

Rapid Improvement Guide to:

Multi Agency Discharge Event

A Multi Agency Discharge Event (MADE) brings together the local health system to:

- support improved patient flow across the system
- recognise and unblock delays
- challenge, improve and simplify complex discharge processes.

MADE typically involves senior clinical and operational staff from:

- Clinical Commissioning Groups
- Community services
- Mental health services
- Local authority services
- Voluntary sector
- Acute trusts
- Emergency Care Improvement Programme (ECIP)
- Primary care

MADEs are significantly enhanced with the input of 'expert patients' or individuals who have been trained in interviewing patients and carers to allow the team to hear patient and carer voices and triangulate with the professional feedback.

The approach

MADEs may extend over one or more days. Participants in MADEs form a number of teams, each of which will focus on one or two wards. Teams should visit their allocated wards to join both the morning and afternoon board rounds and/or multi-disciplinary team meetings, to:

- capture the progress of each patient along their agreed care pathway.
- highlight, challenge and unblock delays (internal and external waits).
- support safe and timely discharges.

Each patient's journey should be critically reviewed to understand what next steps are required to reach discharge and to make sure critical interventions happen without delay.

Patient lists and templates to capture issues /actions required should be made available to MADE teams to facilitate the collection of real-time information on individual patients that can be escalated, if required, to reduce delays.

A small central team should be available to support the MADE teams with advice on how to access a range of services both in the acute hospital and across the community.

MADE teams should document the challenges and delays they identify along with any associated or planned actions resulting from the patient reviews. This information should be fed back to the central team on a daily basis. MADE teams should review all patient journeys, including short stay admissions, but should particularly focus on any patient who has been an inpatient for seven days or more. MADE teams will be interested to know:

- The progress for each patient's care
- What is the next critical step?
- Is that next critical step happening today?
- If not, what can be done to enable this to happen today?

If the next critical step can happen on that day for the patient, MADE teams should class that day as a 'green' day. If the next critical step cannot happen on that day for that patient, even with chasing and escalation, MADE teams should class that day as a 'red' day. Systems should agree local definitions of red and green days and be aware that hospital clinicians will need to be as focused on reducing internal delays as well as external delays.



What do we want to achieve?

- To unblock delays and simplify processes across the whole system.
- To free up beds and increase flow as part of an escalation process.
- To reduce length of stay.
- To increase morning discharges.

Next steps

A whole system workshop / debrief session should ideally be held on the last day of the MADE to formally capture the learning from across the event and ensure that clear actions are identified, with named leads.

Example MADE agenda

X Hospitals NHS Trust

Multi Agency Discharge Event (MADE)

Dates and times

Venue

AGENDA – DAY ONE

08:00-08:30	Welcome and briefing (venue) – Executive lead/Emergency Care Improvement Programme support (optional)
08:30-10:00	Multi-agency (MADE) teams visit agreed wards and observe and feedback on board rounds (specific wards)
10:00-15:00	Actions to support patient flow/discharge (venue - specific wards and central team venue) including a break for lunch
15:00-15:45	Multi-agency teams visit wards and observe and feedback on afternoon boards, if in place, or progress against plans (specific wards)
15:45-16:30	Initial feedback (venue) – MADE teams/Emergency Care Improvement Programme support (optional)

AGENDA – DAY TWO

08:00-08:30	Welcome and briefing (venue) – Executive lead/Emergency Care Improvement Programme support (optional)
08:30-10:00	Multi-agency (MADE) teams visit wards and observe and feedback on board rounds (specific wards)
10:00-14:30	Actions to support patient flow/discharge (specific wards and central team venue) including a break for lunch
14:30-15:00	MADE teams prepare feedback (venue)
15:00-16:00	Feedback to multi-disciplinary ward staff including senior clinicians and executives from across the whole system (venue) – MADE teams/Emergency Care Improvement Programme support (optional)
16:00-16:30	Agreed actions and next steps – Executive leads across whole system