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How can we avoid delays in discharging patients from the acute medical unit?

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Aims

To review discharge procedures on the acute medical unit (AMU) at James Paget University Hospital, Great Yarmouth, with a view to identifying reasons for delays and formulating recommendations to improve practice.

Methods

27 discharges between Monday 10 March and Sunday 16 March 2014 were reviewed. Data were collected from electronic health records (eHR), pharmacy records and the inpatient management system and then collated.

Results

18/27 patients were discharged on weekdays and 9/27 on the weekend. On weekdays, 13/18 were discharged between 8.00am and 5.00pm while 5/18 were discharged after 5.00pm. Between 8.00am and 5.00pm it took 3:13 hours on average to complete the electronic discharge letter (EDL) from the time that the decision to discharge was made. After 5.00pm the mean time taken was 5:12 hours and at weekends it was 1:31 hours. The minimum time taken was 6 minutes and the maximum was 17:00 hours. 10/27 patients had EDLs completed within 1 hour and 5/27 took over 6 hours. We searched the pharmacy tracking system for medication to take home (TTO) dispensing times; only four cases had an accurate record of this. The mean EDL to TTO time was 50 minutes and mean TTO to discharge time was 2:04 hours. We then calculated the overall time gap between decision to discharge and actual discharge from hospital. For weekdays, the mean time taken was 5.00 hours between 8.00am and 5.00pm and 5:30 hours after 5.00 pm. For weekends, it was 4.00 hours. The minimum time taken was 14 minutes and the maximum was 18:30 hours. 2/27 patients were discharged within 1 hour and 9/27 took over 6 hours. Reasons cited for the delays included: junior doctors on ward round with consultants and so unavailable to complete EDLs; delay in doctors informing nursing staff and ward pharmacist of discharge decision; EDL errors requiring amendments; pharmacy delays; difficulties in organising transport; and family/carer issues. Delayed discharges on AMU create bed shortages, thus blocking the transfer of patients from A&E and leading to ambulances queuing up outside. It also distracts nursing resources away from the more sick patients and has financial implications.

Conclusions

Junior doctors should be able to leave the ward round temporarily to complete EDLs. Better staffing levels will help with this. There is a need for better and more prompt communication between doctors, nurses and pharmacists. EDL errors need to be minimised. Forward planning of transport and social issues is required. The pharmacy tracking system for TTOs needs to be more robust to improve data collection in the future.

Conflict of interest statement

None. ■

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