Criteria Led Discharge for Concord Hospital

Prepared by Tracy Millen
Whole of Health Program Project Lead
November 2015
Overview

- Case for change
- Engagement with selected departments
- Current progress
- Challenges
- Where to from here
Case for Change

Weekend Discharges and Discharges Before 2pm

- Discharges for Overnight Separations
- % Weekend Discharges
- % Discharges before 2pm
- Target Weekend Discharges
- Target Discharges before 2pm

NSW Government
Health
Sydney Local Health District
Patient Experience Tracker Results

- 9% of Patients knew their estimated date of discharge
- 36% of Patients knew what was expected of them before they get discharged from hospital
- 55% of Patients always or mostly received daily updates about their care in hospital
- 82% of Patients knew who to ask if they had a question about their care in hospital
- 37% of patients said they were involved in their discharge plan
Staff Experience Tracker Results

- 41% of staff advised they understood what was involved in CLD
- 86% of staff advised they involved the patient/family in developing a management plan
- 70% of staff advised they update the patients EDD throughout their hospital stay
- 89% staff advised they knew who to contact if they had concerns about a patients discharge plan
- 67% staff advised they almost/mostly used the transfer of care checklist when planning for a patients discharge
Feedback from Consumer Representatives Group

● “is this not what we do already???”
Engagement

- Departments such as Ambulatory Care Endoscopy Unit and Day of Surgery Admissions have used CLD processes for many years.
- Selected departments were engaged through meetings with DMS, WoHP Lead, Department Head and CNC.
- Criteria devised by Department Head, Senior Registrar/Advanced Trainee, CNC and Allied Health Staff.
- All criteria taken to departmental meetings and signed off by all consultants.
- Focus groups with NUM’s, CNC’s and CNE’s of wards to put together a plan and identify resources required to implement the program.
- Presentations on CLD for BPT’s, AT’s and Registrars.
Current Progress

- CRGH has 14 live Criteria Led Discharge since 28th September 2015 under the newly revised system

- Specialties involved:
  - Neurology
  - Neurosurgery
  - Orthopaedics
  - Rheumatology
  - Respiratory

- 35 Patients discharged from hospital using CLD
Current Progress Continued…

- Acute non-specific lower back pain
- Cellulitis
- Cervical Spinal Surgery (not including fusions)
- Lumbar Spinal Surgery (not including fusions)
- CPAP Acclimatisation
- Distal Radius Fracture
- Total Knee Replacement

- Gout
- Induction of IVIg
- Lumbar Puncture
- Osteoporotic Crush Fracture
- Shoulder Surgery
- TIA’s
- Total Hip Replacement
**CRITERIA LED DISCHARGE**

**CPAP ACCLIMATISATION**

**Part A: Medical Review (Consultant/ Advanced Trainee/ Senior Registrar to complete)**

<table>
<thead>
<tr>
<th>Estimated Date of Discharge (EOD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ___________________________</td>
</tr>
</tbody>
</table>

[](I agree for this patient to be discharged once the milestones in Part B and C have been met)

[](Please do not discharge until medical team review for the following reasons:

- Name: ___________________________  Date: __/__/____

**Part B: Specific patient interdisciplinary team (IDT) discharge criteria (to be completed by IDT)**

<table>
<thead>
<tr>
<th>IDT agreed specific milestones</th>
<th>() When milestone completed</th>
<th>Name</th>
<th>Designation</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient tolerating CPAP &gt; 4 hours / night</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latest machine printout and overnight oximetry reviewed by sleep regist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up plans documented and referrals made</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient at usual level of function or support in place</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge summary and scripts completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient education provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Responsible Person:** CLD competent staff member

**Part C: Patient Criteria**

<table>
<thead>
<tr>
<th>Y/N</th>
<th>Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**All observations Between the Flags within the last 24 hours or within the documented/Altered Call for this patient**

If no, refer to senior medical clinician

Transfer of care (discharge) checklist completed on Adult Admission & Discharge Assessment Form (AMR86.001)

Reason patient not discharged using CLD protocol:

I confirm that the criteria in Part B and C have been met and achieved:

- Name: ___________________________  Designation: ___________________________

- Signature: _______________________  Date: __/__/____  Time: __:__
Challenges

- **Staff confidence:**
  - Nursing Staff
  - Medical Staff

- **Interdisciplinary communication mistaken for deficiency in CLD process**

- **Communication of process to patient/family**

- **Identifying key drivers outside business hours**
Benefits

- Positive staff feedback
- Positive Patient feedback
- Facilitation of effective communication around the discharge planning process
Where to From Here

- Initial departments reviewing expansion within their own department
- Facility CLD Committee determined further departments to take part in phase 2
- Initial evaluation of process March 2016
  - PET’s
  - Case reviews
  - Comparison data
Questions????
Criteria Led Discharge at Canterbury Hospital

Jenny Cubitt
Nurse Manager Operating Suite
The Journey so far

- Multiple clinical guidelines for High Volume Surgical Short Stay (HVSSS) & a clinical variance record developed

- Nov 2014 start of CLD project

- Surgeons agreed in principle

- CLD Committee - Deputy Medical Director, Head of Surgery, NUM Surgical ward & paediatric ward, Ambulatory Care NUM, CNC Complex Care, Clinical Nurse educator.

- Policy developed and flowchart. Forms reviewed and modified. Phone call follow-up documented.
# Clinical Guideline: Laparoscopic Cholecystectomy (Trial)

## Pre-Admission Clinic
- **Date:**  
- **Allergies:**  
- **Observation:**  
- **Height:**  
- **Temp:** °C

## Planned Procedure
- **Anesthetic Assessment:**  
- **Diabetic:**  
- **Bowel Preparation Instruction:**  
- **Medication Chart Completed:**  
- **Does the patient live alone?:**  
- **Pre-operative Investigation (not all that apply):** ECG, Bloods, CXR/x-rays

## Pre-operative Investigation
- **Risk Screen:**  
- **Waterfall Score:**  
- **Falls Risk:**  

## Day of Admission
- **Date:**  
- **Temperature:** °C  
- **Pulse:**  
- **Routine pre-hospital medications taken:** BSL, mmol/L, BP, mmHg  

## Pre-operative Checklist
- **Consent completed:** Y/N/N/A  
- **Operative Site Marked:**  
- **Premedication Given:**  
- **ID Bands X 2:**  
- **Name, MRN & DOB only:**  
- **Medical records present (old notes):**  
- **Investigation result present:**  
- **X-Rays present:**  
- **Dental:**  
- **Does the patient have dentures/s:**  
- **If denture removed (circle):** upper / lower / partial  
- **Caps / crowns / braces present:**  
- **Pre-operative Clip attended (if necessary):**  
- **Personal effects removed (glasses, contact lenses, hearing aids):**  
- **Patient dressed for theater:**  
- **VTE risk assessment completed & strategies for prevention commenced:**  
- **Strategies for fall prevention applied:**  
- **Waterfall check [ ] visual skin inspection completed:**  
- **Makeup & Jewellery (please specify) removed or taped:**  
- **Nail polish removed:**  
- **Time last drink:**  
- **Time last food:**  

## OT: Clinical Handover
- **From:**  
- **To:**  

---

This form has a reverse side.
# CLINICAL GUIDELINE: LAPAROSCOPIC CHOLECYSTECTOMY (TRIAL)

## POST PROCEDURE

<table>
<thead>
<tr>
<th>0-6 Hours</th>
<th>6-12 Hours</th>
<th>12-18 Hours</th>
<th>18-24 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAe</td>
<td>Post-op void</td>
<td>Full fluids</td>
<td>Full diet</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td>Light diet</td>
<td>Cannula removed</td>
</tr>
<tr>
<td>Observations</td>
<td>1/24 (4 hrs) then 4/24</td>
<td>4/24</td>
<td>4/24</td>
</tr>
<tr>
<td>Medication</td>
<td>Analgesia as ordered</td>
<td>Analgesia</td>
<td>Analgesia</td>
</tr>
<tr>
<td>Treatment</td>
<td>Check dressing</td>
<td>Check dressing</td>
<td>Check dressing</td>
</tr>
<tr>
<td></td>
<td>Check drain output</td>
<td>Check drain output if drainage &gt; 30mL/bile noted – notify M.O.</td>
<td>Check wound</td>
</tr>
<tr>
<td>Patient Education</td>
<td>Understanding of:</td>
<td>Understanding of:</td>
<td>Understanding of:</td>
</tr>
<tr>
<td></td>
<td>Postop complications</td>
<td>Postop complications</td>
<td>Postop complications</td>
</tr>
<tr>
<td>Follow Up</td>
<td>Rooms 2-3 weeks</td>
<td>Rooms 2-3 weeks</td>
<td>Rooms 2-3 weeks</td>
</tr>
</tbody>
</table>

## ANAESTHETIC DISCHARGE CRITERIA

- **Modified Post Anaesthetic Discharge Scoring System (MPADSS)**
  - The patient is clinically fit for discharge when the MPADSS score is ≤ 3.
  - **Score**
    - **1. Vital Signs**
      - 2 = Within 20% of pre-operative value
      - 1 = 20-40% of pre-operative value
      - 0 = >40% of pre-operative value
    - **2. Ambulation**
      - 2 = Steady gait / no dizziness
      - 1 = With assistance
      - 0 = None / dizziness
    - **3. Nausea / Vomiting**
      - 2 = Minimal
      - 1 = Moderate
      - 0 = Severe
    - **4. Pain**
      - 2 = Minimal
      - 1 = Moderate
      - 0 = Severe
    - **5. Surgical Bleeding**
      - 2 = Minimal
      - 1 = Moderate
      - 0 = Severe
    - **SCORE**
      - 0 = Medical review if MPADSS < 0

## MEDICAL REVIEW if MPADSS is < 0:

<table>
<thead>
<tr>
<th>Patient Accompanied by:</th>
<th>Nurse Name:</th>
<th>Signature:</th>
<th>Date:</th>
<th>Time:</th>
<th>Discharge Criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Patient must meet all criteria to be discharged without medical review)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mobile</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Maintaining light or full diet</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Passed urine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No wound swelling / bleeding / oozing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Drain removed, drainage &lt; 30mL</td>
</tr>
</tbody>
</table>

## DISCHARGE MEDICATION STANDING ORDER

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Nurse Name:</th>
<th>Signature:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## ADDITIONAL NOTES

<table>
<thead>
<tr>
<th>ADDITIONAL NOTES</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Compliance Audit – 3months

<table>
<thead>
<tr>
<th></th>
<th>Cases</th>
<th>Did meet CLD Criteria</th>
<th>Variance noted</th>
<th>LOS longer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lap Cholecystectomy</td>
<td>50</td>
<td>47</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Hernia repair</td>
<td>50</td>
<td>47</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

- Data gathered
  - Date & time of surgery
  - Surgeon
  - Type of surgery
  - CLD eligible
  - Date & time of discharge
  - Comment
Barriers, challenges, opportunities

- Medical engagement
- NUM secondment/relief person(s)
- Ensure education of all new staff – Medical, Nursing
- Paediatric ward keen to participate
  - ENT : Tonsillectomy +/- Adenoidectomy
<table>
<thead>
<tr>
<th>Measure</th>
<th>Group 1</th>
<th>Group 1 % Total ALOS</th>
<th>Group 2</th>
<th>Group 2 % Total ALOS</th>
<th>Change</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coded Episodes</td>
<td>5.85</td>
<td>25.80%</td>
<td>5.85</td>
<td>25.80%</td>
<td>0.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Outlier Episodes</td>
<td>3.16</td>
<td>12.80%</td>
<td>3.16</td>
<td>12.80%</td>
<td>0.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Uncoded Episodes</td>
<td>4.12</td>
<td>16.00%</td>
<td>4.12</td>
<td>16.00%</td>
<td>0.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balmain Hospital</td>
<td>3.16</td>
<td>12.80%</td>
<td>3.16</td>
<td>12.80%</td>
<td>0.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Canterbury Hospital</td>
<td>4.26</td>
<td>17.27%</td>
<td>4.26</td>
<td>17.27%</td>
<td>0.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Concord Hospital</td>
<td>3.35</td>
<td>13.65%</td>
<td>3.35</td>
<td>13.65%</td>
<td>0.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Royal North Hospital</td>
<td>3.79</td>
<td>15.46%</td>
<td>3.79</td>
<td>15.46%</td>
<td>0.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Trehaven Family Care</td>
<td>4.04</td>
<td>100.00%</td>
<td>4.04</td>
<td>100.00%</td>
<td>0.00</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
Where to from here?

- Hospital executive support
- Plan to increase medical engagement
- Use of KPIs
  1. LOS surgeon specific
  2. Readmission rate
  3. Benefit e.g. first case start on time
  4. Discharges before 1000
    - Roll out to other specialities