NHS
Health Education England

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Waiting to Go Home

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Aim

To decrease the avoidable harm experienced by older people waiting for discharge.

Scale: 40+ older people ready for home at RBH alone. (7% of total beds)

Latest study on one ward
Showed 5 people over 2 months died whilst medically ready for discharge

10 years loss of function

Kortebain P, Journal of Gerontology, 2008

We know what should work

The SAFER Patient Flow Bundle

S - **Senior** Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – **All** patients will have an **Expected Discharge Date and Clinical Criteria for Discharge**. This is set assuming ideal recovery and assuming no unnecessary waiting.

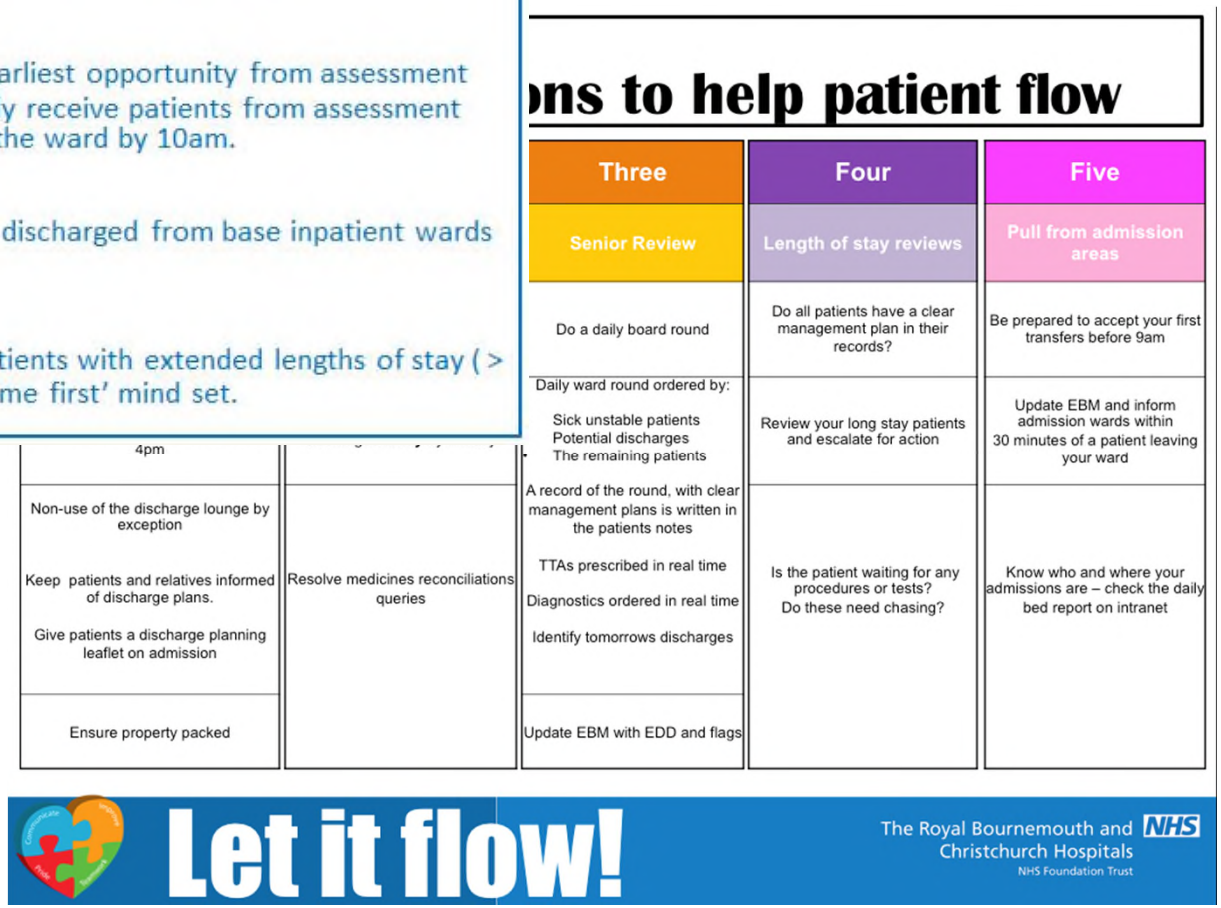
F - **Flow of patients** will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.

E – **Early discharge. 33%** of patients will be discharged from base inpatient wards before midday.

R – **Review.** A systematic MDT review of patients with extended lengths of stay (> 7 days – 'stranded patients') with a clear 'home first' mind set.

"Clinician non compliance"

Blame culture: "if this goes wrong it is my head, my ward and my staff."



ons to help patient flow

	Three	Four	Five
	Senior Review	Length of stay reviews	Pull from admission areas
	Do a daily board round	Do all patients have a clear management plan in their records?	Be prepared to accept your first transfers before 9am
4pm	Daily ward round ordered by: Sick unstable patients Potential discharges The remaining patients	Review your long stay patients and escalate for action	Update EBM and inform admission wards within 30 minutes of a patient leaving your ward
Non-use of the discharge lounge by exception Keep patients and relatives informed of discharge plans. Give patients a discharge planning leaflet on admission	A record of the round, with clear management plans is written in the patients notes TTAs prescribed in real time Diagnostics ordered in real time Identify tomorrows discharges	Is the patient waiting for any procedures or tests? Do these need chasing?	Know who and where your admissions are – check the daily bed report on intranet
Ensure property packed	Update EBM with EDD and flags		

Resolve medicines reconciliations queries

Let it flow!

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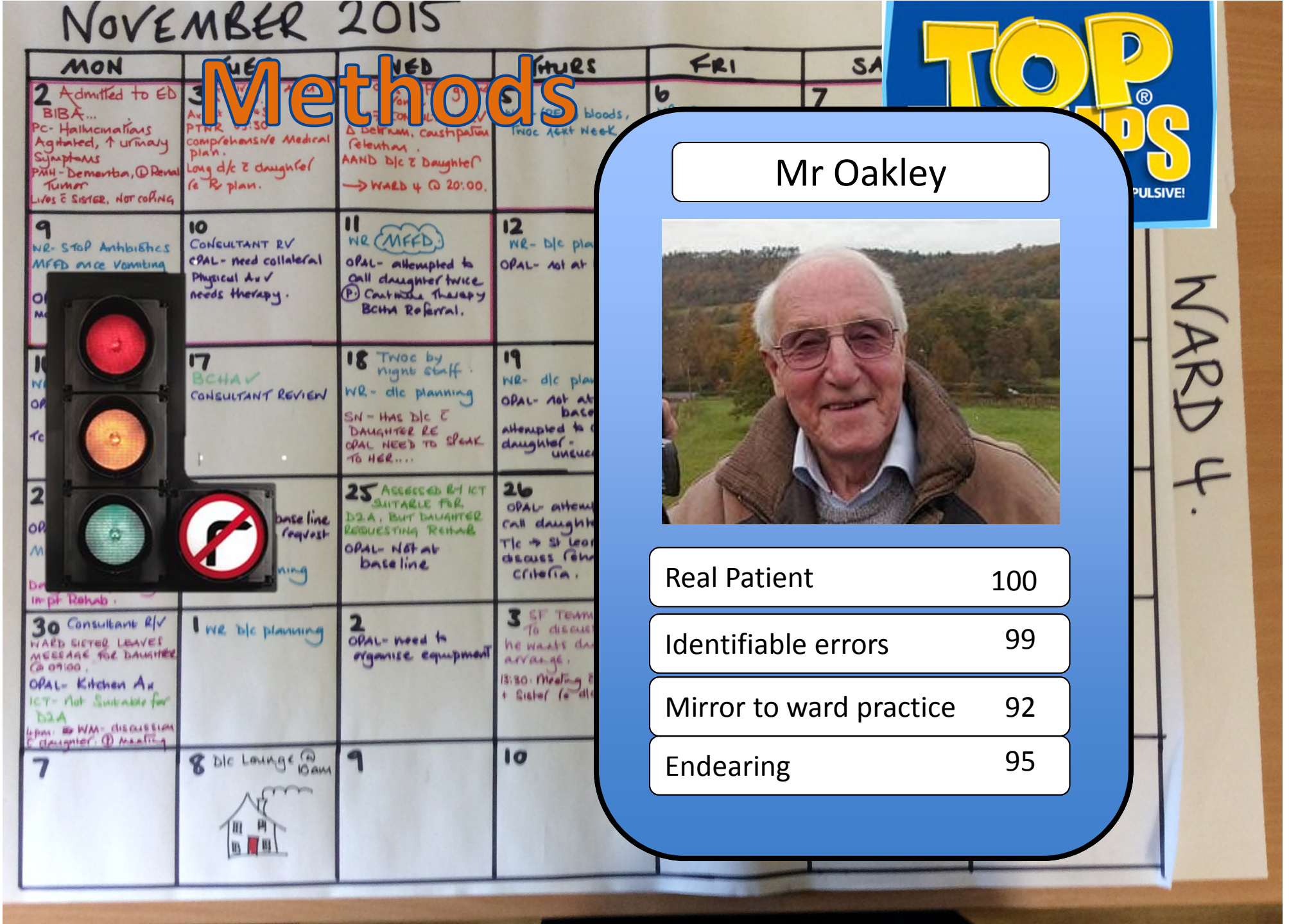
Methods



Mr Oakley

Real Patient	100
Identifiable errors	99
Mirror to ward practice	92
Endearing	95

Measures

Outcome Measures

- Increase patient and carer engagement and satisfaction
- Increased staff engagement and satisfaction

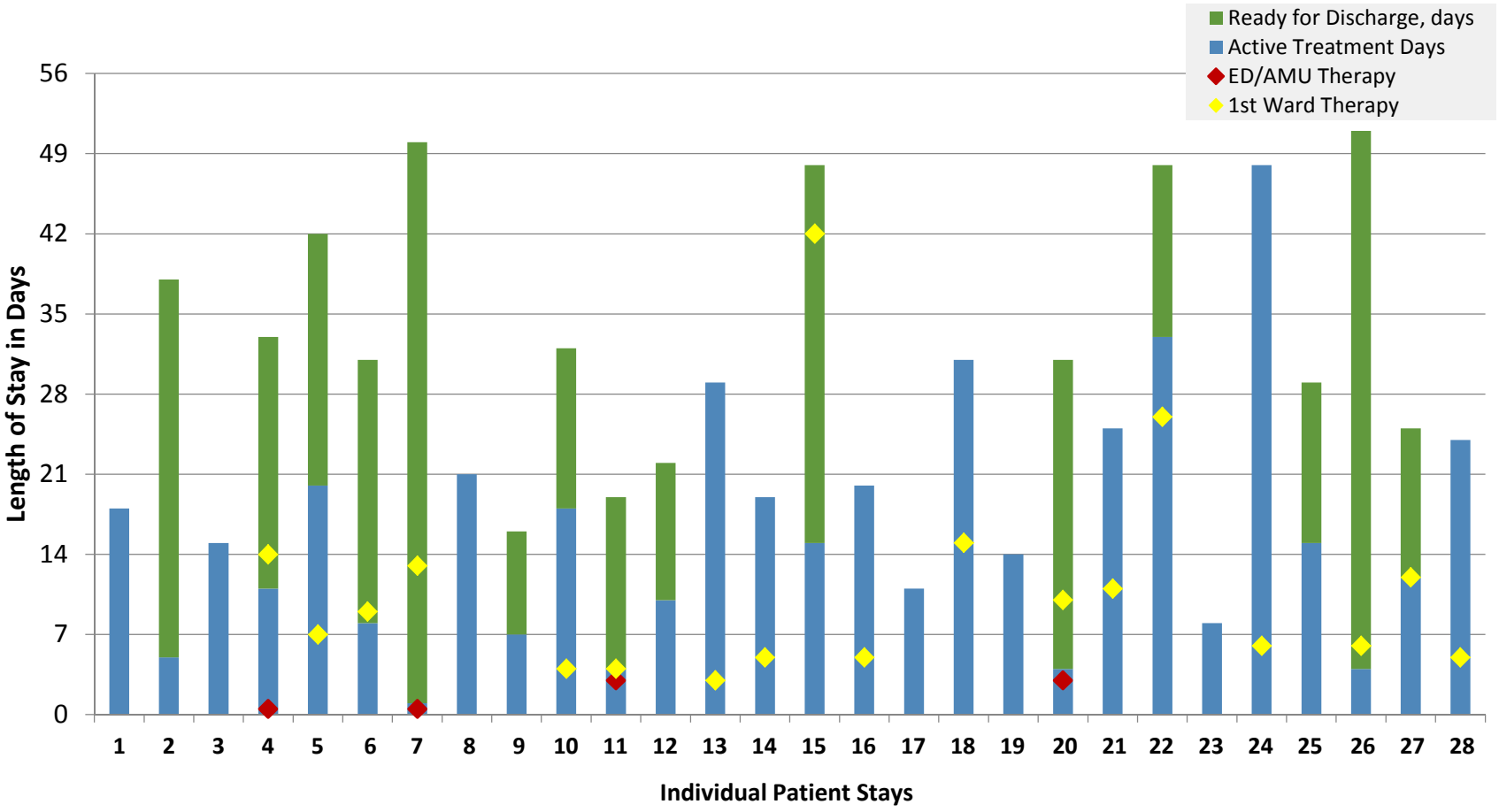
Process Measures

- To increase discharges to 16 per week by June 2016
- To increase proportion of discharges by midday to 33% by June 2016

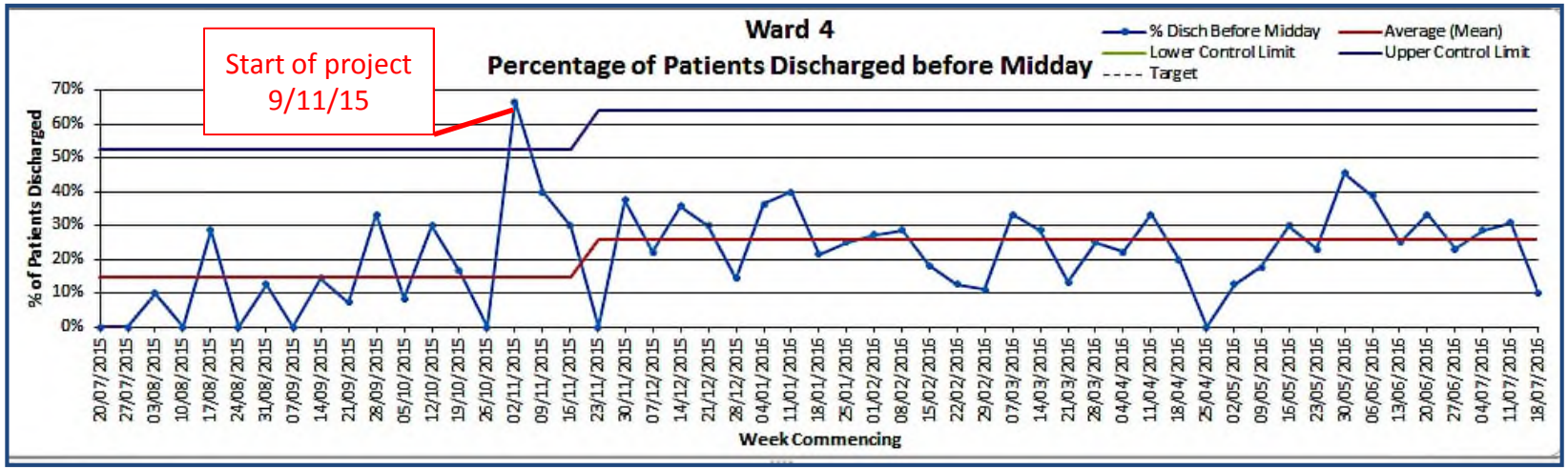
Balancing Measures

- Duration of MDT
- Allocation of tasks by person

Analysis



The ability to quickly identify who has been delayed if medically ready for discharge is recorded


Ward 4
Percentage of Patients Discharged before Midday
Start of project 9/11/15
% Disch Before Midday
Average (Mean)
Lower Control Limit
Upper Control Limit
Target
% of Patients Discharged
70%
60%
50%
40%
30%
20%
10%
0%
20/07/2015
27/07/2015
03/08/2015
10/08/2015
17/08/2015
24/08/2015
31/08/2015
07/09/2015
14/09/2015
21/09/2015
28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
09/11/2015
16/11/2015
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015
04/01/2016
11/01/2016
18/01/2016
25/01/2016
01/02/2016
08/02/2016
15/02/2016
22/02/2016
29/02/2016
07/03/2016
14/03/2016
21/03/2016
28/03/2016
04/04/2016
11/04/2016
18/04/2016
25/04/2016
02/05/2016
09/05/2016
16/05/2016
23/05/2016
30/05/2016
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13/06/2016
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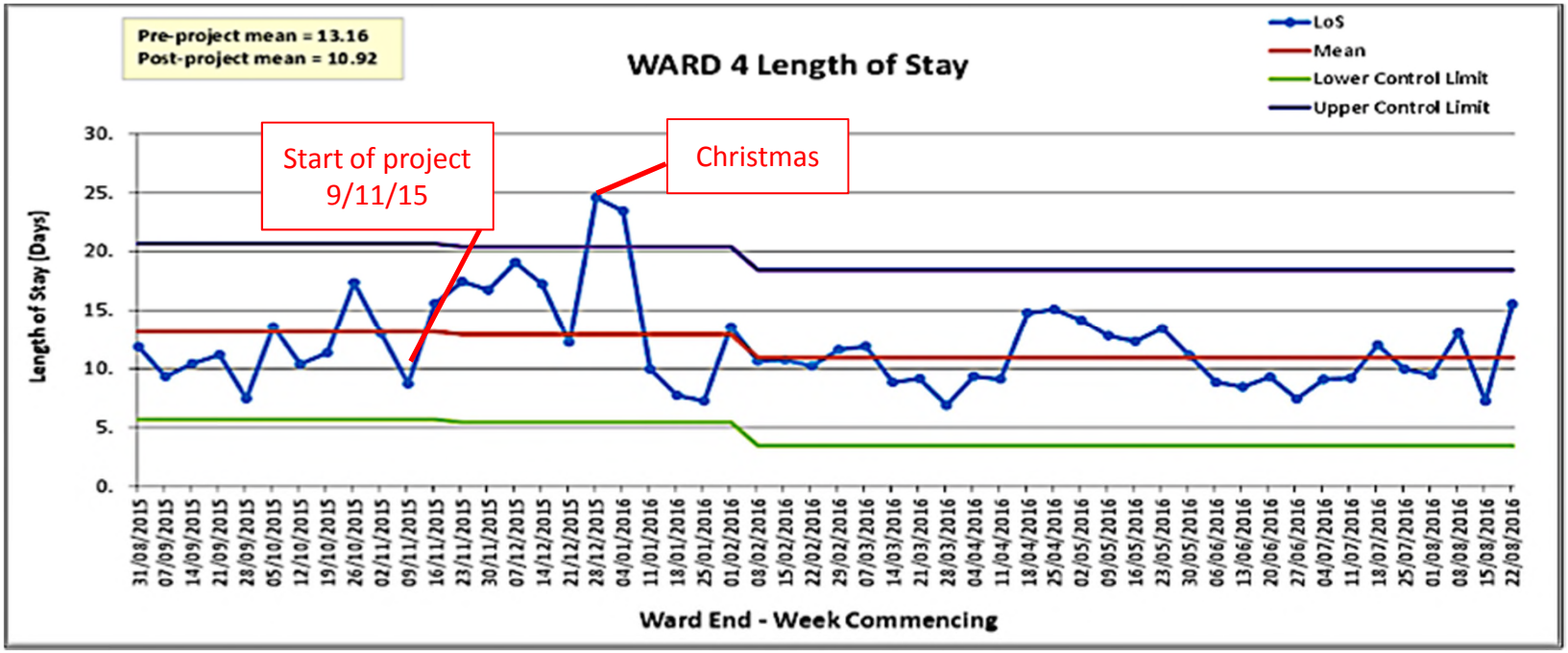
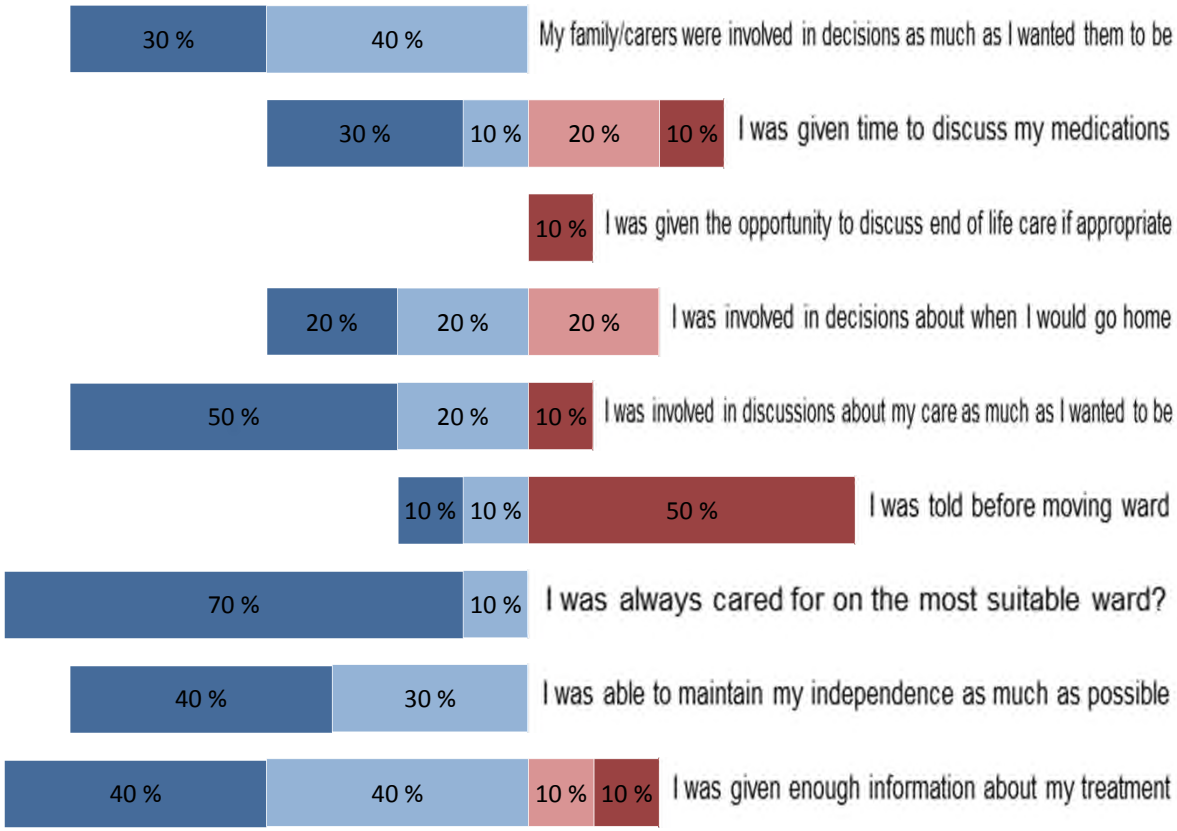
04/07/2016
11/07/2016
18/07/2016
Week Commencing


Pre-project mean = 13.16
Post-project mean = 10.92
WARD 4 Length of Stay
Start of project 9/11/15
Christmas
LoS
Mean
Lower Control Limit
Upper Control Limit
Length of Stay (Days)
30.
25.
20.
15.
10.
5.
0.
31/08/2015
07/09/2015
14/09/2015
21/09/2015
28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
09/11/2015
16/11/2015
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015
04/01/2016
11/01/2016
18/01/2016
25/01/2016
01/02/2016
08/02/2016
15/02/2016
22/02/2016
29/02/2016
07/03/2016
14/03/2016
21/03/2016
28/03/2016
04/04/2016
11/04/2016
18/04/2016
25/04/2016
02/05/2016
09/05/2016
16/05/2016
23/05/2016
30/05/2016
06/06/2016
13/06/2016
20/06/2016
27/06/2016
04/07/2016
11/07/2016
18/07/2016
25/07/2016
01/08/2016
08/08/2016
15/08/2016
22/08/2016
Ward End - Week Commencing

Patient survey of ward experience



Neutral or absent responses have been removed

Sustainability

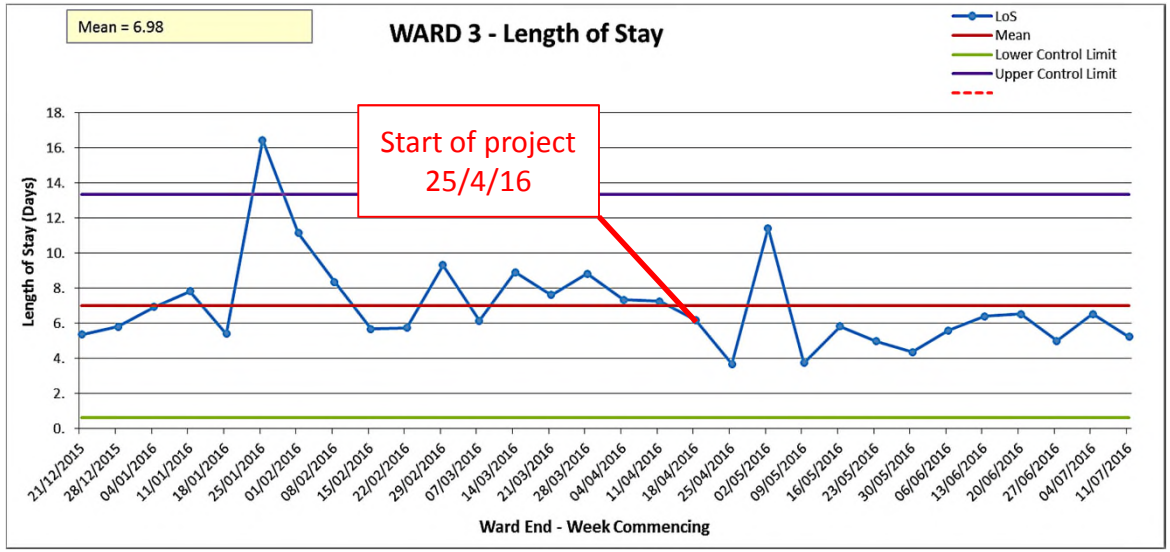
Mixed results on the surrounding wards.

Different wards, different cultures and values

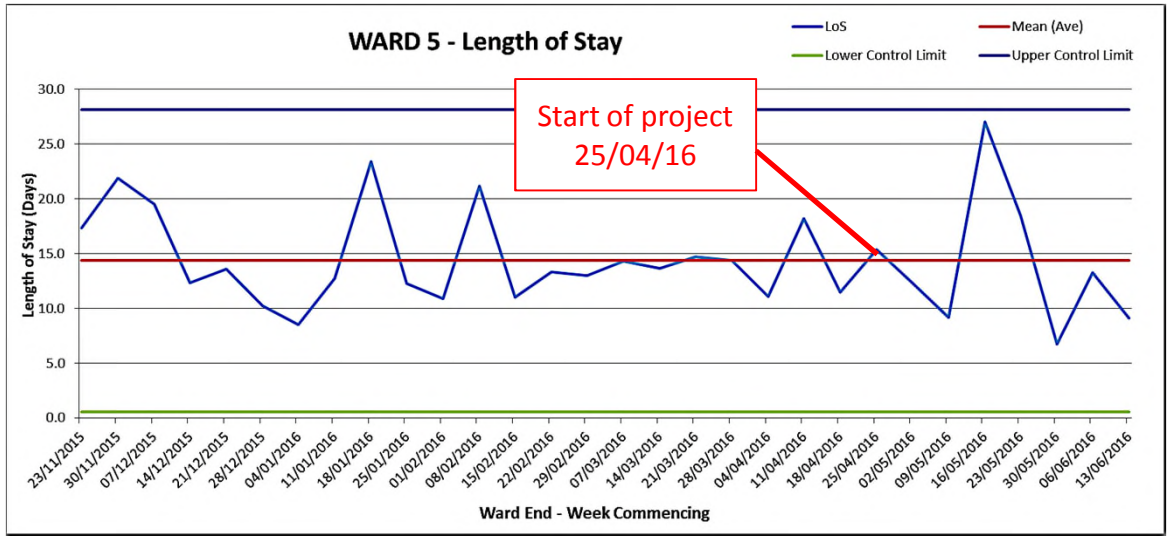
Ideas and definitions of terms being adopted trust wide

"It has changed the way we work, so that we are thinking every day about what action we can take to move our discharges forward, rather than saying people are medically fit and then just waiting"

General Medical Ward



Elderly Care Ward

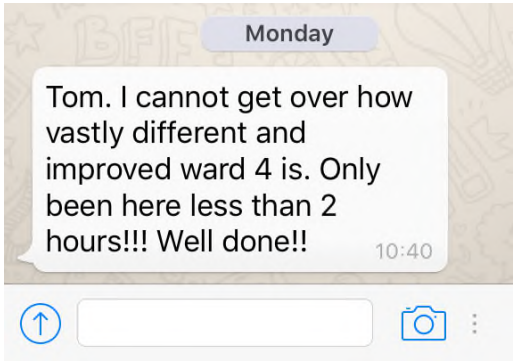


The Ward Paradigm Shift

"I have been told to"

"For our patients we should"

Ownership,
Responsibility,
Engagement,
Creating time to care



Now a whole trust paradigm shift

Key Messages:

- Good teachers make you want to teach
- Time to ponder, time to do, time to reflect
- Implementing EBM and best practice is in practice trial and error