

Frontier Discharge Management

Hywel Dda

faculty

Partnering with Hywel Dda University Health Board to **minimise avoidable discharge delays**

- Reducing inpatient beds, and ever-increasing complexity of patients
- Teams operating under significant pressure, without the timely information required to make proactive decisions
- Discharge plans often not considered until late in the patient's stay, and low MDT confidence in estimated dates of discharge (EDDs)
- Siloed patient health and social care, data with no shared view of patient requirements nor community capacity
- **Ineffective tooling, with multidisciplinary teams broadly reliant on paper notes, huddles, and fragmented conversations.**

“*It can take us 2 hours to gather collateral and put a plan in place to get the patient to be medically, functionally and socially optimised*”

Senior Nurse Manager, Withybush

“*EDD is the last thing on your mind when you are just trying to keep the patient well*”

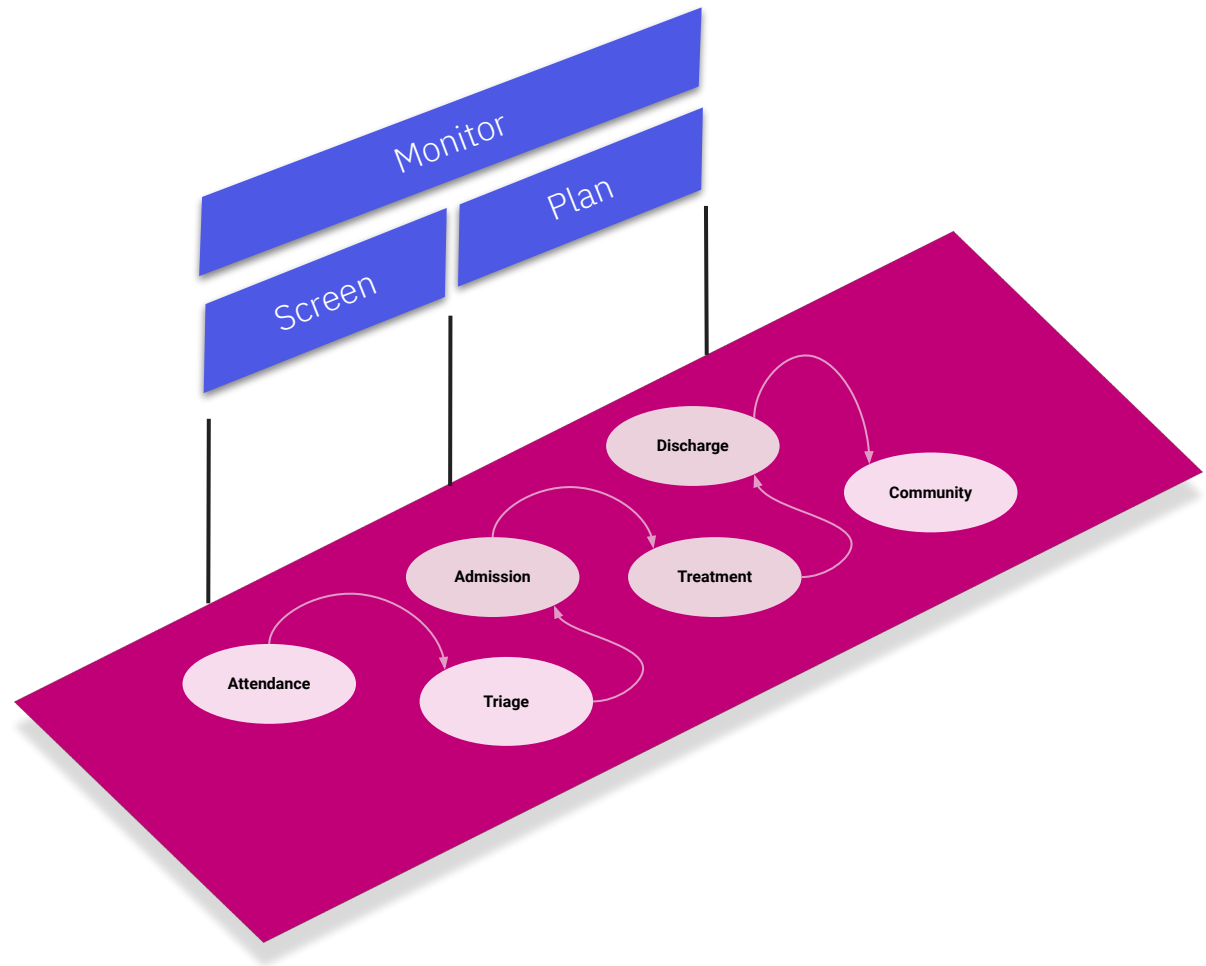
Ops Manager, Glangwili

“*We are trying to bridge the gap between health and social*”

Discharge liaison nurse, Glangwili

We make discharge management easier, supporting teams across the inpatient pathway

- Designed around the needs of teams on the ground
- Removes the need to log into numerous systems - automatically pulling the most useful information
- A single solution that maps across multi-disciplinary teams



Screen

Remove complexity from screening patients and determining their expected length of stay

- View and filter a list of patients in ED to prioritise for discharge screening
- Quickly assess patients, with questions relating to patients needs; and logic to automatically 'triage' patients based on responses
- Automatically generated EDDs, informed by current and previous episode information.

ACT Wicknorth Park Hospital (Adult Medicine)

Patient allocation: **Discharge management**

Patient breakdown

Screened yesterday	Admitted yesterday	Medically optimised	Ready to leave	Length of stay over 21 days	Blocked
11	18	26	7	18	18

Screening Planning

Filter list by specialty: Search for patient:

16 patients awaiting screening

NHS NUMBER	NAME	SEX	AGE	TIME SINCE ADMISSION	SPECIALTY	PATIENT STATUS	ACTION
854 392 6202	Fiona Apple	Female	70	29h 53m	Neurology	Awaiting Screening	GO TO SCREENING
319 302 8321	Tom Jones	Male	88	26h 17m	Care of the Elderly	Awaiting Screening	GO TO SCREENING
402 853 7227	Reginald Dwight	Male					
044 393 9921	Adele Adkins	Female					
822 092 3810	Bruce Springsteen	Male					
500 321 4098	Mariah Carey	Female					
528 933 6491	Jan Vennegoor of He...	Male					
291 722 4502	Karen Oh	Female					
783 232 7622	Tom Waits	Male					
102 110 9897	Patti Smith	Female					

CAPTURE Kit Jones (Wicknorth Park Hospital)

NHS Number: 854 392 6202 | Sex: Male | County: Madden

Date of birth: 2 July 1946 | Age: 76 | Admission date and time: Today, 10:47

Ward: Twywell

Health profile

Emergency diagnosis: Chest infection | Current specialty: Respiratory

Current attendance profile

Patient arrival date and time: Today, 07:36 | Time waiting in ED: 1 hour 24 minutes

Arrival method: Ambulance

Previous discharge profile

Admiss. past 18 mths: 2 | ED attendances past 18 mths: 3

Average LOS: 8 days

Current discharge profile

Falls risk | Dementia diagnosis

Baseline frailty score: | Current frailty score: | Care coordinator:

Estimated date of discharge: 10 August 2022 | Discharge complexity: | D2RA pathway:

Auto-generated EDD (high confidence)

Length of stay remaining: 12 days | Length of stay to date: 0 days

Discharge screening Discharge planning

Admission profile

Presenting complaint: Chest pains

Reason for admission:

Clinical criteria for discharge

Medical criteria:

GO BACK SAVE

“This has the potential to revolutionise the way we do things at the front door

Senior Nurse Manager

Plan

Provide a common timeline for all teams to proactively plan around

- Give operational and community partners sight of expected discharge requirements, from the point of admission
- View how a patient's clinically optimised status is changing throughout their journey
- Provide a live view of delayed pathways of care, impacting inpatient flow.

The screenshot shows the CAPTURE interface for patient Kit Jones at Wicknorth Park Hospital. The interface is divided into several sections:

- Patient profile:** NHS Number (854 392 6202), Sex (Male), County (Madden), Date of birth (2 July 1946), Age (76), Admission date and time (Today, 10:47), Ward (Twywell).
- Health profile:** Emergency diagnosis (Chest infection), Current specialty (Respiratory).
- Current attendance profile:** Patient arrival date and time (Today, 07:36), Time waiting in ED (1 hour 24 minutes), Arrival method.
- Discharge planning:** Baseline frailty score, Current frailty score, Care coordinator, Estimated date of discharge (10 August 2022), Discharge complexity, D2RA pathway, Auto-generated EDD (high confidence), Length of stay remaining (12 days), Length of stay to date (0 days).
- Discharge screening:** Discharge planning tab selected.
- Milestones:** Medically optimised, Ready to leave, Fast track (all unchecked).
- Blockers:** 2.03: Home care related issues, 2.05: Disagreements/disputes.
- Status:** (Section header visible).

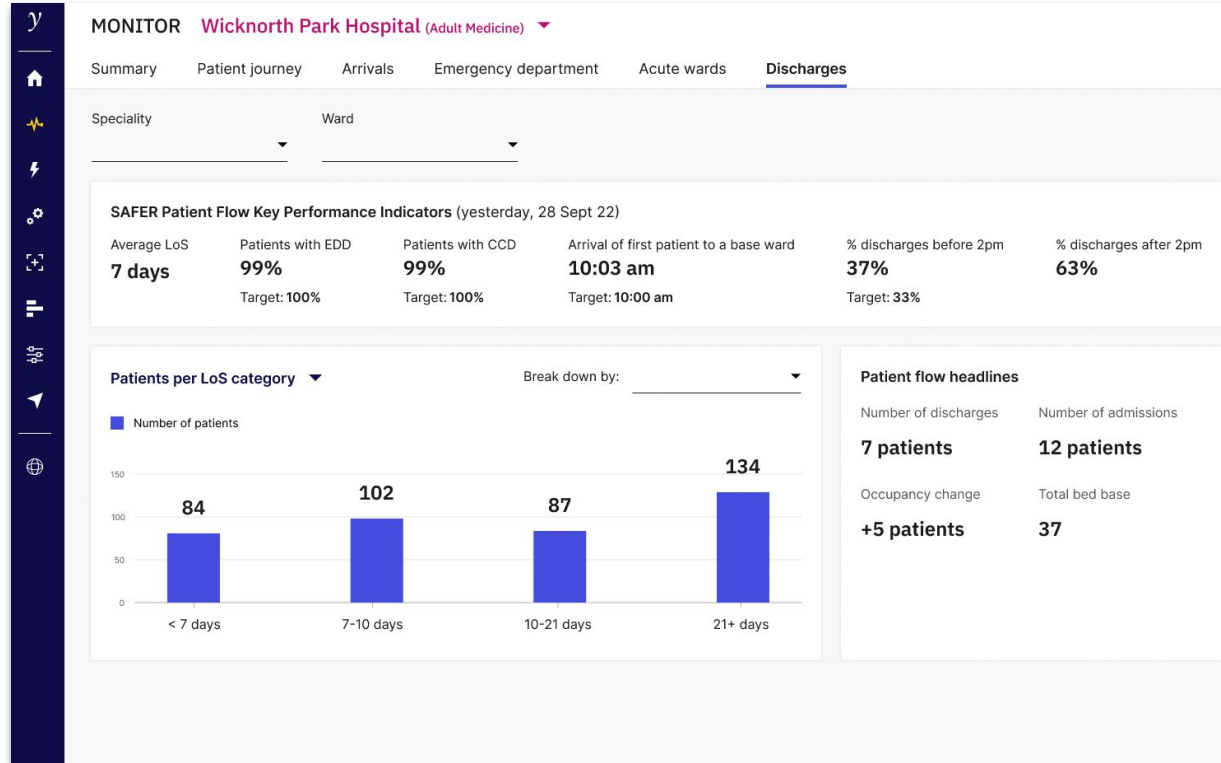
“Alleluia for automated EDDs!”

Director of Acute Services

Monitor

Gain a holistic understanding of flow

- Control tower for operational managers, providing visibility of how processes are functioning on the ground. Not just performance
- Provide a real-time view of flow, such that meetings are focused on actions - not just reporting
- Understand the reasons that cause individuals to stay longer in hospital - such that steps can be taken to mitigate.



“ This will be used during daily SAFER huddles

County Manager

**Frontier Discharge
Management module**
helps teams to minimise
avoidable discharge
delays to help free up bed
days and treat more
patients

Headline accuracy

73% of long stay (21+ day) inpatients can be successfully classified upon inpatient admission

80% of inpatients with an accurate LOS prediction upon inpatient admission – this includes a 10% improvement in accuracy for long stayers (21+ day) compared to the baseline (median LOS by admission ward)*

Hywel Dda estimated impact

3000 potential bed days saved per year.*

£1.4 million in savings per year, based on the average cost per bed day.*

+850 elective patients could be treated using recouped bed days.*

Thank you

If you're interested in finding out more about how Faculty can help you transition to AI independence, get in touch.

gary.ferguson@faculty.ai

160 Old Street, London, EC1V 9BW, UK

