Principles of Good Patient Discharge to Improve Patient Flow
"Evidence and Pragmatism"

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and

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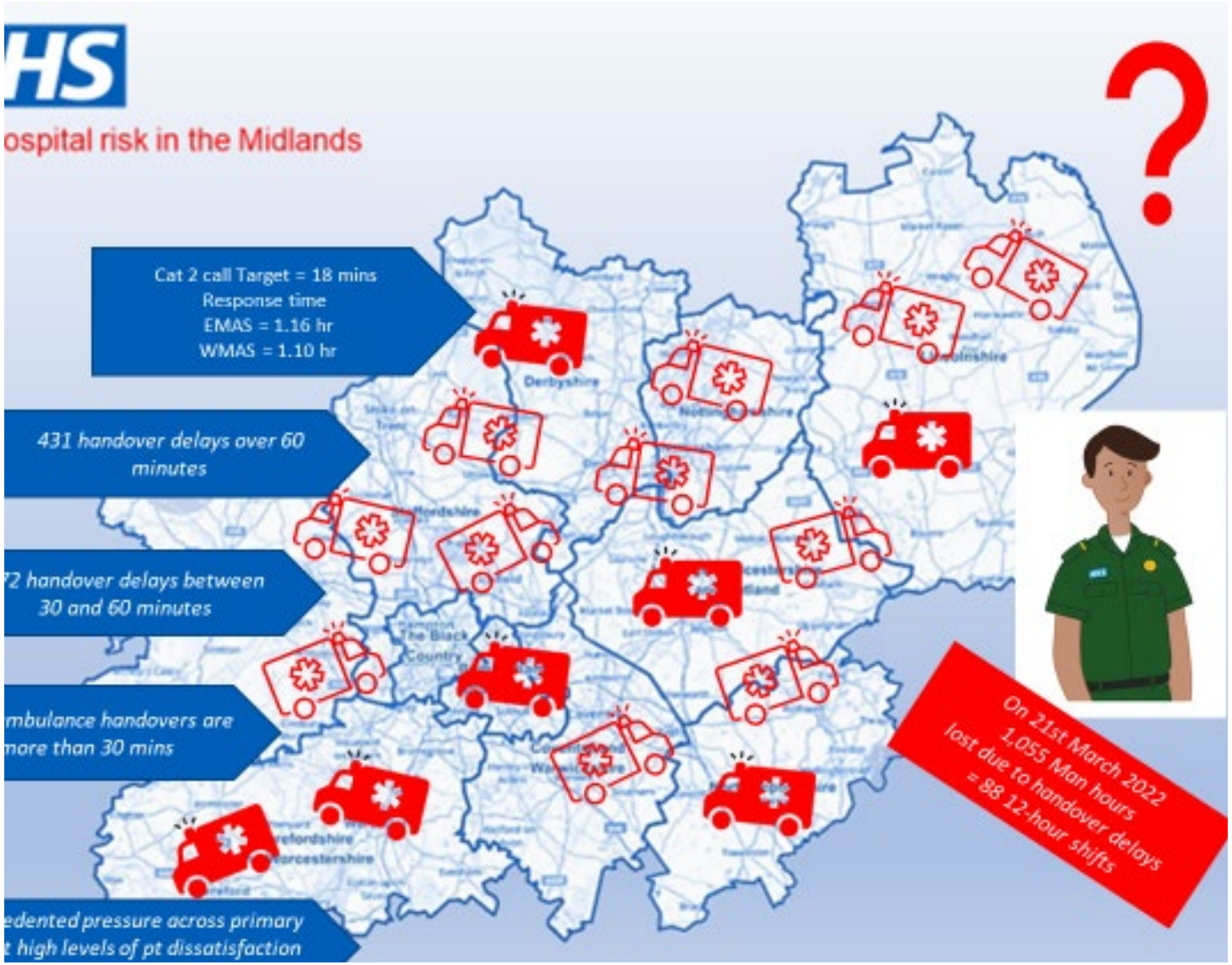
Centre for Healthcare Communities

Dublin October 16th 2023

Coventry City

Drivers for Change Midlands

- Negative media press around harm and NHS care
- Midlands occupancy in Aug was 94% with some trust 100% + escalation beds open !!!
- > 12 hrs in ED range from 6-10%
- Hospital acquired harm, infection / deconditioning.



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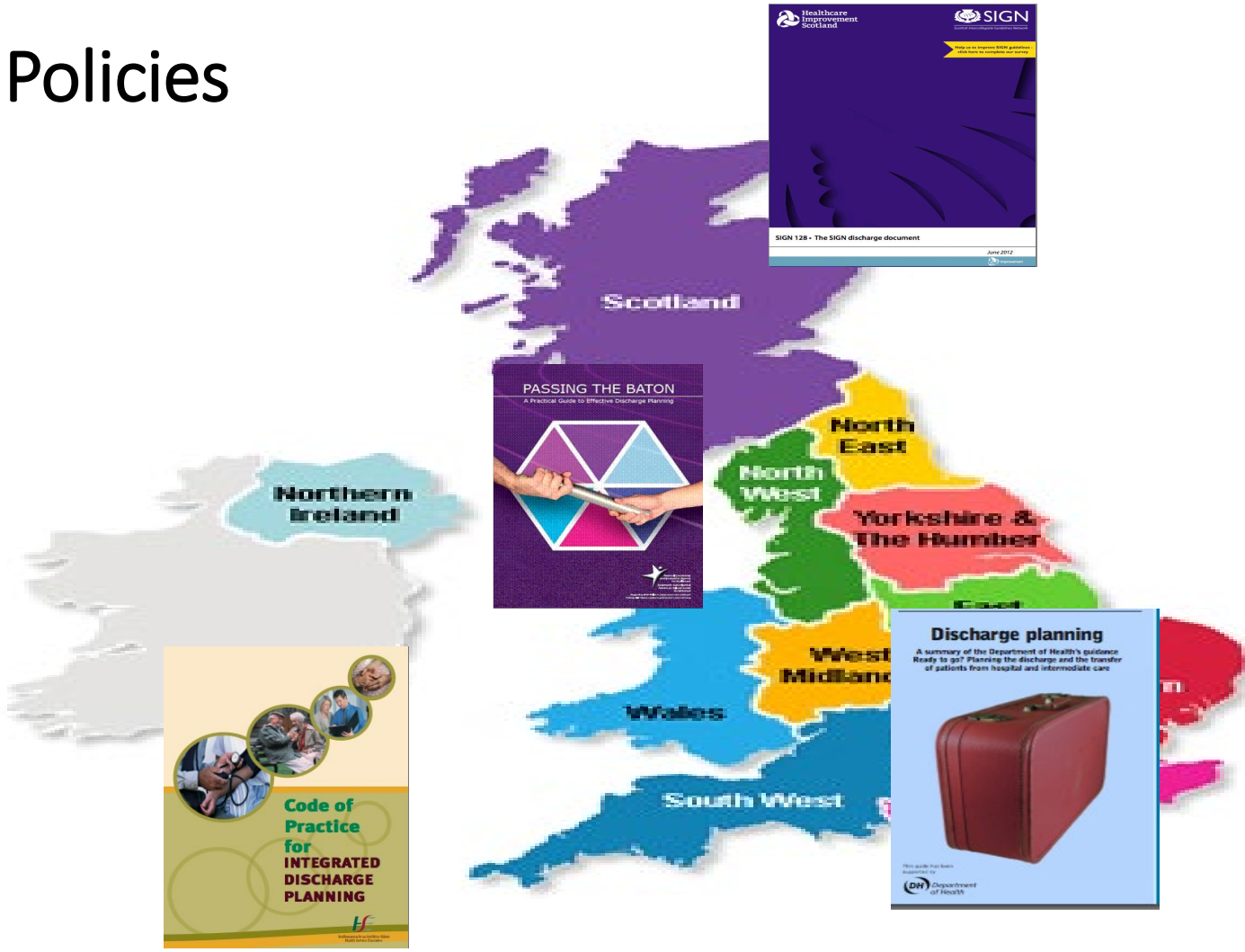
Issues with workforce?

Commonalities Across Discharge Policies



Lees-Deutsch, L., Yorke, J., Caress, A. (2016) Principles for discharging patients from acute care: a scoping review of policy. *British Journal of Nursing*, Vol. 25, No.20, 1135-1143. PMID: 27834522

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	TEN PRINCIPLES FOR PATIENT DISCHARGE AND GOOD PATIENT FLOW	S	I	W
1	Start planning for discharge on/before admission	✕	✓	✓
2	Identify whether the patient has simple or complex discharge planning needs, involving the patient and carer in your decisions.	✓	✓	✓
3	Develop a clinical management plan for every patient within 24 hours of admission.	✕	✓	✓
4	Co-ordinate the discharge or transfer of care process through effective leadership and handover of responsibilities at ward level.	✓	✓	✓
5	Set an expected date of discharge or transfer within 24–48 hours of admission, and discuss with the patient and carer	✓	✓	✓
6	Review the clinical management plan with the patient each day, take any necessary action and update progress towards the discharge or transfer date.	✕	✓	✓
7	Involve patients and carers so that they can make informed decisions and choices that deliver a personalised care pathway and maximise their independence.	✓	✓	✓
8	Plan discharges and transfers to take place over seven days to deliver continuity of care for the patient.	✕	✓	✕
9	Use a discharge checklist 24–48 hours prior to transfer.	✓	✓	✓
10	Make decisions to discharge and transfer patients each day.	✕	✓	✓

Step 1:

Start Planning Discharge on or Before Admission to Hospital (2010 to 2016)

Start Planning Discharge **on** Admission to Hospital: Let's talk about assessment of risk (2023)

Risk Assessment and Screening

Lack of initial discharge assessment

Lack of discharge reassessment

Too many assessments ‘paperwork’

Understanding that situations are dynamic

Appreciating reality - the strain on carers

Admission Type	Elective	Emergency	I do not anticipate any risks surrounding discharge no further assessment required, patient to be discharged as per Predicted Date of Discharge Date___/___/___ Signature of Practitioner					
Predicted Date of Discharge agreed Date ___/___/___	Yes	No	Will fit end of life pathway Fast Track Assessment	Yes	No	Will require hospital transport on discharge	Yes	No
Lives with Spouse/ Partner Family and able to return to normal place of residence	Yes	No	Lives alone	Yes	No	Patient is primary carer for partner/spouse or family member	Yes	No
			Homeless	Yes	No			
Has a current care package in. place that meets requirements.	Yes	No	Will require current care package to be increased upon discharge	Yes	No	Will require new care package to be implemented upon discharge	Yes	No
Will require support from external agencies e.g. District Nurse Social Worker/CPN.	Yes	No	Will require patient education to deliver own care upon discharge e.g. Injection Technique N.G/PEG Feed Management.	Yes	No	Will require FP10/Blister Pack for medication	Yes	No
Has had 2 or more previous admissions in last 3 months	Yes	No	Potential temporary change in physical/sensory function e.g. use of walking aids post surgery	Yes	No	Potential permanent change in physical/ sensory function e.g. paralysis/ loss of limb/ new wheelchair user	Yes	No
Practitioner Name completing Assessment Practitioner Signature Date								

Age	Score	Social Support	Score	Home Circumstances	Score	Contributing Factors	Score	Previous Admissions in past 3 months	Score
18-55	1	No care package required	0	Lives with spouse/ partner only	0	None	0	None	0
56-64	2	Existing care package	5	Lives with family	1	NEW Insulin Dependent Diabetic	3	One	1
65-79	3	Current care package not meeting needs/ or NEW care package required	10	Lives alone with support from carers	2	NEW Urinary Catheter in place	3	Two	2
80+	4	Current Admission		Lives alone no support	3	Pressure Ulcers/Leg Ulcers	3	More than 2	2
Type of Admission		No change in physical/sensory function	0	Main carer for Partner/Spouse/ Family	10	New Home Treatment e.g. (Oxygen/NG/PEG feeding/Dialysis	3	Other Factors	
Elective	0	Potential temporary change in physical/ sensory function e.g. use of walking aid post surgery	2-5	Warden controlled housing	4	Pre-existing confusion/ dementia	3	Stairs at home	2
Emergency (includes admissions from clinic)	4	Potential permanent change in physical/ sensory function e.g. paralysis/loss of limb/permanent wheelchair user	6-10	Care/Nursing Home	4	Requires FP10/Blister Pack	3	Toilet not on same level as bedroom	3
				Homeless	6				
Total Score Column 1	Score	Total Score Column 2	Score	Total Score Column 3	Score	Total Score Column 4	Score	Total Score Column 5	Score
Discharge Risk Score = Add column 1+2+3+4+		TOTAL SCORE = Total Score		Date		Signed		Print Name	
				Date		Signed		Print Name	

A score of 12 or less= SIMPLE DISCHARGE **A score of >13 =COMPLEX DISCHARGE**

Individual Variance in Patient Discharge Preparation

ORIGINAL ARTICLE

OPEN

Individual Nurse Productivity in Preparing Patients for Discharge Is Associated With Patient Likelihood of 30-Day Return to Hospital

Olga Yakusheva, PhD, Marianne E. Weiss, DNSc, RN,† Kathleen L. Bobay, PhD, RN, NEA-BC,‡ Linda Costa, PhD, RN, NEA-BC,§ Ronda G. Hughes, PhD, RN, FAAN,|| Morris Hamilton, PhD,¶ James Bang, PhD,# and Peter I. Buerhaus, PhD, RN, FAAN***

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Step 2:

Identify whether the patient has simple or complex discharge planning needs, involving the patient and carer in your decisions. (2010 – 2016)

Identify whether the patient has simple or complex discharge planning needs, involving the patient and carer in your decisions. Best for patients is to focus on the discharge pathways and workflow (2023)

Organising the Workload for Good Patient Flow

Discharge to assess model – pathways

Pathway 0

50% of people – simple discharge, no formal input from health or social care needed once home.

Pathway 1

45% of people – support to recover at home; able to return home with support from health and/or social care.

Pathway 2

4% of people – rehabilitation or short-term care in a 24-hour bed-based setting.

Pathway 3

1% of people – require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals.

Categories	Interpreted for benefit of ward based staff
Very simple: Pathway 0	Patient initiated: Own transport, OTC medications. Self caring.
Simple: Pathway 1	Back to own home with TTOS, transport, Dressing/service restarts. Fast track
Intermediate: Pathway 2	Short term rehab, Discharge to Assess, Psychiatric, IV therapy, homeless.
Complex: Pathway 3	Nursing or Social (Home oxygen, end of life, safeguarding)
Very complex:	Funding, rehousing, end of life

NHS England - Implementing the Discharge to Assess Model (2020)

Understanding the Whole System of Patient Discharge

Critical Social Policy
Volume 42, Issue 4, November 2022, Pages 671-694

https://doi.org/10.1177/02610183211065028

Article

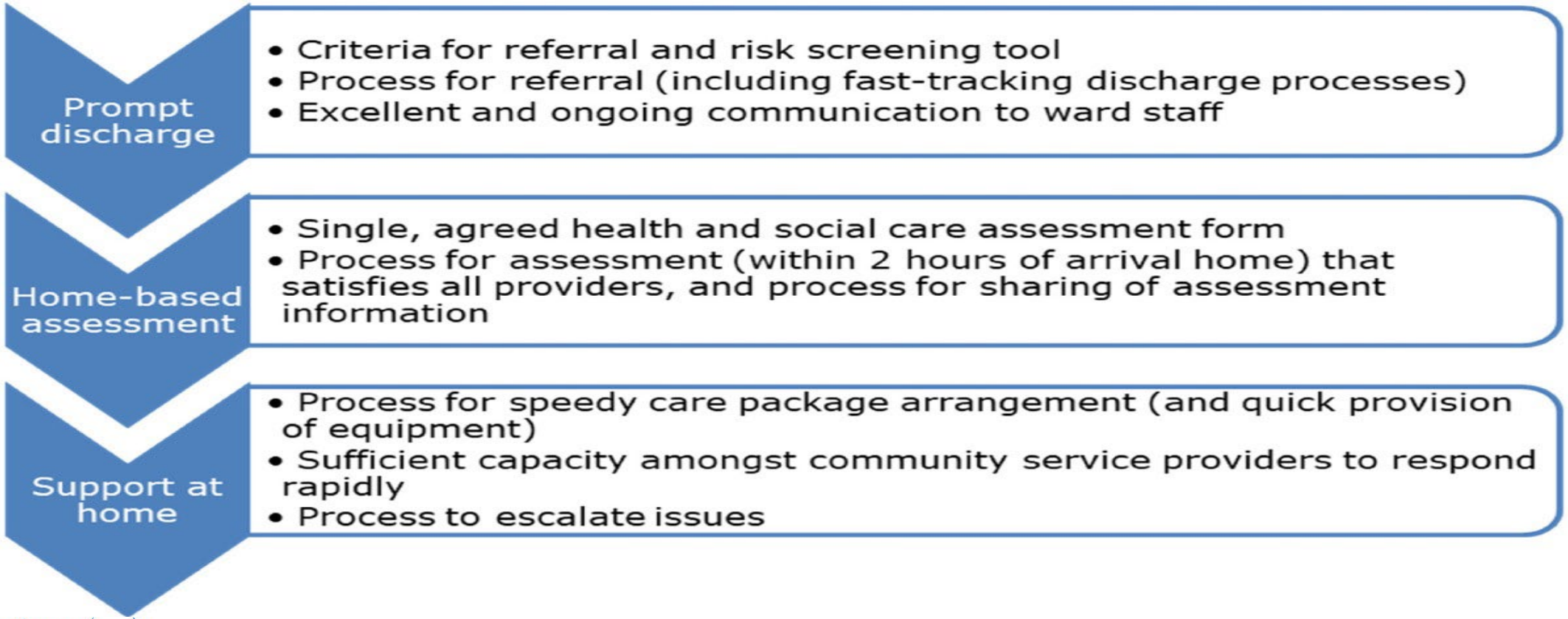
A critical systems evaluation of the introduction of a 'discharge to assess' service in Kent

Erica Wirrmann Gadsby [1], Gerald Wistow[2], and Jenny Billings[3]

Abstract

Discharge to Assess (D2A) models of care have been developed to expedite the process of discharging hospital patients as soon as they are medically fit to leave, thereby improving the efficiency and effectiveness of the healthcare system. This article focuses on the implementation of a D2A model in Kent, England, which formed a case study for a European research programme of improvements in integrated care for older people. It uses the Critical Systems Heuristics framework to examine the

Requirements for Implementation



Step 4:

Co-ordinate the discharge or transfer of care process through effective leadership and handover of responsibilities at ward level. 2010 - 2016

Co-ordinate the discharge or transfer of care process through effective leadership and handover of responsibilities at ward level. Engaging staff on an individual level. 2023

Deeper Understanding of Issues

- Critical Path Analysis (Mapping activities over time)
- Failure Mode Effect Analysis (Error or Systems Issues in process)
- Statistical Process Control Analysis (operating within expected norms)
- Time and Motion Analysis (Ethnography - observations)

Lees-Deutsch, L et al (2023) Understanding and Measuring the Issues in the Discharge Process to Improve Patient Flow (*in write up*)

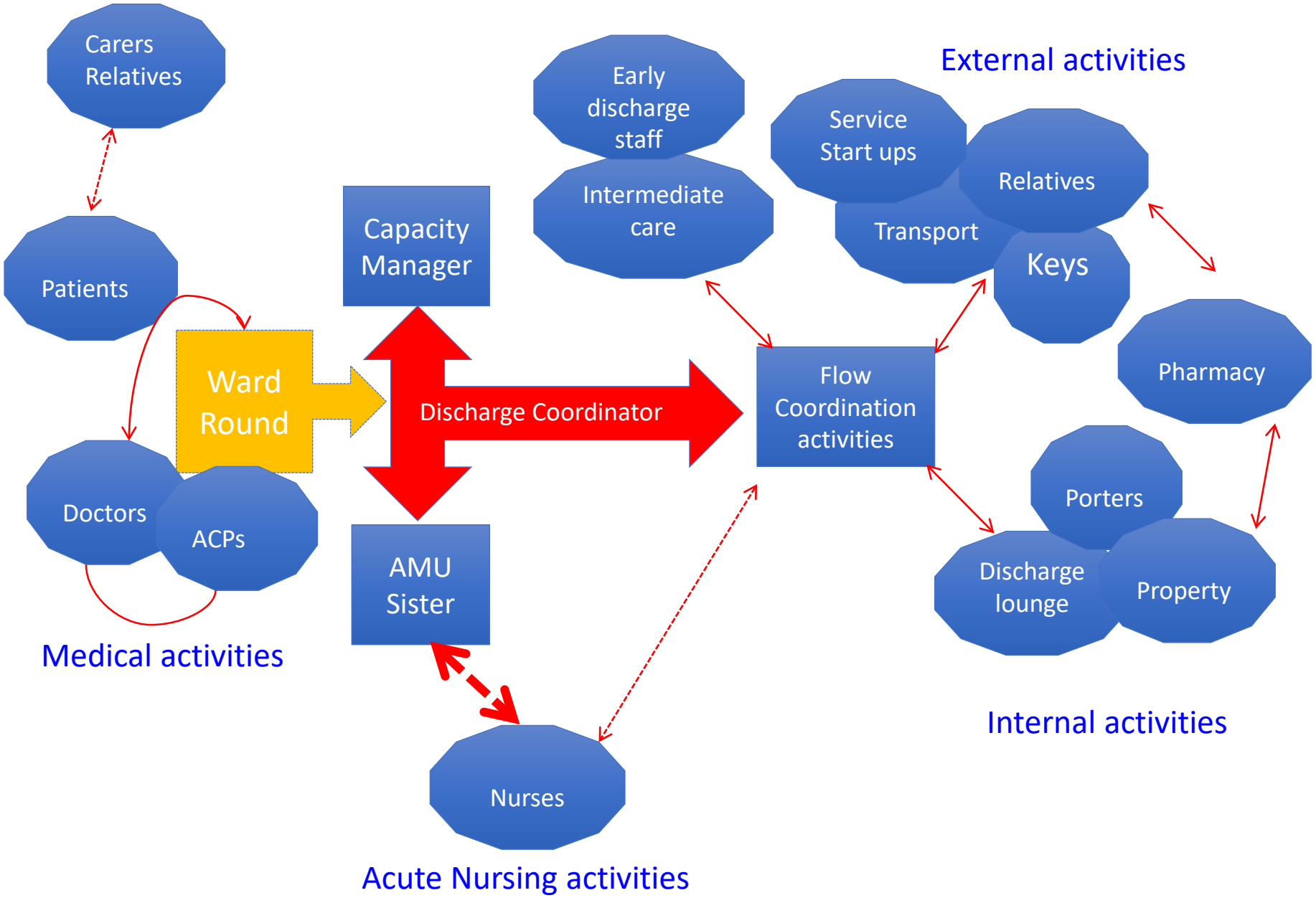
Patient Scenarios

- **What is the optimal time of day to discharge a patient from hospital:**
- Before Lunchtime; Afternoon or Evening: 72% of nurses chose afternoon

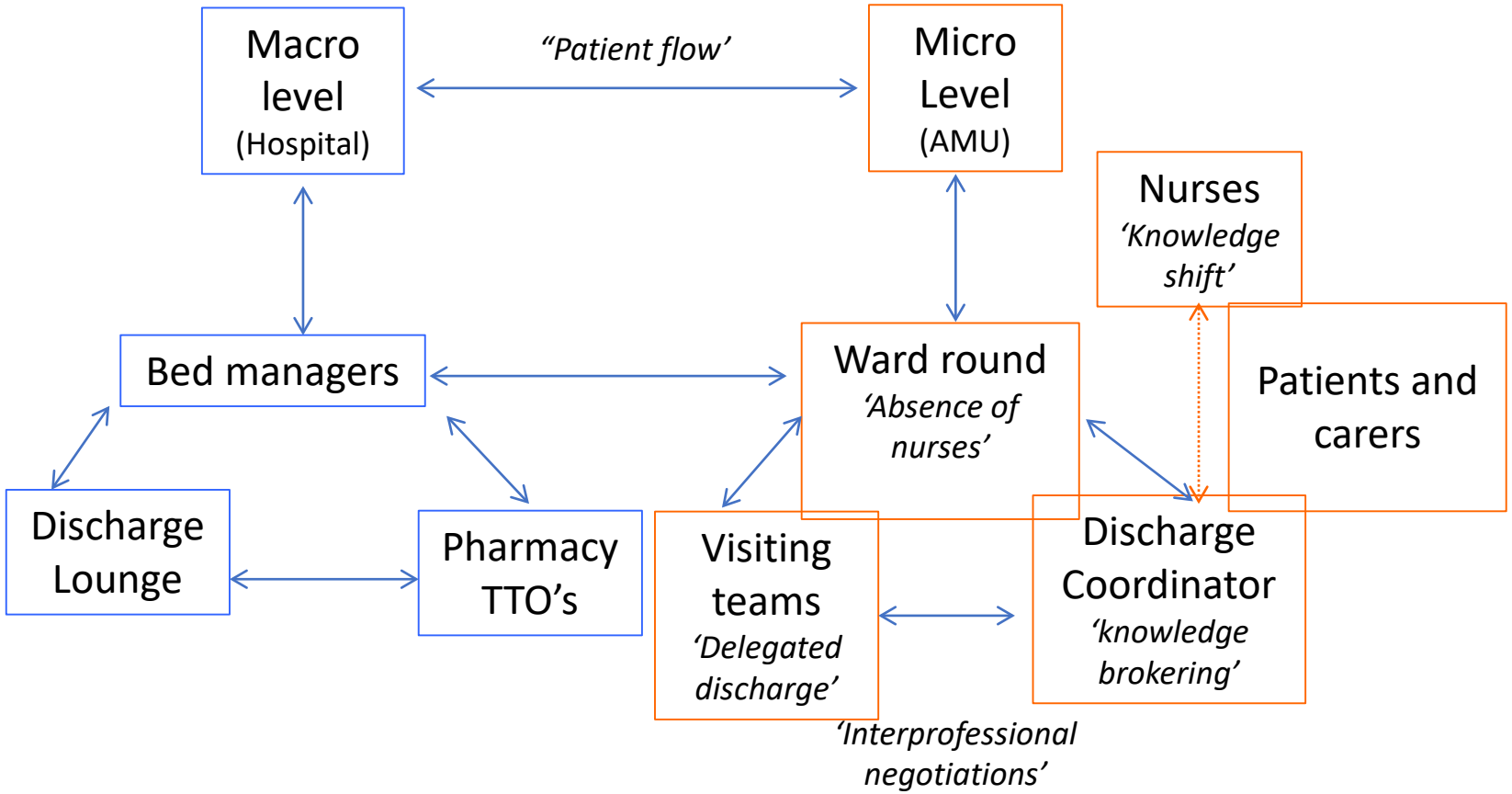
- **When given a choice of booking patient transport times:**
- 1 hour, 2 hours or 4 hours. The most popular choice was 4 hours

- **When requesting medications for discharge when should this process start?**
- As soon as you have a definite date for discharge; night before; on the day of discharge. 60% of staff chose 'on the day of discharge'

Observations: Coordination of Discharge Practice (People)



Observations: Macro and Microstructures of Process



Resolution of Issues in Discharge Coordination

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Risk Manag Healthc Policy. 2022; 15: 141–149.
Published online 2022 Feb 2. doi: 10.2147/RMHP.S347693
PMCID: PMC8819168
PMID: 35140535

Multi-Disciplinary Discharge Coordination Team to Overcome Discharge Barriers and Address the Risk of Delayed Discharges

Halah Ibrahim, [1,2] Thana Harhara, [2] Syed Athar, [2] Satish C Nair, [3] and Ahsraf M Kamour [2]

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Abstract

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Step 7:

Involve patients and carers so that they can make informed decisions and choices that deliver a personalised care pathway and maximise their independence.

Improve Communications with Patients and Carers (2023)

The patient's perception of the discharge

Patient Told They Can Go Home

Patient Expectations

Prolonged Waiting

Tensions & Discontent From Patients

Perception on Speed of Process

Lack of Communication

Further Pressure on Staff

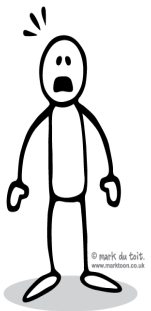
Avoidance of Communication

Errors

Staff Rushing

Patients Rushed

Perception on Speed of Process



Expectations & mental preparedness

Lack of Communication

Communications

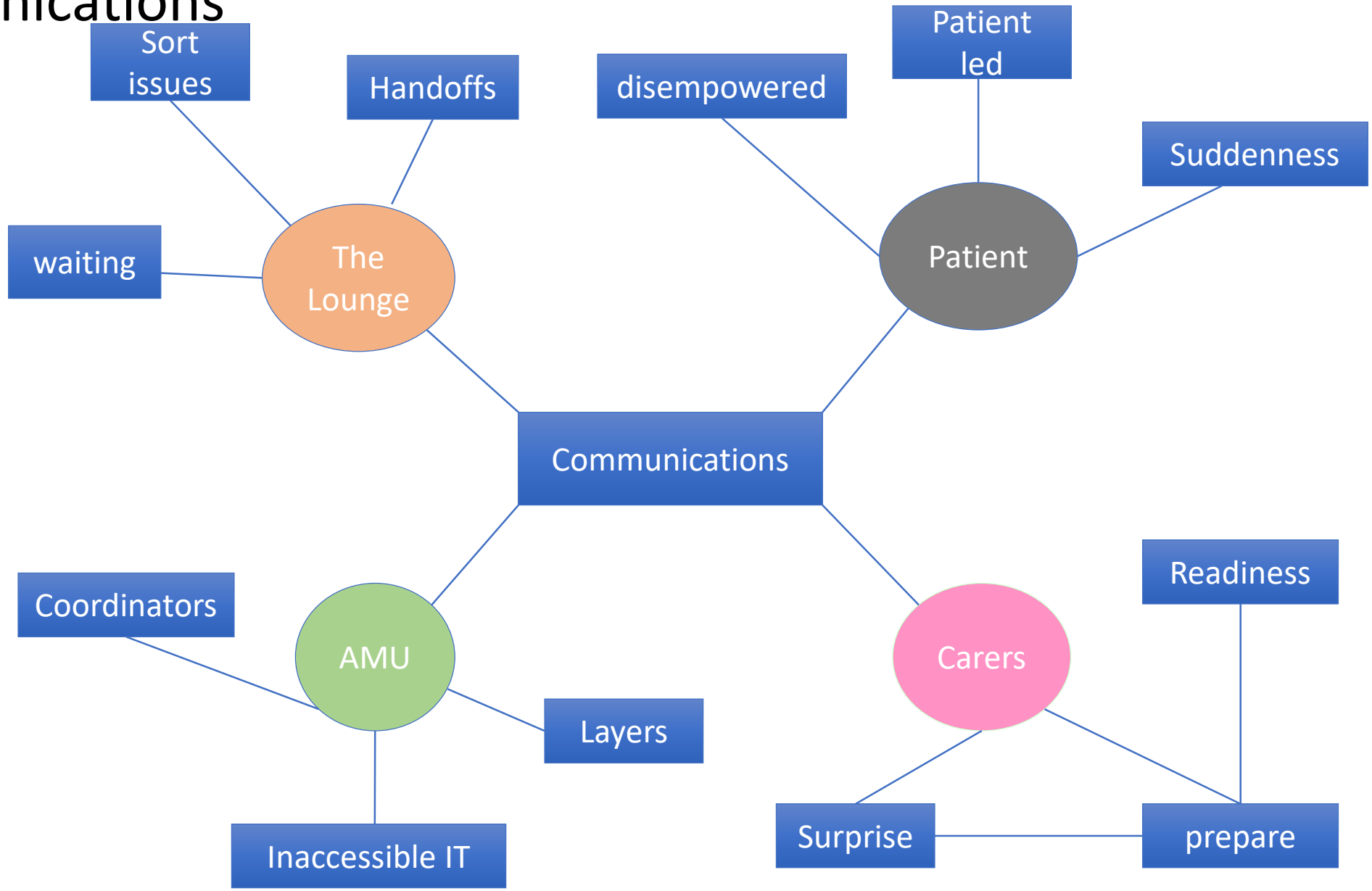
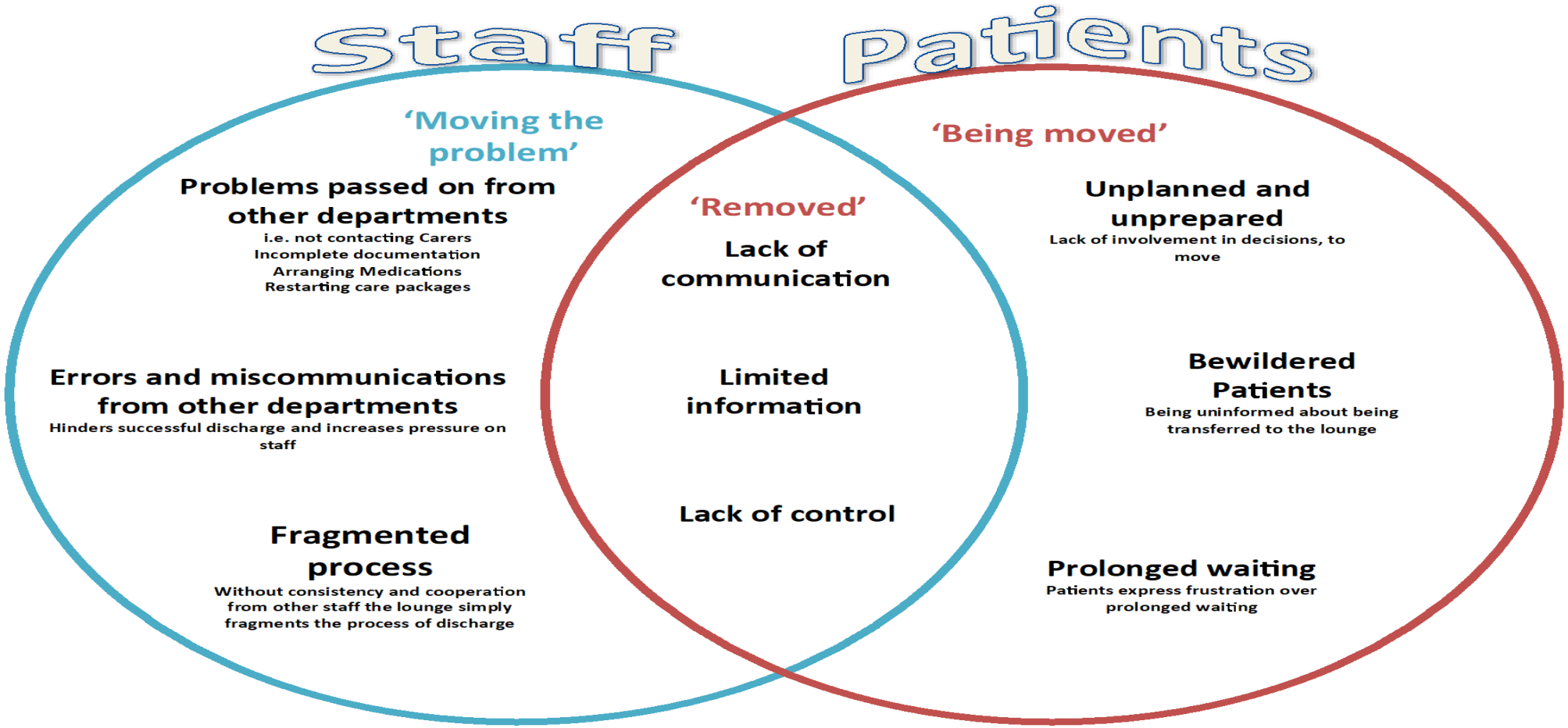


Figure 2: summary of patient and carer perspectives regarding the discharge lounge



Lees-Deutsch, L., Gough, B. York, J., Caress, A., (2020) Patient and Caregiver experience of Hospital Discharge from an acute medicine unit, via the discharge lounge: A Qualitative Case Study. Acute Medicine 2020; 19(1): 33-40

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Ask the Patient

“I think the trick is to anticipate what you need in advance of going home…..I’ve always been a planner. I’ve always looked after myself”

LH 25 Aged 99 years

Shared Conversations and Decision Making

I'm not afraid of dying, but I am afraid of getting stuck in here.

Many times, I have said just get me home, I will find a way to cope with my family - we always cope, so why not now?

Patient Information – reduce readmissions

Open access Quality improvement report

BMJ Open Quality

Improving patient understanding on discharge from the short stay unit: an integrated human factors and quality improvement approach

Jenna Lauren Elizabeth Cook,[1] Evie Fioratou,[1] Peter Davey,[1] Lynn Urquhart[2]

To cite: Cook JLE, Fioratou E,

ABSTRACT

J Med Internet Res. 2020 Apr; 22(4): e15573.
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PMCID: PMC721
PMID: 3234

Interactive Digital Health Tools to Engage Patients and Caregivers in Discharge Preparation: Implementation Study

Monitoring Editor: Gunther Eysenbach

Reviewed by Ryan Greysen, Priscilla Gazarian, Megan Duckworth, and Christiaan Vis

Theresa E Fuller, BSc,[#1] Denise D Pong, MD, MPH,[#1] Nicholas Piniella, BSc,[1] Michael Pardo, MD,[1] Nathaniel Bessa BSc,[1,2] Catherine Yoon, MSc,[1] Robert B Boxer, MD, PhD,[1,2] Jeffrey Lawrence Schnipper, MD, MPH,[1,2] and Anuj K Dalal, MD[1,2]

How do We Evaluate What Matters to Patients?

Evaluating quality in acute care using patient reported outcome measures: a scoping review

E M Mols [1], Mgam van der Velde [1], Pwb Nanayakkara [2], H R Haak [1], Mnt Kremers [1]

Affiliations + expand

PMID: 33749693

Abstract

The aim of this scoping review is to identify patient reported outcome measures (PROMs) in acute care settings, assess their psychometric properties and provide recommendations for their use in daily practice. We performed a search in the PubMed database to identify publications concerning PROMs in an acute care setting. The COSMIN checklist was used to assess the psychometric properties of the reported PROMs. We found 1407 publications and included 14 articles, describing 15 measures. Most publications provided limited information on psychometric properties. Three generic PROMs were deemed of adequate quality for use in acute care. We recommend future development and evaluation of PROMs focussing on acute care to further evaluate and improve the quality of acute care.

Step 10:

- Make Decisions to Discharge Patients Every Day
- Clinical Criteria for Discharge (2022- 2023)
- SPEED – Selecting Patients for Effective Earlier Discharge

Lees-Deutsch, L. et al (2023) Development a Point Prevalence Survey Tool to Demonstrate the Opportunities and Characteristics for Criteria Led Discharge from Hospital: A Multi-Site Feasibility Study *(in press)*

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Percentage of patients identified a suitable for CLD

BIG DATA

Suitable for CLD?	June 2023		October 2022		May 2022	
	Number	%	Number	%	Number	%
Yes	467	42.3%	437	52.3%	143	52.8%
No	630	55.7%	396	47.4%	111	41.0%
No Response / Other	35	3.1%	3	0.3%	17	6.3%
Total	**1132**	**100.0%**	**836**	**100.0%**	**271**	**100.0%**

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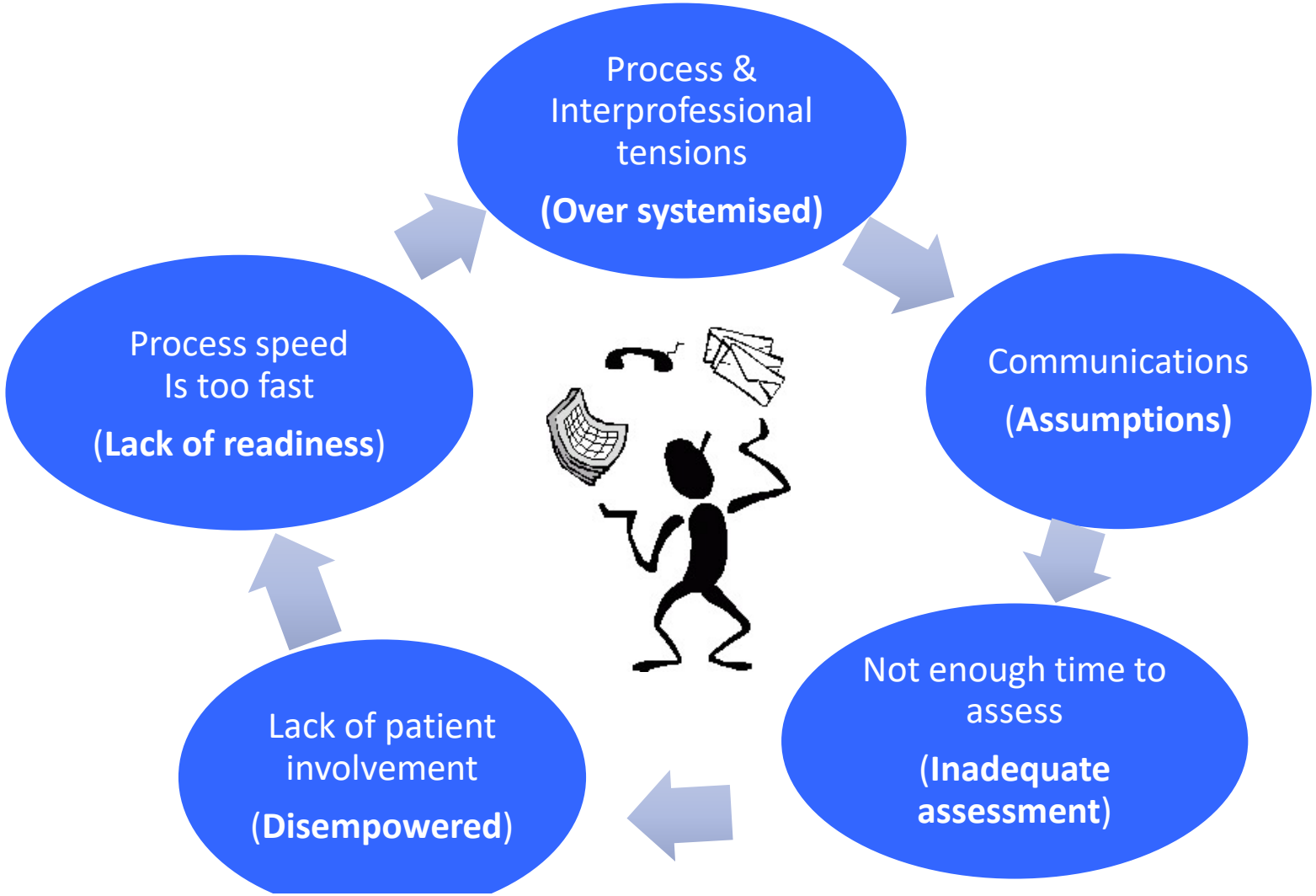
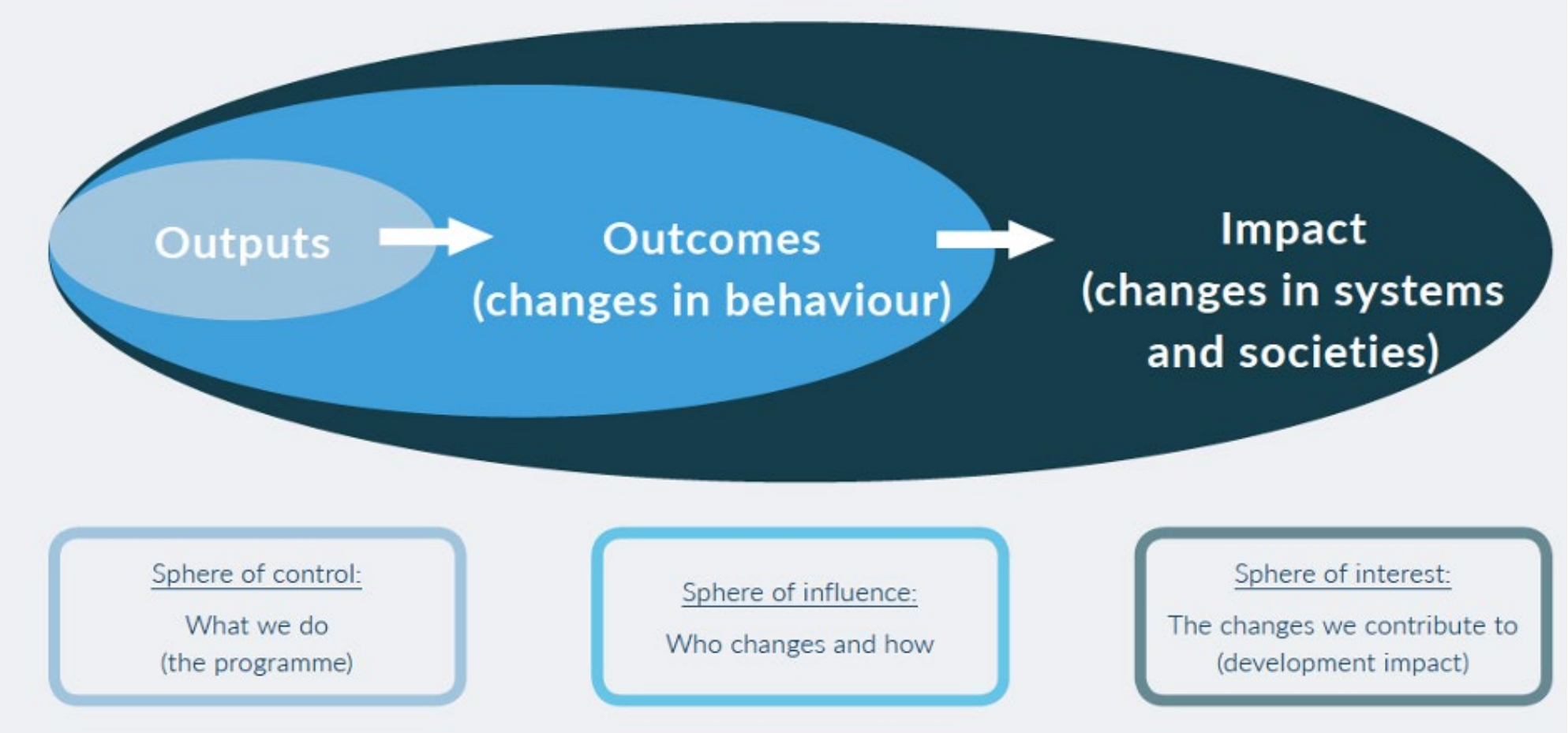
Summary: Patient Discharge and Patient Flow De-railers



Incremental Changes in a Complex System



Clarke and Apgar, 2019

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Your Questions are Welcomed

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