We also introduced routine discharge progress monitoring which is both dynamic on the day and recorded to report progress, track outcomes and sustain the benefits realised. To support the process Medicine has also established a Home Today Nurse, whose primary objective is to facilitate and support planned discharges across all wards. This is a single nurse role per site focused on identifying outstanding tasks or potential process delays that may prevent discharges earlier in the day. Patients who have been identified for delegated discharge will provide a core group of known patients for whom outstanding tasks can be prioritised and whenever possible be achieved before midday.

Results
The benefits achieved are detailed below in graphical format and also documented from the patient, staff and organisational perspective:

W6 & W10 Pilot Outcomes

![Delegated Discharge Profile](image)
During the pilot phase the other medical wards were asked to renew their focus on the daily Board round elements and the Senior Charge Nurses were encouraged to adopt the principles where possible in advance of the roll out. As practice improved in the pilot wards the performance of the other Medical wards also increased resulting in 35% of all Medical patients reported as discharged before midday during March and April 2014. The wider benefits are detailed below.

For Patients
- Unnecessary waiting due to process delays has been reduced on the day of discharge
- Communication on discharge planning with patient and relatives or carers is more robust
- Discharge takes place early enough in the day for other local primary care services to be made available during core hours
- Beds are available earlier in the day enabling access for emergencies or elective patients within the specialty, right patient and right bed
For Staff

- The smoothing of discharges over the day reduced bottlenecks of discharge activity in the late afternoon
- Planned discharges are spread over the 7 day week reducing the number of bulk discharge days
- The number of evening handovers has been reduced as beds are available for new patients earlier in the day
- Doctors have experienced less ‘boarding out’ of their specialty avoiding managing their own patients in other wards
- Education and confidence in establishing criteria for patients discharge is more overt and junior staff have noted this as a positive change

For NHS Greater Glasgow and Clyde

- Ensuring effective, timely and efficient discharge planning is a core component of delivering Person Centred Care
- Avoiding discharge delays ensures that patients are not subjected to the hospital environment unnecessarily
- Hospital discharge and admission profiles must facilitate effective patient flow, earlier availability of beds across the system on a larger scale would reduce pressures on our ability to meet the four hour A&E standard and access targets
- Communication is improved where plans are more robust and this is frequently an area where complaints can arise

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<th>Efficiency savings and productive gains</th>
<th>Pilot Outcomes</th>
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<td>30 per cent of all patients discharged on the three pilot wards were managed through delegated discharge during this period</td>
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<td>The cumulative increase in time of day of discharge between Jan and Mar on the pilot wards improved by 161 per cent from 18 per cent up to 47 per cent</td>
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Ward 2 which was added in a later test of change cycle saw an increase in AM discharges of 239 per cent up from 18 per cent to 61 per cent during the three months.

During the Ward 2 pilot we also estimated the number of hours saved on the day of discharge and the estimated productivity/efficiency gain reported between Jan and Mar 2014 was as follows:

- Each patient was discharged on average 2.9 hours earlier when compared to the routine ward process.
- 2.9 hours equates to 0.12 days length of stay reduction for this group of patients.

**High Level Metrics**

- Whilst the length of stay was not directly attributed to the pilot work the trend at the Victoria reinforces the focused discharge planning efforts. Medical non-elective inpatients at the Victoria shows a year on year reduction e.g. Jan 14 to Jan 13 down by 0.08, Feb 14 to Feb 13 down by 0.71, Mar 14 to Mar 13 down by 0.27.
- As a result of focused efforts within medicine the percentage of patients discharged before midday since the pilot work began in October 2013 has seen an increase of 150 per cent rising from 14 per cent to 35 per cent overall.

**Sustainability**

An extensive roll out plan has now been established to introduce Delegated Discharge across NHS GGC. The Medical wards have also committed to achieving this by the end of September 2014. The integration of this practice has been established in two ways, through the Home Today Nurse role and the introduction of routine ward level performance metrics cascaded through the lead nurse and the senior change nurse teams to ensure continuous monitoring and avoid slippage.

The performance for all wards in the roll out plan has a phase of initial monitoring to identify any local process issues that need to...
be resolved. The plan includes a weekly review and sharing of performance improvement with the wards to identify ongoing support needs and offer local encouragement to achieve the improvement objectives.

Reporting of time of day of discharge and reasons for delays has been embedded within the role of the Hoe Today Nurse to ensure regular monitoring.

In addition the Information Team are developing a routine report that will enable us to extract the time of day of discharge profile by ward, specialty and by hospital and this will form part of the Acute Services routine performance management criteria.

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<th>Lessons learned</th>
<th>Ward based process change is easy to identify but not as easy to establish we will reflect on the following as we continue to roll this out.</th>
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<td>• Introducing change within the multi-disciplinary ward environment requires significant effort to ensure communication and involvement of the staff is effective.</td>
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<td>• As patient safety is paramount there must always be control at ward level over the implementation otherwise the practice will not be changed.</td>
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<td>• Consideration must be given as to how the results are reported to ensure that the local team and widest interests of patient care are described in the same way that the staff would want to express the impact of the improvement.</td>
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<td>• Although the process changes did not seem significant there are multiple departments/staff who contribute to achieving timely discharge, all of which takes time to involve, test and deliver sustainable improvement.</td>
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<td>• Embedding of delegated discharge will only be effective if the teams are able to build confidence in the process that has been established and in their ability to enact and repeat it routinely on behalf of their patients.</td>
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