NHS Improvement

Criteria-led discharge tracker for ward-based mental health patients: Bradford District Care Foundation Trust

June 2018

The challenge

Bradford District Care Foundation Trust was finding that sometimes when a patient was medically ready for discharge, effective discharge relied on the opinion of individual staff who would liaise with the consultant. This required input from the multidisciplinary team to make sure all dependent services, such as funding, housing and peer/community support, were in place. It also led to prolonged length of stay for patients and meant that most patients were discharged late afternoon/evening. This resulted in poor patient experience, with significant impact on patient flow.

The trust has therefore been working to reduce length of stay and enable care closer to home.

The solution

Working as part of a 90-day collaborative team with NHS Improvement, the trust developed a live system that holds 'at a glance' up-to-date robust clinical information to enable ward teams and clinical managers make safe clinical decisions to support timely discharge.

A clinical project team including a ward manager, bed manager, advanced nurse practitioner, senior manager, consultant psychiatrist and project management support designed the product. The project management office developed it on Microsoft SharePoint so that it was easily accessible via the secure trust intranet.

Every day ward staff update and use the information on each patient to support a safe and appropriate discharge.

Enablers and challenges

- Admission pathways and expectations must be co-produced with the service user to manage expectations.

- The solution must include and be coproduced by all users, medics and bed manager and benefactors of the system and process. (You're only as good as the people using the system.)

- Tools available from NHS Improvement such as the 'run table' capturing all interventions and impacts help early identification of problems and issues.

- Avoid complicated communication processes and use the one criteria-led discharge system to deliver all the messages. (Previously, at the end of the day an email would go out to explain the bed state, each morning at the discharge planning meeting minutes would be taken and circulated. This no longer happens as the tracker holds all information.)

- Support and train staff to use the system consistently.

- Revise the system using agreed change control process to manage scope creep.

- Encouraged scope creep!

Impact

This level of easily accessible clinical information had not previously been available and it helped to reduce patients' length of stay significantly, supporting their recovery. On the pilot wards length of stay reduced by 57% and 63% respectively.

The tool helped with:

- articulating, outcome measurable discharge goals at the point of admission for patients, carers and the medical team

- early identification of possible barriers that might result in delayed discharge and focusing clinical activity to support this, such as the care programme approach, care co-ordination, risk, weekly clinical review

- focus on the key areas of concern and barriers that could result in delayed discharge for non-clinical activity, such as accommodation, benefits and physical health

- reducing administrative time for ward managers

- encourage use of user manual

- effective bed management.

Next steps and sustainability

The next steps are to:

- embed the tool further by rolling it out to inpatient oncology and haematology wards, with support and education for those clinical areas
- develop a way to alert ward staff that a patient has had their criteria for discharge set so it is discussed at handover and in safety huddles
- develop patient involvement 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?

Have a look at the trust's resources:

- discharge tracker guide
- criteria-led discharge presentation.

Contact:

Grainne Eloi, Acting Head of Service Mental Health and Community Services, Grainne.Eloi@bdct.nhs.uk

Jo Gott, Head of Project Management Office/Business Support and Improvement, Joanne.Gott@bdct.nhs.uk

© NHS Improvement June 2018 Publication code: SL 06/18