EXECUTIVE SUMMARY

AUDIT TITLE: Audit of the compliance of acute hospitals with selected criteria from Standard 8 (Key Performance Indicators) of the HSE Code of Practice for Integrated Discharge Planning

Background/Rationale

To support hospitals in implementing a coordinated approach to planning for discharge, the HSE introduced a document entitled *Code of Practice for Integrated Discharge Planning* (CPIDP)[1] in November 2008. It sets out standards of practice required for the management of integrated discharge planning (IDP). Encompassed within the standards is Standard 8 which sets out a number of key performance indicators (KPIs) designed to demonstrate improvements in the efficacy of IDP. Similarly, non compliance with these indicators can be indicative of deficits in IDP culminating in inefficiency, avoidable delays for patients and in particular, sub-optimal performance of emergency departments (ED).

As ED performance is a national priority both within the HSE and for the government, the HSE Programme Manager for Emergency Department Improvement in conjunction with the National Strategic Lead for Bed Management/Discharge Planning within the Special Delivery Unit (SDU) of the Department of Health and Children determined that an audit on the compliance of acute hospitals with specific KPIs from the CPIDP was opportune.

Audit Objectives

The objectives of this audit were threefold as follows:

1. To establish compliance with the following KPIs as set out in Standard 8 of the CPIDP

   8.3.5   Each patient shall have a documented length of stay.

   8.3.6   The patient's estimated length of stay (ELOS) shall be identified during pre-assessment, on the post take ward round or within 24 hours of admission to hospital and shall be documented in the healthcare record.

   8.3.7   The length of stay shall be discussed and agreed with the patient/family and carers.

   8.3.12 Each patient discharge shall be effected (i.e., hospital bed becomes available for patient use) by 11 am[*] on the day of discharge. *This includes completion of all necessary discharge procedures, documentation of the time of discharge in the healthcare record and communication with patients, carers and other healthcare providers (where relevant).*

2. To establish a baseline of current practice as it relates to the aforementioned KPIs.

3. To make recommendations based on audit findings so that quality improvement plans can be put in place and performance can be monitored where appropriate.

[*]The time of discharge was revised from 12 noon to 11 am by the A&E Forum. This group was established to enable key stakeholders including management, clinicians (via professional bodies) and unions to provide an advisory function on strategies to address overcrowding in emergency departments. The focus throughout this audit will be on practices as they relate to 'Home by 11' as described by this group.

The audit was conducted nationally in 16 acute hospitals across the four HSE regions. The designated hospitals were as specified by the audit requesters and are as follows:

Dublin/Mid Leinster: AMNCH Tallaght, St. Vincent's, St. Columcille's, Midland Regional Hospital Mullingar, Naas General

Dublin/North East: Beaumont, Mater, Connolly, Our Lady of Lourdes Drogheda, Cavan General

HSE West: Mid Western Regional Hospital Limerick, Galway University Hospital, Portiuncula

HSE South: Cork University, Wexford General, South Tipperary General

Significant Findings

Findings in relation to the KPIs (Objective 1)

Overall, there was limited documentary evidence of compliance with the KPIs selected for audit.

- With the exception of a small number of hospitals ELOS/EDD[1] is not being routinely identified and documented in healthcare records. Documentation of ELOS/EDD ranged from 80% to 0% with the majority of hospitals (n = 12/16) attaining 20% or less.

- Although difficult to ascertain, the evidence from the nursing documentation would indicate that where ELOS/EDD was identified, it was identified within 24 hours of admission.

- There was limited evidence of discussion/agreement of ELOS/EDD with the patient/family/carer.

- The audit team was unable to determine if discharge was effected by 11am from the majority of healthcare records reviewed. With the exception of a small number of hospitals, time of discharge is not routinely recorded on healthcare records. For cases where it was recorded, only a small percentage (13%; n =17/129) of patients were discharged before 11am on their day of discharge.

- Although difficult to quantify, there was some evidence of completion of all necessary discharge procedures and communication with patients/carers and other healthcare providers (where relevant), for the majority of records reviewed. A discharge checklist was evident in the majority of healthcare records reviewed albeit that some were more comprehensive and more complete than others.

Findings in relation to current IDP practices (Objective 2)

It should be noted that many of the points listed below are based on verbal accounts given to the audit team by key staff during interviews. An in depth review of IDP practices and processes as they exist in each hospital, was beyond the scope of the audit.

The findings from the audit indicate that IDP is only beginning to be addressed in earnest at the majority of hospitals audited. For all hospitals, those interviewed, commented on a recent change in culture and a greater focus on IDP with many citing the sheer focus on ED trolley waits, both locally and nationally, and the SDU as the main catalyst for this change.

- Notwithstanding the progress that has been reported across all hospitals, the findings, at this point in time would indicate that IDP practices are in the main, more reactive than proactive. There is little evidence of a formal collaborative or cohesive approach to IDP with staff working in tandem towards effective and efficient discharging. While a number of staff are reported to have adopted the process, full commitment from others seems to be falling short of optimal and in particular, from the medical staff.

- Although the majority of hospitals either have, or are in the process of developing, a local policy on IDP and establishing a committee/group with a specific focus on IDP, the need for greater accountability and leadership from management and executive clinical leads was evident.

- Although being developed in a small number of hospitals, the lack of a 'live' bed management system was identified as a significant barrier to effective and efficient discharge planning – communication between the wards and bed management is, for the most part, informal.

- Although said to be encouraged, it was reported by the majority of hospitals audited, that consultant-led early morning ward rounds are not routinely conducted, thus impacting on early discharge. Equally, the majority of hospitals audited do not have a formal system in place for expediting discharges at the weekend.

- While the majority of hospitals have documentation in place to facilitate identification and capture of information pertinent to the KPIs, there was little evidence of regular auditing and monitoring of IDP practices. Similarly, with the exception of a small number of hospitals, ongoing education and training for all staff on IDP practices is not happening.

- Where hospitals are depending on the acute ambulance service for the transfer of patients, it was said to be particularly problematic. Despite signage regarding 'Home by 11' being in place

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[1] It is common practice for some hospitals to identify and document an estimated date of discharge (EDD) instead of an ELOS. For the purposes of this audit both are acceptable.

in some of the hospitals audited, persons interviewed commented on the lack of co-operation from patients and the public regarding same. In many cases, patients are not collected by families/carers until late in the evening.

o The lack of sufficient and appropriate supports in the community is a significant issue for all hospitals audited. The protracted delays in accessing services and in particular 'Fair Deal' are also a particular concern for all hospitals audited.

While a review of the effectiveness of structures and processes in place to manage IDP was beyond the scope of the audit, it is acknowledged that there is a considerable amount of work being done in all hospitals audited, on the implementation and development of initiatives for improving IDP practices and processes. Of particular note are the following:

- the practice in some hospitals of senior management conducting regular 'ward rounds' demonstrating their commitment to the process
- the presence of a reference list of ELOS for the most common admitting conditions for use by clinicians
- the use of white boards to record and monitor ELOS/EDD
- electronic discharge letters and prescriptions
- the use of specific audit tools for monitoring IDP practices.

Recommendations

The recommendations made by the audit team are set out below. It is also acknowledged that some of the recommendations may have been/or are being addressed at some of the hospitals audited (refer to Appendix C).

Policy / Procedures

1. A local policy on IDP practices and processes should be developed where none currently exists. Hospitals should ensure that it aligns with the provisions of the CPIDP and any other pertinent documentation. Hospitals that have 'Home by 12' policy should introduce a 'Home by 11' policy.

2. A multidisciplinary IDP group (or equivalent) should be established where none currently exists. Membership should include the Clinical Director, Director of Nursing, and the Bed Manager, along with representation from the local health office. This group should be responsible and accountable for ensuring effective recording, monitoring, and auditing of IDP practices along with two-way communication to senior management and the directorates. Where possible, sub-groups for education, documentation and auditing should also be established.

3. A national awareness campaign on 'Home by 11' and the importance of same should be conducted.

4. Hospital management should reiterate to medical staff that ELOS/EDD should be identified during pre-assessment, on the post take ward round or within 24 hours of admission to hospital and should be documented in the healthcare record. It should also be reviewed throughout the patient's journey and revisions recorded in the healthcare record.

5. Hospital management should reiterate to nursing staff their responsibility to record
   ▪ ELOS/EDD on documentation pertaining to discharge planning (e.g., discharge plan) once it is identified by medical staff
   ▪ the time discharge was effected (i.e., time bed became vacant)
   ▪ any reason(s) for delay in discharge and
   ▪ admission to and discharge from a discharge lounge where relevant, in the healthcare record.

   Discharge planning documentation should be revised where necessary, to prompt for same.

6. Hospital management should reiterate to all staff, their responsibility to document all communication with patient/family/carer regarding ELOS/EDD and discharge process in the healthcare record. An information brochure should be developed, where none currently exists, and provided to the patient on admission.

7. Hospitals should review all discharge documentation currently in place to ensure that it aligns with the provisions of the CPIDP and facilitates capture of information pertinent to the KPIs.

Local audits should be conducted to determine the effectiveness of revised documentation.

Education/Auditing

8. Hospitals should develop a plan for regular education and awareness on the discharge planning process including documentation, for all staff, where none currently exists. It should also ensure that education and training is in accordance with the Guide to Integrated Discharge Planning Staff Education[2].

9. All hospitals should ensure regular auditing of its IDP practices to include

   - identification and documentation of ELOS/EDD including any revisions made and its discussion with patient/family and carers

   - discharge patterns (days/times including weekends) and reason(s) for non achievement of 'Home by 11' or earliest possible time

   - frequency and times of ward rounds

   - evidence of discharge planning in the healthcare record (to include timely organisation and management of appropriate discharge arrangements).

Internal Processes

10. Hospitals that have an issue with capturing the actual time of discharge (i.e., time discharged from the ward and not the time discharged 'off the system') on their ICT system, should rectify the issue. Hospitals that are not capturing ELOS/EDD and date/time of discharge electronically should consider same. This information would facilitate better monitoring and trending of discharges practices. Where electronic capture of ELOS/EDD and date/time of discharge is in place, it is imperative that this information is robustly monitored and validated for reliability.

11. The Clinical Director in all hospitals should issue an instruction to consultant teams to complete discharge letters in a timely fashion, e.g., on the day before discharge or at the end of the ward round on each ward, i.e., before the team moves to the next ward.

12. Hospitals should consider scheduling ward rounds (agree on times). The times agreed should facilitate a nurse manager being present on all ward rounds. This would facilitate a team approach and greater sharing/handover of information in relation to discharging.

13. Hospitals that are currently not using information boards (white boards) to record and monitor ELOS/EDD should consider their introduction.

14. Hospitals that do not have a formal process in place for expediting discharges at the weekend should consider same.

15. Hospitals should consider formalising the process for informing bed management of the ongoing discharge status of all patients (e.g., live bed management system/spreadsheet with shared access between the wards and bed management). The process should be timely, agreed and follow ward rounds.

16. The Clinical Director in all hospitals, in consultation with colleagues should consider drawing up a reference list of ELOS for the common admitting medical conditions, where none currently exists. This type of reference list is used by some hospitals and found to be useful for all staff involved in IDP and particularly for clinicians in identifying an appropriate ELOS/EDD and reducing some of the ambiguity that can be involved.

17. The issue regarding the dependency on the acute ambulance service to facilitate timely discharge should be reviewed nationally.

18. Hospitals with discharge policies in place which provide for transfer of medically fit patients back to the referring hospital within 24 hours should ensure adherence to such policies.

Conclusion

The overall findings of this audit demonstrate limited compliance with the KPIs at this point in time. However, the foundations for a number of good practices and initiatives are in place and with continued development and commitment from all staff, further improvements in IDP are foreseeable across all hospitals audited.