

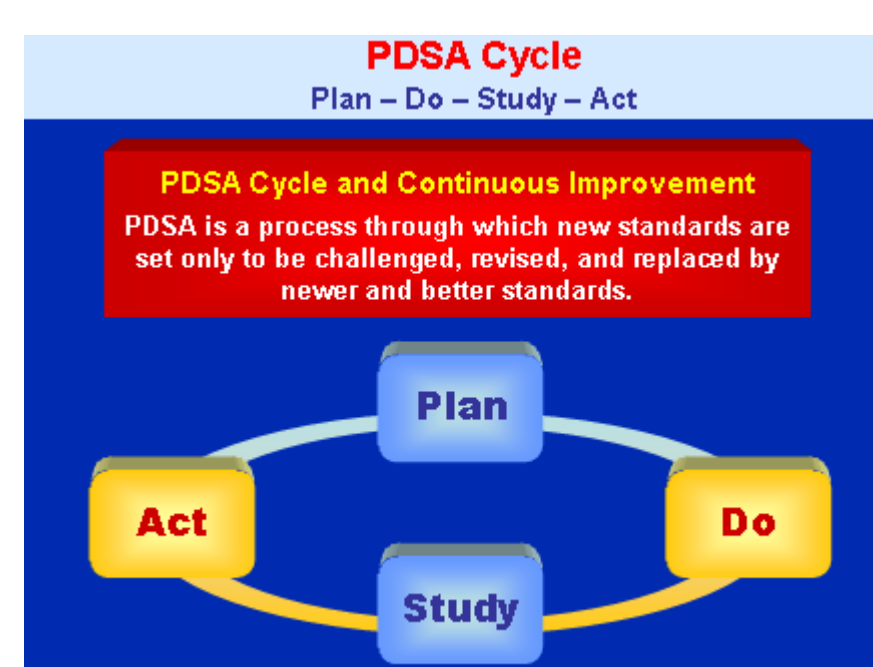
## Aim

• To identify barriers & challenges regarding discharge processes at Connolly Hospital & compare to discharge processes in other RCSI group hospitals.

## Context

- Trolley Watch measured nationally showed Connolly Hospital as having highest 'trolley' figures in ED compared to other RCSI group Hospitals'.
- Overall bed capacity, numbers of patients presenting/for admission and patient flow/delays in discharge have a direct impact on trolley waiting times
- Research on overcrowding in Emergency Departments (ED) increasingly demonstrates adverse patient outcomes.
- The HSE ED taskforce report (March 2015) focussed on three main domains:
  - ❖ **Capacity** (Optimising access to existing capacity in hospitals and community)
  - ❖ **Capability** (Patient flow and process improvement)
  - ❖ **Control** (Accountability, oversight, measurement)

## What We Did



We identified staff perceptions on challenges/barriers to effective discharge in Connolly Hospital by Interview method (Questionnaire).

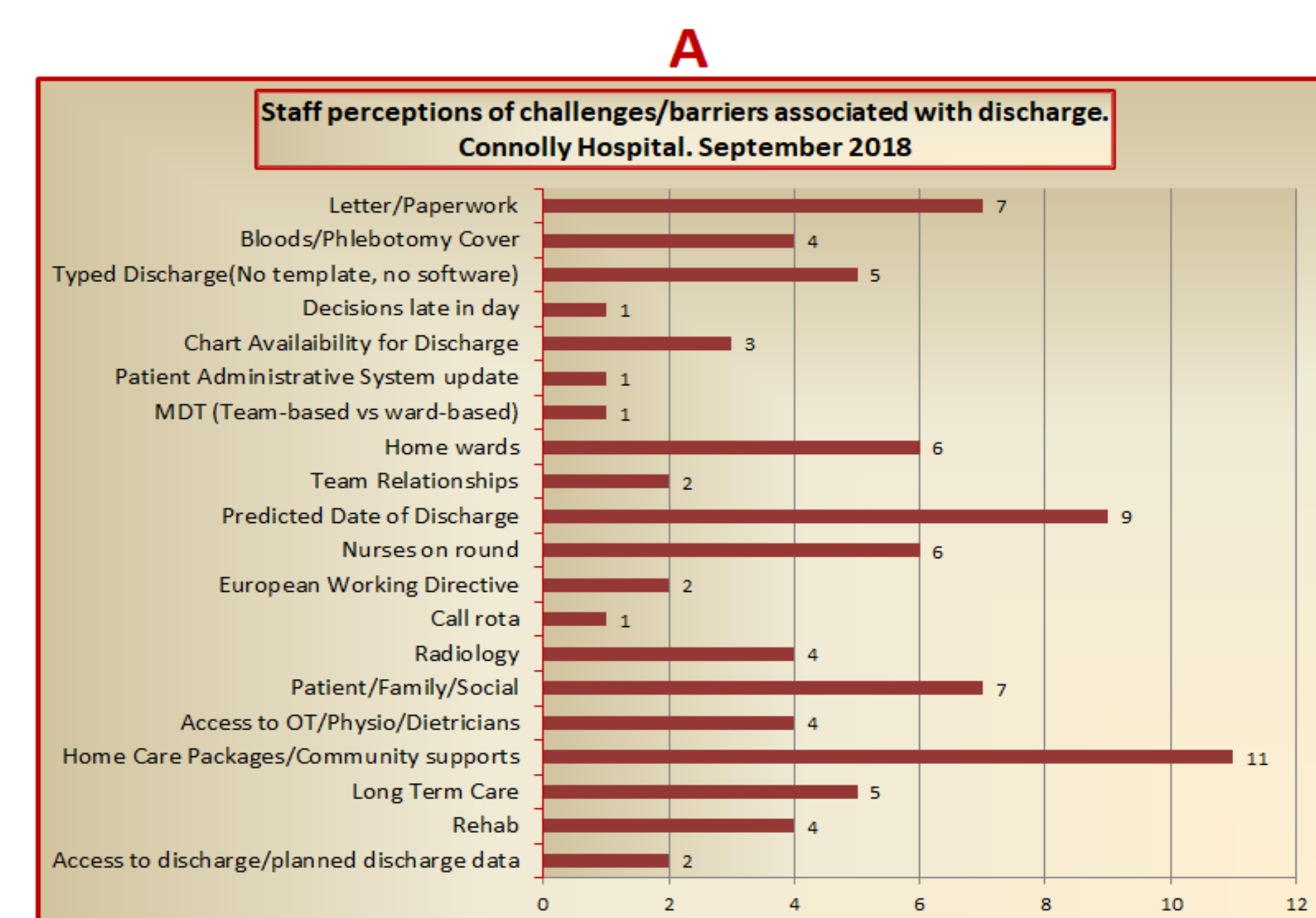
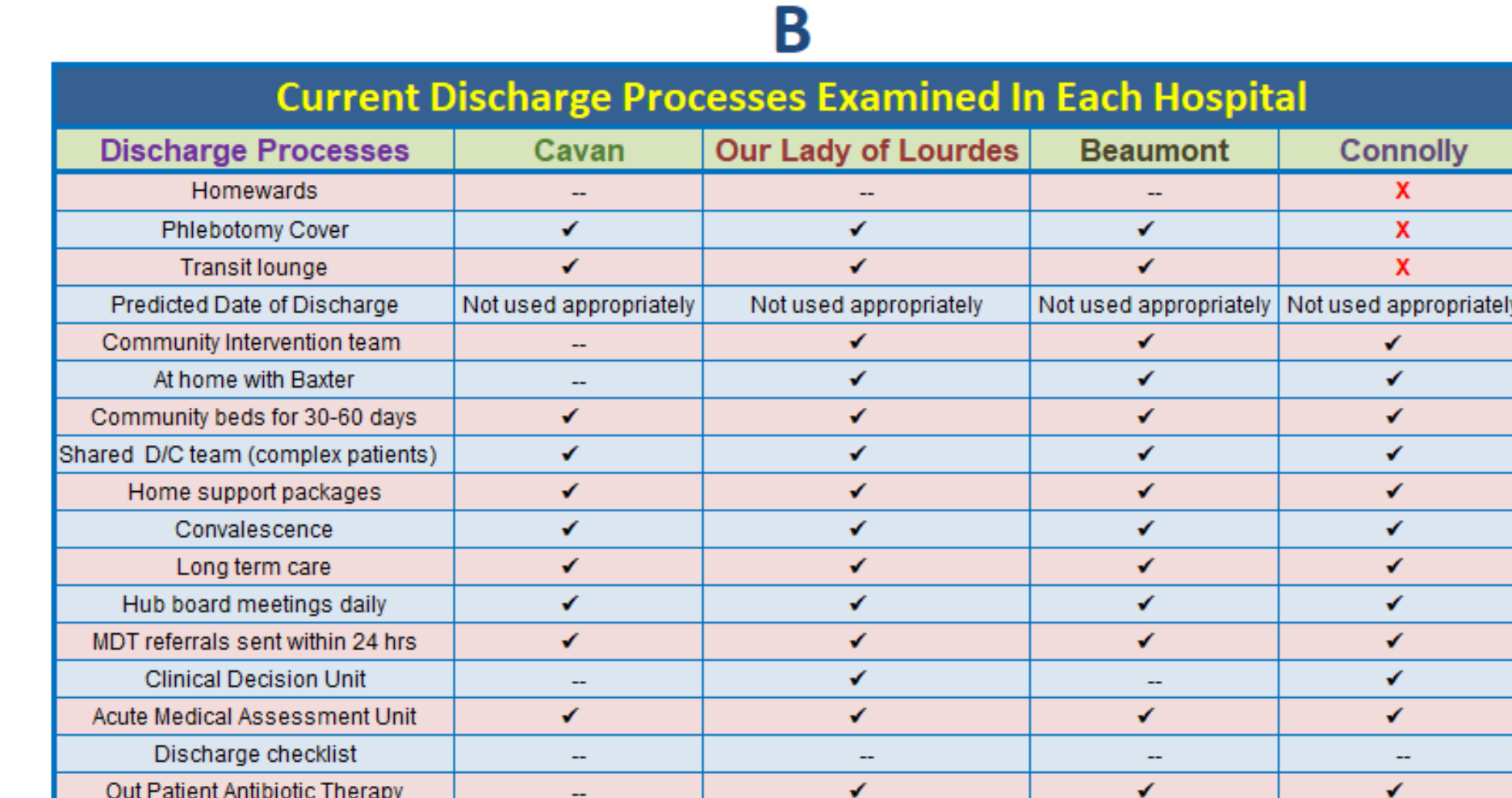
Interview Participants :

- Chief Executive Officer
- Chief Operations Officer
- Director Of Nursing
- Clinical Director
- Patient Flow
- Consultants (n=2)
- NCHDs (n=7)
- CNMs (n=4)

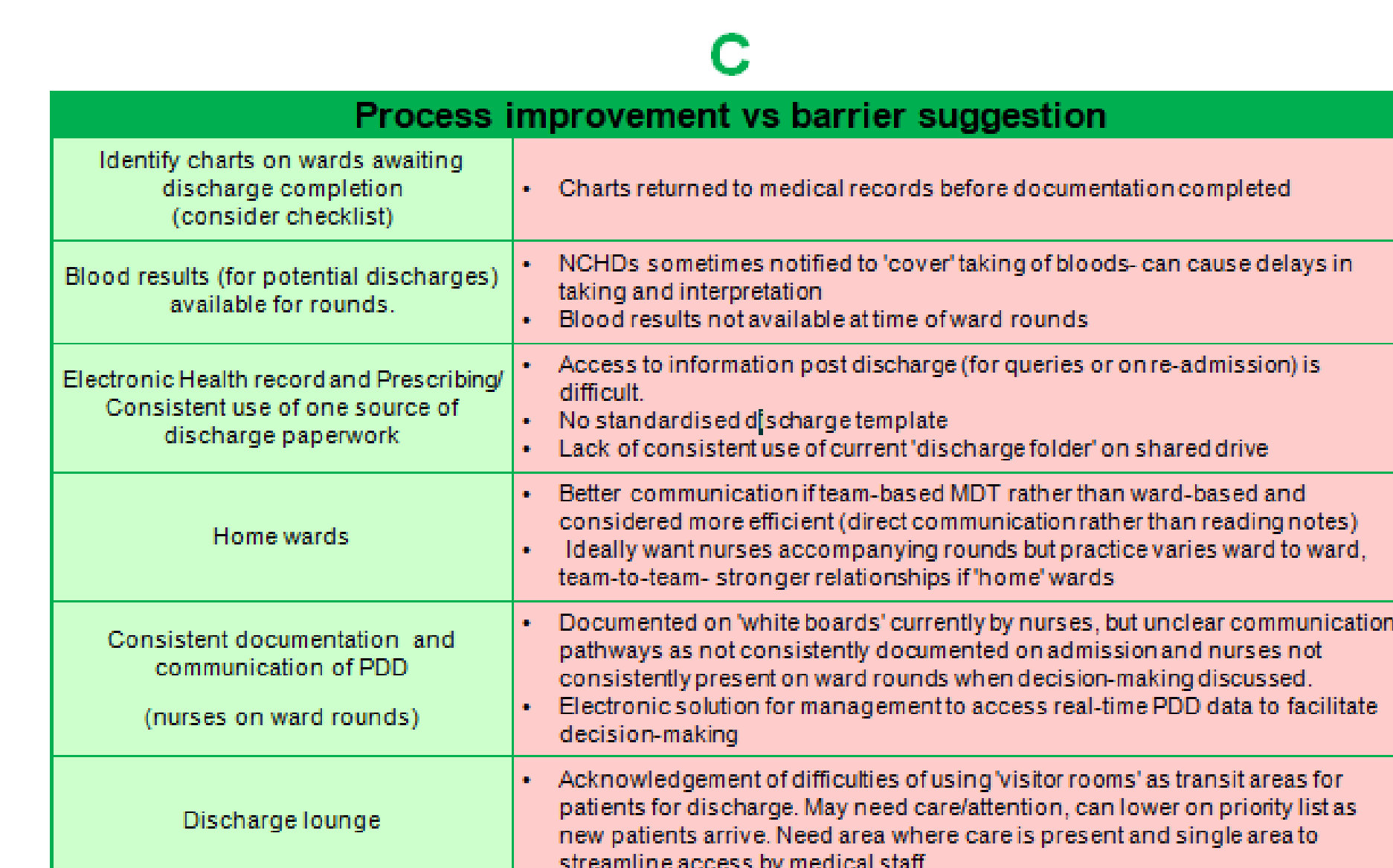
We conducted phone interview with Patient Flow of other RCSI group hospitals to ascertain their Discharge Process.

After analysis and comparison, we identified potential process improvements to implement in Connolly Hospital to improve discharge process.

## What We Achieved

Discharge Processes	Cavan	Our Lady of Lourdes	Beaumont	Connolly
Homewards	✓	✓	✓	X
Phlebotomy Cover	✓	✓	✓	X
Transit lounge	✓	✓	✓	X
Predicted Date of Discharge	Not used appropriately	Not used appropriately	Not used appropriately	Not used appropriately
Community Intervention team	✓	✓	✓	✓
At home with Baxter	✓	✓	✓	✓
Community beds for 30-60 days	✓	✓	✓	✓
Shared DIC team (complex patients)	✓	✓	✓	✓
Home support packages	✓	✓	✓	✓
Convalescence	✓	✓	✓	✓
Long term care	✓	✓	✓	✓
Hub board meetings daily	✓	✓	✓	✓
MDT referrals sent within 24 hrs	✓	✓	✓	✓
Clinical Decision Unit	✓	✓	✓	✓
Acute Medical Assessment Unit	✓	✓	✓	✓
Discharge checklist	✓	✓	✓	✓
Out Patient Antibiotic Therapy	✓	✓	✓	✓

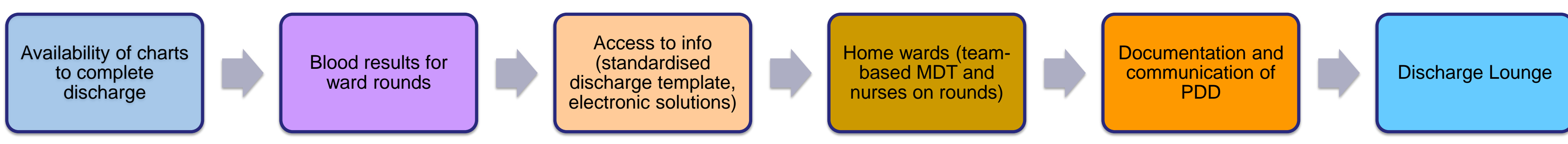


Barrier	Suggestion
Identify charts on wards awaiting discharge completion (consider checklist)	• Charts returned to medical records before documentation completed
Blood results (for potential discharges) available for rounds.	• NCHDs sometimes notified to 'cover' taking of bloods - can cause delays in taking and interpretation • Blood results not available at time of ward rounds
Electronic Health record and Prescribing/Consistent use of one source of discharge paperwork	• Access to information post discharge (for queries or on re-admission) is difficult. • No standardised discharge template • Lack of consistent use of current 'discharge folder' on shared drive
Home wards	• Better communication if team-based MDT rather than ward-based and considered more efficient (direct communication rather than reading notes) • Ideally want nurses accompanying rounds but practice varies ward to ward, team-to-team - stronger relationships if 'home' wards
Consistent documentation and communication of PDD (nurses on ward rounds)	• Documented on 'white boards' currently by nurses, but unclear communication pathways as not consistently documented on admission and nurses not consistently present on ward rounds when decision-making discussed. • Electronic solution for management to access real-time PDD data to facilitate decision-making
Discharge lounge	• Acknowledgement of difficulties of using 'visitor rooms' as transit areas for patients for discharge. May need care attention, can lower on priority list as new patients arrive. Need area where care is present and single area to streamline access by medical staff.

## What are we trying to accomplish?

- By 19<sup>th</sup> September: Team to ascertain the staff perceptions of challenges/barriers relating to the Discharge Process at Connolly Hospital.
- By 30<sup>th</sup> September: Team to ascertain the Discharge Process of the other RCSI group hospitals and compare to Connolly Hospital's Discharge Process.
- By October end: The Team to analyse information gathered and identify at least one process improvement initiative at Connolly Hospital.

## Key Learning

- ❖ It was found after the analysis of obtained Data (A & B), a number of process improvements were identified which could aid the Discharge Process in Connolly Hospital.
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- ❖ During the completion and collation of data for objective 1 and 2, a number of process improvement initiatives were undertaken by the staff and management of CHB namely improving documentation and communication of PDD, pilot of discharge lounge and efforts are being made to move towards home wards.
  - ❖ Due to time limits on the project and need for required organisational structural changes, the team were not successful in piloting another initiative and measurement of change would have been compromised with other active projects in-situ.

## Team

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