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

- 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

- 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**

<table>
<thead>
<tr>
<th>Date</th>
<th>This patient is suitable for criteria led discharge:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>EDD</td>
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</table>

**The criteria that must be met are:**

1.  
2.  
3.  
4.  
5.  
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**  
☐  
Initials

**Final set of observations satisfactory**  
☐  
Initials

<table>
<thead>
<tr>
<th>Date of discharge</th>
<th>Time</th>
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**Nurse signature**
How - Acute

- 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

- 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

![Bar chart showing daily discharge profile with and without CLD discharges.]
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
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

QuEST
Quality, Efficiency, Value

NHS SCOTLAND

healthier scotland
SCOTTISH GOVERNMENT

14
Summary of results

• 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

18.3.15

Whole System Patient Flow Improvement Programme
## Issues and solutions

<table>
<thead>
<tr>
<th>Issue</th>
<th>Solution</th>
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<tbody>
<tr>
<td>Identification of suitable patients for CLD</td>
<td>Provide examples / share successes / supportively challenge</td>
</tr>
<tr>
<td>Meeting attendance to discuss process / progress</td>
<td>Ward visits / engage clinicians</td>
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<tr>
<td>Analysis of each CLD – time / resource factor</td>
<td>Use additional resource to regularly sample CLDs for learning and feedback</td>
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<tr>
<td>Issues</td>
<td>Solutions</td>
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<tr>
<td>Confidence of clinical staff following through on CLD</td>
<td>Support and feedback of successes at various forums</td>
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<tr>
<td>Communication of patients identified for CLD</td>
<td>Use prompt on ewhiteboard / discuss at ward huddles</td>
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<tr>
<td>Data collection at ward level for local review</td>
<td>Named person responsible eg ward clerkess</td>
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<tr>
<td>Rehab setting – different type of criteria / outcome required</td>
<td>Staff engagement / interdisciplinary discussion and education / outcome focussed criteria</td>
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<tr>
<td>General discharge process issues</td>
<td>CLD project has provided opportunity to further review and re-evaluate all discharge processes</td>
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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

• 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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