REDUCING DELAYS TO DISCHARGING PATIENTS FROM THE ACUTE MEDICAL UNIT

THE PROBLEM:

• Significant delay between patient being identified for discharge and actual discharge on acute medical unit.
• ‘Discharge delays cause an upstream tidal wave of patient flow constraints which negatively impacts patient satisfaction, safety, hospital capacity and financial performance’1

THE OBJECTIVE:

• Identify the causes for delay and develop interventions to minimise such delays.

1) SAWYER, Ben (2010). Effective Discharge Begins at Admission [online]. Last accessed on 11 April 2013 at www.patientplacement.com
THE RESULTS:

Graph A:

Graph B:

Graph C:

Graph D:
THE INTERVENTION:

Patient imminently fit for discharge

Doctor reviews DRUG chart and ticks medication to be continued

Doctor completes ‘pharmacist generated TTO’ order form (fig a)

Ward pharmacist generates TTO

Completed TTO direct to pharmacy for dispensing
THE PROGRESS & PROBLEMS:

• Worked with stakeholders to implement intervention
• Problems with intervention design:
  ■ Trust committed not to separating TTO/ GP letter
  ■ Requires prescribing pharmacist — only one in trust
• Now working with AMU pharmacist to implement modified intervention ‘one-stop’ on AMU

THE FUTURE:

• Project ongoing
• Plan to re-audit once ‘one-stop’ intervention fully integrated.
• Consider pursuing other quality improvement interventions identified from project