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.

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

Keywords

Discharge | Planning | Length of stay

Practice changing practice

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.

This article describes an initiative to reduce length of stay on an orthopaedic ward by focusing on predicted discharge dates.
identified a need to reduce patients’ length of stay. The aim was to improve the flow of patients through increased focus by multidisciplinary teams and patients on the predicted discharge date. The ‘ticket home’ initiative started in August 2008 and was implemented within 48 hours of planning.

**Ticket home**

Through a series of brainstorming sessions, staff developed the ticket home, which is an A4 laminated card placed on patients’ bedside lockers, where it is easily visible.

The ticket home contains the patient’s name and consultant and there are sections for the physiotherapist and occupational therapist to fill out when the patient is discharged. It also contains information about whether the patient needs transport home, and whether X-rays and arrangements for take-home medication have been completed. The final and most important part is the section where the planned date for going home is written.

The ticket is explained to patients on admission and their predicted discharge date added to the ticket. As they meet their discharge goals, further information is added until all goals are achieved. Patients are then identified as fit for discharge.

The discharge process should be a multidisciplinary effort with high standards for all patients (Tierney et al., 1993). The ticket-home system is a tool to ensure that these high standards are achieved. The predicted discharge date is clearly visible to patients and staff. The ticket home identifies the goals that need to be achieved before discharge is possible, for example physiotherapy and occupational therapy assessments, transport being arranged and so on. Staff and patients are made aware that this is only a guide and is subject to change to ensure a safe discharge.

To aid nursing teams in accurately setting the predicted discharge date and to ensure standardisation, a list of appropriate lengths of stay for specific surgical procedures or clinical diagnoses was put together.

**OUTCOME**

It was important to evaluate the ticket-home system and data from the trust was used to monitor its implementation. Before the system was introduced, the average length of stay for specific surgical procedures or clinical standardisation, a list of appropriate lengths of stay. The aim was to improve the flow of patients through increased focus by multidisciplinary teams and patients on the predicted discharge date. The ‘ticket home’ initiative started in August 2008 and was implemented within 48 hours of planning.

The ticket-home system was introduced, the average length of stay for these patients had fallen by 19% to five days. In addition, patient flow through the discharge process was far smoother.

It was also discovered that, as a by-product of the ticket home, discharges of patients before 12pm had increased across orthopaedics. It is well recognised that discharging patients before 12pm is effective and efficient bed management (DH, 2004). It seems that improved communication about discharge in the team and better collaborative working enabled this to occur.

The system also increased the number of discharges over the weekend, which had previously been irregular and unplanned. Since the implementation of the ticket home, discharges on a weekend are now part of the whole system and patient flow. A key recommendation for achieving timely simple discharge from hospital (DH, 2004) is to establish weekend discharge as standard to reduce fluctuations in numbers of beds needed.

Data is still being collected on the impact of ticket home via Cardiff and Vale NHS Trust’s central information warehouse, but ward-level data collection suggests the trend is continuing. This data shows that, in September 2008, 56% of total hip replacement patients achieved their predicted discharge date, followed by 70% in October, 65% in November, and 86% in December (Fig 1).

**CONCLUSION**

Setting and achieving predicted discharge dates gives patients goals to work towards and a sense of achievement when these are reached. Not all patients will meet their predicted discharge date due to surgical complications or complex social care arrangements but, even for those who miss the target, it ensures there is focus on discharge arrangements and accelerates the discharge date.

Some clinical areas are more suited to the ticket-home system than others, and elective care is an ideal clinical environment for it. Other areas such as emergency care will need different principles to ensure the ticket meets their needs but the system is easily modifiable.

Through strong clinical leadership and teamwork on the orthopaedic ward, there has been a recognisable culture change and patient discharge is now the focus of attention for all healthcare professionals, patients and relatives.

Since the initial implementation of the system, no modifications have been made. The visibility, accessibility and simplicity of the ticket home ensured that the cultural change became quickly embedded in the clinical area.

**REFERENCES**


