**Registered Practitioners, Consultant level, ST3 and above (Registrar):**

**R2G/SAFER ACTION CARD**

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| --- | --- |
| **S- SENIOR REVIEW** | * Review Patients prior to Mid day
* **Lead morning Board Rounds 7 days a week and by 09.30am**
* Each day all patients start **RED** on ADT White Board
* Patients remain **RED** if senior decision makers not present on the morning Board Round
* Identify actions to enable patients to turn **GREEN** ie progress towards discharge
* Assign actions to members of MDT
* **Lead afternoon Board round.**
* Facilitate patients turning from **RED** to GREEN
* Identify outstanding actions
* Escalate outstanding actions
* Identify tomorrows early discharges and a ‘Golden Discharge’ (33% of all discharges pre 12 noon)
* Facilitate completion of EDS and TTO’s before 16.00.
 |
| **A- ALL PATIENTS** | **All patients*** Set Estimated Date of Discharge **(EDD)** on First Post- Take ward round or within 24 hours of admission to base ward
* Identify patient groups suitable for Criteria Led Discharge **(CLD)** in collaboration with MDT.
* Set the Clinical Criteria for Discharge (**CCD)** as part of the initial review
* Patients remain RED if there is no **EDD** and/or **CCD**.
 |
| **F- FLOW** | **All patients*** Identify patients to be transferred to ward pre 10 am
 |
| **E- EARLY DISCHARGE** | **All patients*** Identify 33% of total discharges before mid day
* Ensure 1 patient is discharged pre 10am
 |
| **R- REVIEW**  | **Review** * All patient with a stay greater than 7 days must have a clinical plan reviewed by Consultant, Ward Manager and Matron
 |

**Nursing Staff: R2G/SAFER ACTION CARDS**

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| **S- SENIOR REVIEW** | * All patients **MUST** have a Senior review before midday (ST3 and above)
* **Morning Board Rounds 7 days a week and by 09.30am**
* Nurse in charge to Lead Board Rounds alongside Senior Clinician
* Each day all patients start **RED** on ADT White Board
* Patients remain **RED** if senior decision makers not present on the morning Board Round
* Identify actions to enable patients to turn **GREEN** i.e. progress towards discharge
* Alongside Senior Clinician, assign actions to members of MDT
* Complete ADT white boards during Board Rounds
* **Afternoon Board round.**
* Alongside senior clinician, lead afternoon Board Rounds
* Facilitate patients turning from **RED** to **GREEN**
* Identify outstanding actions, Escalate outstanding actions
* Ensure tomorrows ‘**Golden Discharge**’ (pre 10am discharge) and **early discharges** (33% of all discharges pre 12 noon) have been identified.
* Complete the ADT White Board to indicate the ‘Golden Patient’ then the early discharges.
* When declared Medically Optimised for Discharge, complete the MFFD column on the ADT white Board.
* Facilitate completion of EDS and TTO’s for the above patient set. Ensure sent to pharmacy before 16.00
* Book transport for early discharges
 |
| **A-ALL PATIENTS** | * Work with Clinicians to ensure an **Estimated Date of Discharge** is set on the **ADT White Board**, First Post- Take ward round or within 24 hours of admission to base ward
* Ensure Clinical Criteria for Discharge **(CCD)** is documented on the Proforma in patients notes
* Complete Criteria Led Discharge (**CLD**) Column on ADT White Board
 |
| **F-FLOW** | * Contact Assessment areas and admit one patient to the ward by 10am
* Make arrangements and transfer ‘**Golden Discharge’** to the Discharge Lounge pre 10am
 |
| **E-** **EARLY DISCHARGE** | * Make arrangements and transfer 33% on patients to the discharge lounge pre noon.
 |
| **R- REVIEW** | * Facilitate the in-depth review of all patients over 7 days.
* Ensure plans are in place and any outstanding Delays escalated.
 |

**Junior Doctors: R2G/SAFER ACTION CARDS**

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| **S- SENIOR REVIEW** | * All patients will have a senior review before midday with actions agreed to be completed
* **Morning Board Rounds 7 days a week and by 09.30am**
* Attend and participate in Morning Board Rounds
* Each day all patients start **RED** on **ADT White Board**
* Patients remain **RED** if senior decision makers not present on the morning Board Round
* Identify actions to enable patients to turn **GREEN** i.e. progress towards discharge
* Complete any actions assigned
* **Afternoon Board round.**
* Attend and participate in afternoon board rounds
* Facilitate patients turning from **RED** to **GREEN**
* Identify outstanding actions
* Escalate outstanding actions
* Ensure tomorrows ‘**Golden Discharge**’ (pre 10am discharge) and **early discharges** (33% of all discharges pre 12 noon) have been identified.
* Complete EDS and TTO’s for ALL tomorrows discharges. Send to pharmacy by 16.00
 |
| **A-ALL PATIENTS** | * Work with MDT to ensure an **Estimated Date of Discharge** is set on the **ADT White Board**, First Post- Take ward round or within 24 hours of admission to base ward
* Identify patients that may be suitable for Criteria Led Discharge **(CLD)**
* Ensure Clinical Criteria for Discharge **(CCD)** is documented on the Proforma in patients notes
* Begin Completion of **EDS** and **TTO’s** for all patients
 |
| **F-FLOW** | * Work with senior Clinicians and Nursing staff to identify a pre-10 am admission from and assessment area
 |
| **E-EARLY DISCHARGES** | * Complete all EDS and TTO’s for the Pre 10 am discharge and the remaining 33% of discharges before mid-day, the previous day.
 |
| **R-REIVEW** | * Participate in daily reviews of all patients with a length of stay over 7 days.
 |

**Site Team: R2G/SAFER ACTION CARDS**

**Use the White Boards as a tool to aid Flow and identify early discharges. Look at whiteboards on each ward as this will give you the relevant information. Check and challenge if white boards are incomplete or inaccurate. Escalate delays in the system and resolve where able.**

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| **S- SENIOR REVIEW** | **Morning Pre 10 am*** On walk around check ward have identified at least 1 Golden Patient and marked on White Board

**Afternoon walk rounds (Check , Chase and Challenge)*** On walk around, check each ward has one Golden Discharge for tomorrow
* Check **EDS** and **TTO’s** are being completed for Golden Discharge in line with **Internal Professional Standards** (before 16:00 to be sent to pharmacy)
 |
| **A-ALL PATIENTS** | **Morning Pre 10am*** Look at whiteboard and see if any patients are for **Criteria Led Discharges (CLD)**
* If **CLD** is indicated, check that his will be actioned

**Afternoon walk rounds (Check , Chase and Challenge)*** Check tomorrows **Estimated Dates of Discharge (EDD)**are correct , encourage ward to alter EDD if necessary
* If **EDD** for tomorrow is identified, ask if **EDS** and **TTO’s** are completed aligned to Internal Professional Standatrds.
 |
| **F-FLOW** | **Morning Walk Round*** Check ward have sent Golden discharge to Discharge Lounge
* Ensure one patient is admitted to each ward before 10am

**Afternoon Walk Round (Check , Chase and Challenge)*** Check ward have Identified Golden Discharge for tomorrow
* Use the White Board to help identify discharges
 |
| **E-EARLY DISCHARGES** | **33% of total discharges to be discharged pre noon****Morning Walk Round*** Pull a Medically Fit for Discharge report from Wren
* Remind staff to press Medically Fit button on each walk around
* Remind staff to press OCT button
* Co-ordinate with Discharge Lounge to pull all MFFD to the discharge lounge.

Afternoon Walk Round* Pull a Medically Fit for Discharge report from Wren
* Remind staff to press Medically Fit button on each walk around
* Remind staff to press OCT button
* Co-ordinate with Discharge Lounge to pull all MFFD to the discharge
 |
| **R-REIVEW** | All patients to have a 7 day review. At present Site team not involved. |