

Criteria Led Discharge Our Experience

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Introduction



Hunter Baillie Ward

- * Hunter Baillie Ward is a 27 Bed General medical Ward for children 0-12 years in age. The ward includes and 8 bed Medical Assessment Unit and 4 bed Long term Ventilation Unit. Currently we are the only ward in the hospital using criteria led discharge.



Starting from the beginning...

- * Criteria led discharge (CLD) was introduced into Hunter Baillie Ward in 2008.
- * Introduced as patient flow project led by the Medical head of General Medicine, The Nursing Unit Manager and The Medical Assessment Unit Co-ordinator (MAU CNS2).



Starting from the beginning...

- * Advice was sought from other hospitals who had implemented CLD, however at this time it was quite new throughout Australia.
- * We reviewed the literature available for criteria led discharge and found there was not a lot of published material.



Starting from the beginning..

- * Initially we started with illness specific CLD forms (For example Bronch, Asthma, Gastro)
- * This did not work.
- * Forms were then not being put on the charts and there was often confusion as to what was the actual diagnosis of the patient was.
- * In 2010 the one general form was created.

AMO _____
 Ward _____
 Date of Admission _____

MRN _____
 NAME _____
 DOB _____ SEX _____

(PLEASE AFFIX CHW PATIENT LABEL IN THIS BOX)

General Medicine Criteria Led Discharge (Trial)

This form is to be completed for every patient regardless of discharge criteria.

*******SECTION 1: MEDICAL CONSULTANT/FELLOW TO FILL OUT*******

DIAGNOSIS: _____

YES this Patient can be discharged once the criteria in section 2 are met.

Any Additional Criteria _____

NO this patient is not suitable for Criteria Led Discharge

Consultant/Fellow name: _____

Signature: _____ Date ___ / ___ / ___ Time _____

If not utilising Section 2 select why.

Requires Medical R/V Different plan in progress notes Discharged by team

Parental Concern Awaiting paperwork (eg Scripts/ weaning plans)

No accredited nursing staff available Other _____

SECTION 2: Discharge criteria-

Discharge Criteria is to be completed by Accredited Hunter Baillie Nursing staff

Medical Review	YES	NO	N/A
Patient has been seen by the Consultant or Medical Fellow in the last 24 hours OR Consultant or Medical Fellow has been contacted within the last 24 hours			
Observations	YES	NO	N/A

GENERAL MEDICINE CRITERIA LED DISCHARGE TRIAL

AMO _____
 Ward _____
 Date of Admission _____

MRN _____
 NAME _____
 DOB _____ SEX _____

(PLEASE AFFIX CHW PATIENT LABEL IN THIS BOX)

Medications			
Prescriptions given to parents/carers			
Prescriptions have been faxed to Pharmacy (if needed)			
Discharge medications discussed with carer			
Follow up plan:- parents/carers are aware of arrangements for:	YES	NO	N/A
Local Doctor within 3 to 5 days of discharge			
Fellow- Ambulatory Care Clinic appointment organised			
Paediatrician- Outpatient/Rooms appointment organised or delegated to parent			
Referral to Community Acute/Post Acute Care (CAPAC)			
Other follow up:- _____			
Education and/or fact sheet been provided to the parents/carers			
Parents/carers are confident in the management of their child post discharge?			

ASTHMA patients ONLY-	YES	NO	N/A
Has the child had 2x 3rd hourly Salbutamol spacers			
Reducing Medication Plan for next 3 to 5 days completed in PowerChart and given to parents and/or carers?			
<input type="checkbox"/> Current, <input type="checkbox"/> Revised or New Asthma Action Plan provided to the parents/carers			
Child and/or parents/carers have had asthma education			
Asthma resource pack given to parents/carers			
Child has access to a spacer and/or form provided for the Appliance Centre			

THE CHILDREN'S HOSPITAL AT WESTMEAD

GENERAL MEDICINE CRITERIA LED DISCHARGE TRIAL

THE CHILDREN'S HOSPITAL AT WESTMEAD

The Form

- * This is our current form
- * Form has been modified slightly since implementation to try and improve use
- * Form is printed on yellow paper to be eye catching
- * Form can be signed by consultant or Medical Fellow

Policy for Criteria Led Discharge

- * A Hospital policy was created in June 2012 to govern the use of Criteria Led Discharge.
- * It is policy for all patients on HB to have a CLD form placed on the front of their file.
- * Accredited Nurses must ensure the parent is educated and aware of discharge plans including follow up.



Nursing Accreditation Process

- * Registered Nurse with at least 3 years experience in Hunter Baillie
- * Extensive team leader experience in Hunter Baillie
- * Must have in depth knowledge of discharge planning and child protection issues.
- * Confidence in asthma management, and completed the Paediatric Asthma Resource Workshop.
- * Nurses to complete the Criteria Led Discharge Training and Assessment Package
 - Includes an in-depth workbook
 - Comprehensive primary assessment on a patient
 - Complete observed discharge of a patient

Nursing Accreditation

- * Hunter Baillie has approximately 60 nursing staff members.
- * There are currently 14 nurses accredited to do CLD.



Challenges

- * Resistance by consultants with Criteria Led Discharge- Excuses Used such as:
 - i. “No form on chart”
 - ii. “No-one there to remind me”
 - iii. “Not enough time during round”
 - iv. “I want to R/V my patients”.

- * Nursing staff not having confidence and not wanting to take part in accreditation. Not wanting the responsibility of d/c. “It’s the doctors job to d/c”

- * Consultants and teams may not have had the confidence with nursing staff discharging patients.

- * Implementing strategies for doctors to complete prescriptions and d/c plans where there is a possibility the child could be ready for d/c the next day.

Challenges

- * Parents not able to collect their prescriptions if criteria led discharged early until after 9am and even then there was sometimes a long wait time.
- * Parental concern: “is the Dr going to see me before I go home?”
- * New doctors at change of term : Having to go through the processes and educate each time.

Challenges

- * Criteria Led discharge is more time consuming for the nurse discharging the patient.
- * Nursing staff feel it creates more work- i.e; “just discharging one patient to get another..”.

Addressing challenges and implementing strategies for success with Criteria Led Discharge:

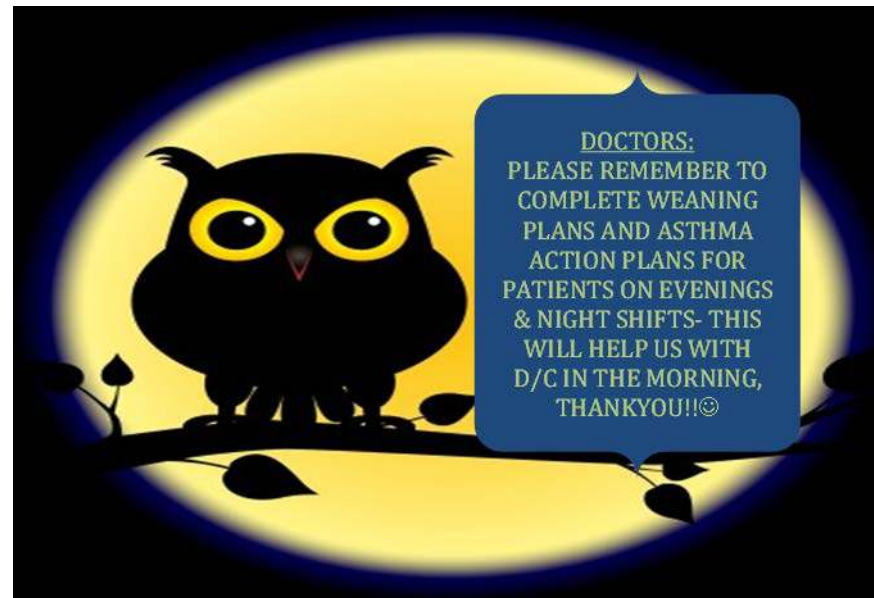
- * Consultants were engaged with creating the criteria and policy for criteria led discharge, all agreed with criteria that was rolled out. Therefore there was no reason to sign the form and pick an option for review or discharge.
- * MAU CNS 2 rounds with the team and consultant in the mornings.

Addressing challenges and implementing strategies for success with Criteria Led Discharge:

- * Ensures all patient files have a form and signed on the round by Consultant. Nurses are to encourage this procedure if the CNS2 is not on the ward.
- * Residents/Registrars also have an expectation to assist with ensuring forms are signed by Consultant on rounds.

Addressing challenges and implementing strategies for success with Criteria Led Discharge:

- * RMOs are also expected to have completed prescriptions and care plans on night shift for nurses to discharge the patient in the morning before the hospital bed meeting.



Positives/Success with CLD

- * Group education and in-services conducted by the CNS2 in general medicine meetings to all medical staff and nursing staff to educate and encourage criteria led discharge.
- * Weekly communication with all consultants has engrained/encouraged this process as a regular part of rounds and has become part of normal practice.
- * A competition “Dr of the week” commenced in April 2105 to encourage medical staff to sign the forms.
- * Results were emailed to medical staff weekly
- * This sparked some healthy competition/rivalry between medical staff
- * The communication helped keep CLD at the forefront of peoples minds
- * An audit was conducted a 3 months, 6 months and now 9 months.
- * A prize was given to the Dr who completed the highest percentage of forms in the 6 months.

Positives/Success with CLD

- * Decreases LOS
- * Makes beds available for ED patients
- * Upskilling staff
- * Good relationship between medical and nursing staff on the ward

Dr of the week



HUNTER BAILLIE WARD
CONGRATULATES:

????

.....It's a mystery

FOR CRITERIA LED DISCHARGE
DR OF THE WEEK!!



Dr of the Week

- * This incentive worked well and saw an increase in forms signed.
- * This is not a sustainable solution
- * The most recent audit showed a decrease in the number of forms signed since dr of the week finished.

Positives/Success with CLD

- * CNS2 and educators on Hunter Baillie / MAU have encouraged and supported nursing staff with education and completing their criteria led discharge package, resulting in an increase in accreditation.
- * Consultants have been made aware of these advanced nursing skills and the accreditation process to give consultants confidence in criteria led discharge.
- * Follow up phone calls for MAU was also introduced in 2015 in correlation with criteria led discharge which has given nurses, doctors, and parents confidence with discharges.

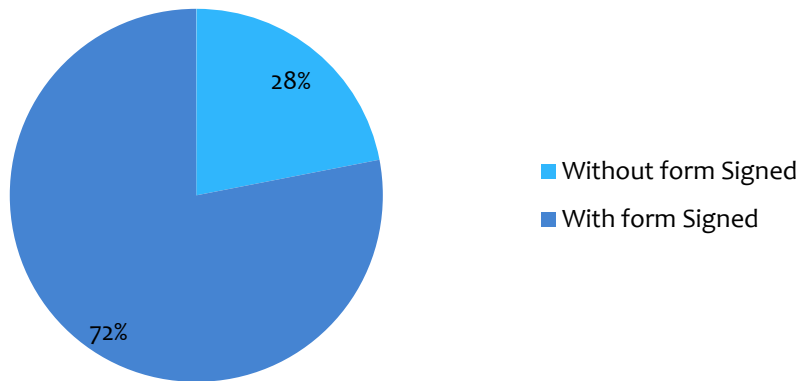
Positives/Success with CLD

- * Pharmacy – MAU patients are now able to collect their scripts from 8am.
- * Monthly meetings for MAU with CNS2s, Head of general medicine, nursing manager, NUM, medical fellow to discuss expectations, strategies and improvements for MAU.
- * Success has also been due to the support with all processes' and implementation of strategies, given by the head of general medicine and medical fellow.

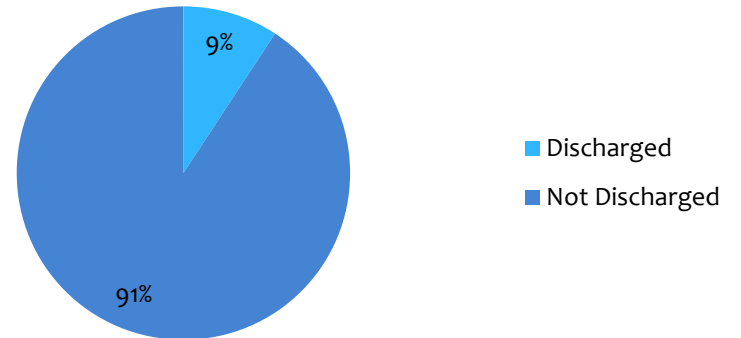
Results/Data:

	Mar-13	Apr-13	May-13	Total
Total HB(MAU & HB) episodes	228	272	272	772

% Patients with form signed



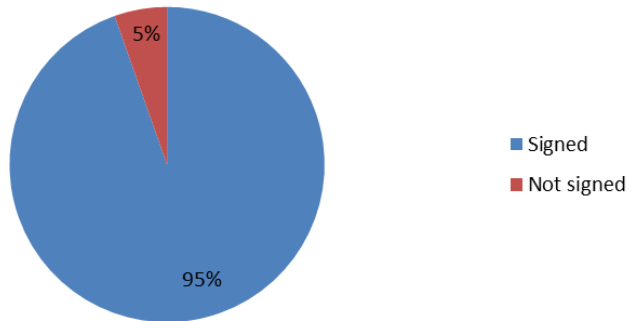
% Discharged on CLD



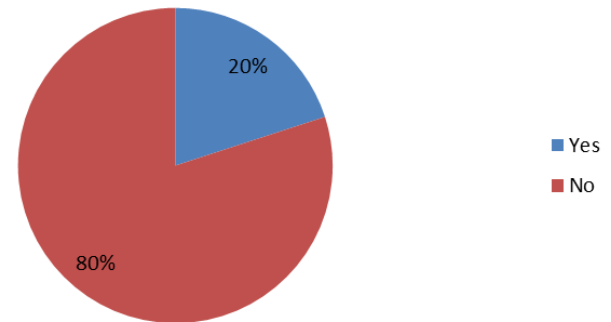
Results/Data:

Wards	May	June	July	Grand Total
HB	132	111	127	370
MAU	168	153	168	489
Grand Total	300	264	295	859

Patient's with forms signed July 2015



% D/C'd on CLD



Going Forward:

- * What should the KPI be?
- * Measuring patient satisfaction
- * Sustainability

Questions?

