

# See, Best Practice Can Work!

Seeing success in a Team Based Approach to Discharge Planning

Andrew Jones

# Where to Start?

## Discharge Planning is Hard



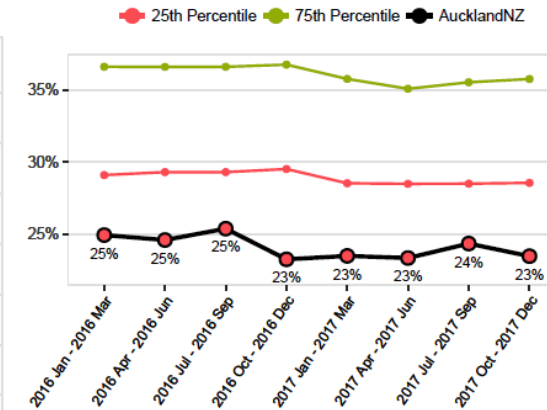
# Why focus on discharges?



●●● 2120 Proportion of discharges before noon  
Comparison with peers (2017 Jan - 2017 Dec)



## Stubborn Red (last 4 periods)



Formula: [episodes discharged before noon] / [total episodes]

Source: Casemix

Description: % of acute episodes discharged between 12am and 12pm.

Acute care type only. Excludes episodes where the patient was discharged from ED.



# What do we want to achieve?

## Primary Goal:

40% of patients discharged by midday

## Supporting Goals:

50% of patients discharged via Transition Lounge

60% of Estimated Dates of Discharge correct at 0800 on day of discharge



# Why Orthopaedics?

Service had three new Charge Nurses

Engaged Allied Health

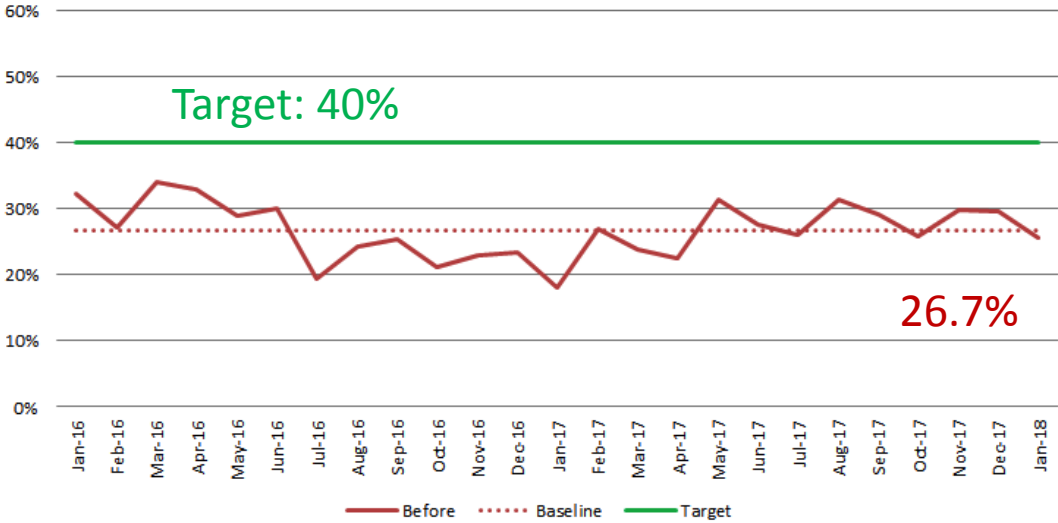
Engaged House Surgeon

Senior leaders supportive

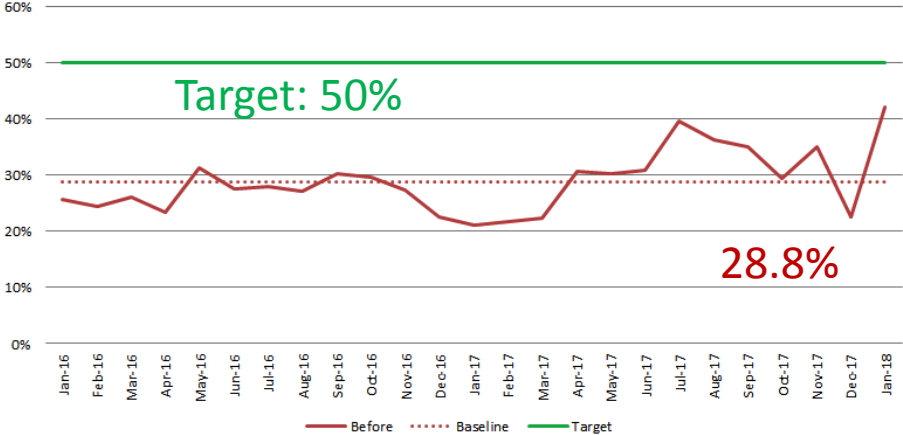


# Baseline Measures

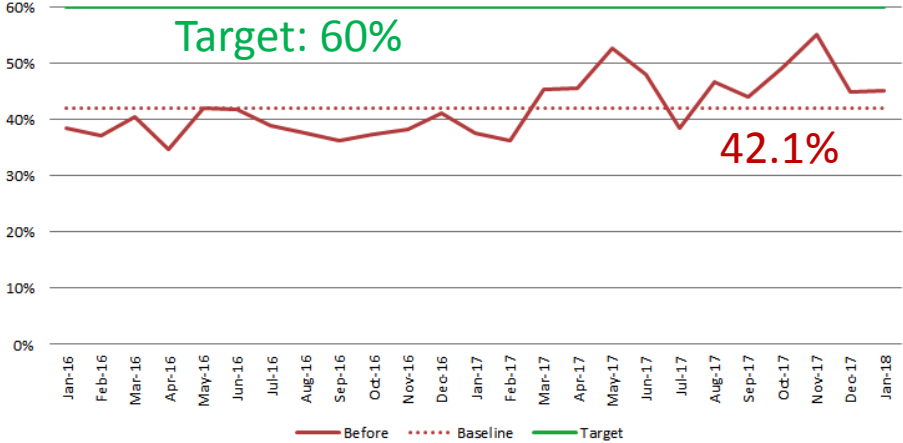
Patients Discharged by Midday



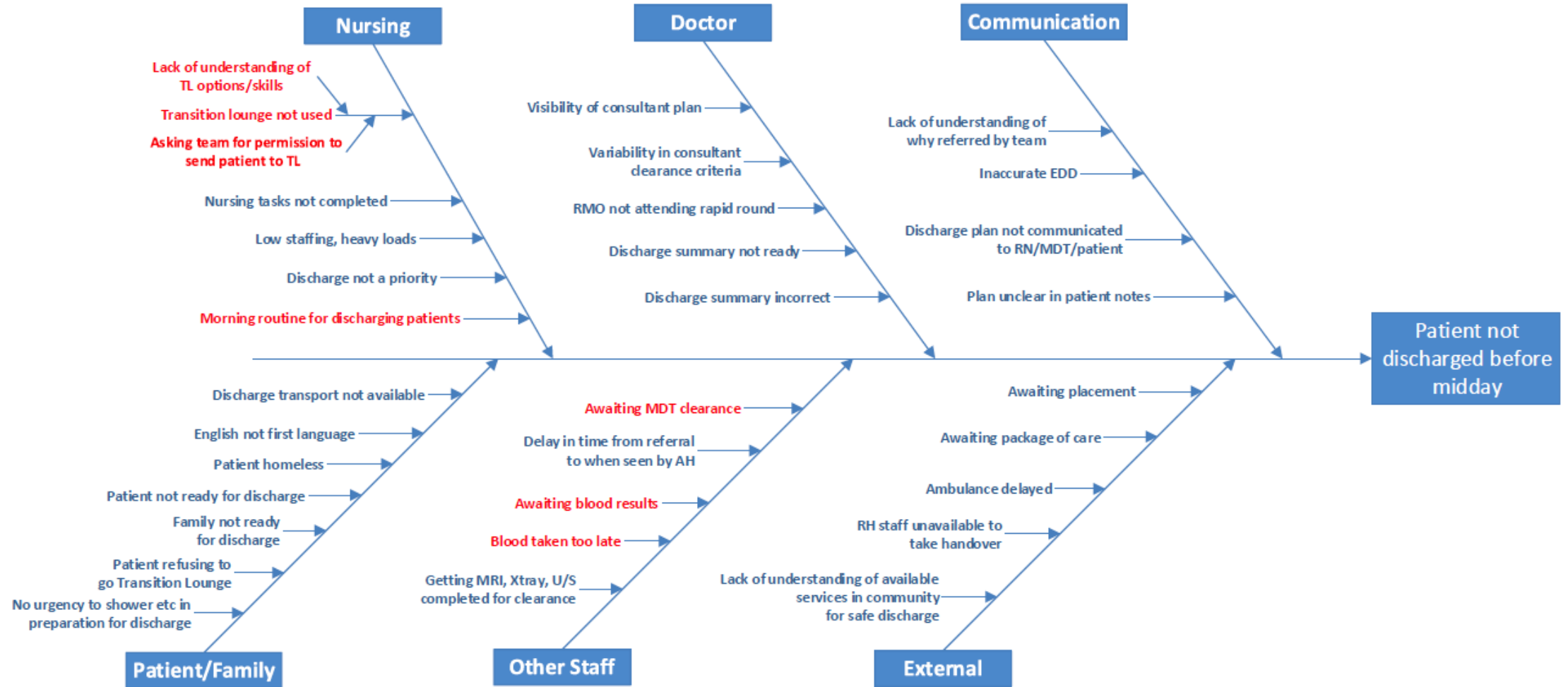
Patients Discharged via Transition Lounge



Estimated Date of Discharge Correct at 0800



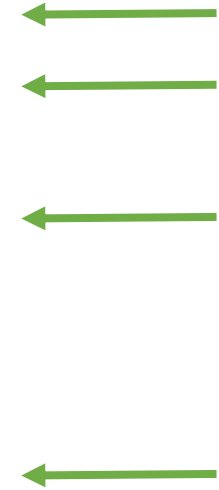
# Issues



# Analysis

## Daily audit of reason patient discharged after midday

Reason for discharge after midday	Count
Await Allied Health Clearance	55
Transfer to rehabilitation wards	42
Outliers - await team review	32
Await transfer to Transition Lounge	28
Await afternoon review	27
Change in clinical plan	18
Await ambulance	15
Not identified at Daily Rapid Round	14
Discharged same day as procedure	14
Await family	13
Patient reluctant	13
Await phlebotomy	12
Transfer to Middlemore or North Shore Hospital	12
Await radiology	12
Transfer to interim / residential care	11
Await cast change	11
Complex discharge planning	10





# Best Practice

Introduced or refreshed:

- Daily Rapid Rounds
- Afternoon huddles
- Ready to Go Delay reporting
- Weekly reporting against measures



# Allied Health

*Clearance for safe discharge dependent on assessments*

Identified confirmed and likely discharges at afternoon huddles

Physios changed their workflow

OTs completed predictive assessments day before



# Transition Lounge

*Patients commonly wait in ward beds for discharge papers or equipment*

At afternoon huddle or Daily Rapid Rounds, patients scheduled to Transition Lounge



# Nursing Priorities

*Other clinical tasks often prioritised over discharges, regardless of clinical need*

Ward culture change

Focus on:

- If safe for discharge then home
- New admissions in a ward bed



# Transfers to Rehab Wards

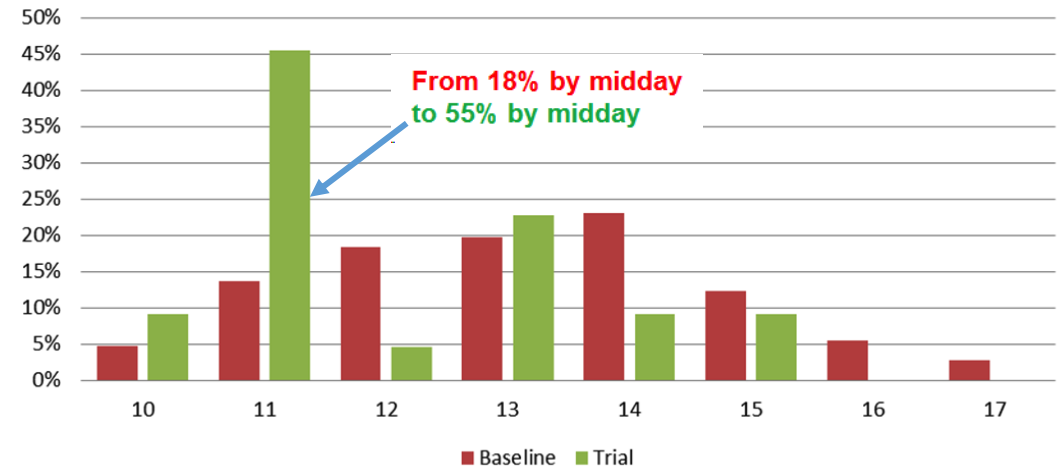
*Process often caused confusion*

Standardised process:



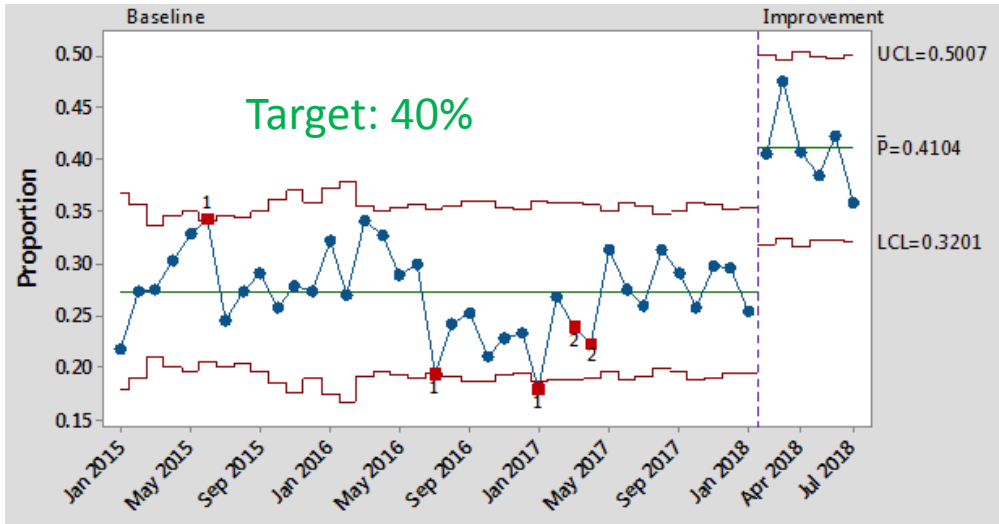
Quick results:

Comparison of Ortho Transfer Times to Reablement



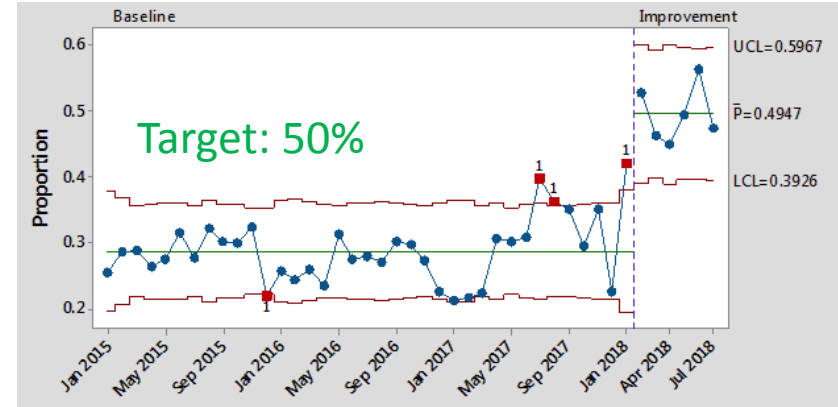
# Results

## Discharges by Midday



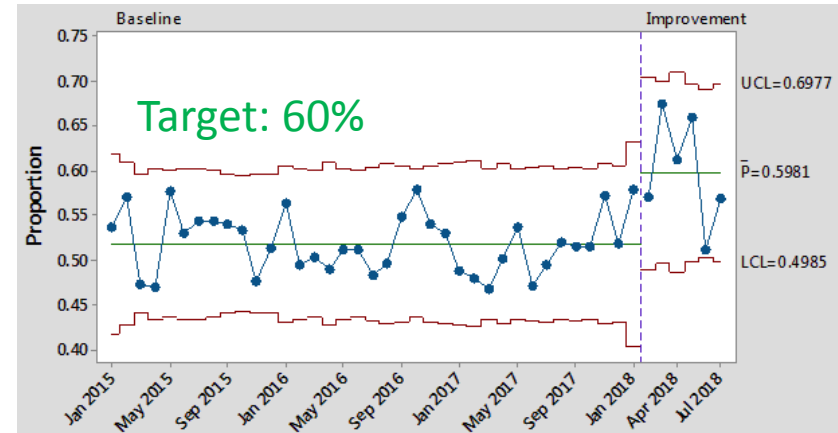
26.7% to 41.0%

## Discharges via Transition Lounge



28.8% to 49.5%

## Estimated Date of Discharge at 0800



42.1% to 59.8%

$p < 0.001$



# Sustaining Change

## Daily review



New Allied Health uniforms coming soon...

KEY TARGETS	TARGET	ACTUAL	CONCERN	CAUSE	COUNTER MEASURE	WHO	WHEN
FALLS Risk Assess	3/3	3/3	●	Pt Could have fall	Lack of Assessment + Management	All RN's	Ongoing
Discharges Before Noon	40%	58%	●	Ward doing so well but % is now trending ↓	Busy Period Complex Patients	All RN's	Ongoing
A → D Planner	3/3	1.5/3	●	Delayed DC planning	too many questions - time consuming	All RN's	Ongoing
Hand Hygiene	80%	80%	●	↑ Risk Infections (Pt's) Staff Sickness	NOT WASHING HANDS PRE PROCEDURES	Joom/Emm	Ongoing

RISKS	CONCERN	ISSUES	CAUSE	COUNTER MEASURE	WHO	WHEN
PRE-OP Patients FOR 0700 NOT READY			- Haven't Had Early Morning Meds - Haven't Had Early morning wash - May need EC	- PM Shift/Night Shift to Prioritise if possible	Everyone	Now
Smokers not being offered Brief Advice			Box not being ticked on Purple form	Ensuring form is Completed on admission	RN's	Now
A → D planner Completion ↓			Can delay Pt transfers to OPH Can delay DC if issues present	Complete on admission Pt's can help fill them in if appropriate	RN's	Now
Fluid Balance Charts - Confusion			- Need to be accurate IV + Oral in different columns	Take time to ensure accuracy	RN's	Now
PaR Team NOT ALERTED to Pt Deterioration (EWS ↑ / vital Sign Red zone)			- Pt Reviewed by OC 10 + Med Reg - Good Plan of Care established - didn't think to call PaR Pt already wearing I.D Band from ED	Think PaR Think Support. Do we have the resource to care for acute unwell? → Needs to be changed from ED to WPT	RN's	Now
Patient I.D. Bands not updated to WPT					RN's	Now
Important Medications not BEING Administered Pre-op			NBM Status → nothing but Medications	if RN's unsure what meds to give Pre-op please clarify with H.O, CN or CNE	RN's + Cristina	Now
Hip + Knee Replacement Pathway + ERAS stickers not being utilised			MOST JOINT Replacements Scheduled to Wd 62 + lots of New staff Unable to find form, unaware of Process	Keep Pathway in mind Cristina may be able to help to pop pathways in file when appropriate	RN's	Now

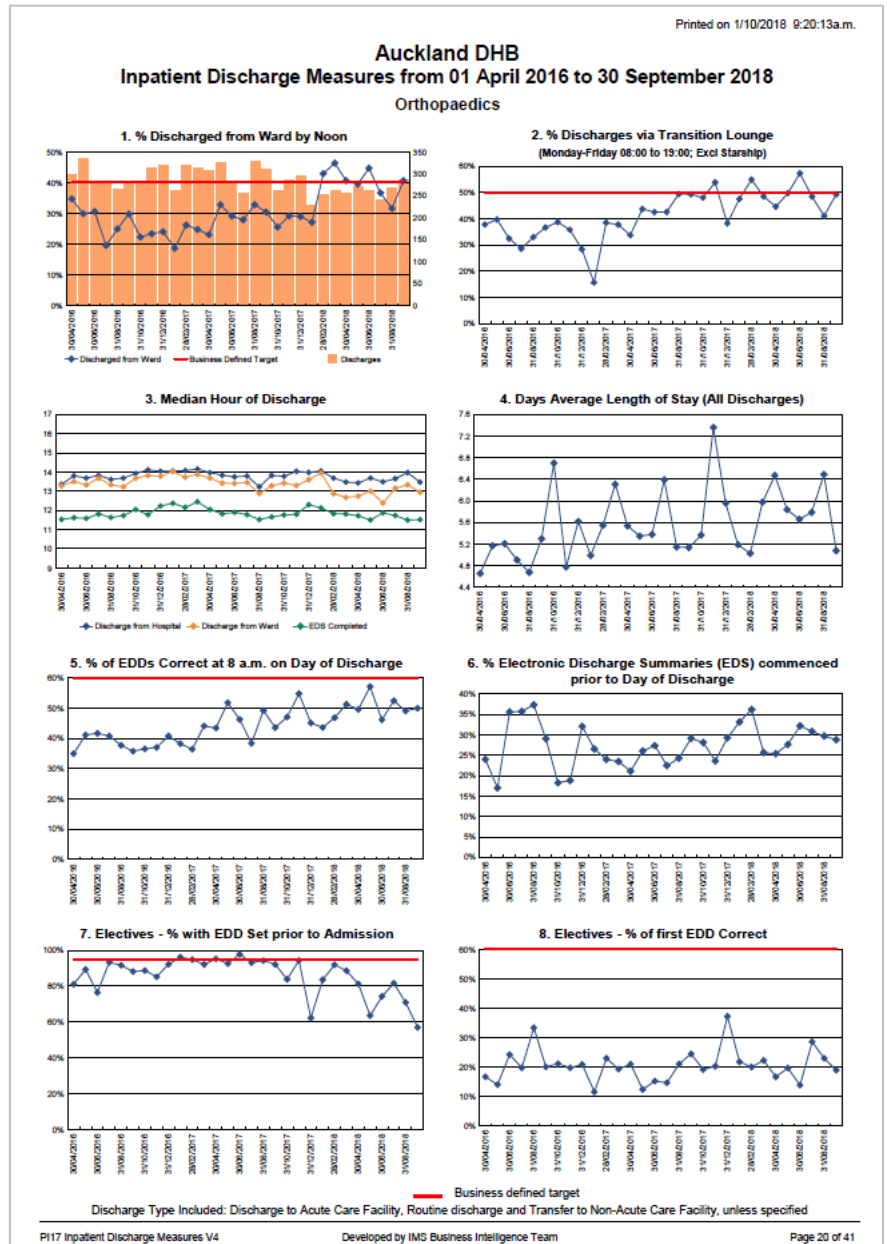
EVENTS  
Ortho 5K Run/Walk 30<sup>th</sup> Sept.



# Reporting

Weekly reporting for ward

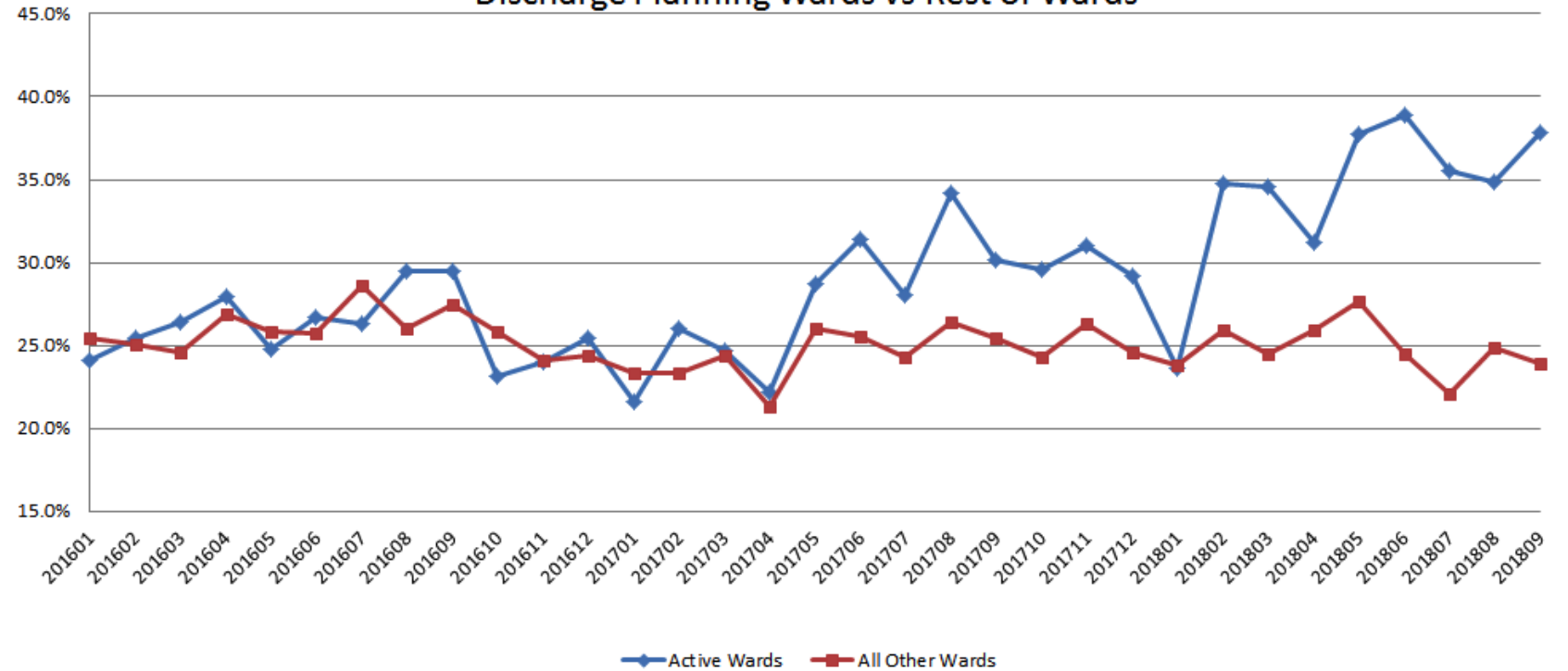
Monthly reporting for service





# Whole System

Monthly Proportion of Discharges by Midday  
Discharge Planning Wards vs Rest of Wards



# Why did it work?

## *An engaged team*

“It was a great time to all get together and discuss what has been working well and what could be improved/any difficulties we faced. We were able to get ideas from each other to overcome barriers and making plans.”



# Why did it work?

*We kept sticking with it*

"The work was intensive at the start. However, as the ball got rolling, I didn't need to be chasing up on our discharges as much.

It was quite satisfying seeing the improvements over the months and how the transition from hospital to home ran more smoothly. Nurses and patients/families feel more at ease and in control."

# Any questions?

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