DELAYED GASTRO EMPTYING

Quality Improvement in Patient Discharge

Dr Victoria Knott

CT1

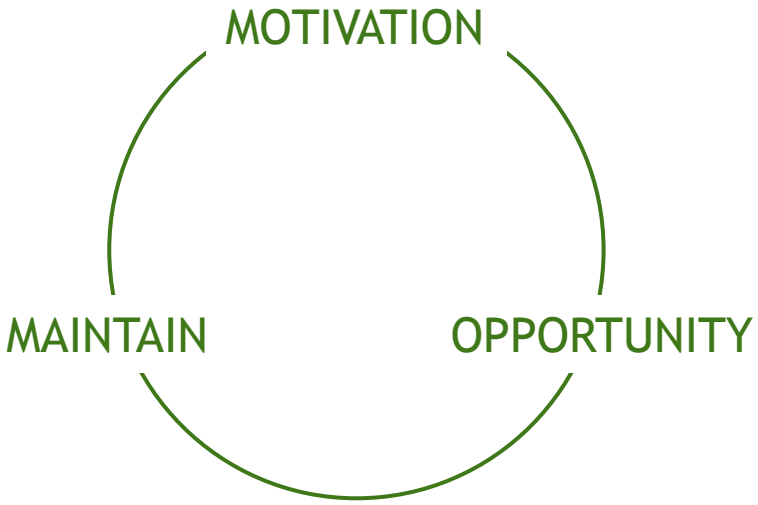
Context

- Two, thirty bed combined Gastroenterology wards at Northern General Hospital, Sheffield.
- There are **four medical teams** covering the wards:
- Each team is composed of a **Consultant** (rotational), an **SpR** (ST3-ST7) and at least one **Junior Doctor** (FY1 - CT2).
- TTO writing is carried out by the **Junior Doctor.**
- Daily morning MDT Board Round and daily consultant-lead Ward Round for all 4 teams.

Problem

- Junior doctors lacking OPPORTUNITY to complete TTOs in the morning, delays the discharge of patients from the Gastroenterology wards at the Northern General Hospital.

- Early discharge releases hospital beds earlier and improve patient flow, allowing access to specialist care delivered on a specialty ward and preventing "**outliers**".



Patients & Professionals View

PATIENT

- Patients become frustrated at delays in their discharge
- Higher exposure to hospital acquired infections

PROFESSIONALS

- **Junior Doctors** have to prioritise TTO writing amongst assessing and caring for sick patients and other ward jobs.
- **Pharmacy Staff** left to complete TTOs later in the day when they are submitted on ICE.
- **Bed Managers** juggle beds downstream while waiting for ward beds to become available.
- **Nursing Staff** deal with the frustration of patients and bed managers.

Aims

GLOBAL AIM

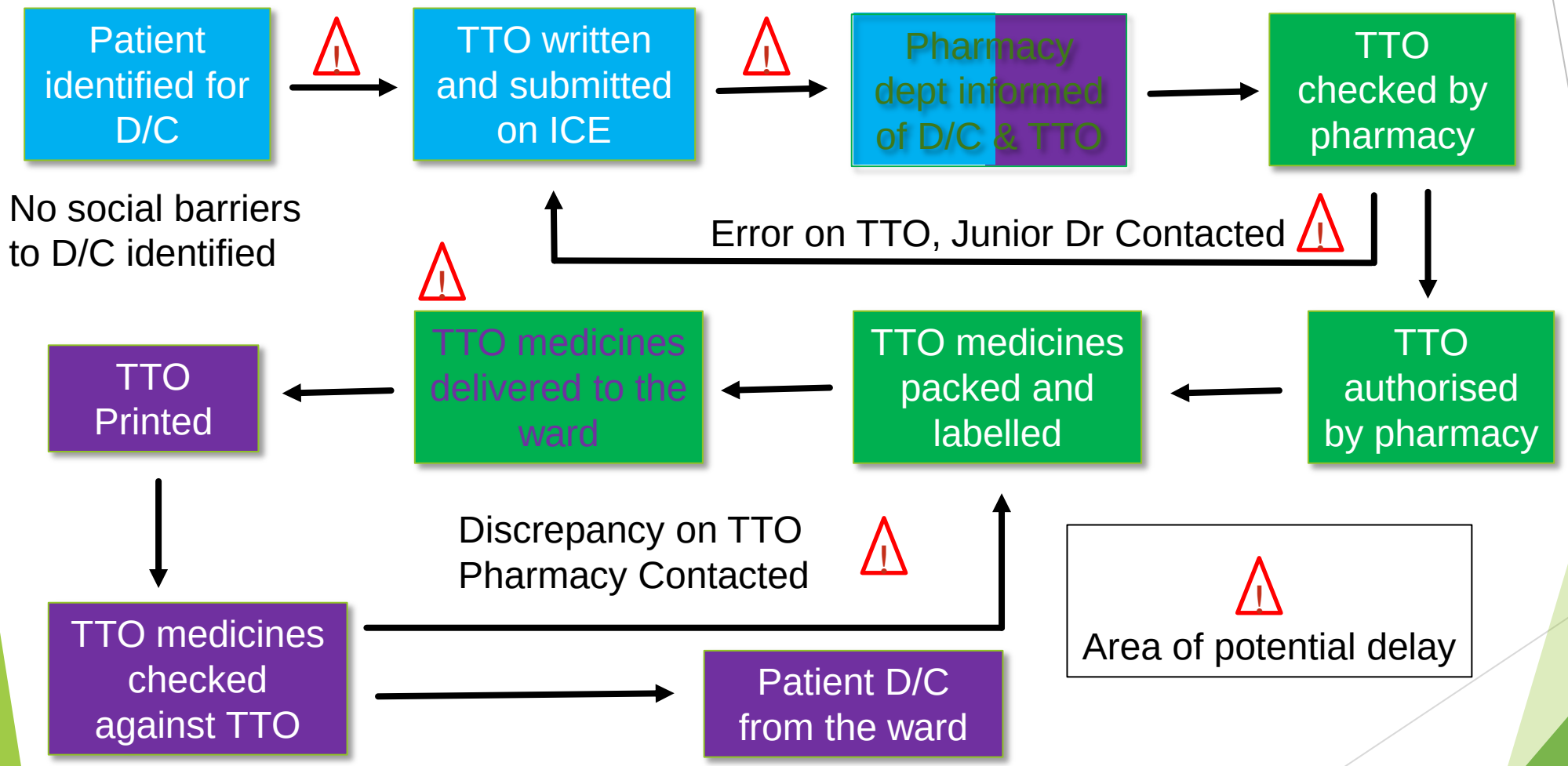
To clarify the stages involved in discharging a patient and reduce delays in this process in order to discharge patients earlier.

SPECIFIC AIM

Improve the average time of patient discharge to before 13:00 within 12 months.

Discharge Process

- Can be divided into **MEDICAL**, **PHARMACY**, **WARD**



PDSA CYCLE 1 (Plan, Do, Study, Act)

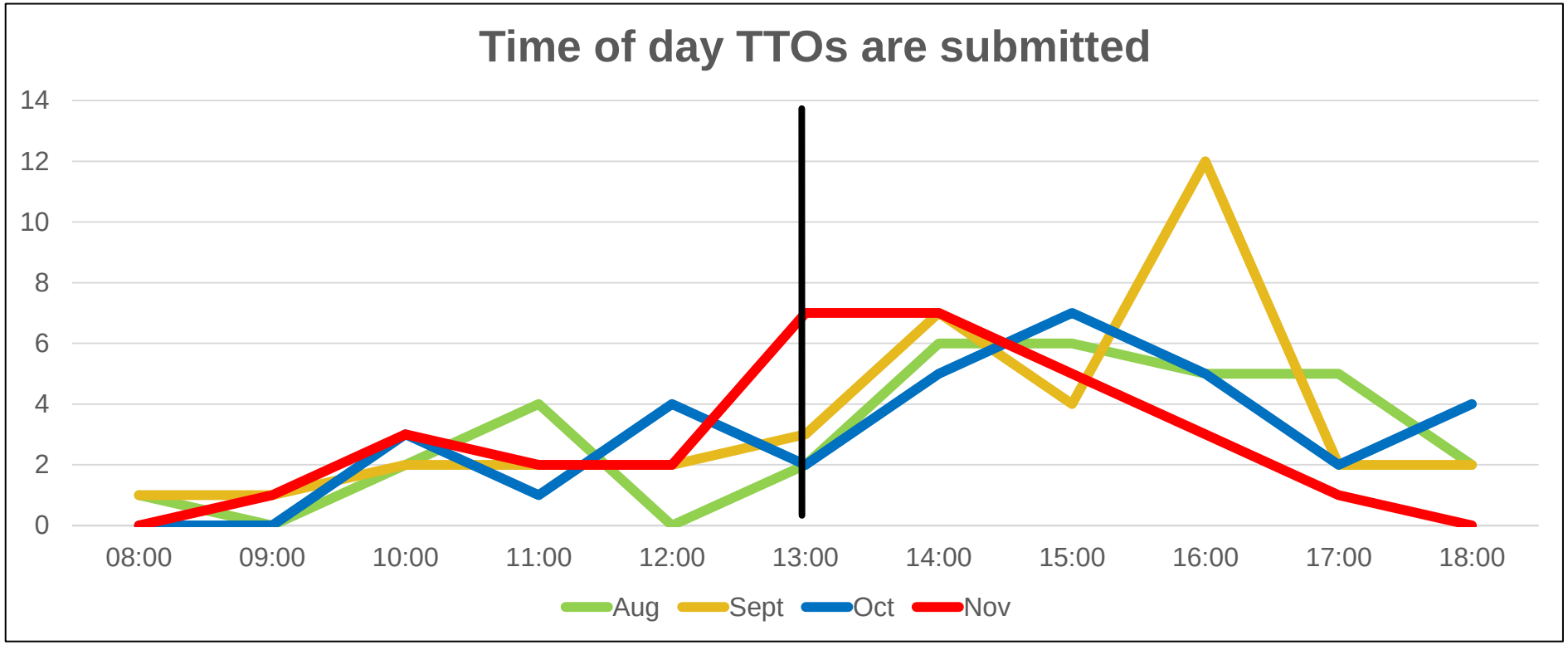
Junior Doctors released from the Board Round and Ward Round to complete TTOs as they are identified

This occurred when minimum staffing on any team is exceeded (>4 Junior Doctors)

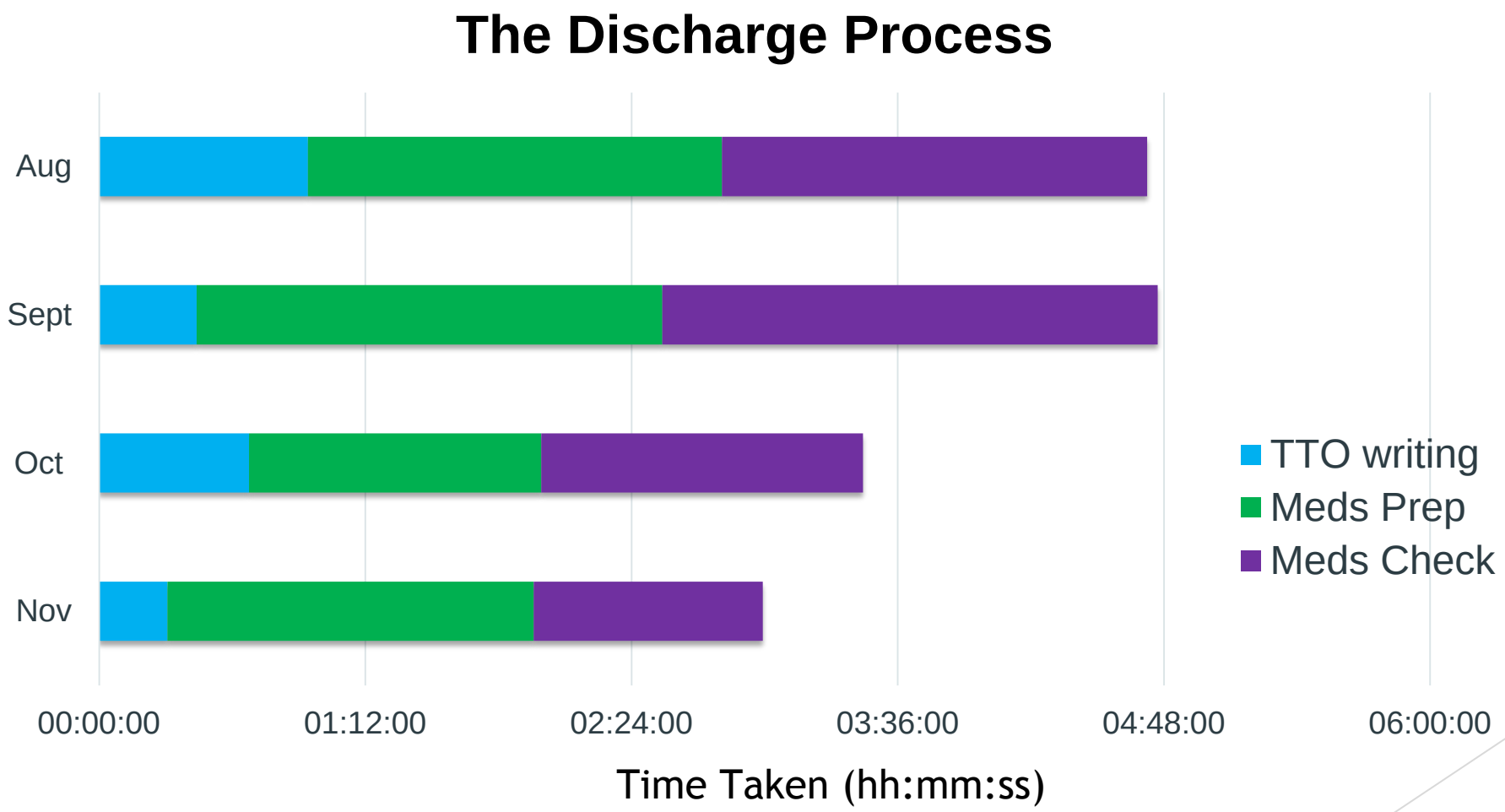
Baseline: patients discharged from Gastro wards during Aug, Sept and Oct 2016

Change: patients discharged from Gastro wards during Nov 2016.

Results


Time of day TTOs are submitted
14
12
10
8
6
4
2
0
08:00
09:00
10:00
11:00
12:00
13:00
14:00
15:00
16:00
17:00
18:00
Aug
Sept
Oct
Nov

Results


The Discharge Process
Aug
Sept
Oct
Nov
00:00:00
01:12:00
02:24:00
03:36:00
04:48:00
06:00:00
Time Taken (hh:mm:ss)
TTO writing
Meds Prep
Meds Check

Ongoing Problems

- Only possible to leave the Ward Round when more than minimum staffing
- Verbal communication of TTO submission open to error
- Difficult for pharmacy to contact Junior Doctor if TTO errors identified

PDSA CYCLE 2 (Plan, Do, Study, Act)

TTO Champion role introduced. A Junior Doctor allocated to complete TTOs for all teams in the morning.

This occurred when minimum staffing on any team is exceeded (>4 Junior Doctors).

Bleep number for TTO champion identified at morning Board Round for ease of contact

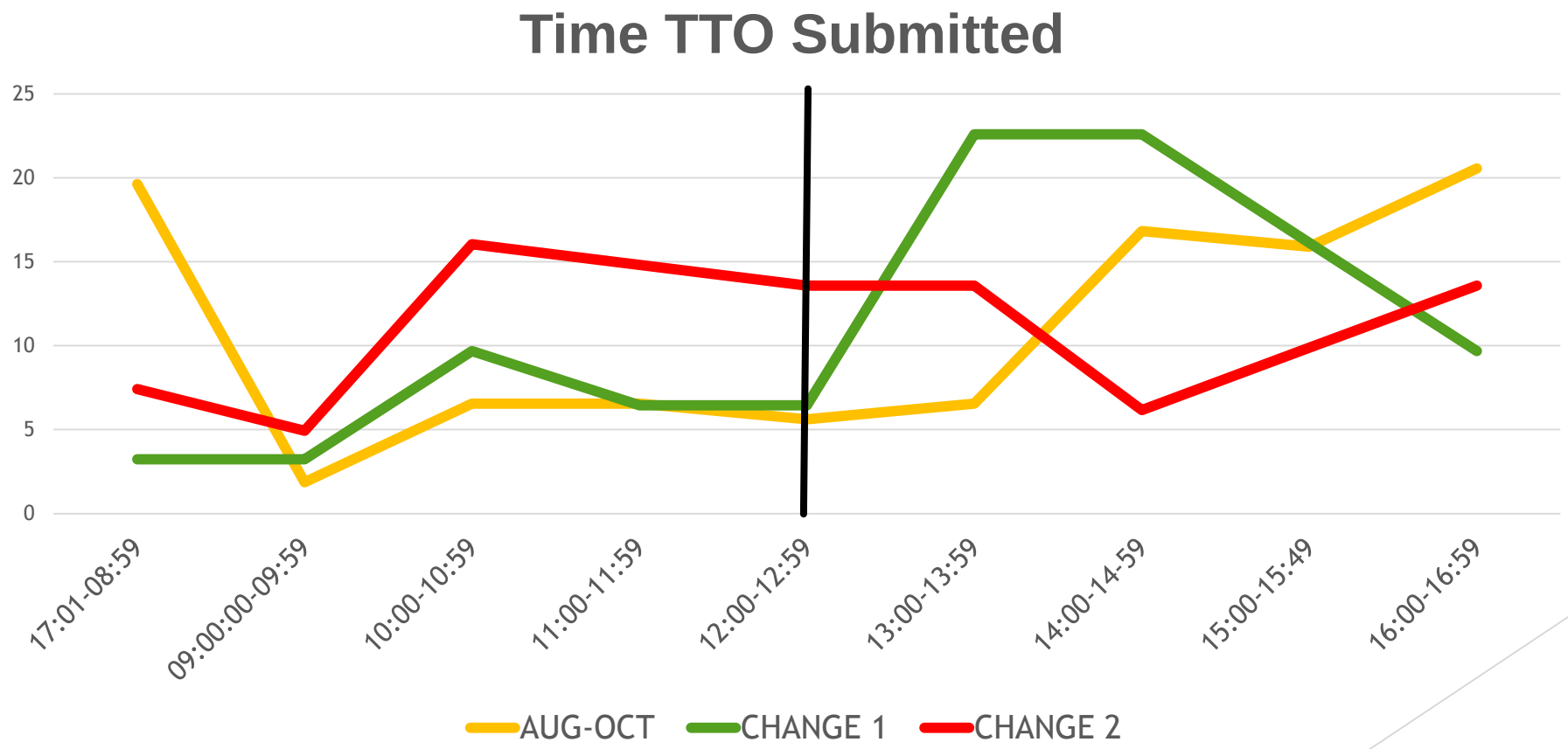
TTOC then free to spend the rest of the day in educational activities

Change 2: patients discharged from RH3 & 4 April 2017

Results

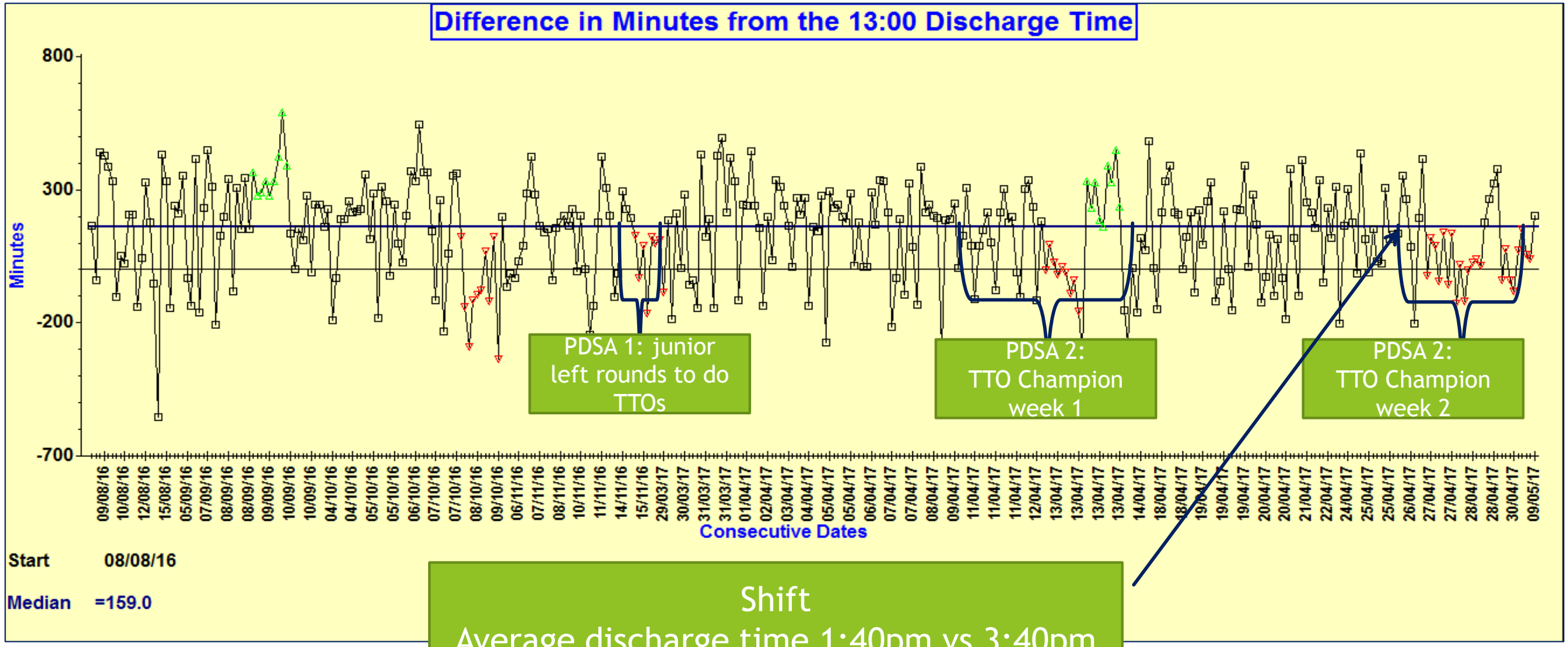
TTOs submitted by 13:00

Baseline: 15% **Change 1:** 19% **Change 2:** 36%



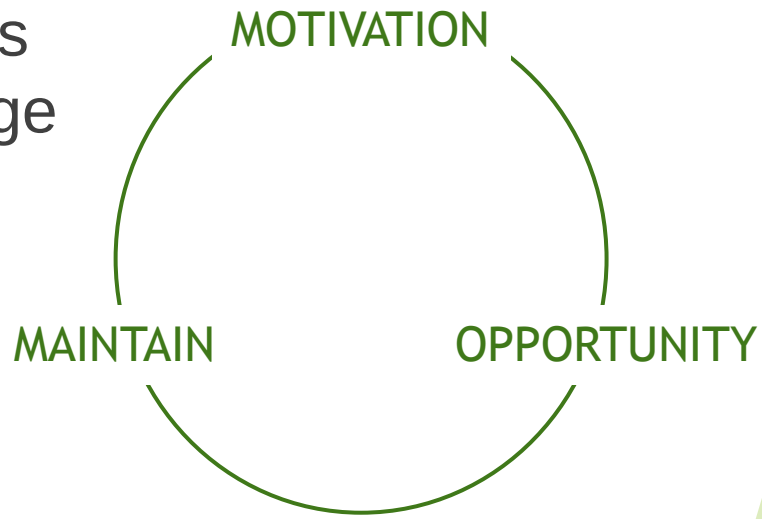
Results

- Following **PDSA CYCLE 2** patients are discharged on average two hours earlier



Sustained Change

- The TTO Champion role being formalised in weekly staffing rota
- New Junior Doctors receive an induction pack with the role of the TTO Champion included
- Positive feedback in weekly QI meetings mean enthusiasm for improved discharge process is MAINTAINED



- The intervention is now being trialled by Respiratory Medicine and Infectious Diseases

PDSA CYCLE 3 (Plan, Do, Study, Act) Ideas

- Introducing a discharge sticker for the notes to communicate follow-up decisions

Date MFFD	
Hospital F/U	
GP to do	
Medication change reasons	

- Using the E-Whiteboard to indicate when a TTO is submitted on ICE
- Facilitating **ward** staff to TTO completion

Thank you – Any Questions?

"Having a single point of contact for the TTOC, makes it much easier to get hold of the doctor for clarification on TTO discrepancies." **Ward Pharmacist**

"On TTO Champion days there is a vast difference in timescale for new beds available and overall amount of beds allocated in the day period" **Senior Sister Ward Flow**

"With the juniors writing TTOs in the morning discharges are completed early before busy times like when tea is served and the 6pm drug round begins." **Ward Sister RH3**

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