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Remedial causes for patient treatment and discharge

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Aims

To identify remedial causes for patient treatment and discharge in a district general hospital (DGH).

Methods

We prospectively reviewed the case notes of all 117 patients admitted through the non-selected general medical intake in a DGH from 4–11 April 2016, with exclusion of those managed on an ambulatory basis. We collected 96 fields of information for each patient and, using a proportion of these, calculated the number of patients experiencing delay in their care or discharge. We then further studied the days in which no active medical treatment was provided ('red days').

Results

117 patients were admitted between Monday and Sunday. Eleven died during their admission and were subjected to detailed mortality review and excluded from the study. Of the remaining 106, there were 48 patients who experienced delay in discharge, four of whom developed complications (two hospital-acquired pneumonias and two falls). There were a total of 1,168 care days, of which 366 were 'red days'.

290 'red days' were consumed by social care planning. The majority of these were a consequence of delays in referral into the social care planning process. Consultants raising a suspicion of the likelihood for social care on admission made no significant difference to these delays. 28 'red days' were attributed to waiting for diagnostic tests, 11 'red days' waiting to be transferred to a tertiary centre, 12 'red days' waiting for specialty review and 15 'red days' waiting to be reviewed for discharge.

Changes that have emerged following this study include the introduction of social worker teams operating 12 hours a day, 7 days a week within the hospital, targeting delays in reinstatement and introduction of packages of care. Junior doctors have been re-educated about the importance of eliciting a full social history on admission, so that staff are fully informed and can promptly initiate social support if necessary. Criteria-led discharge has been introduced, particularly to target facilitation of discharge out of hours and at the weekend.

Conclusions

Although we have been through a recent process to improve patient flow in our hospital, there are still a number of 'red days' and thus scope for improvement. This project has achieved its objective of identifying these and the contributing factors. We have since been able to introduce a number of initiatives that aim to provide solutions to some of the aforementioned factors. ■

Conflict of interest statement

We have no conflicts of interest to declare.

Table 1. Number of patients experiencing delay in discharge and 'red days'

Length of admission	Number of patients	Number of patients experiencing delay in discharge	Total number of 'red days'
<72 hrs	35	4 (11%)	7
72 hrs – 1 wk	32	15 (47%)	29
1–2 wks	17	10 (59%)	52
>2 wks	22	19 (86%)	275

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