Discharging clinically optimised patients in a timely manner is essential for preserving patient flow. Our aim was to improve the “early” discharge rate (before 12pm) at our busy district general hospital.

Methods
As Foundation and Core Medical trainees, we collaborated with senior clinicians and members of the management team at regular meetings to enable Plan, Do, Study, Act (PDSA) cycles.

During each cycle we analysed every discharge from each of the fifteen medical wards over a one week period.

Our first cycle focused on assessing the issues surrounding delayed discharges, and allowed us to formulate interventions. Our second cycle focused on the efficacy of these interventions.

Interventions
- Education to juniors doctors about importance of discharge summary preparation
- Raising awareness of use of the discharge lounge for all suitable patients
- Introduction of an early phlebotomy round for patient’s due for discharge that day (results back by 9am)

Results
- Discharge summary preparation: 63%
- Use of discharge lounge: 41%
- Early discharge rate if early bloods taken: 12%
- Overall early discharge rate: 24%

Trainees’ Perspective
There was a large degree of variation between wards in terms of reasons for delayed discharges, uptake of interventions and engagement with systemic change. It is an ongoing challenge to combat established cultural norms and enact change in the context of a workforce who are already under incredible pressure.

As frontline clinicians rotating around various medical wards, we are in a unique position to continue working with staff at all levels to roll out hospital-wide interventions.

Conclusions
Delayed discharges are a multifactorial problem. By raising awareness and prioritising results that would otherwise delay discharge, we can improve patient flow. More work is required and this will be a continuous and evolving project with participation by incoming junior doctors each year.