Audit on delayed discharges for medically fit for discharge patients

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Introduction

NHS England is under extreme pressure these days due to clinical workload and non-availability of hospital beds. Patients who are medically fit for discharge (MFFD) continue to stay as inpatients in wards due to various reasons. This not only incurs extra cost to the hospital in terms of nursing cost, medications, medical equipment etc, but is also associated with a higher chance of nosocomial infections.[1] These hospital resources could be better allocated to acutely unwell patients who need extra medical attention.

We conducted an audit to look at the average duration of delay between a patient declared MFFD and the actual time that the patient left the ward to their next destination (own home, community hospitals for further period of rehabilitation, residential care home / 24-hour nursing home) and further dissected the causes of delay for MFFD patients leaving the ward.

Materials and methods

A comprehensive retrospective review of inpatient medical notes was conducted for 70 patients admitted to our medical ward during a period of 2 weeks in 2021. We looked at the date and time that the patient was documented as MFFD during medical ward rounds and when they actually left the ward. Their discharge destination was also noted. Patients who died, self-discharged against medical advice, absconded or transferred to other specialty wards during the study period were excluded. Delayed discharge was defined as those patients who stayed in the medical ward after 24 hours of being documented as MFFD.

Results and discussion

Out of the 70 patients studied, 15 (21%) were excluded from the data analysis due to incomplete documentation. Another 15 patients were excluded from the study according to exclusion criteria. Out of the remaining 40 patients, there was no delay in discharges for 32 (80%) patients. Out of these, 65% of patients were discharged home and 15% to community hospitals. Among the remaining eight patients who had delayed discharge, four (50%) patients were discharged home and the remaining four (50%) were sent to a community hospital for a period of rehabilitation. Various reasons were found for their delay in discharge. These included awaiting bed in a community hospital, family not able to cope at home, awaiting for multidisciplinary team meeting outcome from another specialty, and waiting for warfarin education from pharmacy. There was no significant difference in the delays in the discharge in terms of patient's age or gender.

Conclusion

Our study showed that the hypothesis of delayed discharge due to lack of community beds or patients awaiting a social package of care is not as common as it was thought to be. Discharge destination also does not predict the delay in the hospital discharge process. Age/gender is equally not a significant predictor, as this audit included patients from wide variety of age groups. To further support this, a larger cohort of patients and longer duration of study is needed in different medical wards. ■

Reference

1 Bai AD, Dai C, Srivastava S, Smith CA, Gill SS. Risk factors, costs and complications of delayed hospital discharge from internal medicine wards at a Canadian academic medical centre: retrospective cohort study. *BMC Health Serv Res* 2019;19:1–9.

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