

Developing criteria-led discharge in an oncology setting: Leeds Teaching Hospitals Trust

June 2018

The challenge

The Oncology Clinical Service Unit at Leeds Teaching Hospitals Trust identified the following challenges when reviewing the inpatient pathway for acute and elective non-surgical oncology admissions:

- Most patients were discharged late afternoon/evening leading to poor patient experience with significant impact on patient flow.
- Acutely admitted oncology patients did not follow a set inpatient pathway.
- There were varying ward round times with patients waiting for senior review to make decisions on discharge.
- There was pressure on weekend teams to make discharge decisions about patients they were not familiar with.
- Patients were not aware of what needed to happen to allow them to be discharged.

The solution

They developed and trialed a criteria-led discharge (CLD) tool that would allow the senior medical teams to set individual criteria for both elective and non-elective oncology patients. This trial took place on one oncology ward for six weeks until the end of January 2018.

Enablers and challenges

The team ensured they had the support of the clinical leads from the start of the project with an oncology registrar on the project team. This was invaluable in engaging the medical workforce.

There are a large number of medical teams covering the oncology wards so the senior sister for the ward worked hard to support and encourage the teams to identify suitable patients for the CLD tool.

They also took into account other factors that delay discharge; in particular, delays in getting the patients' discharge letters written and getting patients medications ready for discharge.

The trust found being part of the 90-day NHS Improvement criteria-led discharge collaborative was invaluable. They heard from pharmacy teams in different trusts on this issue and shared the information with their own pharmacy teams. The collaborative also provided a structure for their work, an insight into the work of other trusts and learning they could use.

Impact

- Twenty patients had 'criteria for discharge' in place during the pilot period - only two were not then successfully discharged using it, and that was because their condition deteriorated.
- None of the 18 patients discharged were readmitted as a result of a 'failed discharge'.
- Average length of stay (ALOS) was at its lowest for the ward in January 2018:

September 2017 ALOS	10.1 days
October 2017	11.1 days
November 2017	17.5 days
December 2017	9.6 days
January 2018	6.9 days

- There was a more even spread of discharges across the seven days of the week in January 2018 than the peaks in activity sometimes previously seen.
- Discharges before midday increased significantly on the ward in January 2018. An average 26% of patients were discharged before midday compared with 10% or less (although two months were <20%) generally for the previous 12 months.

Next steps and sustainability

The next steps are to embed the tool further by rolling it out to the other inpatient oncology and haematology wards, with support and education for those clinical areas. The team also need to develop a way of alerting ward staff to the fact a patient has had their criteria for discharge set so that it is discussed at handover and in safety huddles. They also want to develop further patient involvement in this project by providing the patient with a copy of their criteria for discharge so they too know what needs to happen to get them home.

Want to know more?

See the appendix with the PDF of the trust's CLD tool sticker.

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