Implementing Criteria Led Discharge – One Health Service’s Approach

Acute Care Taskforce Meeting on 13 May 2016

Dr Kim Hill
Executive Clinical Advisor
Sydney Local Health District
Criteria Led Discharge

Being Organised/Organised Care

The underlying principle is that discharge occurs when patients are clinically ready to leave hospital, with relevant social and functional components also addressed.
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The Approach

• An innovative model of care in access management with a Whole of Health approach (including PHN)
• Clinical engagement and best practice standards are central
  • Integrating into routine clinical systems
• Agreed success factors and indicators, monitored during implementation
  • Staff and consumer input from the start
• Promote multidisciplinary teamwork for effective discharge planning
• Support local teams in removing barriers to implementation
Formation of Sydney LHD Steering Committee

Chaired by the Chief Executive

...To provide a forum for leadership and strategic oversight to the Sydney LHD Criteria-Led Discharge program

.....To promote strategies for timely and appropriate discharge

.....To ensure that clinical engagement and best practice standards are central to the program
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Engaging the Clinical Coalition for Criteria Led Discharge

• Promote clinical appropriateness and best practice
  • Improve patient experience
• Reduce unnecessary length of stay/reduce bed days
• Minimise waste and reduce rework and better use of resources through increased planning and organisation
  • Improve staff satisfaction

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What is Involved?

Time in Department meetings and with key clinicians

Procedures and mapping as piloted – initially orthopaedics, colorectal – and clinical redesign may follow

Building a reference resource - patient stories
- great innovations
- mentors

Mapping process from preadmission through to discharge

Measuring, monitoring and celebrating success
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Measuring Success – Potential Indicators

- Relevant patients on criteria-led discharge at time of admission
- Estimated date of discharge recorded (updated as indicated)
- Date of discharge recorded - compared with estimated discharge date
  - Reasons for variation from criteria led discharge
- General practitioner receives discharge summary within 24 hours
  - Patient feedback (via patient trackers)
- Staff trained in Criteria Led discharge procedure
  - Increased weekend discharges
  - Readmission rates
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Measuring Framework

Aiming for it to be automated where possible

• Use Patient Journey Boards
  • Unit specific reports
• Hospital and Clinical Stream Reports
• Measure variance to identify systems barriers
• Patient Feedback (via patient trackers)

There is plenty of information....
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**Implementation Flowchart**

- **IDENTIFICATION**
  - Standardised criteria for the Unit/Ward and different procedures.

- **CRITERIA AGREED**
  - Clinical team agree criteria for discharge, in comparison to current practice.

- **BASELINE ASSESSMENT**
  - Prior to commencement - staff survey, patient experience survey and measurable indicators of progress.

- **DOCUMENTATION & COMMUNICATION**
  - Unit/Ward specific methods of communicating and documenting patient progress through criteria led discharge.

- **FEEDBACK**
  - Monthly - staff working group and feedback from staff involvement, patients, and comparative data.

- **ANALYSIS**
  - Current work flow, feedback, reasons for variance, evaluating measurable indicators of program progression.

- **POST- PILOT**
  - Feedback to be collected and collated; from patient and staff involvement.

- **EVALUATION**
  - Evaluation of program progress through the Steering Committee.
Staff Involvement and Engagement

Baseline, mid- and post-implementation

Seeking views about barriers and opportunities

Local leads/champions – medical, nursing and allied health

Focus groups to help with design and implementation – eg Junior Medical Staff

Regular feedback through existing meetings during pilot phase

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I am aware of what needs to happen before I am discharged from hospital. 100%
- Yes: 56
- Unsure: 0
- No: 0

I know who to ask if I have questions about my care in hospital.
- Always: 49
- Mostly: 4
- Sometimes: 2
- Rarely: 1
- Never: 0
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**Overall Score by Day of Week**

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**Overall Score by Time of Day**

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Progress to date

Focus shifting to best practice in discharge

Clinical champions coming forward

Sustainability through redesign and changing enablers

Simple structures and accessible resources
Thank you and Questions?
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Thank you
and
Questions?

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