

Criteria Led Discharge Pilot – NHS Grampian

Whole System Patient Flow Improvement Programme

Quality and Efficiency Support Team

Process – “How did we do it”

Quality and Efficiency Support Team

- **Determine Need, identify opportunity**

- Day of care audits, number of potential areas for consideration, a number of wards considered and approached to pilot CLD
- Highlighted % of patients meet acute hospital need on that day 110 (1) 37.5%, (2) 73.1%
- Discharge profile of ward preceding 3 months
- Average Length of stay 7-8 days
- Emphasis upon improving am discharges improving flow
- Estimated discharge dates often not realistic therefore bed predictions on track care inaccurate
- Often minimal patient involvement in discharge process ie. EDD/ Criteria resulting in continued inpatient occupancy.

	July 14	Sept 14	Oct 14
Total Discharges	77	80	61
Before 12md	3	5	4
After 12 midday	74	75	57
Am discharges Expressed % of total	3.9	6.25	6.6

How? Continued

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- Approached key physician with an enthusiastic interest and flow awareness re engaging ward 110 as pilot on behalf of Grampian Selected Pilot 28 inpatient general medical beds ARI.
- Presented pilot and improvement plan, discussed process and support with Nurse Manager, SCN, MSN, Medical Staff
- Junior Doctor awareness session
- Developed with interested parties a simple criteria led discharge tool (paperwork) for use in establishing & recording process
- Discussed and agreed delegated parties .. FY1, FY2, CMT 1&2, MSN, SCN
- Encouraged small test of change (model of improvement)
- Test : All patients and all consultants

Developed a simple Criteria Led Discharge Tool

Hospital		Patient Label	
Consultant			
Ward/Dept	Age		
Expected Date of Discharge:			
Amended Date of Discharge:			
Actual Date of Discharge:			
<u>Part 1: To be completed by Medical Staff responsible for delegation of Discharge</u>			
<u>I agree that this patient is medically fit to be discharged by the nursing staff provided the following criteria has been met</u>			
Please complete the section below, highlighting specific criteria which must be met prior to discharge			
1			
2			
3			
Signed: _____		Print Name: _____	

Delegated responsibility: the following staff can accept responsibility to discharge a patient based on the criteria overleaf:
 FY2, CMT 1 & 2, ST, MSN & SCN.

Part 2: to be completed by discharging person prior to discharge

Have all the criteria overleaf been met?	Yes		No	
Has the patient condition changed since criteria was set - If yes see additional requirements/ changes noted below	Yes		No	
1				
2				
3				
Was the Script completed the day before discharge?	Yes		No	
Patients discharge completed and is recorded in Trakcare as:	AM		PM	
Signed: _____ Print Name: _____ Designation: _____ Date: _____				

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- 2 sided sheet, insert patients notes
- 1 side – completed by Consultant, delegating responsibility
- Other side completed by delegated discharge practitioner
- Patients applicable to be discharged using criteria determined by team and authorised by consultant at 9am huddle/ ward round, paperwork completed and retained in medical notes to instigate process
- Nursing/MDT SBAR/Handover sheet highlights patients with CLD
- Consultant remains accountable for patients discharge within parameters identified
- Enables discharge out with ward round times, following criteria being achieved at any time of day, at weekends or in the absence of consultant review

Results

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- Data via trackcare complicated with the opening of our Discharge lounge on 11th December 2014
- Patients may be discharged from ward to await prescriptions and transport in lounge from 10am onwards
- Incorporated in am discharge results of 110 are patients who they were able to discharge to lounge before 12md, to await this provision.
- Enabled ward beds to be vacated to support hospital flow in the am.
- In addition to this on 8 occasions in December discharges were significantly higher 4/5 daily, contributing to improved flow from the ED and AMIA, therefore enabling 'right place, right time' care provision.

Results to date : Ward 110 ARI

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	Dec 2014	Jan 2015	Feb 2015
Total Discharges	69	38	52
Am discharges direct from ward	11 (15.9%)	2 (5.26%)	7 (13.5%)
Discharges via Lounge (arrive in lounge before 12md)	9	9	1
Total am ward + lounge	20	11	8
% total month discharges	29%	28.9%	15.4%

Lessons Learned

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- Engagement and empowerment takes time and skill
- Wider MDT awareness and involvement
- Understanding and practice of improvement model – PDSA
- Local data collection and sharing across MDT would encourage
- Identify a key physician/ ‘Clinical Lead’ to drive and encourage – challenge attitudes, resistance and behaviour
- Ambition : Start small, one consultants patients and gain confidence in process before spreading
- Consider : small differences v larger impact on hospital flow

Lessons cont....

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- Adapt tools and paperwork in effort to establish process and improve compliance

Date										This patient is suitable for criteria led discharge:									
Name										EDD									
The criteria that must be met are:										Relevant parameters									
1.										1.									
2.										2.									
3.										3.									
If the criteria are not met or results are out with agreed acceptable parameters, further medical review must be sought																			
Consultant's Signature																			
Nurse satisfied that all criteria met & all discharge arrangements in place															Initials				
Final set of observations satisfactory															Initials				
Date of discharge															Time				
Delegated Discharger Signature:																			

Lessons cont.....

Quality and Efficiency Support Team

- Engage & Involve patient in EDD agreement and criteria
- CLD identification in nursing handover sheet
- CLD – Not one fit applicable to all
- Advantages in determining and agree appropriate criteria's : build confidence
- Staff support sessions/learning sets with continued support and facilitation necessary to progress CLD
- Sharing experiences of other pilot boards and learning from one another
- 'Buddying ' benefits going forward

