Improving the Accuracy of EDDs - OHS Medical Ward

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Aim Statement:  
By June 2019, 80% of patients will be discharged from the medical ward on their identified EDD.

Background:  
Less than 50% of patients are discharged from the medical ward on their identified expected date of discharge (EDD). This impacts on facility planning and patient journeys.

Team members:  
Sponsor (Guidance team) members:  
Lacey Healey – Executive Sponsor  
Dr Geoffrey Chu – Medical Head of Department

Project Team:  
Donna Smith – Project Lead  
Lacey Healey – Head Allied Health  
Anetta Westgeest – NUM Medical Ward  
Fiona Tudor – CNS Medical Ward  
Dr Huizhong He – Medical Registrar  
Consumer involvement through interviews & surveys of staff, patients and families

Driver Diagram

The Problem:  
<50% of patients in the Medical Ward are discharged on their identified EDD

Increase Medical Officer participation in updating EDDs  
Increase ward staff participation with updating EDDs  
Increase accuracy of information on Patient Care boards

Process Measure:  
How much: 75% of patients will have completed Patient Care Board  
By when: March 2019

Team Members:  
Project Coordinator – Lacey Healey  
Team Lead – Donna Smith  
OR Advisor – Karen Smiths  
A specialist nurse Medical  
Dr He – Medical Registrar  
Discharge Planner

Process Measure:  
How much: Increase patient knowledge of EDD by 25%  
By when: November 2018

Outcome Measure:  
How much: No increase in 28 day readmission rate  
By when: June 2019

Primary Drivers  
Increase Medical Officer participation in updating EDDs

Secondary Drivers  
Increase ward staff participation with updating EDDs

Change ideas  
COS to discuss EDDs at MDT daily meetings  
Schedule staff to receive education on EDDs & FFP interlink meetings

Priority Change Ideas  
4. Act on the data  
Schedule staff to receive education on EDDs & FFP

Results  
Outcome measures  
A sustained reduction in the percentage of discharges on the identified EDD that was below 50% was achieved.

Process measures  
An identified process measure was to increase patient knowledge of their EDD by 25% by November 2018

Plan to sustain change  
Standardisation:  
Our focus is on embedding practices into roles/positions not individuals for sustainability

Documentation:  
Utilisation of the Patient Flow Portal tools allows clear and transparent information and capacity to monitor through reports

Measurement  
The Patient Flow Portal enables real time and retrospective data collection and collation

Improvement is demonstrated through the comparison of 2017 vs 2018 EDD accuracy.

Lessons learnt  
• Change takes time to embed – it must be nurtured  
• Sometimes you need to take a step backward in order to move forward  
• The composition of the team and team engagement is vital  
• Celebrate the small successes  
• Encouragement can come from the most unexpected places

Overall Outcome of Project:  
Project is still underway  
Improvement is demonstrated through the comparison of 2017 vs 2018 EDD accuracy. There has also been an increase in % of patients discharged within 24 hours of EDD i.e. a tightening of EDD parameters.

The cohort of patients selected are chronic and complex – this in itself makes the identification of an accurate EDD more challenging as plans change with responses to treatments.