

Home in Time for Tea

Improvement in the number of discharges prior to 3pm using quality improvement methodology
 Dr S.England, Dr K. Guthrie, Dr A. Winfield – Leeds Teaching Hospitals NHS Trust

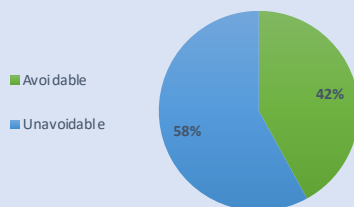
Background:

Under current nationwide clinical pressures, hospitals are running at full capacity. Late discharges can lead to poor flow throughout the hospital, overcrowding in the emergency department and out of hours transfers, leading to a poor patient experience and impacts on patient safety. Early morning and afternoon discharges create better flow and **improve patient satisfaction, by being home in time for tea.**

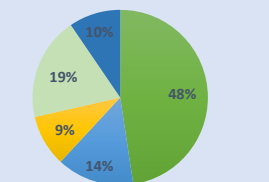
Method:

Each team also received a questionnaire, to discover their perceived barriers to early discharges. This was communicated to teams to empower them to develop their own solutions which were shared within the trust. A retrospective case note review was conducted to look at avoidable and unavoidable causes of delayed discharges. Figure 1. demonstrates the causes for avoidable and unavoidable discharges.

Avoidable vs Unavoidable Discharges

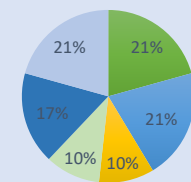


Avoidable Discharges



- Awaiting Discharge Letter
- Awaiting Medications From Pharmacy
- Transport
- Awaiting Review
- Delay in Discharge

Unavoidable Discharges

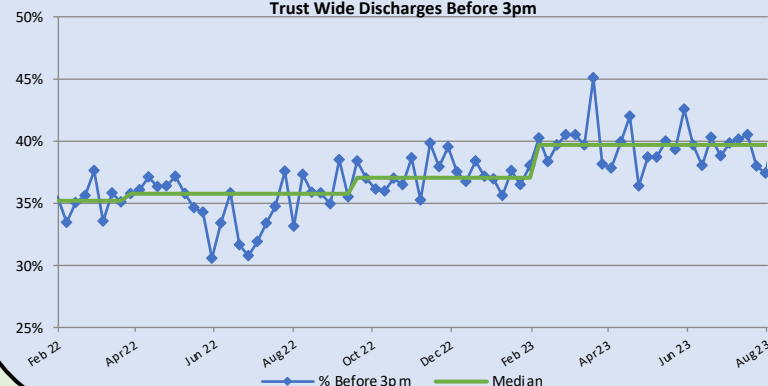


- Completing Treatment
- Awaiting Investigation Results
- Late Decision Made MOFD
- Awaiting Transport
- Awaiting Family
- Awaiting Review

Changes to practice:

Discharging patients earlier in the day is a complex multifactorial issue which requires an MDT approach. Run charts of discharges before 3pm are published for each ward in the hospital every two weeks, which is available to wards, but also monitored by the discharge collaborative. Changes to practice include; education of the medical team regarding importance of timely discharge, use of discharge boards, the increased use of discharge lounge, identifying 'golden patients' for early morning discharges, prioritisation of community discharges the previous day and achievement recognition for wards with the most improvement. Figure 2. demonstrates a **step-wise improvement of discharges prior to 3pm to 40% - the highest ever median achieved.**

Trust Wide Discharges Before 3pm



Expansion throughout the trust:

Within the trust, several departments have improved their discharges prior to 3pm through the improvements implemented from the discharge collaborative, including speciality and integrated medicine (SIM), oncology, and trauma services. This project resulted in two step improvements within the trust with 40% of patients being discharged before 3pm.

The Discharge Collaborative Aim:

The discharge collaborative within Leeds Teaching Hospitals NHS Trust is a multidisciplinary team (MDT) of junior doctors, pharmacists, nurses and discharge co-ordinators. **The aim of the team is to improve discharges in the trust prior to 3pm to 70%.**