

HANDY HINTS

Discharge / Planning & Analysis

TrendCare Bed Management Reports and Graphs
To evaluate the effectiveness of discharge planning and discharge processes, and to facilitate improvements in these areas to decrease bed blocking.

- A target discharge time can be set for relevant wards / departments in the TrendCare ward maintenance.
- Reasons for late discharges and late transfers to the discharge lounge are collated and can be viewed by reason, by doctor, and by date using TrendCare reports and graphs.
- Exports of discharge data are available to enable user sites to generate customised reports. Reasons for cancelled discharges are also reported on.

Banks of reasons can be developed in the TrendCare maintenance for late discharges and for cancelled discharges. It is important that these reasons are very specific to enhance reporting and follow up actions. Reasons that identify why the patient had to stay for a clinical purpose should be flagged in the maintenance bank as "clinically appropriate". Other reasons that are not for a clinical purpose are flagged as "not clinically appropriate".

Listed below are a few examples, some of which you may wish to add to your bank or use to revise some of your existing reasons.

Discharge Analysis Reasons - Cancelled

Clinically Appropriate

Critical Incident
Unexpected illness

Not Clinically Appropriate

Ambulance not available
Bed unavailable in transfer facility
Late Doctors Rounds
Medications not available
No care arrangements in place at home
No community service arranged
No community services available
No family available to collect
Patient Request
Pharmacy closed
Transport not available

Discharge Analysis Reasons - Late

Clinically Appropriate

Afternoon surgery list
Earlier than planned discharge
Evening procedure
Trial of diet
Trial of mobility
Trial of pain management

Not Clinically Appropriate

Ambulance late
Awaiting discharge education
Awaiting discharge scripts
Awaiting pathology results
Awaiting review – physio
Awaiting review - speech pathologist
Escort late
Late Dr's rounds
Relatives / carers late

INTER-RATER RELIABILITY

How long since the wards have done Inter-rater Reliability testing?

- Did you know IRR testing is conducted to improve accuracy, not just to measure accuracy.
- IRR testing enhances data accuracy for the following 12 month period.

Here's a quick inservice!

TESTER - Nurse facilitating testing

1. Testers identify patients being cared for by the raters and complete Evening and Night and following Day predictions on the IRR comparison forms for each patient.
2. Testers use care plans / clinical pathways, observation sheets, medication sheets and patient progress notes to confirm the selection of indicators and acuity variables.

RATER - Nurse being tested

1. Raters are requested to confirm the patient type for the first patient. Feedback is given if selection is incorrect.
2. The raters are given 20 seconds to confirm the acuity variables for the first shift on the first patient.
3. Their selection of acuity variables is then compared to the acuity variables marked on the tester's IRR comparison forms.
4. Any non matching acuity variables are discussed and confirmed correct or incorrect. Matching acuity variables are not discussed.
5. Education is given when required e.g. acuity variable selection.
6. The second and third shifts are then checked in the same way.
7. The same process is then conducted for all patients cared for by the rater.
8. The number of correct and incorrect variables are marked on the staff score sheet and a calculation then gives the % of accuracy.

Where in the world is TC?

TC and the team will be at the South Island Nursing IT Symposium, 30th Oct 2013, Christchurch.

Then find us at: Health Informatics New Zealand, 27th – 29th November 2013, Rotorua

