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Service Improvement
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Discharge planning



Discharge planning

What is it?

A specific targeted discharge date and time reduces a patient's length of stay, emergency readmissions and pressure on hospital beds. This is the case for all patients, from those having day surgery through to those with more complex needs.

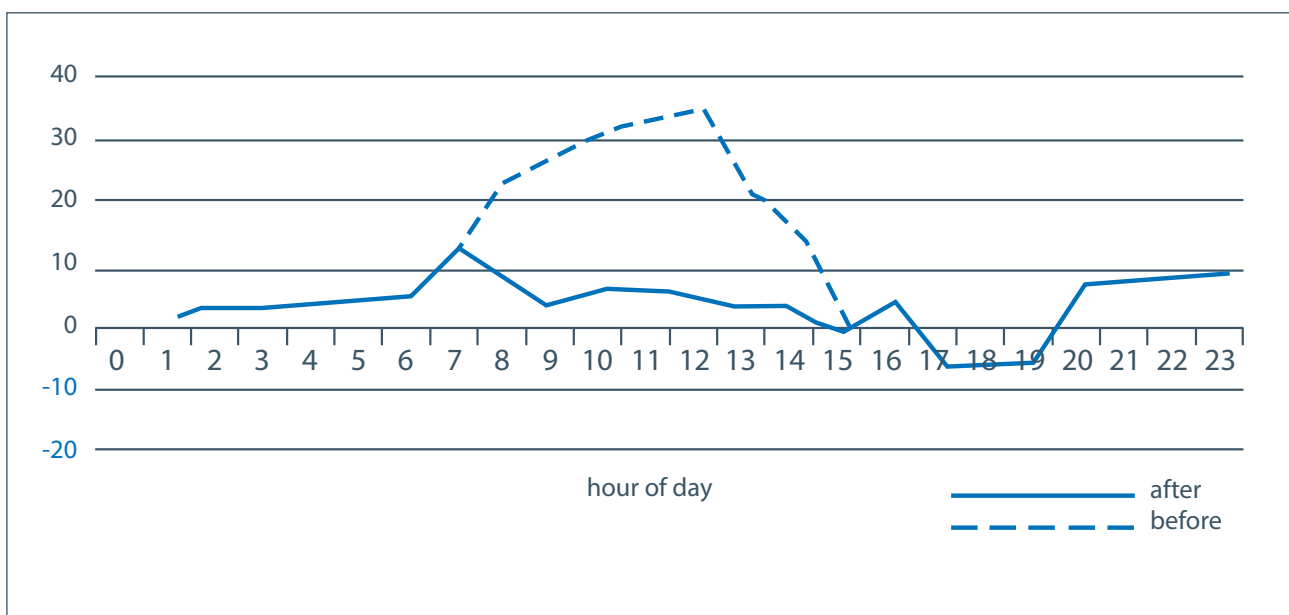
There is always pressure on inpatient beds and better discharge planning can help to reduce length of stay and increase throughput.

When to use it

Discharge planning is a key part of the operational management of beds. Evidence suggests that temporary mismatches in the demand and capacity for beds is a continual source of pressure within hospitals. This occurs when the total number of new admissions is greater than the number of patients being discharged.

While there has been much focus on trying to minimise the waiting times within emergency departments, this 'front end' of the process is wholly dependent on the discharge process working effectively to create flow through the organisation. Significant waits within emergency departments are usually just a symptom rather than the problem. The problem – and the focus of improvement efforts – should be on the discharge processes across the whole organisation rather than the processes within the department.

Figure 1: Cumulative bed state across Monday (from zero at midnight)



In the graph above (from The Department of Health publication *Achieving Timely Simple Discharge from Hospital: A Toolkit for the Multidisciplinary Team*), the dotted line shows the extra beds needed during the few hours when there are more admissions than discharges. The solid line shows that moving even just 30% of discharges ahead of admission would reduce the maximum bed requirement from 35 to a very short term peak of just 10 over the average required.

Therefore, planning discharges before the peak in admissions is an effective way of smoothing the total demand for beds. As well as considering the discharge process through the day, the pattern of discharge over the week also needs to be considered. It is also possible to minimise the difference between admissions and discharges over the week and this will have a positive impact on the overall bed requirement.

Many hospitals still try to manage weekend capacity by discharging large numbers of patients on a Friday. Discharges then slow to a trickle until Monday morning (or often Monday afternoon). This is not the most effective strategy. It often takes several days for the mismatch between admissions and discharges – built up over the weekend – to resolve, with predictable consequences in terms of pressure on beds.

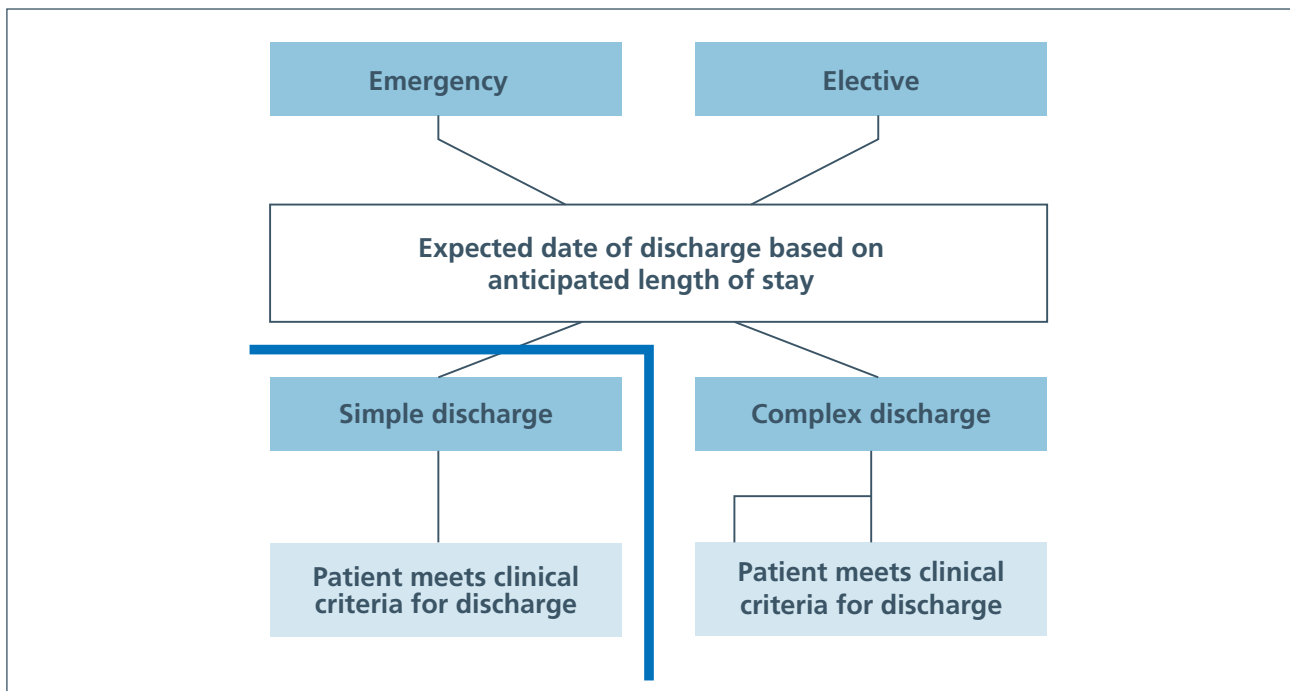
With elective care, you should start discharge planning prior to admission. This allows everyone to focus on a clear endpoint in the patient's care and ensure that all the support processes are in place to help the discharge happen. Having a focus helps to ensure that patients receive all of the elements of care they need and also helps to reduce errors and unnecessary delays along the patient pathway.

How to use it

There are some key elements when planning for discharge, regardless of whether a patient is receiving emergency or elective (inpatient or day case) care. These are:

- Specifying a date and time of discharge as early as possible within the period of care.
- Identifying whether a patient has simple (using the [Pareto](#) principle, this will be 80% of all patients) or complex discharge planning needs.
- Identifying what individual patients needs are and how these needs will be met.
- Defining the specific clinical criteria that a patient must meet for discharge.

Figure 2



The detail below focuses on the key elements of planning for elective discharge for simple discharges, but the approach is similar for day case and simple emergency admissions.

Simple discharge (inpatient or day case)

1. Plan the date and time of discharge early

Plan discharge at preoperative assessment so that everyone (including patients and carers) knows what needs to happen and when the patient will be discharged. It also means that patients and carers know what arrangements they need to make to help the patient get back home.

'To achieve a high quality service, discharge planning in day surgery should begin before the adult or child is admitted to the unit.'

Royal College of Nursing (Discharge Planning for Day Surgery)

2. Plan for patients to be discharged before the peak in admissions

As with hotels, many hospitals find planning for a proportion of patients to leave the ward before 11.00am helps to manage the total pressure on beds.

3. Plan for discharge seven days a week

There are distinct patterns for both admissions and discharges based on the day of the week. With discharges, there is a rush on Friday to clear beds for the weekend. However, few discharges actually take place over the weekend. This can cause problems, especially on Mondays when there may be a peak in admissions for inpatient elective care. A focus on planning for discharge seven days a week helps to reduce bed pressures.

4. Patients are discharged using a criteria-based process

There is a range of discharge planning tools and guidance available outlining the different criteria that should be considered when planning patient discharge. You can use this information to develop local guidelines for patient discharge following elective care.

5. Co-ordinate and check everything is in place 48 hours before discharge

This includes checking take-home medications and transport (including transport provided by family or friends). For stays of over 48 hours, the discharge planning checklist should be completed 48 hours prior to discharge.

6. Timely and accurate communication for discharge

About 20% of patients have more complex needs and may require additional input from other professionals such as social workers, therapists, etc. The involvement of additional people makes co-ordination and planning even more critical.

Planning at the preoperative stage or early on following admission will really help to reduce delays.

Examples

Examples of criteria for discharge used in well-performing services for hip and knee replacement surgery include:

- independence in washing, dressing and mobility
- safe negotiation of stairs if necessary
- a clean wound
- eating and drinking
- post-operative x-ray performed.

Making plans to go home

Below is the Nuffield Orthopaedic Centre NHS Trust, [patient information](#) regarding discharge.

'A day and time for your discharge home will be agreed in advance with you. This will allow you to plan ahead for your own discharge. The ward staff may indicate that you should be collected and accompanied by a friend or relative when you go home. It is important that you plan this with your friends or relatives as soon as you know your discharge date.

When you leave, we will give you a limited supply of any medicines you may need and a discharge letter for you to take to your GP when you get home.

Please leave your home address and contact number with a member of staff on the ward. If you are planning to stay somewhere else, please leave an address where you can be contacted.'

Nuffield Orthopaedic Centre NHS Trust

What next?

If bed constraints are a hospital-wide problem, carry out a simple hourly flow diagnostic to further look at patterns of admission and discharge. See also [enhanced recovery](#).