

Criteria Led Discharge Pilot

NHS Ayrshire and Arran
Lorna Loudon, Linsey Stobo, Fraser Doris
Implementing CLD in Scotland
18.3.15

Whole System Patient Flow Improvement Programme

Quality and Efficiency Support Team

Background

Quality and Efficiency Support Team

- Project Team and Plan established
- 3 wards identified, 2 acute medical, 1 rehab
- Ward 4E, University Hospital Crosshouse (30 beds Cardiology / endocrine)
- Station 14, University Hospital Ayr (30 beds Endocrine / Rheumatology)
- Pavilion 10, Ayrshire Central Hospital (30 beds Rehabilitation)

Process - Acute

Quality and Efficiency Support Team

- Use of supporting guidance and updated CLD sticker for insertion in notes
- Identify suitable patients on ward round / ward huddle
- Record CLD on ewhiteboard as prompt
- Follow through checks / review criteria

Criteria Led Discharge label

Quality and Efficiency Support Team

Date			This patient is suitable for criteria led discharge:	
Name			EDD	
The criteria that must be met are:				
1.			4.	
2.			5.	
3.			6.	
If the criteria are not met or results are outwith agreed acceptable parameters, further medical review must be sought.				
Doctor's Signature & Stamp				
Nurse satisfied that all criteria met & all discharge arrangements in place			<input type="checkbox"/>	Initials
Final set of observations satisfactory			<input type="checkbox"/>	Initials
Date of discharge				Time
Nurse signature				

How - Acute

Quality and Efficiency Support Team

- Engagement of staff – ward visits
- Support from Clinical Improvement Facilitator – supportively challenging
- Weekly Data collection – ward clerkess
- Share examples of suitable patients / criteria

Measurement Methodology

Acute Wards

Quality and Efficiency Support Team

- QuEST support provided for project evaluation
 - 14 weeks before and 14 weeks after change
- Need for more timely, local progress reports identified
- Simple measures identified and staff experience used to estimate the ‘what if there hadn’t been a CLD’ position
 - Number of CLDs identified and success rate
 - Estimated bed days saved
 - Day of discharge profile
 - Morning discharging
- Small numbers of CLD patients involved
- Other initiatives in place which will have had an impact, especially on morning discharging

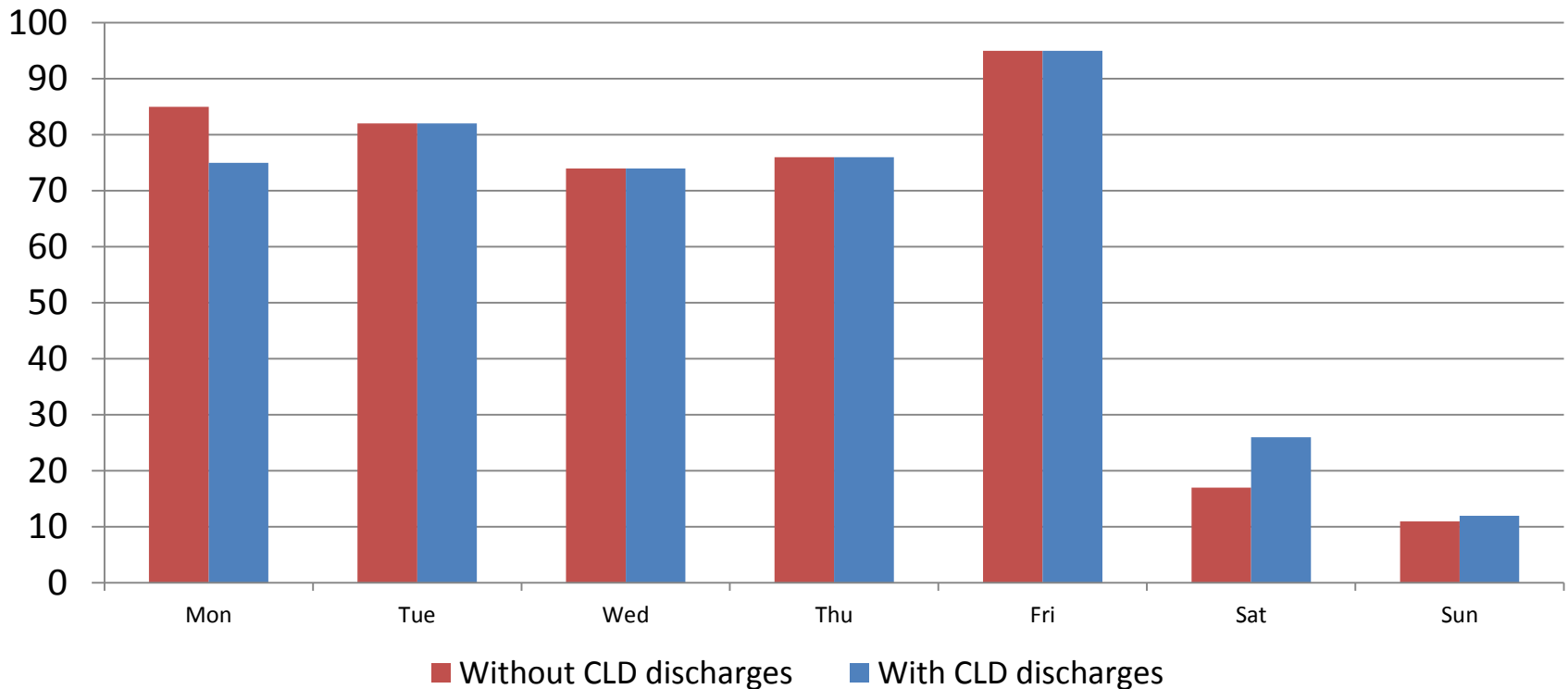
Criteria led discharges and estimated bed days saved – Ward 4E UH Crosshouse

Quality and Efficiency Support Team

- 31 patients identified as suitable for Criteria Led (Delegated) Discharges
- 29 of these patients were discharged using the CLD process
- 25 full bed days saved, mainly patients who went home at the weekend rather than Monday
- Additional part day savings identified for a number of other CLD patients

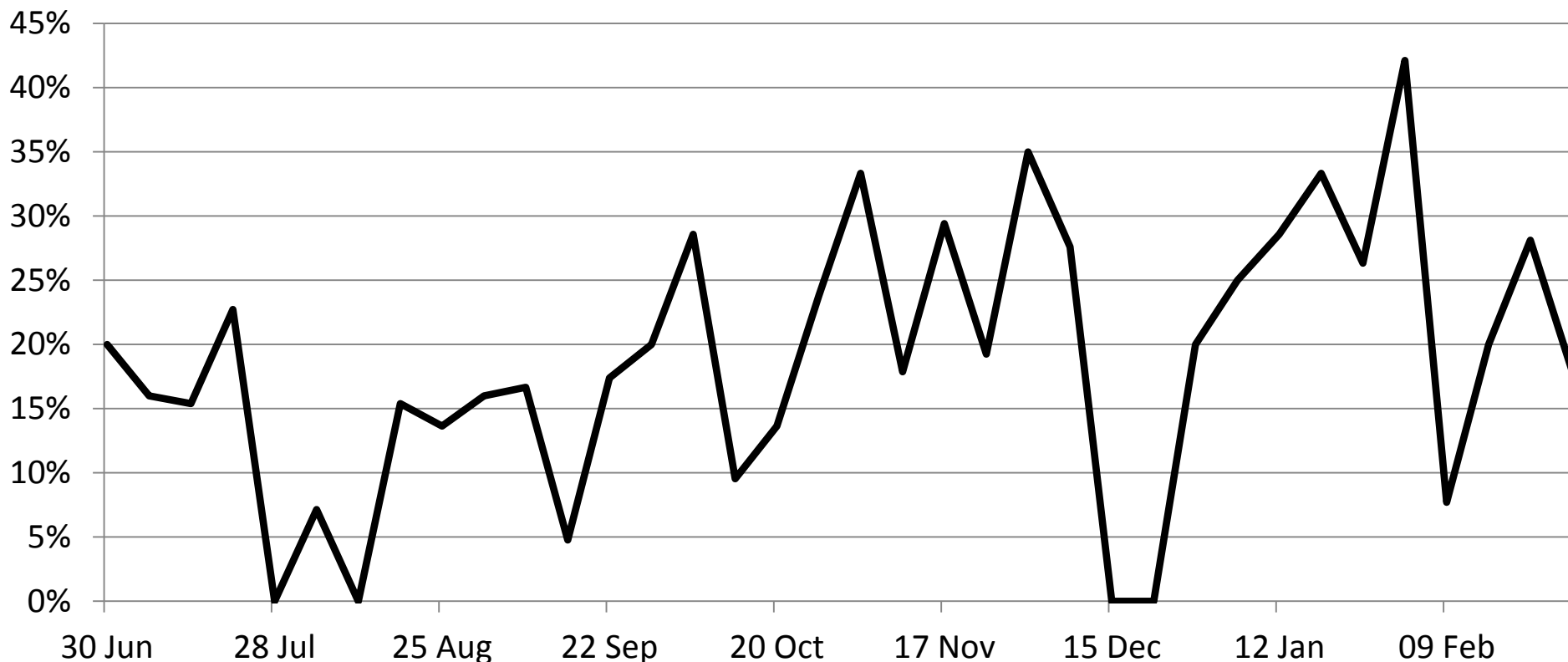
Daily discharge profile – Ward 4E UH Crosshouse

Quality and Efficiency Support Team



Morning discharge profile – Ward 4E UH Crosshouse

Quality and Efficiency Support Team



Process - Rehab

Quality and Efficiency Support Team

- Dedicated staff – Senior AHPs, 13 hours / week
- Engaging Staff – Shared vision, distributed leadership and empowered teams
- Education – flow, community resources, processes
- Patient and family involvement – focus groups
- PDSA – Patient outcomes/goals sheet
- Identifying patients - Ward rounds and IDT Meeting
- Partnership working – Stroke MCN, HSCP

How - Rehab

Quality and Efficiency Support Team

- Access QuEST Resource – backfill monies
- Establish Project Team
- Develop Project Plan
- Site based Project meetings and Supervision
- Literature search
- Working with the ward team – trust , culture
- Develop competences

Measurement Methodology

Downstream Unit

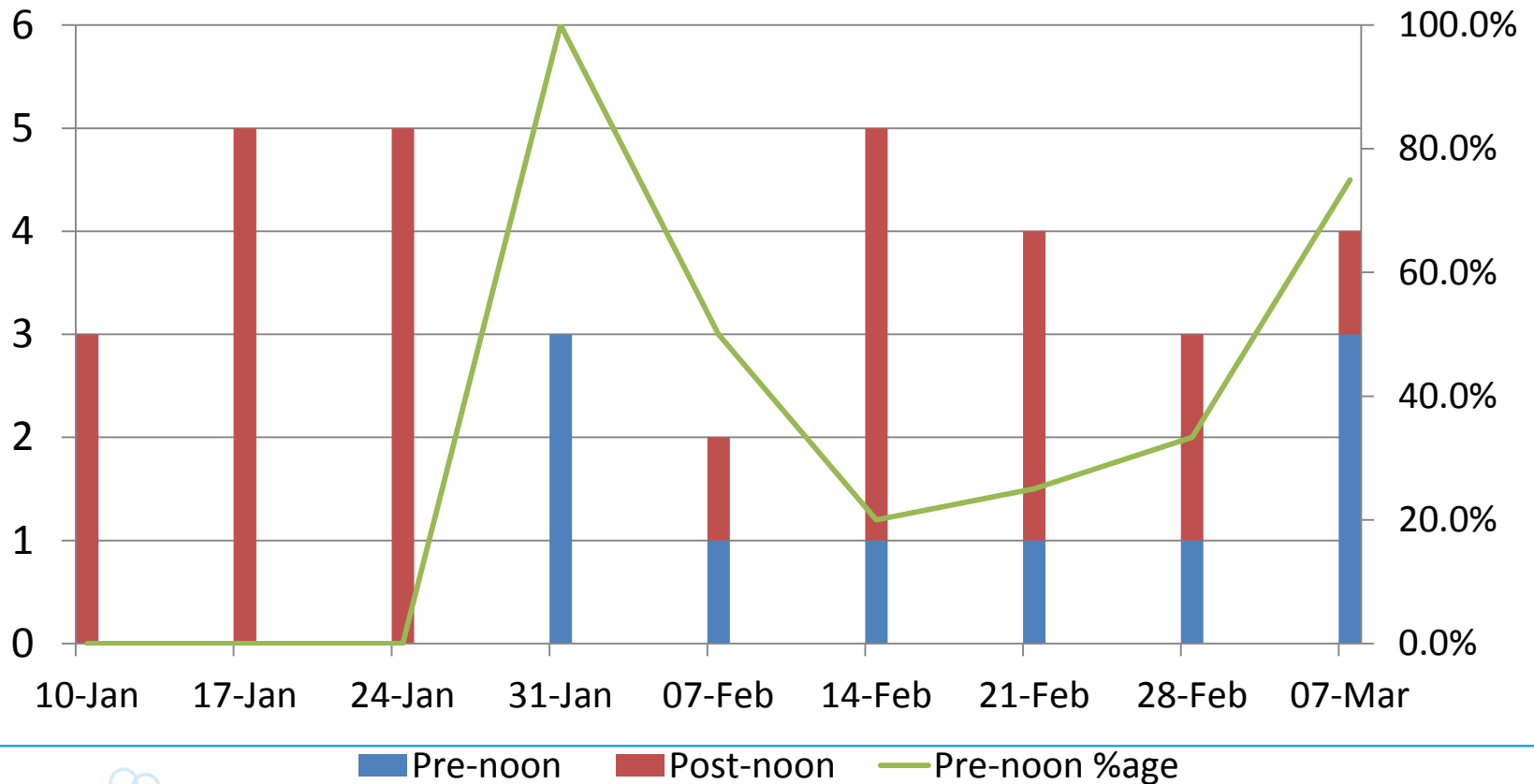
Quality and Efficiency Support Team

- Smaller number of discharges than an acute ward, but potentially more benefits in terms of bed day reduction
- Development of scorecard, improved information flows, strengthened links with the MCN, improved understanding of patients waiting upstream and the need to release unit capacity tied up in blocked beds
- Staff focussed on good discharge planning for all patients not just CLD opportunities
- Beliefs and perceptions were respectfully challenged with performance information and actual patient experience, e.g. Transport,
- As a result, the ward scorecard developed has a wider application than simply a CLD project monitor

Morning discharges - Pavilion 10

Ayrshire Central Hospital

Quality and Efficiency Support Team



Other content of Pavilion 10 scorecard

Quality and Efficiency Support Team

- Number of CLD patients identified & discharge success rate
- Estimated bed days saved
- Waiting list for the unit & upstream bed days blocked
- Delayed discharges from unit & bed days blocked
- Patients going home using own transport
- Support service performance – transport, pharmacy & care packages

Summary of results

Quality and Efficiency Support Team

- Reduced length of stay
- Increased am discharges
- Increased weekend discharges
- Improved discharge focus and ownership
- Opportunities for continued improvement

Questions

Quality and Efficiency Support Team

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Criteria Led Discharge Pilot

Issues / Solutions / Learning

Lorna Loudon, Linsey Stobo, Fraser Doris

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Whole System Patient Flow Improvement Programme

Quality and Efficiency Support Team

Issues and solutions

Quality and Efficiency Support Team

Issue	Solution
Identification of suitable patients for CLD	Provide examples / share successes / supportively challenge
Meeting attendance to discuss process / progress	Ward visits / engage clinicians
Analysis of each CLD – time / resource factor	Use additional resource to regularly sample CLDs for learning and feedback

Issues and solutions *(cont'd)*

Quality and Efficiency Support Team

Issues	Solutions
Confidence of clinical staff following through on CLD	Support and feedback of successes at various forums
Communication of patients identified for CLD	Use prompt on ewhiteboard / discuss at ward huddles
Data collection at ward level for local review	Named person responsible eg ward clerkess
Rehab setting – different type of criteria / outcome required	Staff engagement / interdisciplinary discussion and education / outcome focussed criteria
General discharge process issues	CLD project has provided opportunity to further review and re-evaluate all discharge processes

Lessons Learned

Quality and Efficiency Support Team

- Additional regular resource to provide structured support invaluable
- More opportunities for CLD – DOC Audit
- Timing / frequency of ward rounds impact on success of CLD and am discharges
- Small numbers in individual wards but collectively make a difference when replicated in multiple wards
- Regular reinforcement of process needed
- Clinical engagement to change behaviours requires intensive time & support
- Some barriers from traditional thinking overcome with inclusive collaborative working

Lessons Learned

Quality and Efficiency Support Team

- CLD focuses responsibility for discharge
- CLD provides clear parameters / outcomes / ownership
- Staff feel more empowered and confident with experience of CLD
- Safer delegated discharges
- Increased am discharges
- Data cleansing important

Questions

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