BACKGROUND

Patients’ perceptions of the NHS are influenced by experiences of their journey through the system. Improving the patient journey is crucial to improving patient experience and making the best use of beds. Establishing efficient flow of patients through hospital systems is integral to maximising the use of limited hospital resources, as inefficient patient flow causes delays and cancellations, increasing length of stay and fundamentally detracts from the quality of care delivered. Audit of patient flow through hospital systems commonly identifies delays in discharge as an important source of impaired patient flow (Agency for Clinical Innovation 2016, Bowen, Kumar, Howard & Cammilleri 2014 & Department of health 2004).

Improvement in patient discharge is a key strategy for improving patient flow. Criteria led discharge is widely supported as a high impact role for modern nurses which can improve patient discharge processes. Defined as the delegation of responsibility for the discharge of a patient according to an agreed plan with specific criteria. The plan must be agreed by the consultant in charge of care, and the nurse must be willing to accept the delegated role and have the knowledge and expertise to execute the plan (ACI 2016 & DOH 2004). There are several advantages to nurse led discharge:

1. Promotes effective inter-disciplinary working
2. Makes effective use of nursing knowledge and skills
3. Improves competence and confidence of nursing teams
4. Allows patients to be discharged as soon as they are ready improving their experience
5. Increases bed availability and patient flow through prompt discharge


Historically patients admitted to Gastro medical beds for elective endoscopic investigations/treatments including OGD, ERCP and Colonoscopy were discharged by the medical team. Due to ward activity and priorities medical staff were not always available to review and discharge patients early in the working day. This often disrupted patient flow by causing delays to the discharge of elective patients, and consequently delays to the admission of new elective patients and the transfer of acute patients from elsewhere in the Trust. Using the Department of Health (2004) and The Agency for clinical innovation (2016) toolkit for criteria led discharge we have developed and agreed local protocols for specific patients and a comprehensive training/competency package for our senior nurses to enable us to launch a new ‘Nurse criteria led discharge service’.

OBJECTIVES

• Reduce length of stay for elective patients
• Improve patient flow by discharging earlier in the day
• Improve patient experience and satisfaction
• Improve the confidence and competence of the nursing team

MEASURES

• Audit patient length of stay and time of discharge
• Record and analyze unexpected issues
• Patient satisfaction feedback “What matters to me?”
• Staff feedback questionnaire

DISCHARGE PROTOCOL

Procedure specific criteria for discharge: To be completed by the discharging nurse 1 day post procedure (to be included in Elective admissions booklet)

IMPACT ANALYSIS

Average length of stay reduced from 67 to 29 hours overall reduction of 38 hours!
Average time of discharge is earlier increasing flow from 17:30 to 11:30 overall discharge happens 5 hours earlier
Monitor unexpected events/risks (re-admission/failed nurse led discharge) Zero incidents/failed discharges

WHAT’S NEXT?

• Continue to make changes based on ‘What matters to me?’ patient feedback.
• Identify and train experienced band 5 nurses
• Share successes Trust wide

References:
Agency for clinical innovation (2016) Toolkit: Criteria led discharge. A resource to support the implementation of ELD