Clinical effectiveness

ANÁLYSIS OF TIMELINES FROM MEDICALLY FIT TO DISCHARGE IN OLDER PATIENTS IN THE NORFOLK AND NORWICH UNIVERSITY HOSPITAL

M. Z. Tan\(^{1}\), A. Mackett\(^{1}\), C. Ratcliff\(^{1}\), A. Niruban\(^{1,2}\)

\(^{1}\)Older People’s Medicine, Norfolk and Norwich University Hospital
\(^{2}\)Postgraduate Department, University of East Anglia Norwich

**Background:** Bed availability for hospital admissions has been of unprecedented concern to healthcare professionals, politicians and the public.\(^{1,2}\) At 85% bed occupancy crises occur on average 4 days a year, while figures of greater than 90% crises occur very frequently.\(^{3}\)

Currently there is significant focus on improving A&E departments and less on supporting discharges into the community. We analysed the discharge process in older people’s medicine (OPM) wards in a teaching hospital and created a unique timeline for each individual.

**Sampling methods:** All ‘medically fit’ (n = 99) patients were identified in 3 OPM wards over a 2-month period using nursing/medical handovers. All patients not discharged on becoming medically fit had their notes reviewed and a timeline of events created.

**Results:** Mean time from admission to ‘medically fit’ was 11.82 days and from ‘medically fit’ to discharge was 18.24 days. Patients spent 61% of their time in hospital with no acute medical issues. Whilst awaiting discharge, 17% suffered complications and 4 patients died. The longest time periods related to waiting for assessments by social workers (mean 9.55 days referral to assessment), continuing healthcare team (mean 8.75 days) and community liaison team (3.14 days).

**Conclusion:** The delay to discharge in our 99 patients equated to an excess expenditure of £469,557 and 1805 bed days lost. 359 patients breached in A&E due to paucity of beds.\(^{4}\)

Our results have highlighted a pressing need for more investment to support our overstretched social care colleagues. By mirroring the large scale investment in A&E, the wait for inpatient discharge assessments could be similarly reduced.

**References**

2. Emergency tent set up outside Norfolk hospital to cope with admissions. Guardian online accessed 21/11/2013
4. NNUH Emergency services divisional assurance framework - A&E 2013/14