

Update on the Quality Improvement Strategic Framework for QSEC April 2025

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QUALITY IMPROVEMENT STRATEGIC FRAMEWORK (QISF)

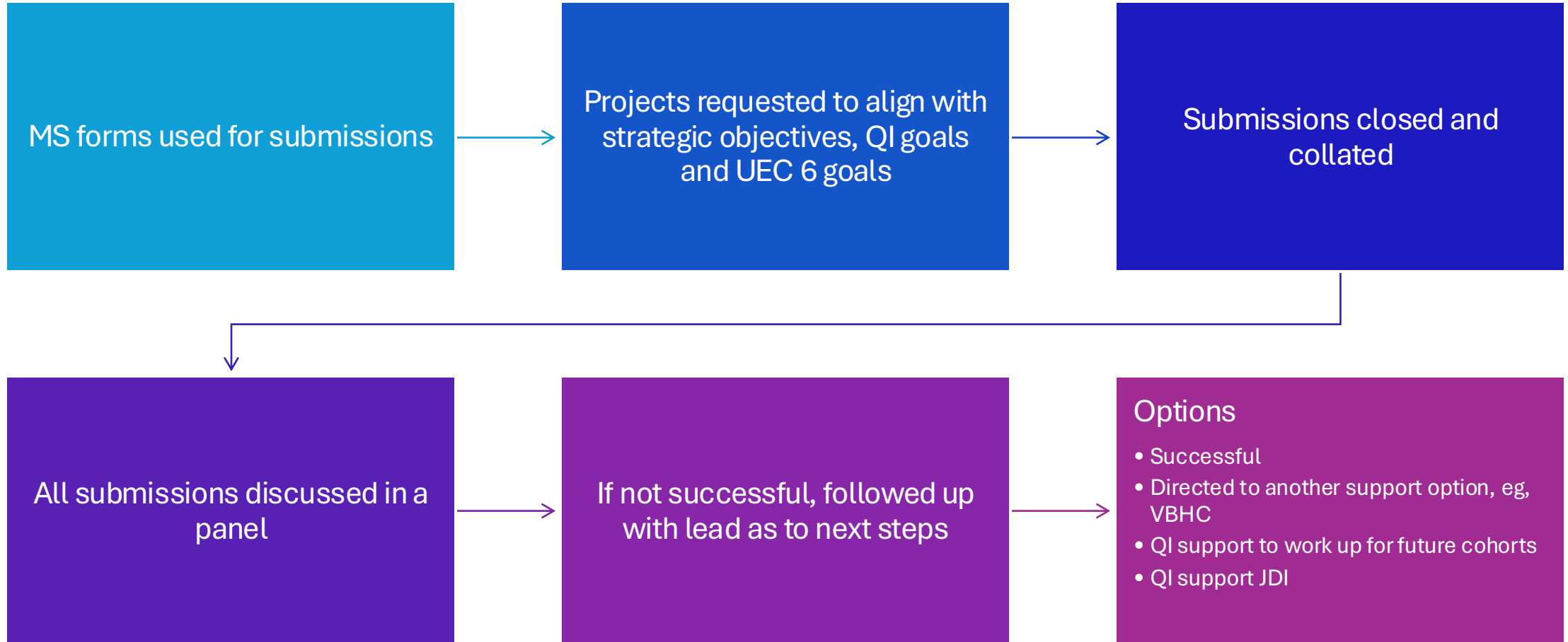
2023 - 2026



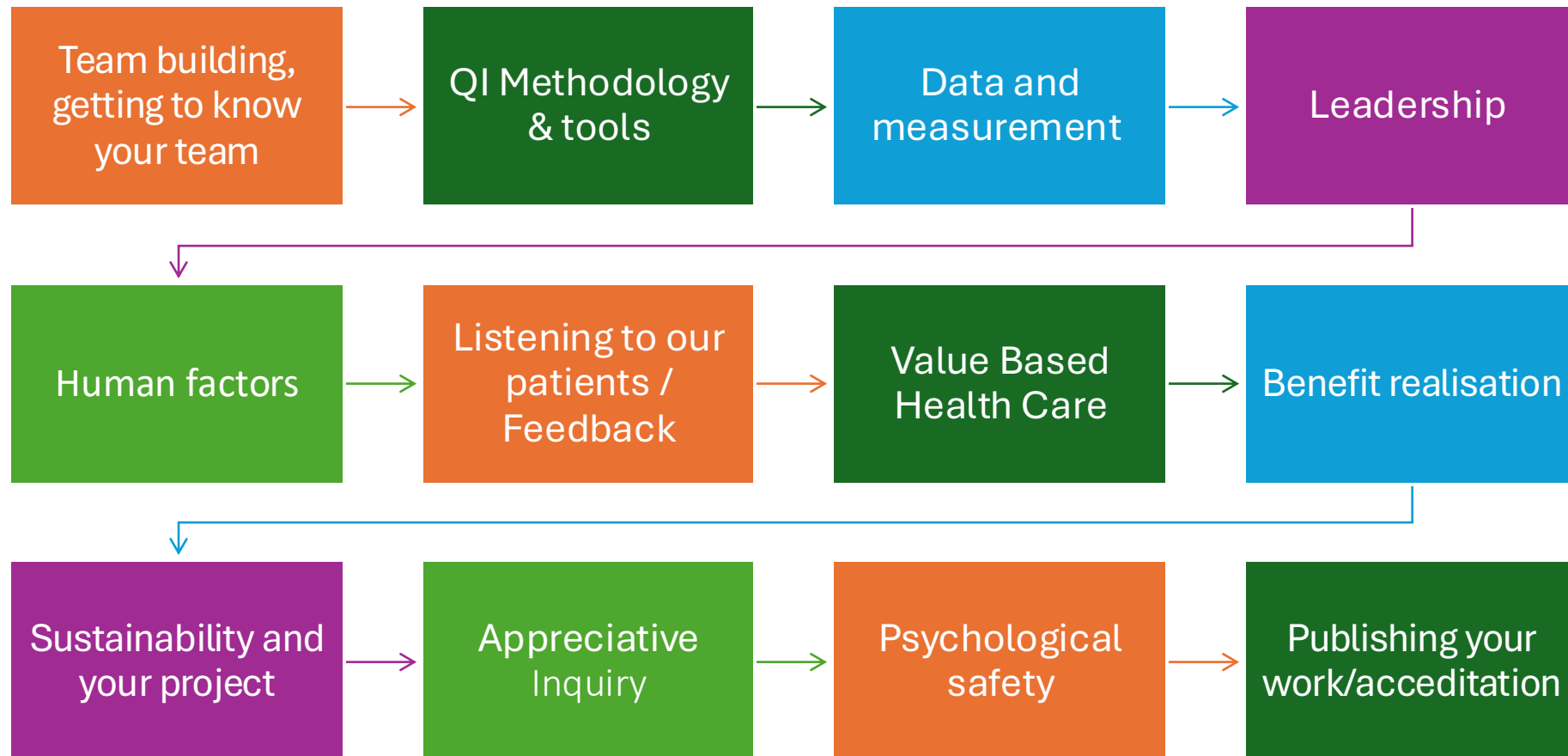
Quality Improvement Strategic Framework (QISF)

- The first edition of Hywel Dda's QISF was developed in 2018 with an update approved published in 2023
- The QISF is an enabler and a key component of the Quality Management Framework for the Health Board
- The QISF focuses on engaging and enabling the whole workforce to improve the quality of its services
- We want all our staff, to feel competent and empowered, and feel safe and supported to identify and make the changes that they know will improve patient's experiences and outcomes of care. We have done this by developing our Enabling Quality Improvement in Practice (EQIIP) programme.

EQlip Process



Programme content



Role of the coach



Each team on the EQiiP programme is assigned an Improvement Coach and a Buddy Improvement coach



The role of the improvement coaches is to support the teams along their QI journey and enable them to apply the contents of the EQiiP programme to their project and teams.



Improvement coaches have the necessary skills and experience to support teams and projects through the programme



The Improvement coaches themselves are supported through the HDUHB Improvement Coach Development programme and the monthly Improvement Coach Network meetings



Galluogi Gwella Ansawdd yn Ymarferol
Enabling Quality Improvement in Practice



In total there has been 5 full cohorts of the EQIIP programme, we are nearing the end of Cohort 6 and planning Cohort 7 to start in June 2025.



Since 2023 we have delivered Cohorts 4 & 5 of the programme and nearing the end of Cohort 6

EQliP Data

In total we have trained over 550 participants



We now have over 50 Improvement coaches from within the Quality Improvement and Service Transformation Team and from staff who have attended EQliP from operational teams.



We have designed and updated our Workbook that all participants get at the start of the programme and keep for reference for future QI activities.



We have developed a Hywel DDa Improvement Coach Development Programme with excellent feedback and plan to run again when required.

Cohort 4

Stroke	Implemented additional therapy sessions during patient meal times as an MDT to improve rehabilitation
Urgent Dental	Improved patient experience and timely access to urgent dental treatment
Neonates Pressure Damage	Improved education on position of probes and standardisation of documentation
LD person centred care	Reduced clinical time and eliminated waste – made appointments more efficient
Childhood obesity	Increasing physical activity in children aged 4-5 – training for Health Visitors
C-Diff	Pilot using the
Vascular access	Identified safety issues with post insertion care – Working group established and pilot being worked up
Pre-assessment	Standardised pre-assessment documentation across the Health Board
DBT Service	Increasing the use of DBT in young people
Siptillsend	Reduced the time patients are kept NBM prior to planned surgery
AOS SOS (Acute oncology Service)	Improved patient experience and reduced time to wait for acute oncology concerns
Deconditioning patient	Raising staff awareness around patient deconditioning
Project optimise	Changed management of clinically optimised patients in WGH frailty area
Palliative care communication	Introduced statement of wish into end of life discussions in community setting
Falls improvement	Therapy lead staff training on issuing mobility equipment to patients
WAST community discharge	Discharge lounge implemented safer discharge processes

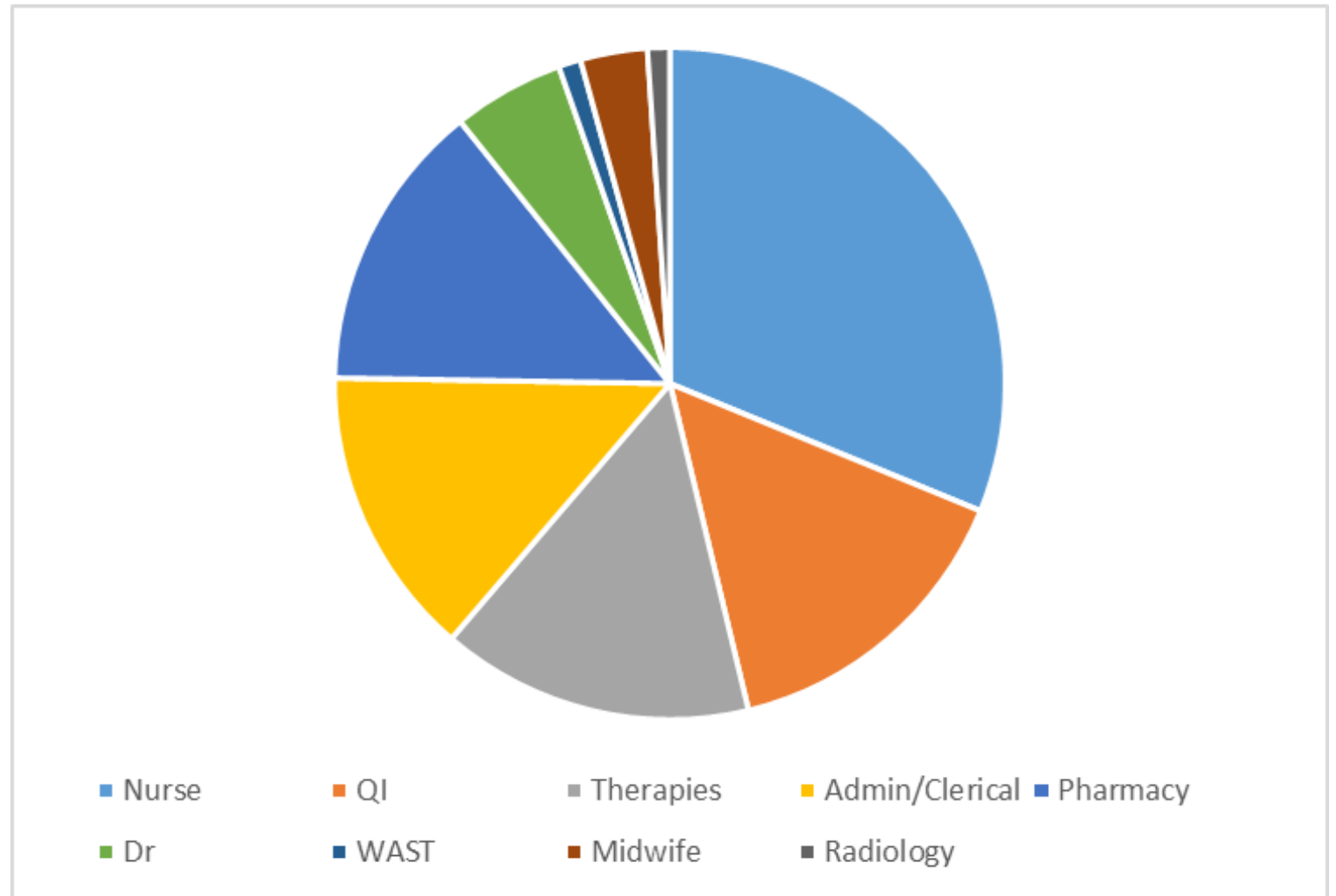
Cohort 5

Planned care for veterans	Process implemented so we can identify veterans to support them if needed
Ophthalmology pathway improvements	Implementation of a one stop clinic, HD now leading the way across Wales
Pelvic Health	Reduction in inappropriate/duplicate referrals
Diabetes	Streamline referrals i.e. to the right speciality with the necessary information, within agreed timescales
GGH A&E Pressure damage	Reduced department acquired pressure damage by 40%
Risk of stratification of Frail patients in 3T's cluster	Improved Interprofessional working to identify frail patients in the 2T's cluster to ensure appropriate assessment and support is provided to meet the patients needs.
Early rehab assessment and goals in critical care	Communication improvements with families
Discharge planning in GGH	Reduced LOS in GGH
Develop a marker of patients communication needs	Increased awareness for patients with a sensory loss
Preparing patients for SACT	Improved and standardisation of patient information on treatments available
Falls bundle in WGH A&E	Introduction of a falls bundle in WGH A&E to improve follow up support
Improved compliance with endocrine tv for people with	Development of a pathway, staff education, and improved

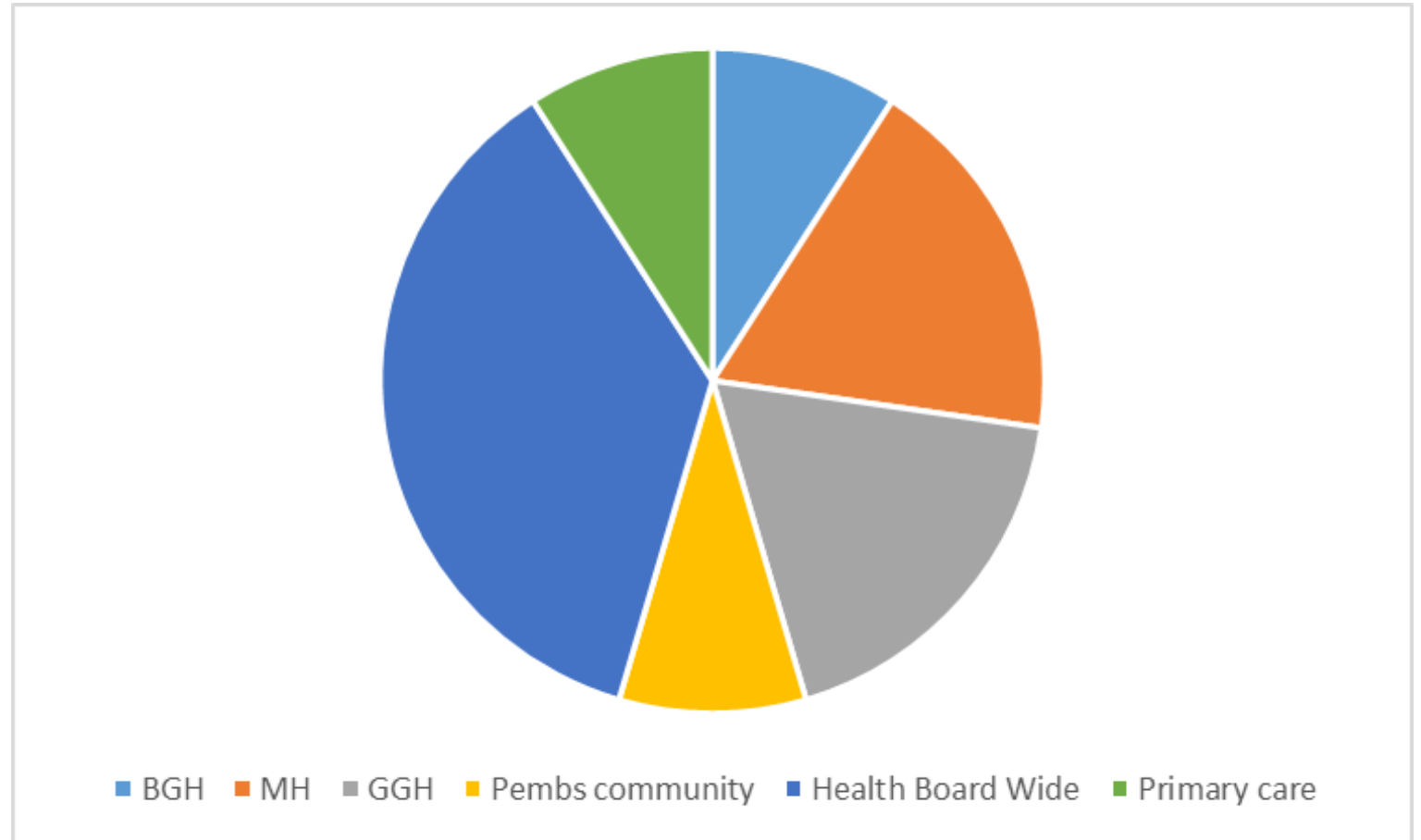
Cohort 6 – Projects aligned to 6 policy goals for Transforming Urgent and Emergency Care

UTI	Reduce time urology patients access Pre-ass clinic if UTI present
Person centred safety planning	Introduction of person centred safety planning in MH wards
Antipsychotic medication	Utilise protocols and guidance appropriately
Tracheostomy care in Hywel Dda	Improve the standard of care and equipment
Prioritising medication history's / reconciliation on acute medical units	Reduce time to reconciliation by pharmacy team
Improvement in DNACPR Standards and future care planning	Introduction of a standardised template for advanced care planning
Frailty unit in GGH	Improve identification of where frail patients are placed in GGH
Reducing missed appointments in Primary care	Introduction of a text message cancellation process to reduce DNA's
Hip 4 hour target	Reduce time taken to transfer to T&O specialist bed in BGH
Anaemia in pregnancy	Improve the of identification and management of anaemia in pregnancy
Optimising patients for surgery	100% of Newly Listed Orthopaedic Patients are Personally Provided with Waiting Well Information and Are Offered the Appropriate Level of Support Based Upon Assessed Need by March 2025

Disciplines on Cohort 6

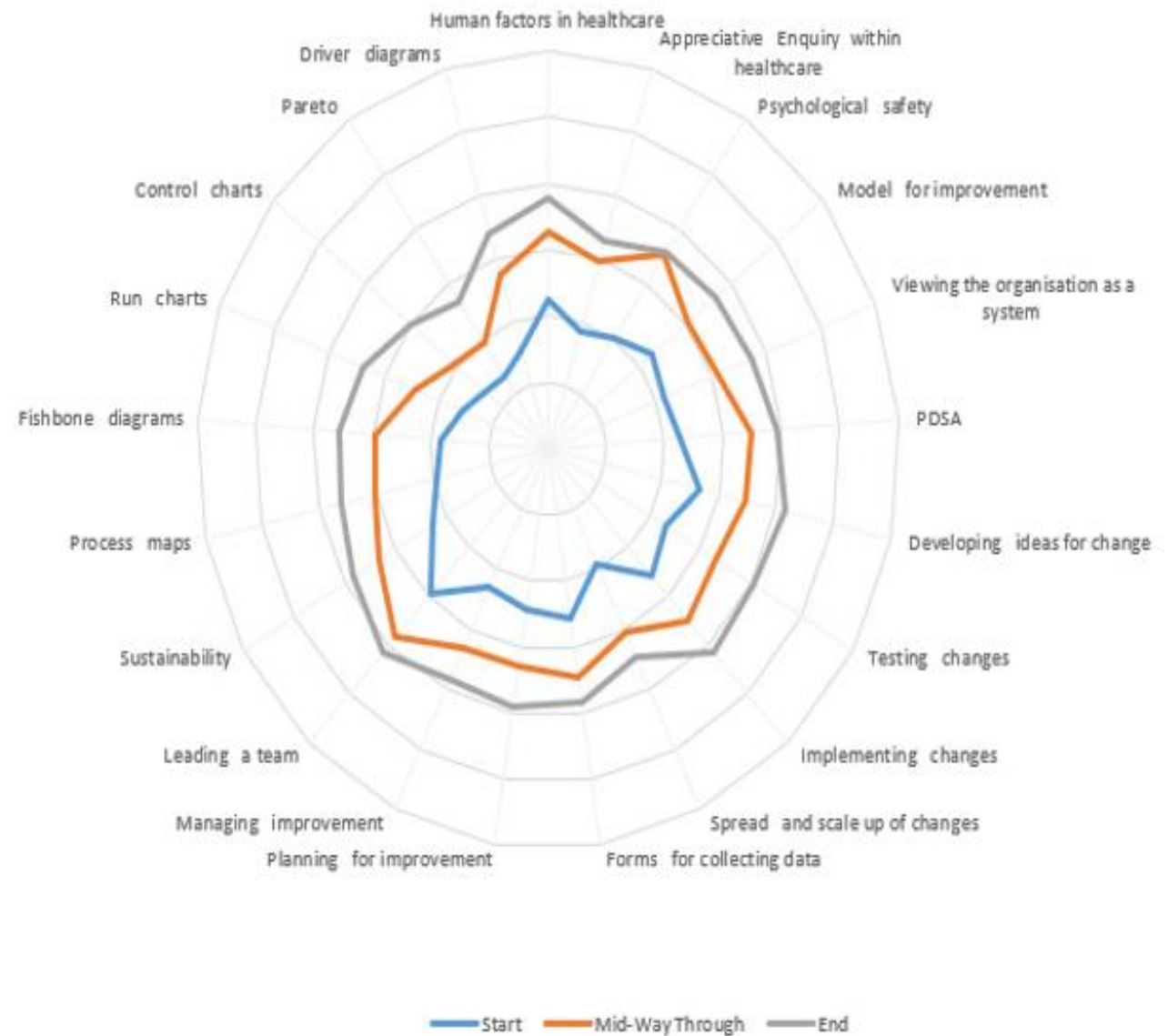


Locations of projects for Cohort 6



Cohort 5 Learning overview

Average Scores by Stage in Programme



Cohort 6 team IHI Safe Reliable and Effective Care Framework self-assessment example

- The Framework describes the key strategic, clinical and operational components involved in the delivery of safe reliable and effective care
- Provides a road map for teams and organisations to use to assess how well they are doing and to focus on areas where they could do better



Improvement in Practice

- Improvement in Practice is a nationally accredited course by Improvement Cymru. EQliP projects who submit are marked against the criteria and if criteria met accredited an Improvement in Practice Team award
- 6 teams have successfully achieved this accreditation and 4 teams are currently going through the marking process.





Achievement examples

2024 NHS Award - EQiP 5 team successful for providing equitable care for those with a sensory loss attending outpatient departments across Hywel Dda by identifying their preferred form of communication. Prior to the project (Nov 2023) there were 7 patients with a sensory loss recorded on WPAS. After raising OPD staff awareness and general promotion this was increased to over 120 patients being recorded (Oct 2024). All OPD staff have completed the sensory loss e-learning. Some members of the team are now part of a Bevan Exemplars project.

Palliative care team poster presentation – Rural Health Awards – 2023

'An immersive three-day event, the Spread and Scale Academy is designed to propel your project forwards, so it can scale across the NHS, social care, local authorities and private industry'

17 teams from Hywel Dda have been supported through the National Spread and Scale Programme

Examples:

Same day Emergency Care

Criteria led discharge (planned care)

Project Optimise

Trail without Catheter – They have implemented a community team who now complete this in the community.



Spread and Scale

Improvement Advisor level



In 2018 Improvement Cymru and the IHI lead on the delivery of an Improvement Advisor Programme level for senior QI leads in Wales. Over the years we have invested in this programme which has been lead by Improvement Cymru, following the Scottish Improvement model before they developed their own Welsh version last year.



To date we have had **18 senior QI leads** attend this level of accreditation.



We are in the process of submitting 3 applications for the next all wales cohort for 2025

Publications and National Collaborative

Evaluating a Quality Improvement Collaborative – Journal of Health Organisation and Management



Implementing the Care Aims approach in Children's Service – British Journal of Healthcare Management



National Safe care Collaborative

4 workstreams, Leadership, Community, Acute & Ambulatory Care

8 projects in total engaged in the programme

Over 40 participants for Hywel Dda

QI work
outside of
EQIIP

Quality Improvement

PATIENT FALLS

MEDICINE MANAGEMENT

PRESSURE DAMAGE

COMMUNICATION HUB

HOSPITAL ACQUIRED THROMBOSIS (HAT)

NUTRITION AND HYDRATION

Falls Improvement

National Audit of Inpatient Falls (NAIF) Task and finish refining the new process.

Hywel Dda Inpatient Falls Group established

Footwear pilot on Dewi in GGH

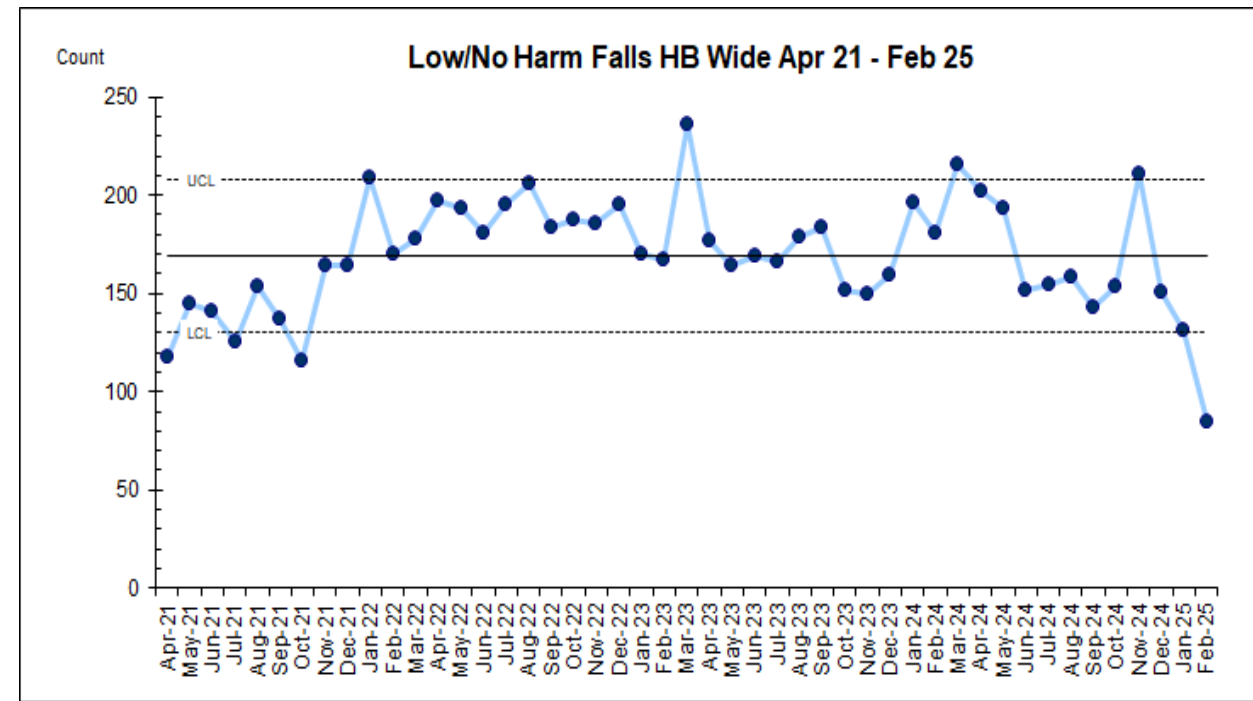
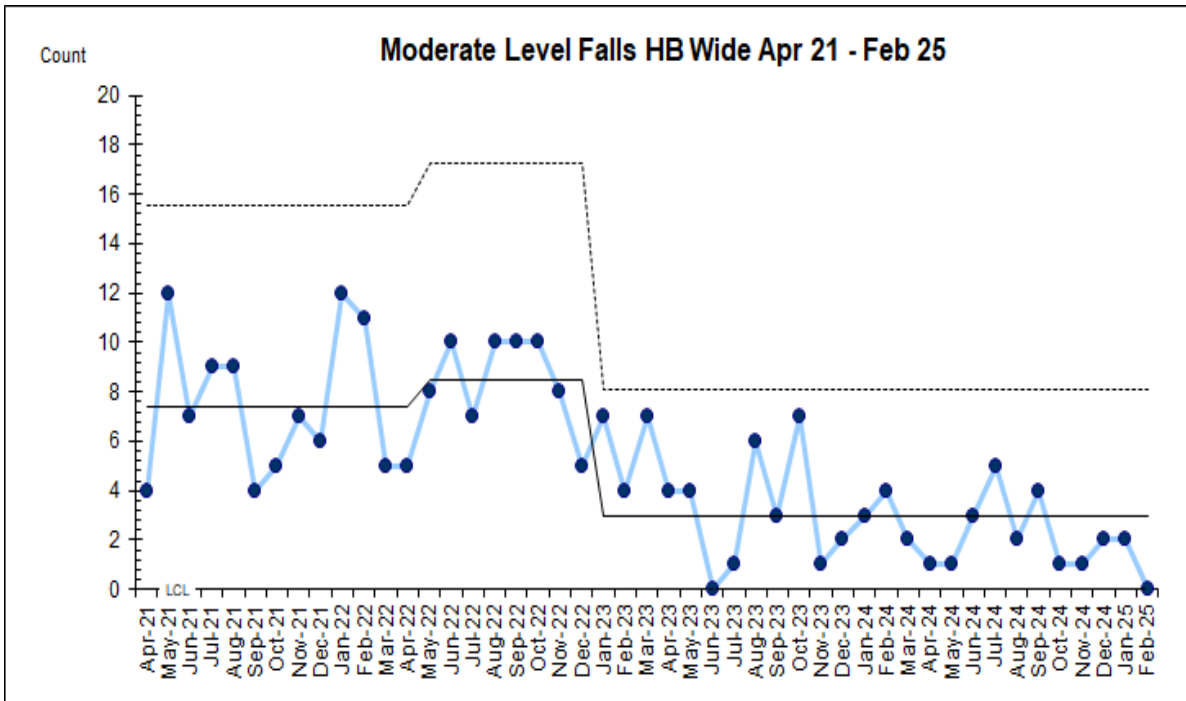
Falls simulation training programme in discussion to pilot in more areas whilst awaiting final sign off.

Continuing to contribute to National and 4 Nations falls meetings.

Bespoke sessions on Multi Factorial Risk Assessment/Lying & Standing Blood Pressure

Focus on caffeine free drinks – to be piloted in St Non, WGH

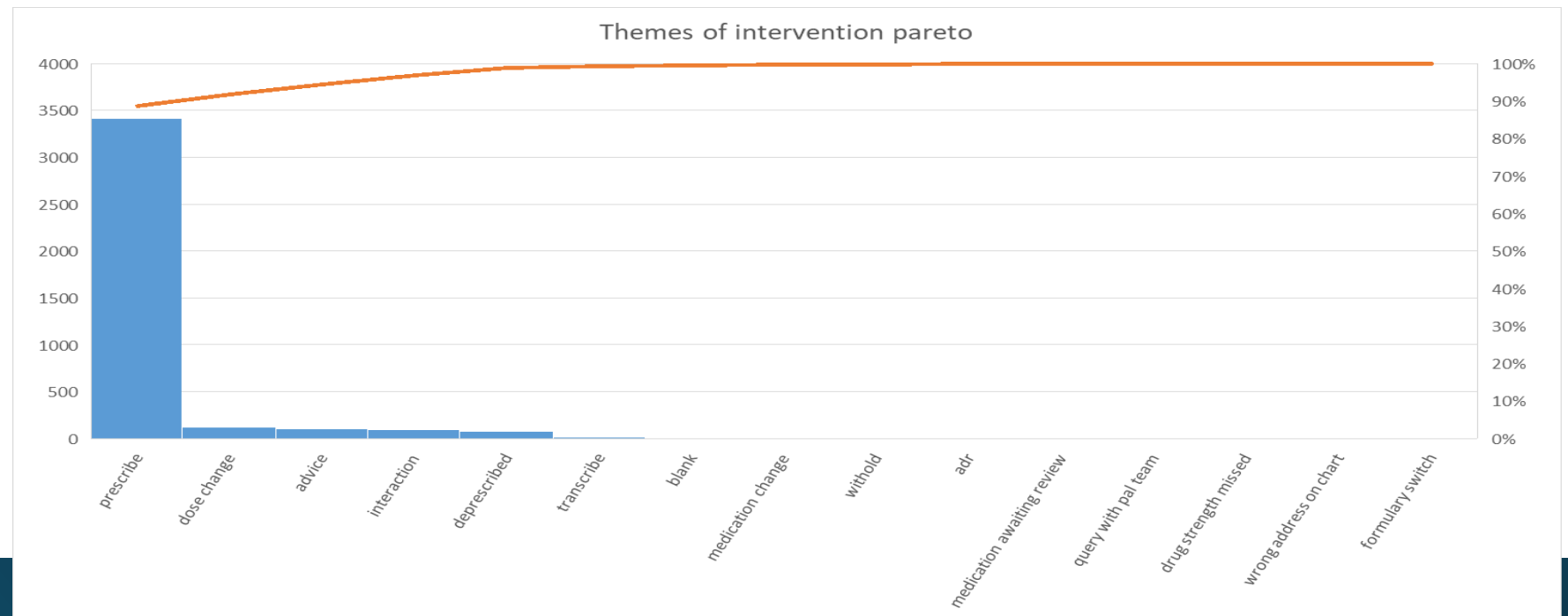
Falls Data – Level of Harm



Medication management Improvement

Transcribing interventions within admission areas:

- Medication near misses are rarely datix reported due to the time to complete and the acuity of clinical areas, Therefore the number of medication datix's is not a true reflection of the issue around transcribing errors where pharmacy must intervene to correct to ensure safety and no harm. These near misses have now been captured using a Microsoft form showing the large extent of the problem. There have so far been over 3800 reported interventions using this method between the 4 acute sites in ED or AMAU areas only in the last 10 months.
- PDSA 1 pharmacist transcribing charts on admission
- PDSA 2 pharmacy technician provides annotated medication history for doctors prior to clerking.
- PDSA 3 will be a redesign of the pharmacy education session to medics making it interactive with the first session being around medication history taking and transcribing.



Medication management Improvement



WEEK 1 TO 14 DATA COLLECTION WAS ONLY PPH AMAU. BETWEEN WEEK 4 – 6 PHARMACISTS TRIALLED TRANSCRIBING MEDICATION CHARTS FOR PATIENTS ON ADMISSION AND REDUCED THE TRANSCRIBING INCIDENTS BY HALF.



FROM WEEK 15 THE 4 SITES COLLECTED DATA AND THIS WAS COMBINED TO SHOW THE ISSUE WAS HEALTH BOARD WIDE AND NOT SPECIFIC TO ONE AREA.



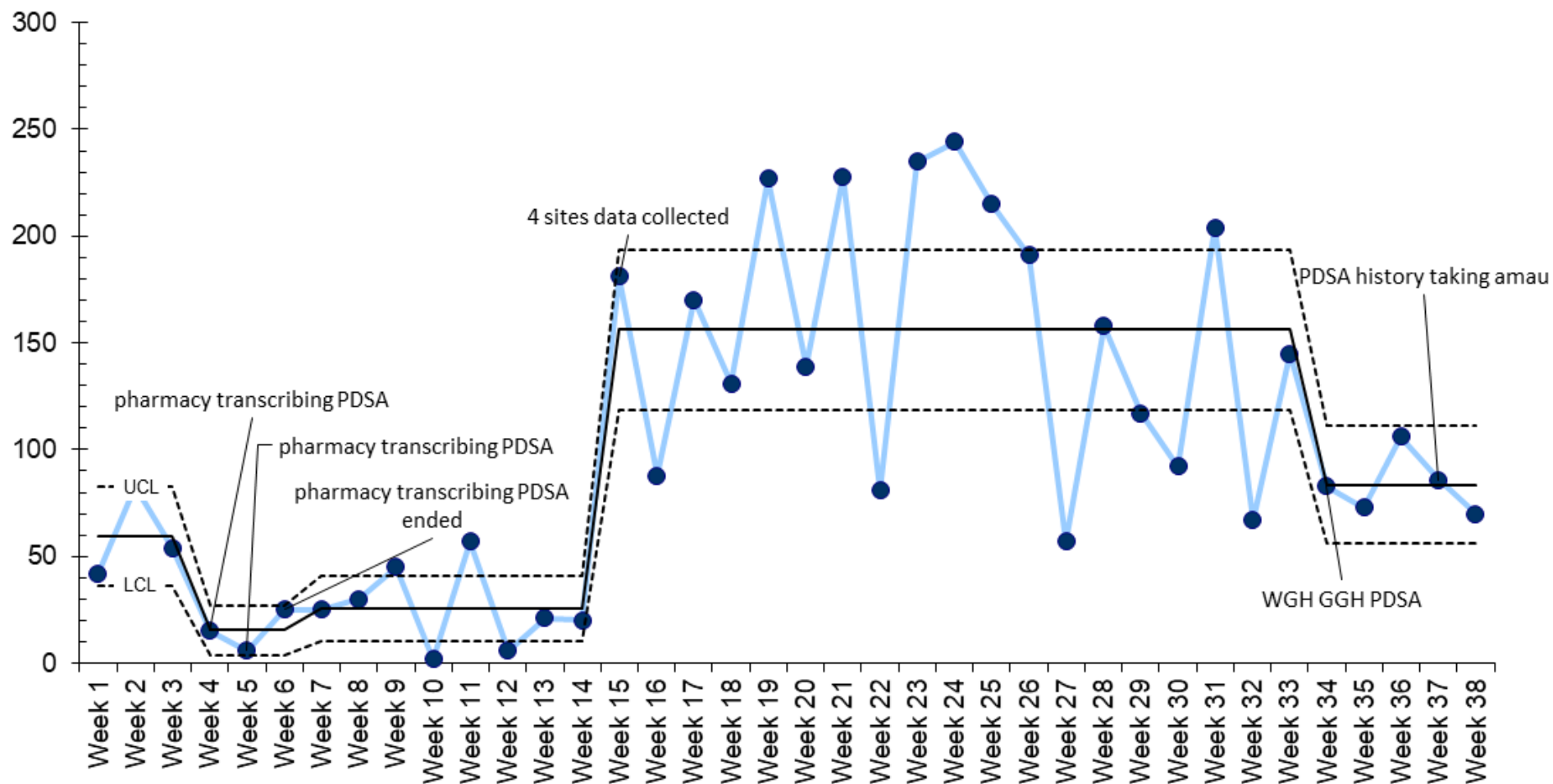
OVER THE 10 MONTH PERIOD OF THIS DATA COLLECTION IT HAS SHOWN SIGNIFICANT ISSUES WHICH COULD HAVE HIGH LEVELS OF PATIENTS HARM, IF INTERVENTION WAS NOT TO HAPPEN



THESE FIGURES ARE JUST A FRACTION OF THE INTERVENTIONS MADE BUT DUE TO STAFFING, ACUITY AND LOGGING THE DATA STAFF ARE NOT ABLE TO ROBUSTLY CAPTURE EVERYTHING.

Intervention numbers over time

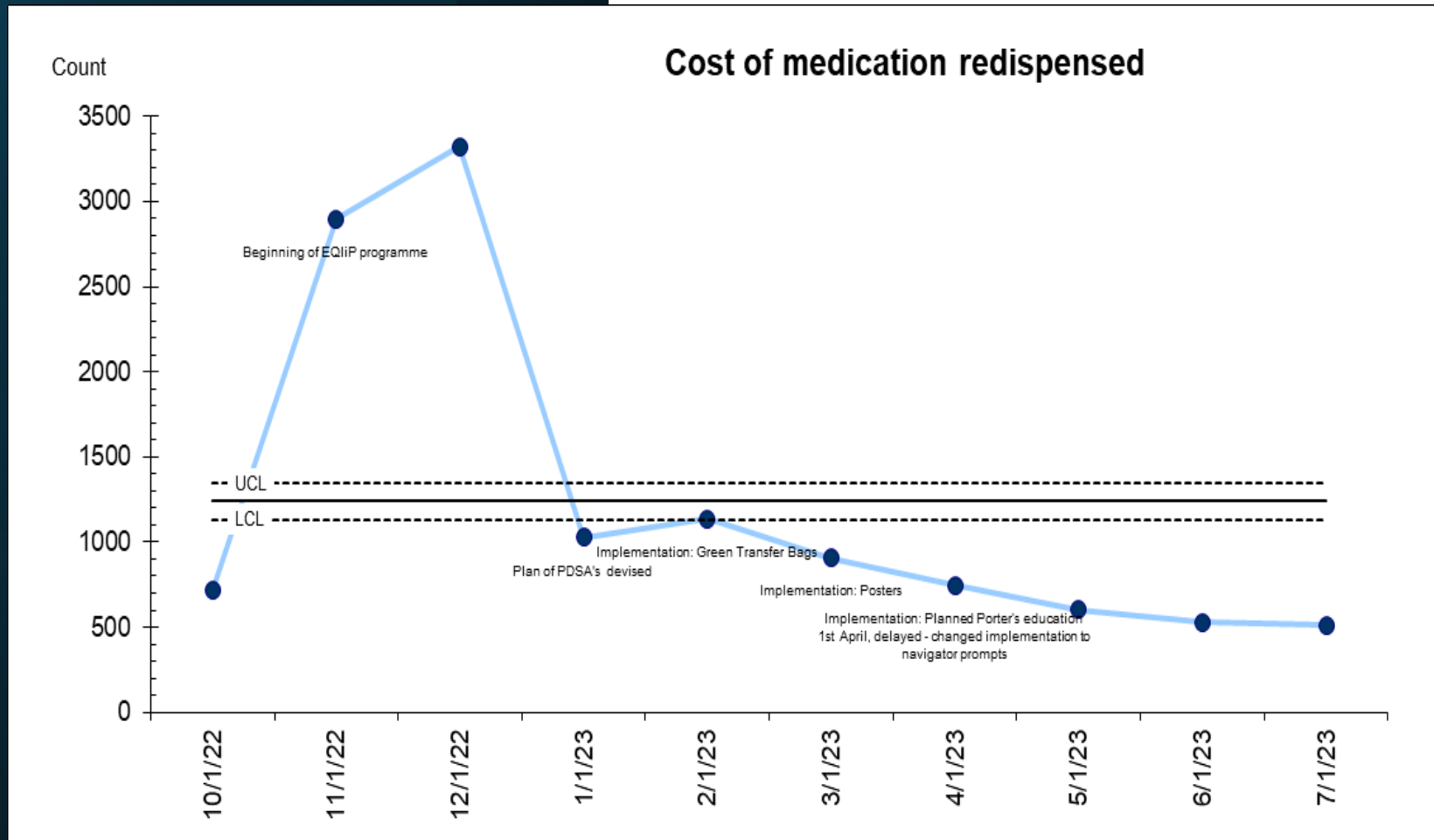
Count



Medication management Improvement

Green Transfer Bags

EQIIP cohort 3 – Pharmacy highlighted an issue of medications not being transferred with patients to wards resulting in them being re-dispensed. This causes time delay for the patient to receive medication , nurses spend time trying to locate the medications and there is an increased cost. The green transfer bags were introduced successfully and have now been rolled out into Prince Philip Hospital(PPH.)



Pressure Damage Improvement

EQiP Cohort 5 Glangwili Hospital (GGH) Emergency Department (ED) acquired pressure damage reduction project:

Identified an increase of patient acquiring pressure damage while in the department.

- PDSA 1 proved most successful with all trolleys having a repose mattress placed on them with the exception of spinal injury placements.
- PDSA 2 implemented daily reminders to be read out on each handover of shift highlighting a number of important points – PD information was included on this.
- PDSA 3 new patient information cards for each bed displaying at risk of PD and time frequency of turns.
- The change has not been sustained due to environment work ongoing in the department and new staffing.

Current ongoing work

Various training and study days available provided by the Tissue Viability Nurse team and specialists for moisture damage and equipment

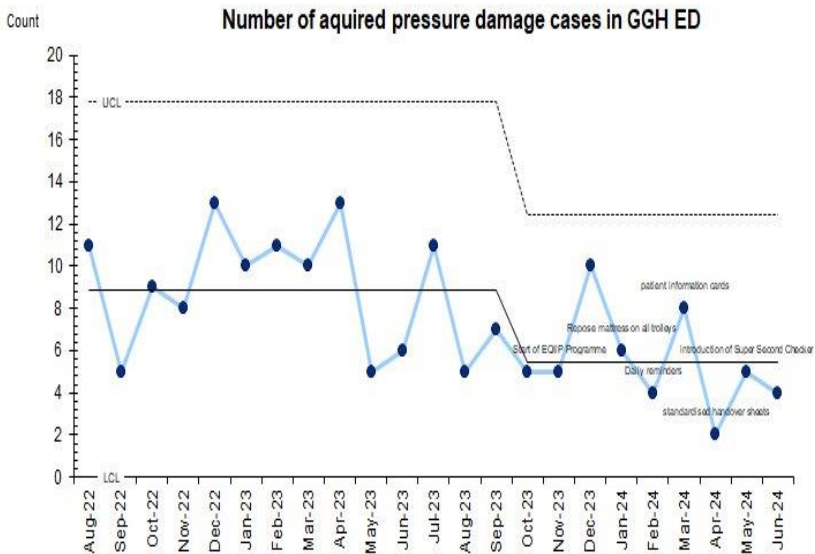
Focus on April for training and pressure damage awareness.

ITU switched to new product to reduce pressure damage from devices related to NG – ongoing pilot

Band 6 /7 training in WGH regarding second checker and categories.

Ongoing footcare improvement work across health board linked with podiatry.

Bespoke full training days for IENS across GGH and PPH currently.
Review of repose products



Future improvement ideas

Moisture damage prevention sheets currently used in Swansea bay Intensive Treatment Unit – can remain under high risk patients to reduce moisture.

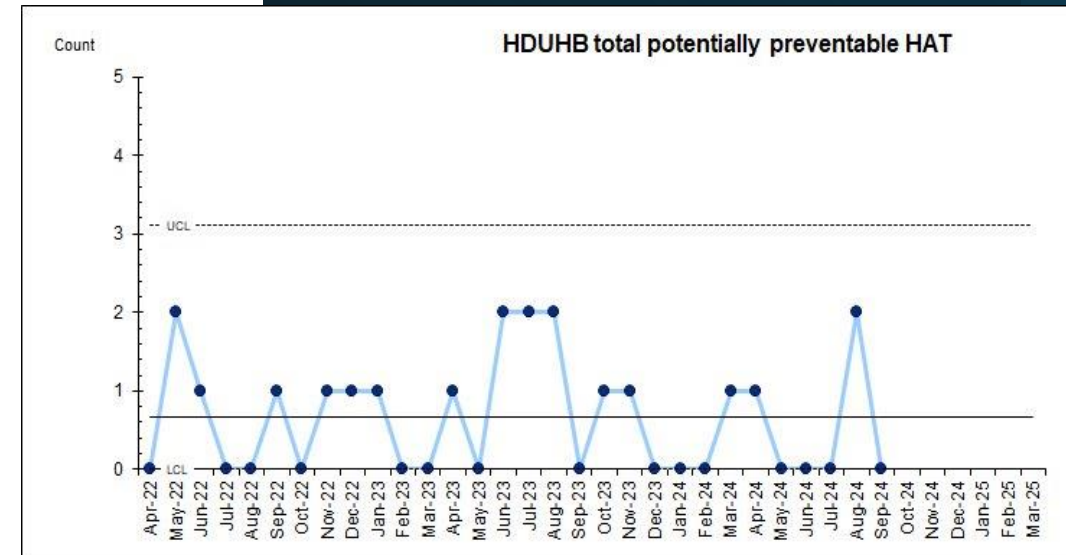
Pressure damage champion/assessor, enhanced champion role do provide support and assurance on categorising , treatment, documentation and Datix.

Hospital Acquired Thrombosis (HAT) Improvement

From 2021-2023 there were 14 PDSA cycles to support HAT improvement

PDSA cycles 2024-2025 are shown below

Review of current IT process for HAT data – January 2024	Introduction of new lower limb immobilisation risk assessment – April 2024	Medicines management study day for Nursing – April 2024	Band 6 forum GGH April 2024
VTE risk assessment within drug chats PPH AMAU – April 2024	CDU GGH board rounds, information board, review of clerking pro-forma - April 2024	QI project at WGH from Junior Doctor – April 2024	PPH pharmacy prescribing in AMAU April 2024
Board rounds WGH Ward 11 – April 2024	Medical teaching at WGH June 2024	Medicines management training with VTE in GGH and PPH July 2024	Review of VTE risk assessment
Removal of Covid-19 Risk Assessment	QI project with Junior Doctors at GGH	Junior Doctor training at GGH and PPH November 2024	New lower limb immobilisation patient information leaflet
Approved in patient VTE prevention leaflet roll out			





Thrombosis UK

Successes

- Bronglais Hospital (BGH) has been shortlisted for a Venous thromboembolism (VTE) prevention award for the Thrombosis VTE awards
- Ceremony is 13th May 2025 in the House of Commons
- Hywel Dda (HD) have collaborated with Thrombosis UK to design and develop a Welsh lower limb immobilisation patient information leaflet which is now on the Thrombosis UK national website
- First and only Welsh Health Board to have a suite of VTE audits on Audit Management and Tracking System (AMaT) – we are sharing this across Wales
- HD are to be the pilot site to gain VTE exempla status

Nutrition & Hydration Improvement

Four acute sites have embedded new Nutrition and Hydration/ AKI assurance meetings. Terms of reference and Agenda for meeting currently being reviewed by operational teams.

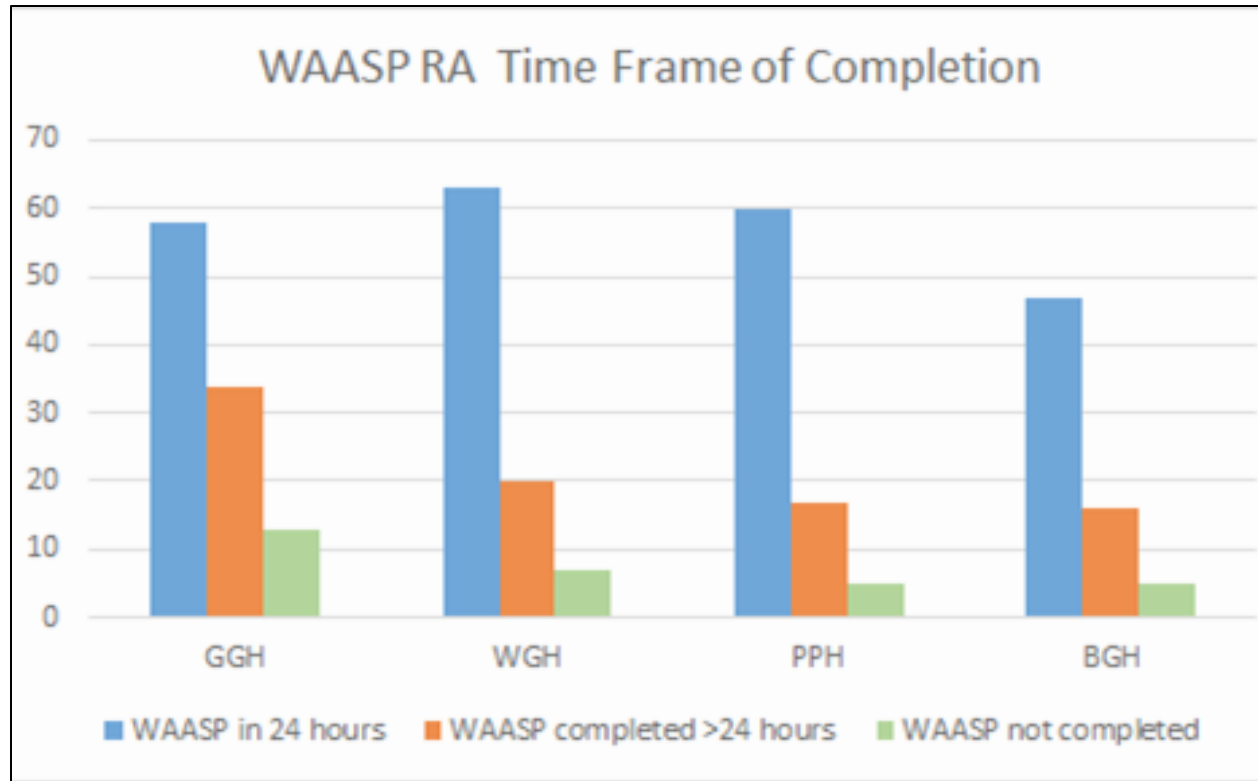
Nutrition and Hydration/ AKI Champion Educational Workshops continue to be rolled out across the Health Board. Delivered in collaboration with dietetics and quality improvement team.

Mealtime observations completed on 100% wards across the Acute sites. Fortified milkshakes are being rolled out within ward areas across the Health Board alongside nourishing snacks.

Red Tray scheme for mealtimes being relaunched across the Health Board. Red tray options shared with ward staff for consideration and procurement supporting.

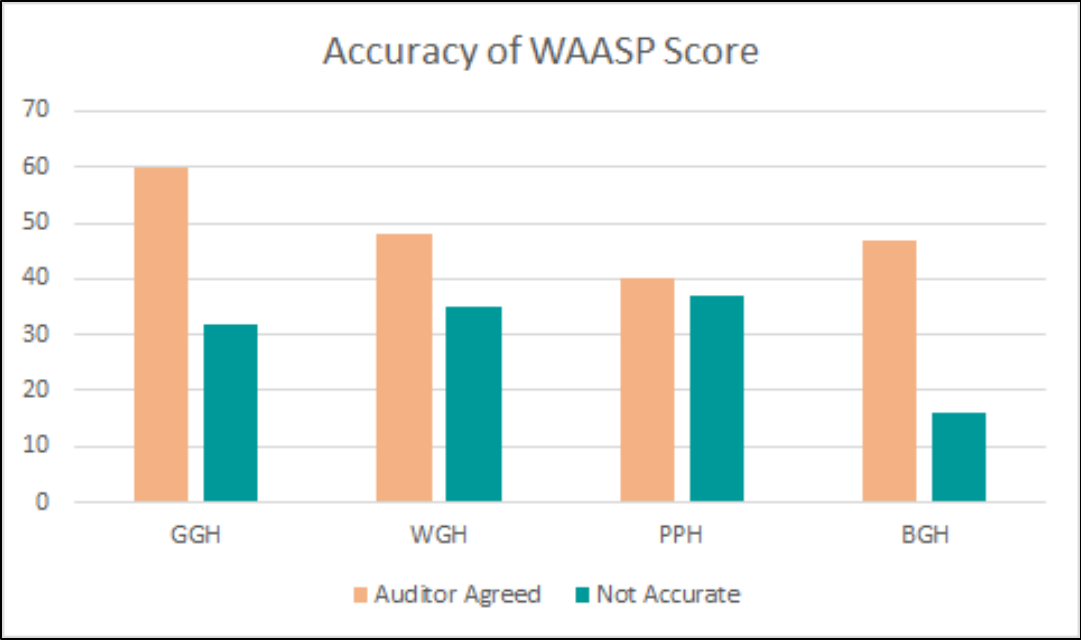
WAASP (Weight, appetite, ability to eat, stress factors and Pressure Ulcers) Screening and accuracy of risk assessments being rescoped by end of March 2025 across the Health Board and will be reviewed against data for 2024.

WAASP Nutrition Risk Assessment (RA) Completion 2024

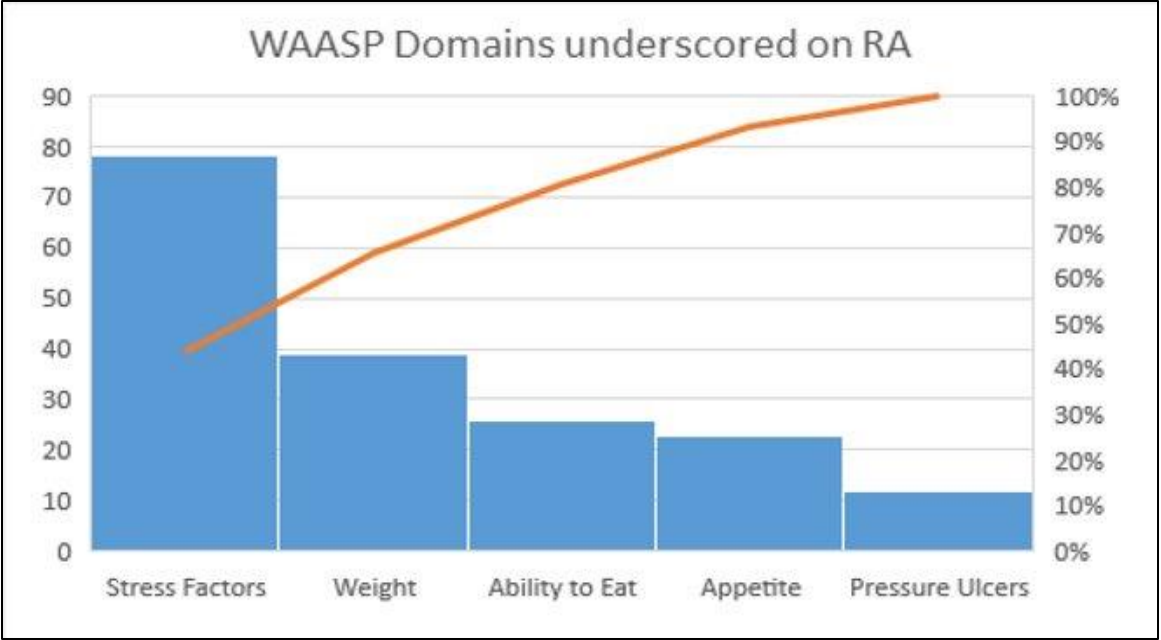


- WAASP RA assessed < 24 hours = 66% across HB
- WAASP assessed > 24 hours = 25% across HB
- WAASP RA not assessed = 9% across HB
- For the continued data we have deducted 30/345 patients due to no completed risk assessment.

WAASP Risk Assessment Accuracy 2024



62% assessments were completed accurately and 38% were not accurate for the patients reviewed.



The above Pareto chart indicates the frequency of defects, as well as their cumulative impact. The data identifies the domains of the WAASP risk assessment which have been underscored for patients resulting in an incorrect outcome. The stress factor domain can be seen to be the most underscored.

Site based Nutrition and Hydration (N&H) Improvement work



Water coolers installed W/C 10th March 25 in 4 Acute Site ED departments. Food Vending machines in place for 24-hour access within the waiting area.



Sunderland Ward in South Pembrokeshire Hospital -menu redesign with patient engagement, Apetito Catering Company undertook site visit. Staff training and Picture Menus being created for Patients. Communication with Lead Dietitian within Mental Health Services to spread this improvement work.



GGH site – Nutrition and Hydration Collaborative improvement programme commenced. All wards have PDSA cycles around Protected mealtimes, red trays, snacks and fortified milkshakes, mealtime coordinator.

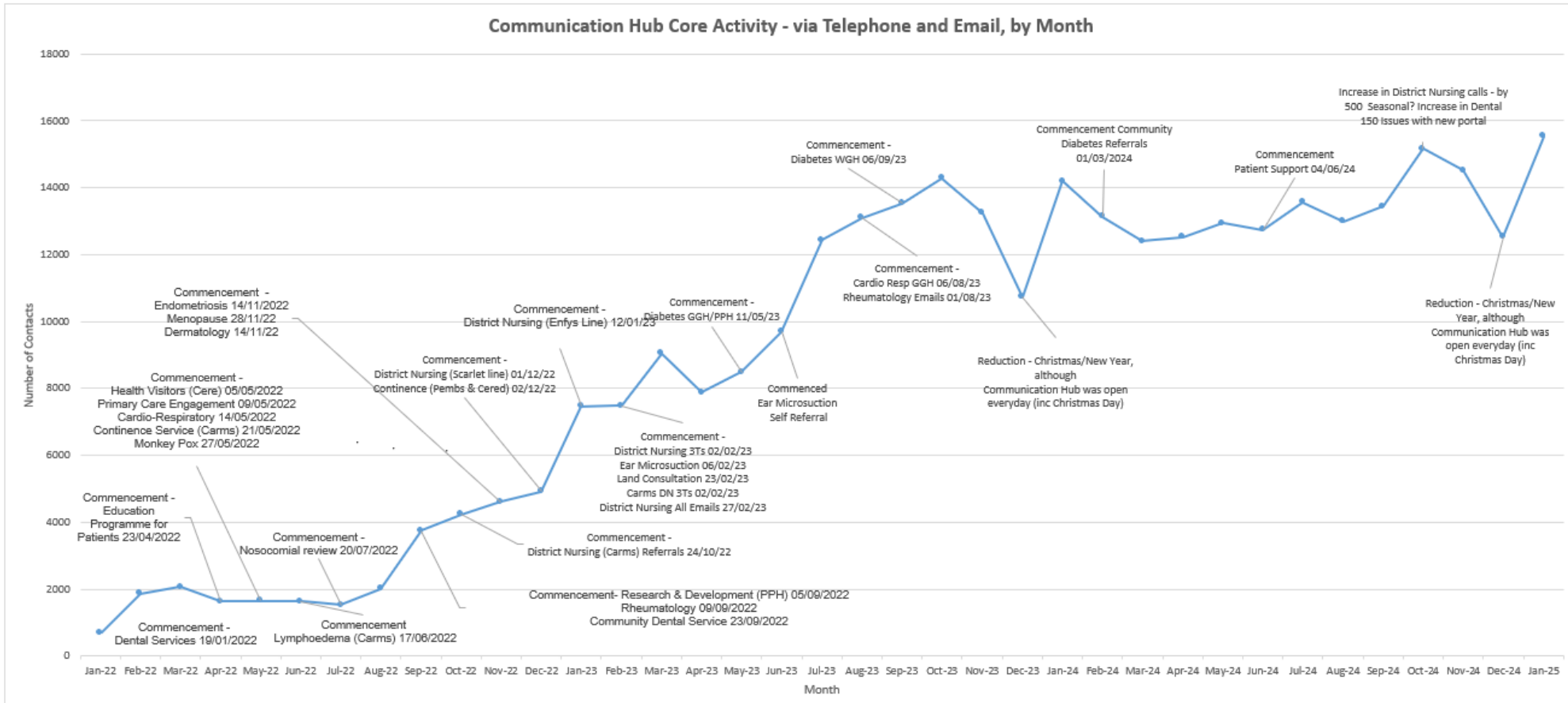


All Wales Food Safety & Allergen Awareness E- Learning Module drive around staff completion. Await confirmation if will become mandatory within HDUHB. Bespoke E Learning module for BGH site focusing on their food service model and food safety.



Nutrition and Hydration Week 17th- 21st March 2025 – Afternoon Tea Parties, Poster Competitions showcasing ongoing N&H improvement work, Ward pledges and team commitments for 2025.

Communication Hub



The aim of the Communication Hub is to maximise the benefits to patients, staff and the supported services:

- Releasing clinical time
- Releasing capacity of local administration teams and services
- Reducing waste ie vacant or missed appointments, duplication of contacts, improved pathways and process
- Improving patient experience
- Improving clinical outcomes
- Introducing consistent auditable processes for query and referral management

Service Transformation team workstreams outside EQiP

Optimal Hospital Flow Framework (ministerial priority) as part the 6 Goals Programme Safe Hospital Care Workstream

Preventing deconditioning

Red2Green

Discharge to Recover to Assess pathways

Delayed Pathways of Care (DPOC)

Discharge work

Criteria led Discharge

Emergency Quality Statement and GIRFT recommendations

Promote, Prevent, Prepare (3P's) Planned Care Policy implementation

Overview of Safe Hospital Care workstream

- The Service Transformation team supports the Safe Hospital Care Workstream that has been established within the 6 Goals Programme to support optimal patient care and flow across the acute and community hospital system.
- The Workstream oversees the operational implementation of the national Optimal Hospital Flow Framework, as well as the Emergency Department Quality Statement (EDQS) and Getting It Right First Time (GIRFT) recommendations.
- The Workstream feeds into and support the development of the other 6 Goals Workstream elements to ensure a joined-up system approach for Urgent & Emergency Care.
- The Service Transformation team provide site-based support to clinical and operational staff to support practical implementation of the workstream objectives.
- The outcomes of the workstream impacts on ED performance and ambulance handovers

Overall objectives:

Optimal Flow Framework

- To ensure people who are admitted to hospital receive optimal care (by embedding board rounds, the SAFER flow bundle, Red2Green principles and actively preventing deconditioning), and are discharged when clinically ready (Discharge to Recover to Assess pathways, Criteria led discharge), with the right support and without delay. This should support a reduction in pathways of care delays, reduce wasted days in hospital without value, and improve patient and staff experience.

ED Improvement

- Enhance the quality of care, improve patient safety and the efficiency of the Emergency Departments in the health board ensuring the right patient is treated in the right place (redirection policy, 4- hour breach clinical exceptions) at the right time (boarding protocol, ambulance handovers, optimal hospital flow elements).

Discharge work

- Provide staff and patients/carers with adequate resources and information to support discharge planning from the point of admission to improve timely discharges across the health board.

Pathways of Care Delay (POCD)

- Support the reduction of pathway of care delays to enhance patient care and improve overall system efficiency.

Optimal Flow resources and intranet site for staff developed to support implementation- over 1000 views

[Optimal-Hospital-And-Patient-Flow-Framework](#)

Optimal Hospital & Patient Flow Framework (Policy Goal 5)

Optimal hospital-based care is provided for people who need short term, ongoing, assessment or treatment for as long as it adds benefit to outcome, with a relentless focus on good discharge practice.

The Hywel Dda University Health Board Red2Green Dashboard has just launched on IRIS

Red2Green Dashboard
[Click here to view](#)

Please ensure that Red2Green entry on Frontier provide a true reflection of your board round and afternoon huddles

- The R2G Dashboard will show the top constraints (i.e. Red days and their reasons) for the Health Board and each individual ward.
- This will provide staff with a clearer idea of internal and external delay themes and trends.
- The Red2Green Dashboard pulls information directly from Frontier daily.

Green: A Day of Value for a patient
 A patient has a day of value (Green) if all planned actions have been completed for that day and the patient needs to be in the hospital to receive care.

Red: A Day of no Value for a patient
 A patient has a day of no value (Red) if one or more planned actions have not been completed or if the patient could have received their care at home or in a

ESR Training Modules

D2RA Training Modules 1 and 2 are now live on ESR
 Courses: 000 NHS Wales - Dischar...

D2RA Webinars are now live!
[Click here to view](#)

Your Board Round Checklist

What actions need to be taken today to progress each patients care and get them home sooner?

Before you start your morning board round:

- Ensure the board is updated (new patients/ bed moves)
- **SORT** patients (Sick Patients, Out Today, Rest of Patients, To Come In)
- Mark all patients as RED on the board
- Check Estimated Date for Discharge (EDD), Clinical Criteria for discharge (CCD) [if condition allows], and D2RA pathway are set and updated on the board/ Frontier
- Assign a person who will update the board round actions on the board/ Frontier

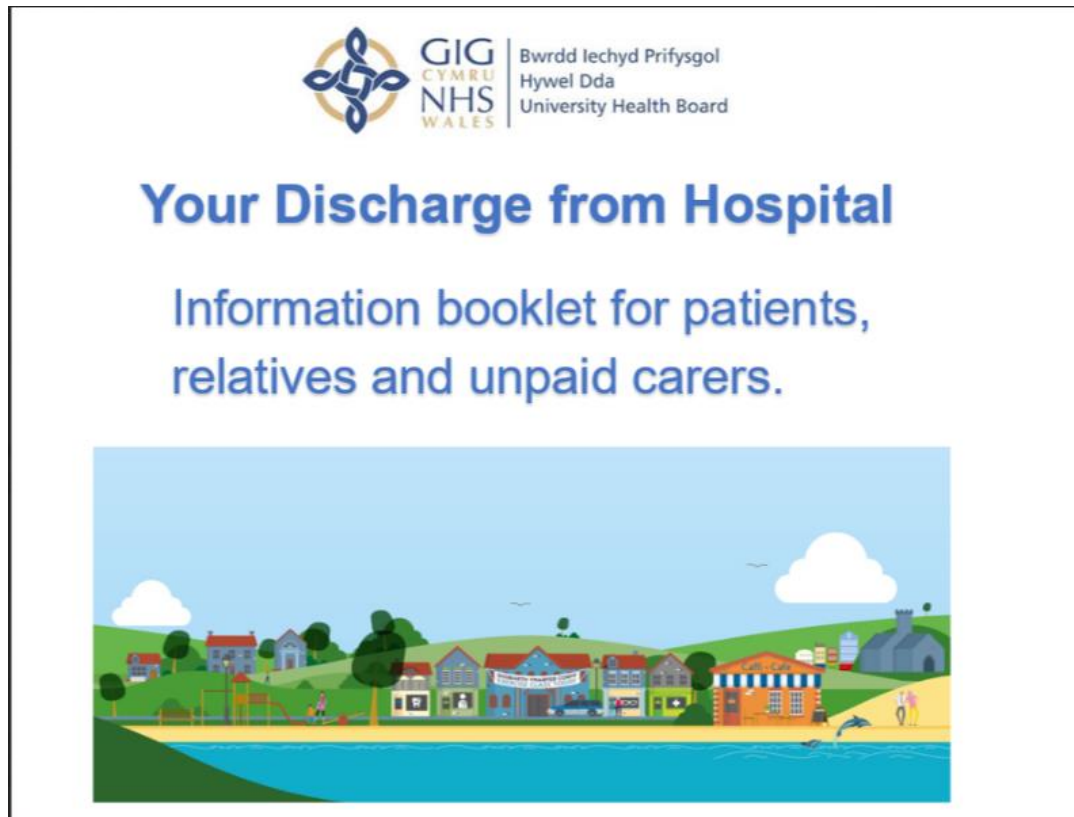
Board Round Checklist
At the end of the board round you should be able to answer the 4 Questions every patient needs to know.
What do you think is wrong with me?
<ul style="list-style-type: none"> • Confirm current or suspected diagnosis • Identify who is clinically optimised
When can I go home?
<ul style="list-style-type: none"> • Review/ update Estimated Date of discharge
What needs to happen to get me home and what can I do to speed things up?
<ul style="list-style-type: none"> • Set/ review/ update Clinical Criteria for discharge (if needed) • Identify/ review relevant D2RA pathway (default is Pathway 0) • What can the patient do today to aid recovery and prevent deconditioning?
What is going to happen to me today?
What actions needs to be done TODAY to progress the patient's care and get them home sooner? Write/ document all actions on the board/ system.
<ul style="list-style-type: none"> • What test/ interventions/ treatments are needed today? Identify who is responsible for each action • What actions will be put in place to prevent deconditioning/ promote recovery? (mobilisation, nutrition/hydration/ continence management/ delirium prevention) • What actions are needed to get patients identified for discharge <u>home for lunch</u>? (TTO's/ transport/ equipment/ care arrangements/ communication with family/ carers), can the patient be transferred to the discharge lounge as early as possible? • Who needs to see the patient today to progress their care and make the actions above happen?
Ensure Frontier is updated after each board round


At the end of the board round:

- Identify any known patients waiting to be transferred to the ward or to come in.

Afternoon Huddle between 2-3pm
<ul style="list-style-type: none"> • Update completed actions on the board/ Frontier • If all actions are completed for a patient - change from Red to Green on the board/ Frontier • Identify any outstanding actions and delays – update reasons for "Red" on Frontier • Address outstanding actions and escalate (if appropriate) • Identify potential discharges for tomorrow and actions needed to facilitate the discharge as early as possible (Home for lunch)– can the patient be discharged today? • Update Frontier and ensure predicted discharges are marked as "O" under SORT

Criteria led discharge guidance for staff and Discharge Booklets for patients and relatives





GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Your Discharge from Hospital

Information booklet for patients, relatives and unpaid carers.

Attach Addressograph



GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Criteria Led Discharge Form

Ward/Department:		Estimated Date of Discharge:	
PART A		Signature:	
Name of Consultant/Senior Clinician decision maker:		Date:	
Discharge Criteria: Senior Clinician to identify below the key milestones/criteria that need to be met for the patient to be discharged. (including DNA CPR status/ safeguarding matters where appropriate)			
Discharge Criteria			
1.			
2.			
3.			
4.			
5.			
PART B CLD Checklist: Completed by CLD approved practitioner-please mark when completed			
<input type="checkbox"/> Patient informed-CLD leaflet/information provided			
<input type="checkbox"/> TTO completed, and medication dispensed			
<input type="checkbox"/> Next of Kin aware (if appropriate)			
<input type="checkbox"/> Transport booked (if appropriate)			
<input type="checkbox"/> Information documented in notes			
<input type="checkbox"/> Discharge summary completed			
<input type="checkbox"/> Patient functionally optimised and discharged from Therapies (if applicable)			
<input type="checkbox"/> Equipment arranged and delivered e.g. catheter supplies (passport) /continent supplies/ mobility aids /wound care dressings (if applicable)			
<input type="checkbox"/> Relevant referrals completed (if applicable) e.g. community nursing/ therapies			
<input type="checkbox"/> Relevant community services informed, service (re) start date confirmed (if applicable) e.g. OOH GP, ART, reablement			
PART C - completed by CLD approved practitioner once all agreed milestones achieved- please indicate role:			
<input type="checkbox"/> Consultant			
<input type="checkbox"/> Registrar			
<input type="checkbox"/> SHO			
<input type="checkbox"/> Advanced Clinical Practitioner			
<input type="checkbox"/> Registered Nurse			
<input type="checkbox"/> Therapist			
Discharge criteria met: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no reason why:	
If no - review for discharge tomorrow? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Signature:	
		Contact No: Date: Time:	

Support the development of the Discharge toolkit for staff and actions from the Discharge audit

Hospital Discharge Toolkit

The screenshot shows the homepage of the Hywel Dda University Health Board Hospital Discharge Toolkit. The page features a dark blue header with navigation links and a main content area with a large image of hands holding a pen. Below the image, there are two main sections: 'Toolkit Aim' and 'Checklist for Simple Discharges'. The 'Toolkit Aim' section contains two paragraphs of text. The 'Checklist for Simple Discharges' section contains four items, each with a green checkmark icon.

Hywel Dda University Health Board: Hospital Discharge Toolkit

Toolkit Aim

This Hospital Discharge Toolkit has been developed to bring together tools, guidance documents and online resources to support you and your teams to ensure patients are discharged safely and timely, as well as providing advice on whether to access more specialist support and advice when needed.

Discharge or the transfer of care from hospital is a process which starts from the point of admission and is an essential part of the patients care management in acute or community hospital settings. Good discharge planning requires health and social care systems to be proactive in supporting individuals and their families and carers to either return home or transfer to another setting.

Discharge planning can be a complex process involving care coordination among hospital staff, between hospital staff the

Checklist for Simple Discharges

- ✓ Patient ready for discharge
- ✓ Patient, family, unpaid carers, care partners aware of planned discharge
- ✓ Discharge letter and TTO's prepared
- ✓ Equipment / dressings provided

Preventing Deconditioning

- Deconditioning audit across all sites
- Developed resources to raise awareness of deconditioning in hospital (leaflets/posters)
- Involved in national workstreams relating to preventing deconditioning

Codwch Gwisgwch Cadwch Symud

Get Up Get Dressed Keep Moving

Atal Datgyflyru **Prevent Deconditioning**

I bobl dros 80 oed mae 10 diwrnod mewn gwely yn heneiddio'r cyhyrau gan 10 mlynedd.

For people aged over 80 years old 10 days in a bed ages muscles by 10 years.

One inactive day in hospital can result in 5% muscle strength loss.

One inactive day in hospital can result in 5% muscle strength loss.

Gallai colli cryfder fod y gwahaniaeth rhwng dibyniaeth ac annibyniaeth.

Loss of strength could make the difference between dependence and independence.

Yn eiddo GIG NHS, Rheddiad Iechyd Prifysgol Hywel Dda, Prifysgol Dyfed a Prifysgol Gwent.

What is deconditioning all about?

Having to stay on bed rest because of an accident, illness or treatment can influence your entire body. It can put you at risk of becoming weaker and losing strength quickly, which is known as deconditioning. If you are elderly the effect can be greater.

For example, for people over the age of 80:

- Ten days in bed can age muscles by 10 years.
- One inactive day in hospital can result in 5% muscle strength loss.

This loss of strength could make the difference between staying independent or needing more help with daily living. Deconditioning can start within 24-48 hours of hospital admission, so it is very important to prevent excess loss of strength and to begin moving as soon as possible. Carry on doing what you were able to do at home, such as washing and dressing or walking to the bathroom.

Your muscles
If you don't use them, they will lose them!

What are the benefits of wearing my own clothes and walking about?

If you get dressed in your own clothes you are more likely to walk around, feel more confident and restore your sense of self.

If you get up, get dressed and walk you may have less risk of:

- Getting an infection
- Losing mobility and agility
- Loss of fitness and strength

and you are more likely to go home sooner.

We want to get you back to your normal routine as quickly as possible.

Get Up Get Dressed Keep Moving ... Repeat

We would like to encourage our patients to get dressed and mobile as soon as they are able to guarantee their dignity and to help them recover quicker.

Are you a relative, carer or friend? Here's how you can help:

- Please bring in your own clothes and underwear, socks and appropriate footwear.
- Be prepared, clean, shower and use any other items that your relatives could easily have at home.
- Bring your glasses to assist in washing, toileting and walking.
- You are welcome to wear your slippers / shoes with walking, dressing and walking when appropriate. Staff are happy to support you in the correct way to do this.

Cycle of Deconditioning

- 1 Prolonged bed rest
- 2 Increased risk of falls due to muscle weakness
- 3 Increased difficulty re-orientation
- 4 Constipation and incontinence
- 5 Decreased appetite and digestion
- 6 Increased risk of pressure sores
- 7 Further immobility
- 8 Increased risk of infection and further decline

For people over the age of 80

Ten days in bed ages muscles by 10 years

One inactive day in hospital can result in 5% muscle strength loss

Even a little bit of activity can help to keep you healthy. If you are able to do, please ask a member of your healthcare team.

What are the benefits for the patient?

- Quicker recovery
- Able to maintain normal routine
- Return home sooner

Prevent Deconditioning

Beth yw dadgyflyru?

Gall gorffoedd arwain yn y genedl oherwydd damwain, seirch neu ddrwydded ddiymwad neu colli cryfder. Gall hyn golygu bod ym eiddo GIG yn heneiddio'r cyhyrau gan 10 mlynedd.

For people aged over 80 years old 10 days in a bed ages muscles by 10 years.

One inactive day in hospital can result in 5% muscle strength loss.

One inactive day in hospital can result in 5% muscle strength loss.

Gallai colli cryfder fod y gwahaniaeth rhwng dibyniaeth ac annibyniaeth.

Loss of strength could make the difference between dependence and independence.

Atal Datgyflyru **Prevent Deconditioning**

Beth yw mantelion gwisgo yn nillid i hun a cherdded o gwmpas?

Os byddwch chi'n gwisgo'ch dillad eich hun rydych chi'n helpu i gwrddu a gwrddu a gwmpas, tawelwch i'w hysbysu ac adfer eich synwch a hunantawel.

Os byddwch yn colli, gwisgo a cherdded eiddo a bydd i'w cing o:

- Cael hysbys
- Codi'r gwisgoedd a'ch gwisgoch
- Codi'r hysbysu a'ch hysbysu

ac rydych chi'n hysbysu i'w hysbysu a'ch hysbysu.

Ar gyfer pobl dros 80 oed

Gall deg diwrnod yn y gwely heneiddio cyhyrau 10 mlynedd.

Gall un diwrnod anweithgar yn yr ysbyty arwain at gollu cryfder cyhyrau o 5%.

Ar gyfer pobl dros 80 oed

Gall deg diwrnod yn y gwely heneiddio cyhyrau 10 mlynedd.

Gall un diwrnod anweithgar yn yr ysbyty arwain at gollu cryfder cyhyrau o 5%.

Codwch Gwisgwch Cadwch Symud

Beth yw'r mantelion i'w ddiar?

- Adferwch eiddoedd
- Cael cryfder eiddoedd
- Datgyfwrdd eiddoedd

Implementation of Frontier across acute and community sites

Over 4300 patient updates per week

CAPTURE **Withybush General Hospital** Last updated: today at

Discharge management

Patient breakdown
Clinically optimised DPOC

[MONITOR PATIENT](#)

Showing 16 of 197 patients Filter patients by location
WGH - Acute Frailty Unit x Select...

[EXPORT PATIENT LI](#)

MY WORK LIST	NAME	BED NUMBER	SORT STATUS	LOS TO DATE	CARE EXPIRY	TIME UNTIL EDD	D2RA	RED/GREEN	PATIENT STATUS	CCD
<input type="checkbox"/>		Side Room 2	R	6 days	No care setup	7 days ●	1	Red	Receiving care	x
<input checked="" type="checkbox"/>		Bay 1, Bed 3	R	12 days	No care setup	7 days ●	0	Red	Receiving care	x
<input type="checkbox"/>		Bay 4, Bed 3	R	16 days	No care setup	7 days ●	3	Red	Receiving care	x
<input type="checkbox"/>		Bay 4, Bed 2	R	20h 31m	No care setup	7 days ●	3	Red	Receiving care	x
<input type="checkbox"/>		Bay 3, Bed 3	R	2 days	No care setup	7 days ●	3	Red	Receiving care	x
<input type="checkbox"/>		Bay 3, Bed 4	R	6 days	No care setup	11 days ●	1	Red	Receiving care	x
<input type="checkbox"/>		Bay 4, Bed 4	R	20h 49m	No care setup	12 days ●	3	Red	Receiving care	x
<input type="checkbox"/>		WGH - Acute Frailty Unit	R	15 days	No care setup	14 days ●	3	Red	Receiving care	x
<input type="checkbox"/>		Side Room 3	R	18 days	No care setup	14 days ●	3	Red	Receiving care	x
<input type="checkbox"/>		Bay 2, Bed 4	R	3 days	No care setup	28 days ●	3	Green	Receiving care	x

Red2Green

- Identifying days of no-value for patients in hospital (Red days)
- Identify areas for improvement (system constraints)
- Red2Green dashboard developed



A DAY OF NO VALUE

KEY QUESTIONS

1. Can the patient care or interventions received today be delivered at HOME or in a non-acute setting?
YES – It's a RED DAY
2. If I saw the patient in an outpatient setting, would their current 'physiological status' require an emergency admission?
NO – It's a RED DAY

- Inadequate MDT presence at the Board Round to allow firm decisions to be made.
- The care or interventions the patient is receiving today could be delivered in a non-acute setting.
- Tests and investigations have occurred but the results have not been reviewed by the Medical team and acted upon.
- A planned investigation, clinical assessment, discharge assessment or therapy intervention for today does not occur.
- Acute - The medical care plan lacks a Senior Medic approved expected date of discharge.
- Acute - The patient is a new admission and has not yet had a medical review/there is no initial diagnosis/treatment plan.
- If a patient is due for discharge today and the discharge prescription medications are not ready (Pathways of Care Delay).
- Transport delaying discharge or causing plans to fail today.

A DAY OF VALUE

- Patient progresses towards discharge
- Everything planned and requested is done
- Patient needs this bed for Acute care
- Everything that was planned for today gets done
- The patient requires acute hospital care
- The patient requires community hospital care
- The results from tests and investigation have been reviewed by the Medical team and acted upon
- The patient is receiving active interventions to get them to be discharged by tomorrow, and the discharge prescription medications are ready by the evening before the expected date of discharge.



Number of Patients with Red Reasons in the Last Week

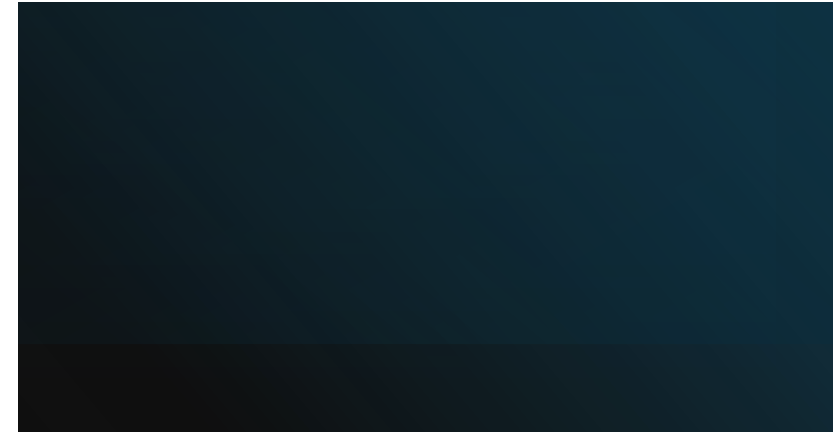
Hospital	No. Patients
Amman Valley Hospital	3
AVH - Ward 1	3
Bronglais General Hospital	73
BGH - Cardiac Monitoring Unit	19
BGH - Ceredig Ward	23
BGH - Clinical Decisions Unit	1
BGH - Dyfi Ward	1
BGH - Leni Day Unit	1
BGH - Y Banwy Unit	14
BGH - Y Bwa (Hafan Y Waun)	2
BGH - Ystwyth Ward	14
Glangwili General Hospital	140
GGH - Cadog Ward	3
GGH - Coronary Care Unit	24
GGH - Dewi Ward	5
GGH - Endoscopy Unit	4
GGH - Gwenllan Ward	24
GGH - Merlin Ward	16
GGH - Padarn Ward	8
GGH - Preseli Ward	14
GGH - Steffan Ward	21
GGH - Teifi Ward	9
GGH - Towy Ward	16
GGH - Y Lofa	3
Llandoverly Hospital	14
LLH - Ward 1	14
Prince Philip Hospital	172
PPH - Acute Medical Assessment Unit	66
PPH - Coronary Care Unit	1
Total	633

Red Reason Categories

Category	Count
Allied Health Professionals	567
Medical/Nursing	415
Investigations & Procedures	408
Mental Health	27
System Constraints	26
Pharmacy	8

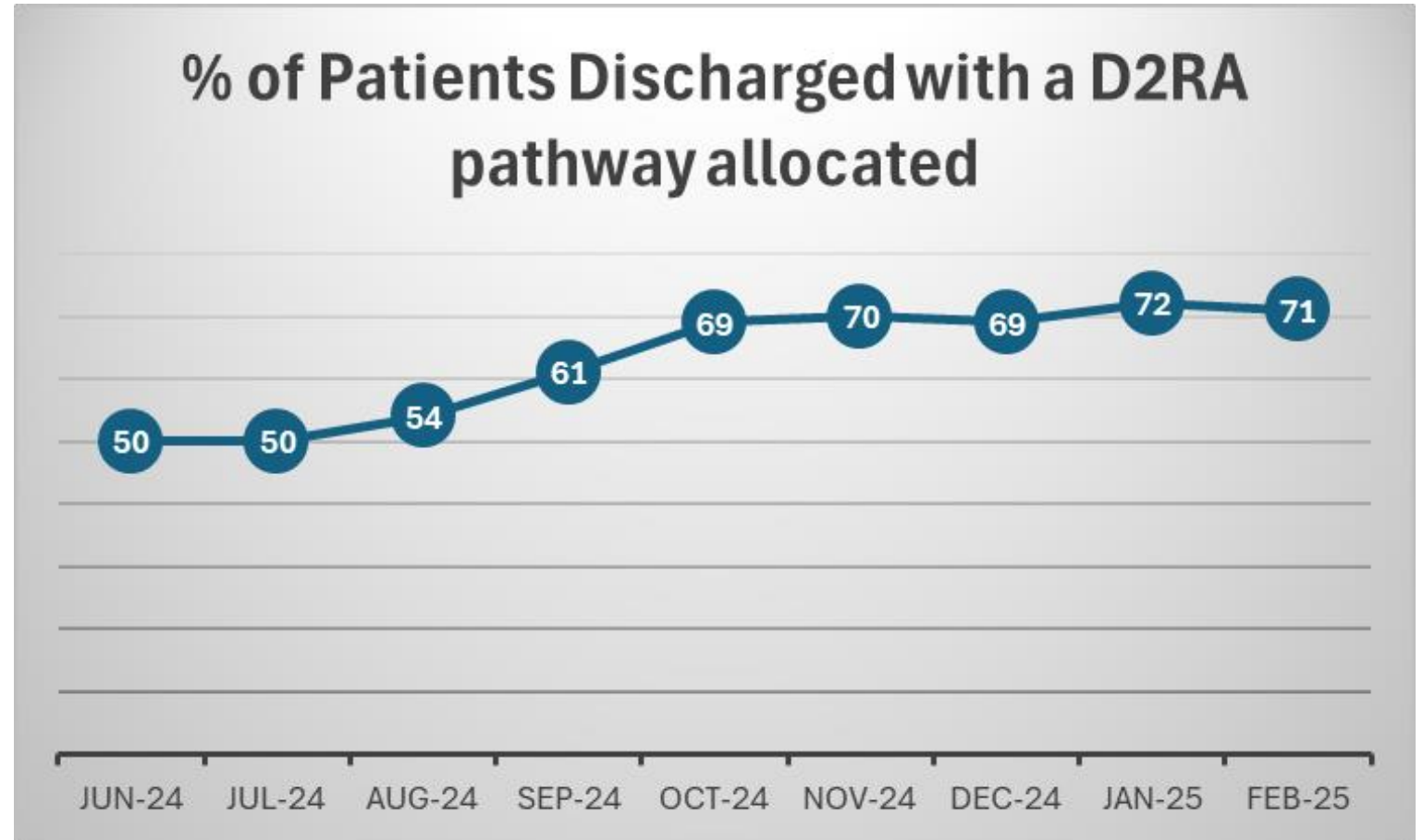
Red Reasons

Reason	Count
Awaiting senior clinical review (own speciality)	241
Awaiting inpatient PT assessment or ongoing intervention	229
Awaiting inpatient OT initial assessment or ongoing intervention	144
Rehabilitation / mobilisation / preventing deconditioning goal not initiated	93
Awaiting blood tests	86
Waiting review by another clinical team (different speciality)	86
Awaiting inpatient other therapy assessment or ongoing intervention	61
Awaiting antibiotic treatment	47



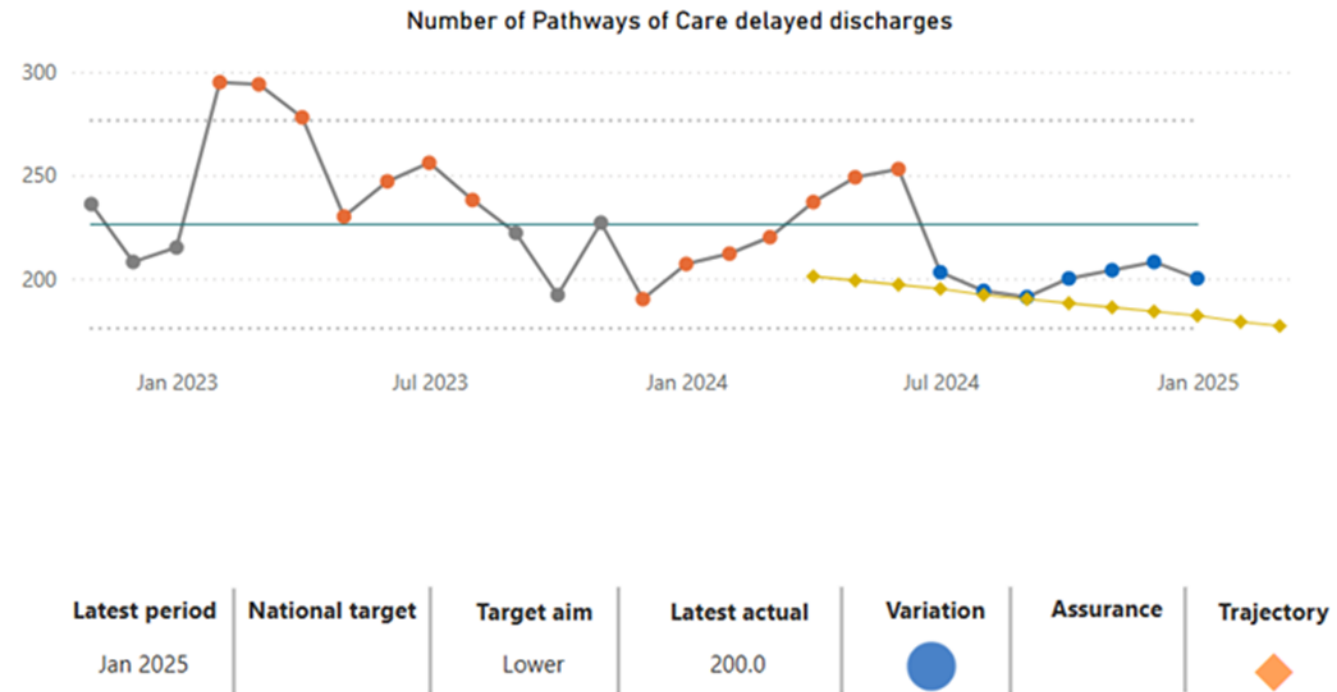
D2RA Pathways

Significant improvement in national D2RA measures



DPOC and ED

- Lead DPOC workstream
- ED performance- linked to delivery of Optimal Flow
- Optimal use of discharge lounges to support ED flow
- Development of an ED/MIU Redirection policy to reduce ED overcrowding and waiting times



3P's Implementation: Promote, Prevent, Prepare

Waiting List Support Service (WLSS):

- Keep patients regularly informed of their current expected wait
- Offer a single point of contact should they need to contact us
- Provide advice on self-management options whilst waiting
- Offer advice on what to do if their symptoms deteriorate
- Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation
- Offer alternative treatment options if appropriate
- Incorporate review and checking of patient consent

Optimisation and Prehabilitation Service:

- Standardised tiered virtual optimisation and prehabilitation model supported by digital healthcare solutions
- Improved physical and psychological wellbeing
- MDT team

WLSS Patient feedback

Responses to 'FFT' automated service via CIVICA for WLSS			
I am very impressed that Hywel Dda have this facility. When on long waiting lists, people's situations can change and also you show an awareness that each person will have different issues to a greater or lesser extent. Thank you for doing this.		I was sent some apps that will help with my weight loss, and my anxiety... I already have the exercise app from physio which is very helpful. I felt much better after the call; EH was kind and cheerful and she listened very well. Thank you, everyone!	
Very friendly and informative	MT was brilliant. Non-judgemental, sympathetic and understanding. Knowledgeable and gave great advice and quick to forward on apps that will help me		Lovely to speak to <u>some one</u> who cares.
Confirmed I had been <u>referred</u> by my GP as I had no confirmation of it via email or letter. Link for form for applying for physiotherapy while waiting for treatment		I wasn't aware it existed. So much information/assistance available. It doesn't help your place on the waiting list but, there are people/organisations available to reach out to for help	
The lady who spoke with me, LJ was very personable and gave me lots of information/links to organisations who could help while I'm waiting		She went out of her way to try and help me.	Satisfied with current support
Staff very approachable and understanding, took time to explain all I needed to know	EH was extremely helpful		The service gave me very helpful advice supportive and friendly. Thank you
Since my diagnosis I have days where I'm down in the dumps. AW explained who I could contact just to have a chat or get advice before my mental <u>well being</u> deteriorated.	Just knowing there their if I need to talk		The only time I got any answers from a lovely lady, after speaking to her, I had much more understanding about my concerns about confusion over my eye operation, she was very reassuring and gave me the answers I needed, <u>thankyou!</u>

WLSS: Identifying and managing deterioration and waiting list prioritisation

- Patient communication advising them to contact the WLSS if their condition deteriorate.
- Scripts with “red” flags developed for non-clinical call handlers
- Telephone review by clinical staff within WLSS
- Escalation routes into services
- **Patient stratification based on** Waiting Well PROM/ EQ-5D-5L from point of listing and repeated 6 monthly till treatment

Waiting List Support Service

Promote improved health behaviours
Prevent worsening health
Prepare for treatment and recovery

If you are currently waiting for surgery or treatment, preparing effectively can make a significant difference to your experience of treatment and your recovery.

If you are a patient on a waiting list for treatment, or know someone who needs support whilst they wait, the waiting list support service can help.

We provide:

- A single point of contact with clear information on how you can manage your health.
- A place for you to discuss what matters to you and guidance on support that's in your community.
- Advice on managing deteriorating symptoms, emotional wellbeing, and maintaining quality of life while you wait.
- Information to help you make informed decisions about your care, treatment preparation, and recovery expectations.
- Advice on available treatment options and how to provide feedback on the services you've used.

Your planned treatment can be a challenge for you and your body. Making a small number of changes can make a big difference to the way you respond and recover from your treatment.

Our Waiting List Support Service Offers a single point of contact and will provide support and advice on managing your health and keeping healthy.

How to contact us:
Telephone: 0300 303 8322
Email: ask.hdd@wales.nhs.uk
Monday to Friday 9am to 5pm
www.hduhb.nhs.wales/waiting-well

➤ Stratification Criteria (based on PROM results)	
RED	<ul style="list-style-type: none"> ▪ BMI greater than 35 ▪ Exercise: 1 hour or less per week. ▪ EQ-5D-5L Scores: Score 5 in MOBILITY, SELF-CARE & USUAL ACTIVITIES
➤ Refer to Optimisation and Prehabilitation Service	
AMBER	<ul style="list-style-type: none"> ▪ BMI: less than 18.5 or between 30 and 35 ▪ EQ-5D-5L Score 4 in MOBILITY, SELF-CARE and USUAL ACTIVITIES. ▪ Score 5 in PAIN / DISCOMFORT and ANXIETY / DEPRESSION ▪ VAS Scores: Less than 20 ▪ Comorbidities: Responds 'yes' to any comorbidity (even if more than 1) ▪ Polypharmacy: 4 or more medications
➤ Contact from WLSS Nurses	
YELLOW	<ul style="list-style-type: none"> ▪ BMI of between 25 to 29 ▪ Exercise: More than 1 hour and up to 2 hours & more than 2 hours and up to 3 hours. ▪ EQ-5D-5L Score 2 or 3 in MOBILITY, SELF-CARE and USUAL ACTIVITIES, PAIN / DISCOMFORT and ANXIETY / DEPRESSION ▪ VAS Score: 20 up to 60. ▪ Smoking: Smoker ▪ Alcohol: 14 or more units per week.
➤ Contact from non-clinical call handler	
➤ MECC conversation	
GREEN	<ul style="list-style-type: none"> ▪ BMI: of 18.5 up to 25. ▪ Exercise: Above 3 hours per week. ▪ EQ-5D-5L: Level 1 in all domains ▪ VAS Score: more than 60. ▪ Comorbidities: Does not score 'yes' to any comorbidities. ▪ Polypharmacy: Less than 4 medications ▪ Smoking: Non-smoker ▪ Alcohol: Less than 14 units per week.
➤ No additional intervention required.	
➤ Open access to WLSS and Waiting Well resources online	

Optimisation and Prehabilitation Service: Patient feedback

“I have found the programme life changing. It provided me with the ‘jolt’ I needed to make changes and improve my health. I can’t speak highly enough of the team the programme has been hugely beneficial. I am continuing with a healthy eating diet and exercise at home”

“I am happy with the programme and there were some great parts of the programme. I felt that the part on nutrition and diet and foods was very helpful and also the 1:1 opportunity with dietitian Ben Lewis. I also found that the mental health and well being week was really helpful and the exercises. I am doing the exercises on a daily basis and is using all the information I have received over the programme as part of my ‘tool box’ to better myself.”

“I am really pleased I did the programme. Before starting the programme I was in a place where I just didn’t see the point in doing things and I was really low. The programme has been nice, I have enjoyed speaking to others. The exercises have allowed me to move easier. I have started exercises in the booklet. I feel very prepared for my operation tomorrow”

“I have really enjoyed the programme and found it very educational. It has been great to have contact with the team, as I felt that I had just been forgotten about and this has given me light at the end of the tunnel. I have taken on board a lot of healthy eating tips and has been following the eat well guide religiously. It has made me think more about my diet and I have made changes like thinly spreading butter on bread and cutting out chocolate. Care and repair have been out and fitted an additional handrail on the stairs which is excellent and very handy and has made me feel safer on the stairs. Knowing that you haven’t been forgotten about , having support and encouragement is nice to know. The exercises have helped my mobility loads also the talks in nutrition , managing pain has made me feel much more positive”

Optimisation and Prehabilitation Service: Letter

12th September 2024

To: all members of the Prehabilitation and Optimisation team (Orthopaedic Surgery)

I hope you will all enjoy sharing these biscuits when you take a break. They are sent with my heartfelt thanks for sharing your advice and expertise with me on your 12 week course online. It has truly been life-changing! I now feel so much more ready for a major operation on my hip. Eating sensibly and exercising daily are now part of a daily routine I hope (PLAN) to follow for the rest of my life. They have given me a new motivation to look after 'ME' when 12 years' constant care of my husband after his disabling stroke meant I had

little time for my own separate identity. I am so GRATEFUL to you and especially those I met online each Tuesday. I feel we have become friends and I shall MISS you!

Particular thanks to:

~~_____~~ for all their physio routines
~~_____~~ (Dietician): I could not have lost 12 kg without your advice and encouragement

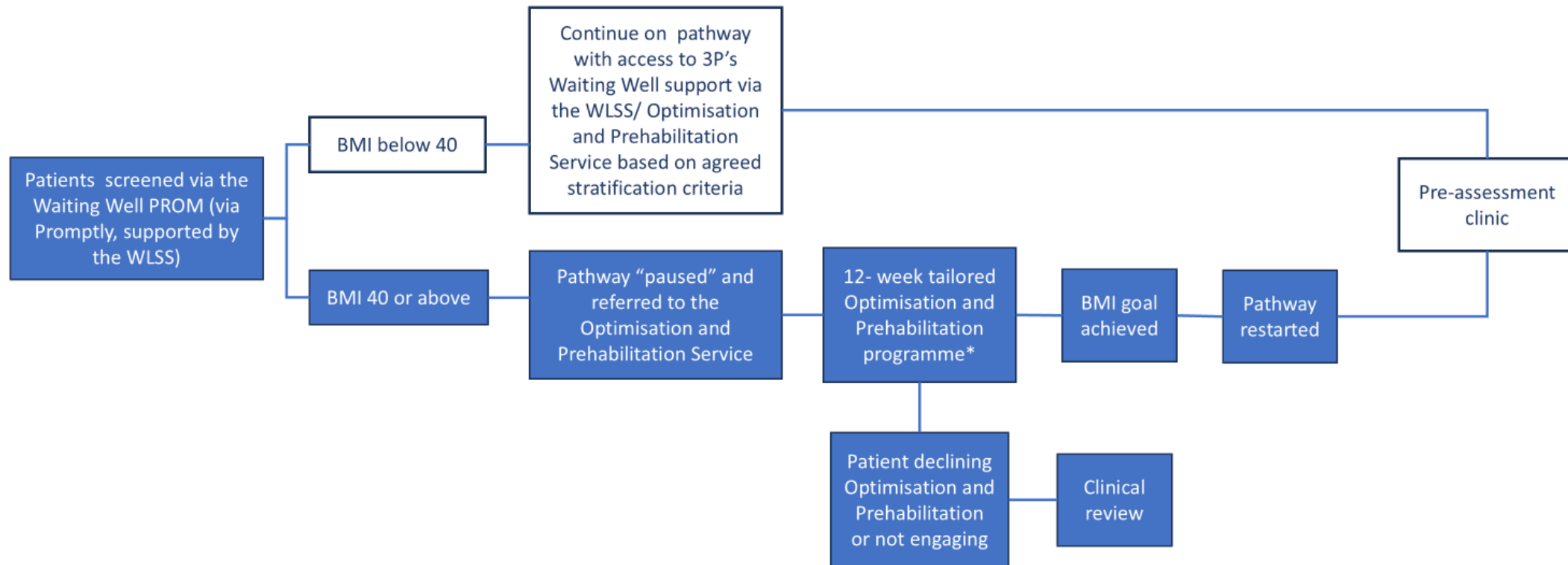
Others who give advice and support you in your office

DIOLCH YN FAWR!

Optimisation and Prehabilitation: Patient outcomes

- 33% of patients lost weight
- Average weight loss 5.3kg
- Biggest weight loss 20kg (patient who has brought his BMI down to <40 which was his target)
- 27% improved their Oxford scores (ortho patients)
- 43% improved their EQ-5D-5L score
- 30% improved their Patient Activation Level (amount of exercise/ physical activity)
- Digital inclusion- more than 30 patients provided with digital devices and training to enable them to access digital platforms (these individuals did not have access to devices and did not use them before)

Orthopaedic Pathway Redesign (supporting new RTT guidance)

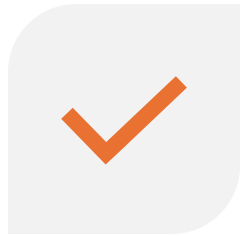


* The 12-week period can be extended for patients who are engaging in optimisation and actively making progress towards their BMI goal

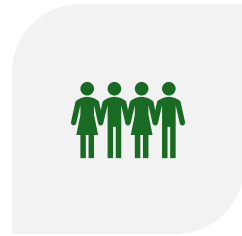
Quality Improvement Activities New for 2024/25

- We have developed an internal Quality Improvement and Service Transformation (QIST) page for staff to access information and enquire about getting support
- [Hywel Dda QIST - Quality improvement and service transformation - Home](#)
- QI workshops in each county to support with Primary Care QI projects
- Refresh of the EQliP Workbook

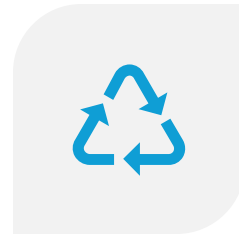
Next steps / Future plans for 2025-6



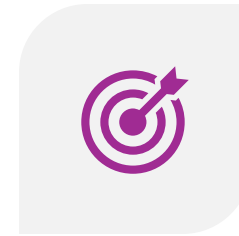
COHORT 7 CURRENTLY OUT
FOR SUBMISSION CLOSING
END OF APRIL 2025



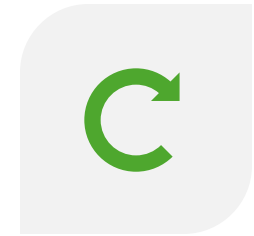
COHORT 7 DUE TO START
JUNE 2025 WITH
PROGRAMME REFRESH TO
INCLUDE EQUALITY,
DIVERSITY AND INCLUSION.



PUBLISH ARTICLE ON
SUSTAINABILITY OF EQIIP AS
A COLLABORATE APPROACH
TO QUALITY IMPROVEMENT
(UNIQUE TO HDUHB)



CONTINUE ENHANCED
SUPPORT FOR UEC SIX
GOALS



REFRESH OF QISF FOR 2026-
2029