FACILITATING AN EFFECTIVE DISCHARGE FROM HOSPITAL

Authors
Liz Lees, MSc, BSc, DipN, DipHSM, RGN, is consultant nurse, acute medicine, Heartlands Hospital; Rebecca Delpino, DipN, RGN, is sister and discharge project leader, Solihull Hospital; both at Heart of England Foundation Trust, Birmingham.

Abstract
Lees, L., Delpino, R. (2007) Facilitating an effective discharge from hospital. Nursing Times; 103: 29, 30–31. During January 2007 a discharge project was set up to improve multidisciplinary team communication and coordination of patients’ progress through the discharge process. The project involved a local agreement to adjust the information on the ward’s central patient location board to include relevant discharge information. This article details the development of the board and the early results, and looks at the implications for clinical practice.

Introduction
Location boards are used to display basic patient details and are usually situated at the entrance to a ward or sub-areas within a ward, such as patient bays. However, the type of information displayed varies greatly from one ward area to another. For this project, information on and usage of boards was compared across 15 wards within the Heart of England NHS Foundation Trust (HoEFT). This comparison showed that only two pieces of information are displayed routinely: the patient’s name and the name of the consultant in charge of her or his care.

Through discussion, nurses have revealed that up to 12 different pieces of information may be noted on ward patient location boards. The lack of clarity surrounding what should be included provided an ideal starting point for reconsidering the boards’ use in relation to the discharge planning process.

Meeting operational demand for beds
One of HoEFT’s key performance indicators is to promote discharge by 1pm so there is sufficient capacity to carry out elective work and accommodate emergency patients without breaching the four-hour emergency target. To realise and sustain this at ward level, nurses are encouraged to take individual responsibility and ownership. Nurse-facilitated admission and discharge principles should underpin the achievement of this target (Department of Health, 2004).

Simple discharges are regarded as within the nurse’s remit to coordinate and expedite but, in order to move practice forward, many aspects of ward organisation and communication must work together to ensure safe patient discharge. Patient boards could help by noting whether discharge is due to occur in the morning or afternoon. Some trusts such as the Pennine Acute Hospitals NHS Trust have included traffic-light bed management systems on their boards to indicate the estimated length of patient stay (DH, 2006).

Evidence also suggests that patients are likely to be better informed about their progress towards discharge if they can see the course of events being planned (DH, 2006). Good communication and information-sharing at ward level assists integrated care planning between different agencies and stages of care pathways. The nurses organise care of patients proactively according to their nursing dependency needs throughout their stay from high-dependency/high-visibility to low-dependency before discharge. As an example, a patient’s stay may involve up to four bed moves and if these are not coordinated efficiently then confusion may occur regarding the discharge process and the date of discharge.

Multiple moves or transfers can result in the wrong information being communicated to the patient and relatives, potentially delaying a patient’s discharge. Conversely, good communication and coordination contributes to a well-managed discharge and may prevent potential delays, ensuring effective use of bed days.

The Project
The project was launched for one month from 1 February 2007 and took place on a 33-bed elective orthopaedic ward. The ward was divided into five bays and several side wards. The overall aim was to improve the discharge process by refocusing and standardising discharge information written on ward/patient boards.

The project was communicated to multidisciplinary team members in advance in order to engage their support and ensure clear project objectives for those directly involved.

Implications for Practice

Before discharge: a clear discharge plan helps to improve communication with the multidisciplinary team. Visibility of the plan helps to avoid misunderstandings with the patient/family.

During the active discharge planning phase: an estimated date of discharge or a system that will allow staff to see ‘the parts of the process that need to be completed in the predicted timescale’ should be included on ward boards. This should help to reduce the variance in length of stay.

When the new system has been introduced it must be promoted and reinforced continually, especially to new staff and rotating junior doctors who are new to the area.

After discharge: this system facilitates open communication with the multidisciplinary team, patient and family. Questions stimulated by this transparency are likely to reduce the volume of patient complaints after discharge. Good communication and planning should improve patient satisfaction.
BACKGROUND

<table>
<thead>
<tr>
<th>Over the past two years the NHS has been adopting and promoting ‘lean-thinking’ principles (NHS Institute for Innovation and Improvement, 2007).</th>
</tr>
</thead>
<tbody>
<tr>
<td>This advocates, for example, standardising processes in relation to discharge planning as this is something that takes place on every hospital ward.</td>
</tr>
<tr>
<td>If nurses are present on the ward round they are clinically empowered to help determine the volume, nature and pace of discharge activities (Lees et al, 2006).</td>
</tr>
</tbody>
</table>

involved in patient discharge activities.

The objectives of the project were to:

- Promote transparency of the discharge process and progress to the discharge plan for all involved in patient care;
- Incorporate the estimated date of discharge or approximate length of stay on the boards;
- Demonstrate clearly the elements of the discharge process that are actively under way;
- Improve overall communication of the discharge process for patients and their family/relatives;
- Improve the flow of patients via increased awareness of possible constraints;
- Enable and empower nurses to undertake nurse-led discharges and encourage other relevant staff to make proactive use of the patient information boards.

For this project it was agreed to show eight items of patient/discharge information. This was based on the nature of the ward (orthopaedic) and the usual discharge process/pathway for such patients. These eight items were:

- Patient name;
- Consultant;
- Date of admission;
- Length of stay (or the estimated date of discharge);
- Occupational therapy;
- Physiotherapy;
- Surgical outreach team;
- Tablets to take home requested.

Each card was laminated and individual details were added or wiped off. All cards were displayed on one central ward board.

Results

The project was evaluated using individual questionnaires for the members of the multidisciplinary team involved. The questionnaires comprised eight focused questions to assess the staff feelings towards the change in practice.

All (100%) staff preferred the new information boards but some indicated that the light reflecting on the board made it difficult to read from a distance.

Ninety-one per cent of staff felt the information on the new patient name cards was appropriate and 58% felt that no further information needed to be included.

A third (33%) of staff did not use the occupational therapy, physiotherapy and surgical outreach tick boxes to indicate patients’ need for these services. It was suggested, however, that it might be useful to include a social work box.

Some 83% of staff were happy to seek advice about estimating a patient’s date of discharge if they were unsure themselves. Half (50%) were happy to include a patient’s estimated date of discharge on the board. Estimating the date of a patient’s discharge begins with the multidisciplinary team committing to a possible discharge date and then communicating this to the patient and family (DH, 2006). The ward staff involved in this project felt this was a reasonable undertaking when it was realised that the date is not static and can be guided by the patient’s progression through the care pathway (Lees and Holmes, 2005).

DISCUSSION

The patient board has remained in use since the end of the project period. Although the ward does encompass specialist areas of practice involving outreach and early discharge teams, there is nothing to preclude these additional elements being displayed. Staff feel it has enabled them to work more collaboratively towards effective and efficient patient discharges. At the very least it was felt to be more user-friendly and professionally presented.

REFERENCES


NHS Institute for Innovation and Improvement (2007) Going Lean in the NHS. University of Warwick Campus, Coventry: NHS Institute for Innovation and Improvement.

CONCLUSION

The patient boards provide a summary of key discharge actions that are in progress. The integration of discharge planning information on the boards enabled the multidisciplinary team to work more closely to benefit patients through a more efficient discharge process. The boards also promote openness about discharge elements with patients and their relatives and carers.

Including estimated dates for discharge on the boards would also help to link the admission and discharge processes. This would help improve patients’ experiences. It is hoped that this project could be considered in other hospitals as a means of examining the strengths and weaknesses of current practice and promoting effective discharge in different settings.