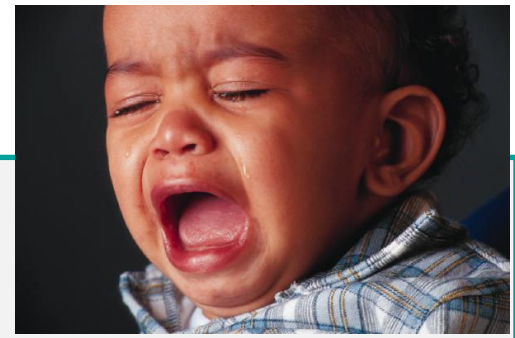


What are They Waiting For?

A QI Project to Speed Up Discharges from the Children's Ward

Susanne Elliott¹

¹ The Shrewsbury & Telford Hospital NHS Trust



BACKGROUND

Delay in discharge of medically fit patients from the children's ward leads to capacity and flow issues in the children's assessment unit

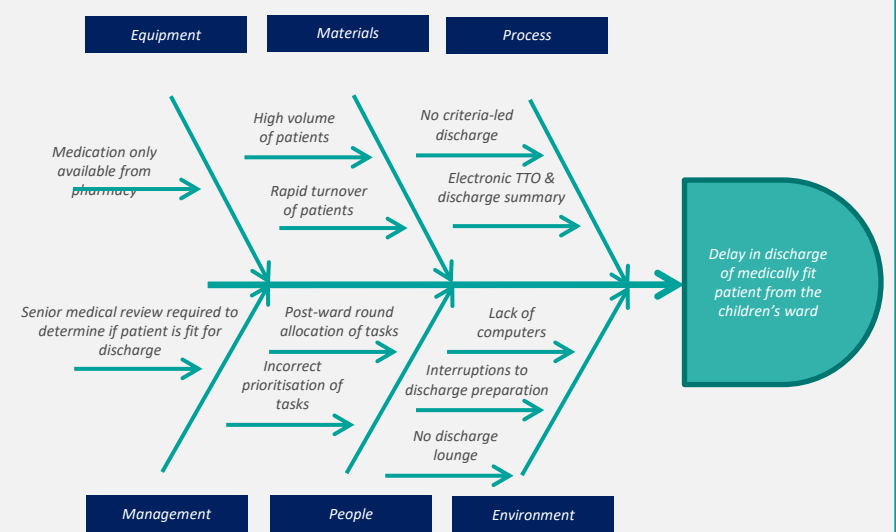
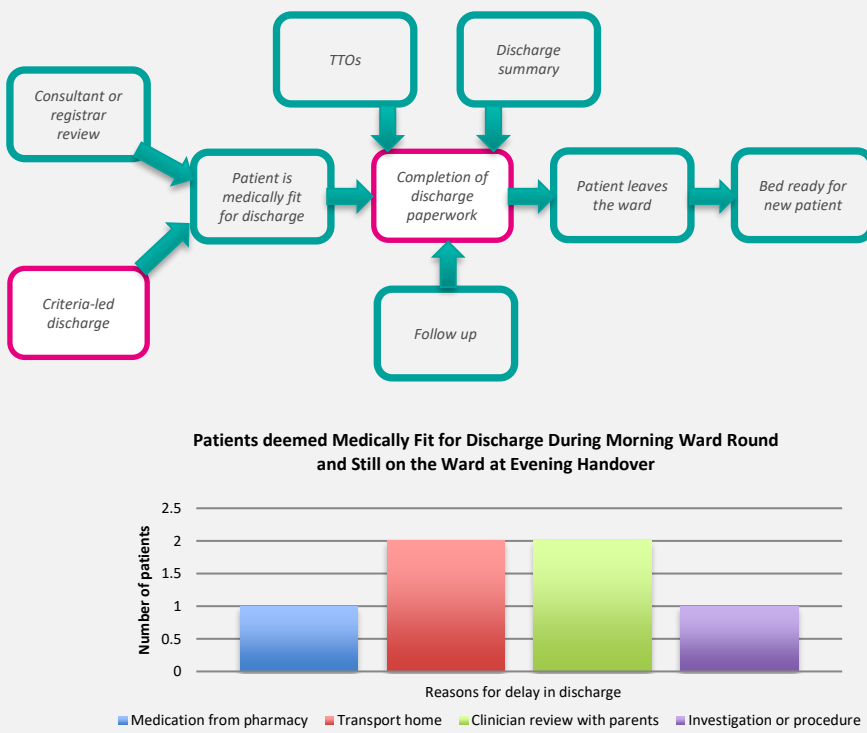
When medically fit children stay on the ward instead of going home, new patients cannot be admitted. Their definitive treatment and care is delayed. Everyone is frustrated and miserable!

The assessment beds in the children's assessment unit are occupied by children awaiting admission into the ward

Children have to wait longer to be reviewed in the assessment unit because there is no space to see them for a history and examination

Leading to delays in diagnosis and definitive management plans and increased waiting times for all children referred to the children's assessment unit and delays in transferring patients from the children's emergency department to paediatric care

DIAGNOSTICS



AIM & MEASUREMENT DEFINITION

Aim:

By the end of February 2024, all patients under the care of the paediatrics team who are deemed medically fit for discharge on the consultant-led morning ward round have gone home within 4 hours

Chosen measure:

The number of hours between the time a patient is documented as medically fit for discharge and the time they leave the ward to go home

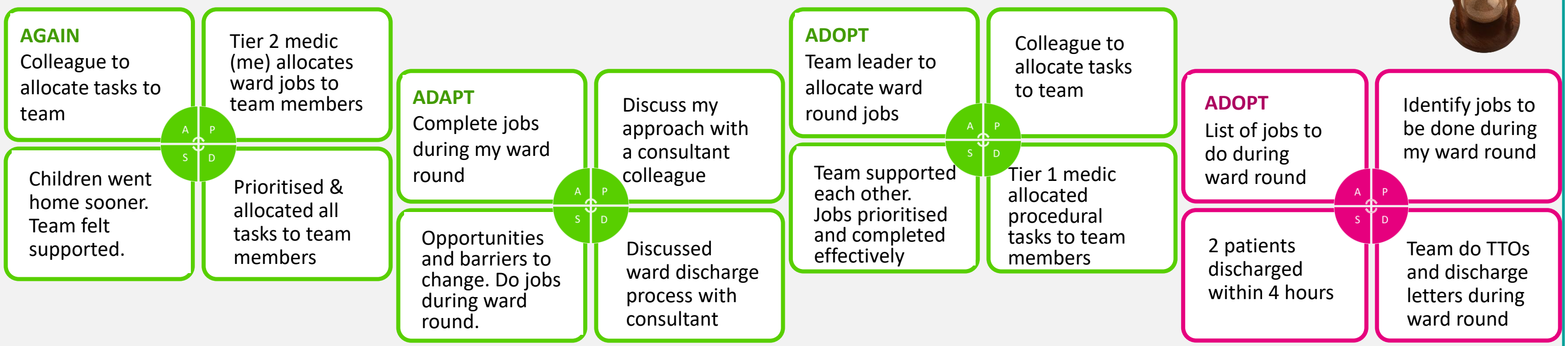
Sampling method and frequency:

Retrospective from patients' notes

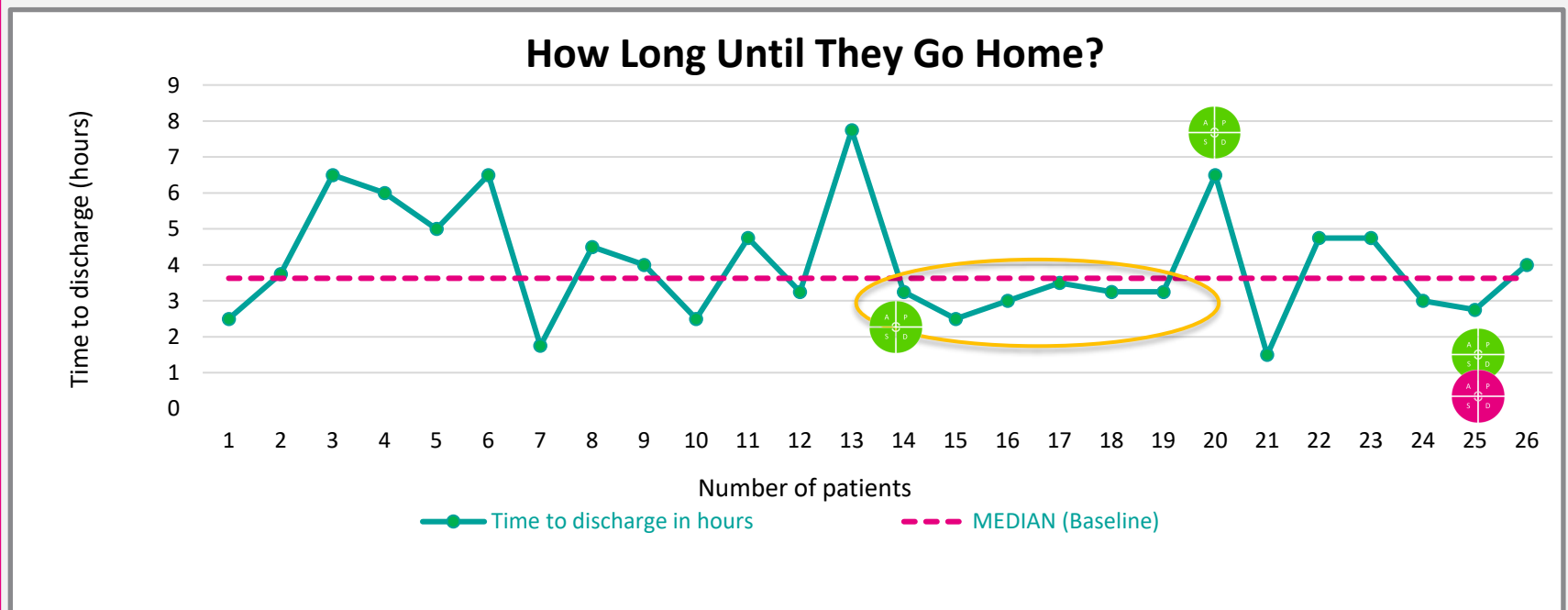
CHANGE IDEAS

- Tier 1 doctor/ACP temporarily drops out of ward round to complete TTO & discharge letter for medically fit patients and re-joins once the task is complete
- Allocate a specific discharge medic and computer for the shift
- Consultant/tier 2 medic allocates all of the post ward round jobs amongst the team
- Education/training/poster reminders on how to prioritise, group and allocate ward round jobs
- All nursing queries directed to 1 medic to reduce interruptions for others
- Ward stock cupboard for the most common discharge medications
- All patients needing medication on discharge are given an FP10 prescription
- Order TTOs from pharmacy as soon as a patient is admitted so the medication is ready and on the ward when the patient is fit for discharge
- Turn the ward playroom and adolescent room into discharge lounges so patients can vacate their ward beds as soon as they are medically fit for discharge

PDSA cycles



RUN CHART



SUMMING UP

- Children were discharged from the ward within 4 hours when a tier 2 medic prioritised and allocated post ward round jobs amongst the team members
- Junior medics who are guided and assisted to complete ward jobs by their senior colleagues feel happier and more supported
- It is important to understand all aspects of a problem and include colleagues and patients when implementing changes

Acknowledgements:
Dionne Matthews, Nikki Davey (QIClearn)

