

Aim:

Increase the percentage of transfers / discharges from the Medical Assessment Unit before 1 pm to 30% by December 2018



Ruth Watson QI Fellow 17/18 IA Wave 51

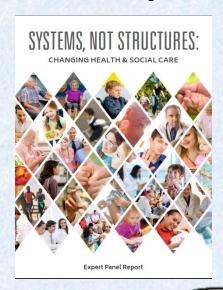


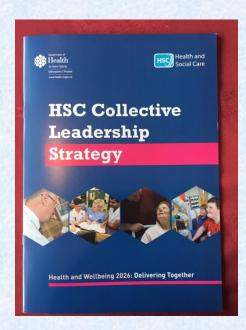






Why:











Engage staff....

- Go slow to go fast
- Invite the unusual suspects
- Work with those who want to work with you
- Participation is voluntary
- Change can spread bottom up, top down and sideways
- Make the invisible visible BIG eyes and OPEN ears



Affinity Workshop













Change ideas...47

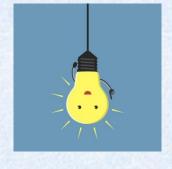


- Documentation.....daily medical review (2017)
- Nurse Facilitated Discharge / criteria led discharge (2017)
- Phlebotomy (2017)
- Ward rounds (2017)
- Weekend Planning (2017)
- The Patient / Carer Storiesworking in partnershipdo they know what we know? (2017)
- Ward aligned Social Worker early planning with the MDT (2017)
- Transport dedicated to discharge (2017)





Change ideas...47



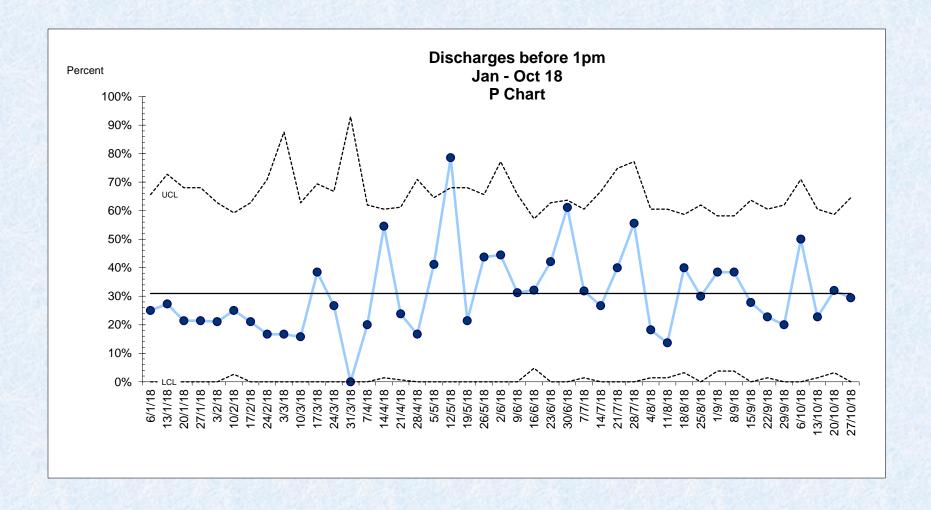
- Discharge Lounge...discharge team focused on discharge processes – including pharmacy and Doctor (2017 / 2018)
- Speciality referral (2018) respiratory hub
- Mobile dispensing Unit.....Ward based pharmacist (2018)
- Partnership with Hubs (2018) Neurology / GI and Cardiac
- Scale up and spread (2018 2019)
- 'Pull Process' right patient.....right bed (2018 2019)
- Discharge To Assess pilot (2018 2019)





Discharges before 1pm

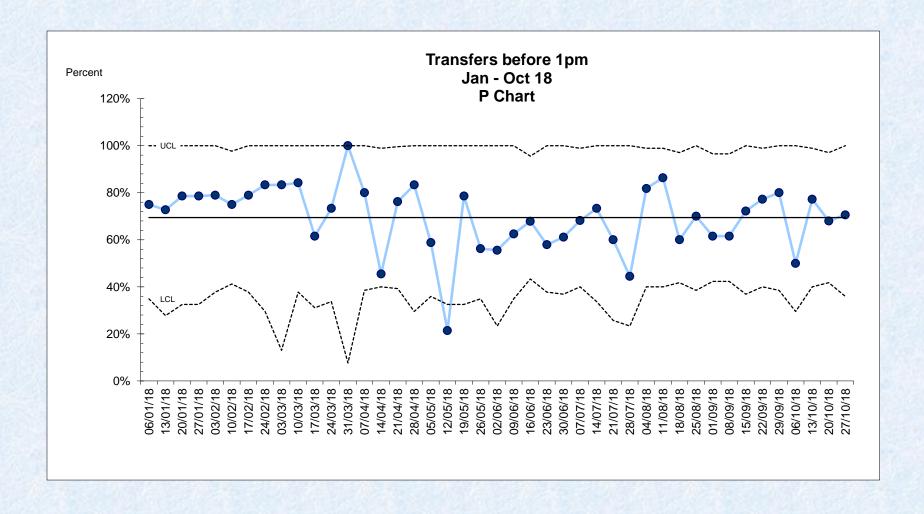






Transfers before 1pm







Success factors.....Staff

- Hit refresh button
- Have fun
- Culture.....belief that things getting better
- Meaningful focused on goals...seen the improvements
- Staff were empowered...making a difference, developing knowledge
- Speak the patient language



Success Factors & Next steps...me

- You cant fake it.....walk the walk
- Simple but strategic
- Communicate..communicate..communicate
- QI Friday Drop in sessions Directorate wide Don't leave the room without a QI mentor



Success Factors & Next Steps..me

Stay humble....stay the course....
Thanks to a great team



