



What was our aim?

Our aim was to release clinical members of staff from predominantly administrative admission and discharge procedures, for them to be able to provide more face-to-face clinical care; improving patient and staff experience, reducing length of stay (LOS) and delay of transfers (DTCs) from Whitstable and Tankerton Community Hospital.

Why is it important to service users and carers?

Patients and relatives need clarity with regard to the discharge process in order to be fully informed of future planning of care and rehabilitation needs. Clinicians on the ward are spending longer on administrative tasks when admitting patients and preparing patients for discharge. This may be reducing time for rehabilitation and home assessments; extending lengths of stay. Processes such as recording property, allergies, body maps, lying and standing blood pressures, neurological observations and completing other admission requirements on Rio take up time. Rio is our electronic patient record system. Equipment ordering, communicating with relatives and Social Services were also included as they were identified as often being reasons for delay of discharge. Having an admission and discharge co-ordinator may make processes more efficient, avoiding delays and release time to care. If colleagues have more time to care, their job satisfaction would also improve.

Colleague feedback

We developed a pilot study that involved two members of Friends Ward undertaking admission and discharge coordinator roles from March to September 2021, supported by senior leaders. These are some comments received from the staff survey.

- Frees-up nurses to complete their ward work such as patient care, ward round, medicines round, ordering medicines and dressings, intravenous equipment and end of life care.
- Since the pilot the patient flow team have had brilliant communication with Friends Ward. We always know what discharges are coming up and are copied into any referrals, we also have an end of day round up from them and we had a point of contact to talk about incoming admissions.
- Increased time for patient care and occupational therapist role. Keep training and continuous professional development up to date.
- Continuity and communication regarding admissions and discharges is better. Frees up the nurses and therapists to manage the patients and all other clinical and non-clinical duties expected of us. Less delays, reduces the risk of failed discharges/transfers of care. Facilitates timely discharges and an appointed person to discuss concerns with families.
- Gives nurses more time to care and to nurse which is why I came into nursing. I know from recent experience that completing a transfer of care can take up to an hour and when you're constantly interrupted it takes longer and you end up losing your train of thought. We nurses feel that we are always on the computer.

The tools we used

We used a project plan, a driver diagram, plan, do, study, act (PDSA) cycles, time trackers, staff surveys and patient surveys in our project.

No	Date	Rel	Category	Description of situation	Lesson learned	Actions arising	Priority
1	25/03/21		Stakeholder engagement	incomplete time/task sheets	introduce at a huddle to stress importance	delayed to end of Month - data delay	High
2	25/03/21		Stakeholder engagement	no RTTF time of completion on whiteboards	Communication as above	data delay	High
3	07/04/21		Technical aspects	Poor WIFI on ward			High
4	11/06/21		Planning	time tracker confusion regarding completion	Ensure understanding and ability to complete tracker in advance	additional time needed for analysis and admin support	Low
5	11/06/21		Monitoring and control	Rio documentation incomplete	Clear communication regarding use of RIO on ward	Keith to communicate with all staff regarding completion of RIO	High
6	11/06/21		Quality management	Role definitions and tasks not clear	Need more clarification prior to pilots in the future regarding expectations of role and communication with all ward staff	Ensure that ward staff are prepared for end of pilot at the end of July to ensure best patient care and improved practice	High

Results

The results were not as we had hoped with regard to improving patient experience, time of discharge/length of stay/patient flow, however, the staff surveys showed a very positive response and a potential need for this role within community hospitals.



What we learned and what's next

The pilot study was first discussed in December 2019. The start was delayed until March 2020 due to COVID-19. The project team learned that more time should have been spent planning the pilot; identifying more thoroughly, communicating more widely the tasks that the coordinator role was to undertake and the processes on Rio that were their responsibility and also identifying other measures. Therapy activity and assessments and mandatory training compliance could have been included in the pilot measures to identify if time for care, rehabilitation and quality assurance had been released. Improved staff experience is known to improve patient experience. This pilot was for six months and the change may not have been embedded for long enough to show this in the Meridian patient surveys. The project team have learned that time spent planning pilot studies is crucial. Making sure all stakeholders are involved from the beginning and communication of projects is also vital.

What's Next?

Similar posts exist in west Kent community hospitals. KCHFT Adult Services are currently amalgamating. We feel that this pilot could inform east Kent community hospitals with future decisions.