Improving patient discharge:
A collaborative approach to discharge planning

Background
Effective discharge planning improves patient outcomes, satisfaction and re-admission rate\(^1\). Multidisciplinary communication, timely discharge, combined with patient and family involvement are vital components in discharge planning. A tool was developed in a surgical unit in Waikato Hospital one of the largest tertiary hospitals in New Zealand, in order to improve the discharge planning process for patients.

Objective
The tool was designed in order to draw all the members of the multidisciplinary team closer to the bedside in the planning of patient discharges while at the same time increasing patient and family involvement during this process. The tool also seeks to improve timely discharge with 20 percent of discharges occurring at or before 11 in the morning and further increase Transit Lounge\(^*\) utilisation rate to more than 15 percent by April 2015.

Improvement Science Methodology: Patient Bedside Status Tool
Using the PDSA Cycle\(^**\) of the Productive Wards Series, a team was formed comprising of members from the Multidisciplinary Team (MDT):

- Medical Staff (Consultant)
- Dietitian
- Nursing Staff (CMN, NE & Nursing Staff)
- Clinical staff
- Physiotherapist
- Occupational Therapist

The Working Group

- Name of the patient
- Consultant and specialty team
- Expected date of discharge
- Patient’s mobility status and mobility aide used
- Discharge planning traffic light for the MDT
- Discharge time target (11 AM)
- Information on the discharge process through the Transit Lounge

The tool was displayed in each patient bedside area, updated by the MDT using a whiteboard marker.

Other strategies implemented:
- Visible discharge time target signage across the ward
- In-service education sessions
- Regular updates to staff (focus board, newsletter, monthly ward rounds)
- Rewards and recognition
- Staff evaluation through surveys
- Informing medical staff of the tool and discharge targets during their ward orientation

Results

- More timely discharges - with most patient discharges (greater than 20 percent) occurring at 11 AM (see Figure 3)

- Increased Transit Lounge utilisation (up to 45 percent utilisation rate) (see Figure 4)

- Increased collaboration among the MDT in the discharge planning process (see Figure 5)

- Patients and family are more involved in their discharge planning and improved readiness for discharge (see Figure 5)

Lessons learned
- Team collaboration resulted to a tool that is multidimensional and relevant across all members of the MDT
- Improved staff communication when implementing projects improves staff participation
- Rewards and recognition encourages staff participation
- Weekly statistical updates from the Bed Capacity Manager facilitated progress monitoring and evaluation of target achievement

Next step
- Evaluate patient experience and compare pre and post tool implementation
- Identify strategies to sustain outcomes and increase staff participation in utilizing the tool

Reference

* a purpose built facility for patients who are waiting to be transferred to another facility, waiting to be picked up by family/friends, waiting for a prescription, etc. Nursing and healthcare assistant staff are on site.

** shorthand for the tool used for testing a change

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