Practice changing practice

Making effective use of predicted discharge dates to reduce the length of stay in hospital

This article describes an initiative to reduce length of stay on an orthopaedic ward by focusing on predicted discharge dates

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This article outlines an initiative by nursing staff in the elective orthopaedic department at Cardiff and Vale NHS Trust to improve discharge planning for all patients on the ward. It describes how renewed focus on the predicted discharge date among multidisciplinary teams and patients themselves increased the proportion of patients who went home by or before their target date and reduced the average length of stay.

INTRODUCTION

There has been much work on reducing hospital admissions and caring for people more appropriately outside hospital. However, when hospital care is needed, the NHS also needs to minimise the time people spend as inpatients, while not undermining patient safety or quality of care.

NHS resources are limited so productivity and efficiency are paramount. An average patient on a surgical ward costs the NHS up to £400 per day, so there are obvious financial benefits to reducing length of stay. Careful planning of patients’ predicted discharge dates has a significant part to play in this.

It is estimated that a reduction in length of stay of between two and six days per patient could save NHS trusts £15.5m–£46.5m a year in total. Shorter lengths of stay also improve patient satisfaction and lower the risk of healthcare-associated infections (National Audit Office, 2000). In the Healthcare Commission’s 2004 national patient survey, patients identified delays in discharge as a key area for improvement (Department of Health, 2004).

At least 80% of patients discharged from hospital can be classified as simple discharges, which means they can go straight home. Changing the discharge procedure for this large group could have a major impact on patient flow and effective use of bed capacity.

The ideal system should be associated with minimum delay and with patients who are fully informed about when they will be able to leave hospital (DH, 2004).

Managing the patient’s journey is crucial to improving patient experience and making the best use of beds (DH and RCN, 2003).

PREDICTED DISCHARGE DATE

Ensuring that patients and their carers are aware of their predicted discharge date from the time of admission is recognised as good practice and improves patient experience, helping them to feel more in control.

Patients should be able to know how long they are going to be in hospital and what time they will be discharged so that they and their families can plan accordingly.

Nobody wants to be in hospital longer than necessary and patients would rather recuperate in the more familiar and comfortable surroundings of their own home.

THE INITIATIVE

Ensuring a sustainable orthopaedic service is about making better use of resources through improved management and innovative ways of working (Welsh Assembly Government, 2004).

Nursing staff on the elective orthopaedic ward at University Hospital Llandough

PRACTICE POINTS

● Better planning and awareness of predicted discharge dates can shorten length of stay and improve bed management.

● Patients who spend less time in hospital are less likely to be exposed to healthcare-associated infections, and cutting length of stay reduces NHS costs.

● The ticket-home system is visible, accessible and simple, and improves communication between patients and staff and between members of the multidisciplinary team.

● Although this system was implemented on an elective orthopaedic ward, the scheme is applicable and easily transferable to other clinical specialties.

PERCENTAGE OF PATIENTS GOING HOME ON OR BEFORE THEIR PREDICTED DISCHARGE DATE

<table>
<thead>
<tr>
<th>Month</th>
<th>% of Patients</th>
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<tbody>
<tr>
<td>September</td>
<td>40%</td>
</tr>
<tr>
<td>October</td>
<td>60%</td>
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<tr>
<td>November</td>
<td>80%</td>
</tr>
<tr>
<td>December</td>
<td>100%</td>
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