Criteria Led Discharge - What Matters to Staff - Preparing the Multidisciplinary Team, Developing Knowledge & Competence

Richard Walsh - Director of Nursing, National Acute Medicine Programme (Irl)

Background
Evidence from Australia and Scotland demonstrates that Criteria Led Discharge contributes to reduced length of hospital stay and readmissions, increased early in day discharges, positive patient and staff experience of the process, and improvements in hospital wide patient flow. It was hypothesized that Criteria Led Discharge (CLD) if implemented in Irish Acute Hospitals would support safe, timely and effective discharge by competent multidisciplinary staff. To test this hypothesis a QI approach to implementing CLD was adopted amongst COPD patients of one Consultant in one medical ward at St Lukes Hospital Kilkenny. A multidisciplinary steering group and a QI committee composed of hospital and community based staff were established to adopt a model of CLD. A change programme Driver Diagram was developed and continuously reviewed. (Diagram. 1. June 2016). Staff competency development was prioritised prior to testing of CLD.

Method and Tests of Change (Process Change)
New South Wales Agency for Clinical Innovation (2014) Criteria Led Discharge (CLD) education programme adapted to the Irish policy and practice context (Diagram 2)

- Staff FAQ sheet (x 2) (Diagram 2)
- Programme Visibility – Staff Notice Board Section at ward staff station (Diagram 2)
- Reinforcement at MDT meetings and shift handovers
- Delivery of education programme (1.5 hrs) – PDSA x 2
- Self rating of Knowledge prior to and following programme (Diagram 3)
- ‘What Matters’ discussion post each education session (Diagram 4)
- Post programme Staff Competency Assessment Sheet (ward Based)

Aims of the Education Programme
To ensure all staff are CLD Competent by
- Creating awareness of the programme, processes and improvements
- Developing / adapting and testing an educational programme for the Interdisciplinary Team
- Including 100% of clinical staff working in the test ward
- Providing visible information and resources for staff
- Identifying ‘What Matters To Staff’ and adjust programme to meet concerns
- Competency assessing staff in clinical practice

Methodology
- Data collected from Multiple sources on feedback from staff
- Survey of all staff on basis of competency to perform discharge
- Survey of hospital wide patient flow

Methodology
- 32 staff attended education programme (Nursing 22; O.T. 5; Physio 2; Pharmacy 2), Doctors did not attend.
- 96% of staff had no previous exposure to nurse led discharge or CLD
- 29 Self rating of knowledge, ability and competency (pre and Post programme) survey responses returned
- 65% of nurses, 20% O.T.s and 50% Pharmacists reporting CLD competence post education (Diagram 3)
- Most Commonly stated concern – Accountability (Diagram 4)
  - Most commonly stated intervention to address concerns – continuous clinical updating, MDT meetings and practice in clinical setting

Results

Conclusions
- 1st PDSA of Education Programme highlighted areas for further adaptation
- Staff concerns were revealed and solutions identified
- CLD welcomed as a patient centred QI initiative
- Nurses most likely to co-ordinate and discharge
- Further work required in clinical area to create confidence
- Enhanced focus on the importance of MDT approach to care

Next Steps
- Insufficient data to date to determine effectiveness
- Spread to other Consultant patients and wards
- CNM to deliver education programmes to spread areas
- Doctors to attend Multidisciplinary education programmes

Appendix

Key Reference Materials
1. AMNIG1
2. Dublin: Health Service Executive.

For Further information contact
richardp.walsh@hse.ie

Diagram 1. Driver Diagram V3 June 2016

Diagram 2. Staff FAQ Sheet & Staff Station Board

Diagram 3. Self Rated Levels of Competence, Ability to Managing Concerns and Discussion of 11 Categories of CLD Information

Diagram 4. What Matters to Staff on Becoming CLD Competent

For Further information contact
richardp.walsh@hse.ie