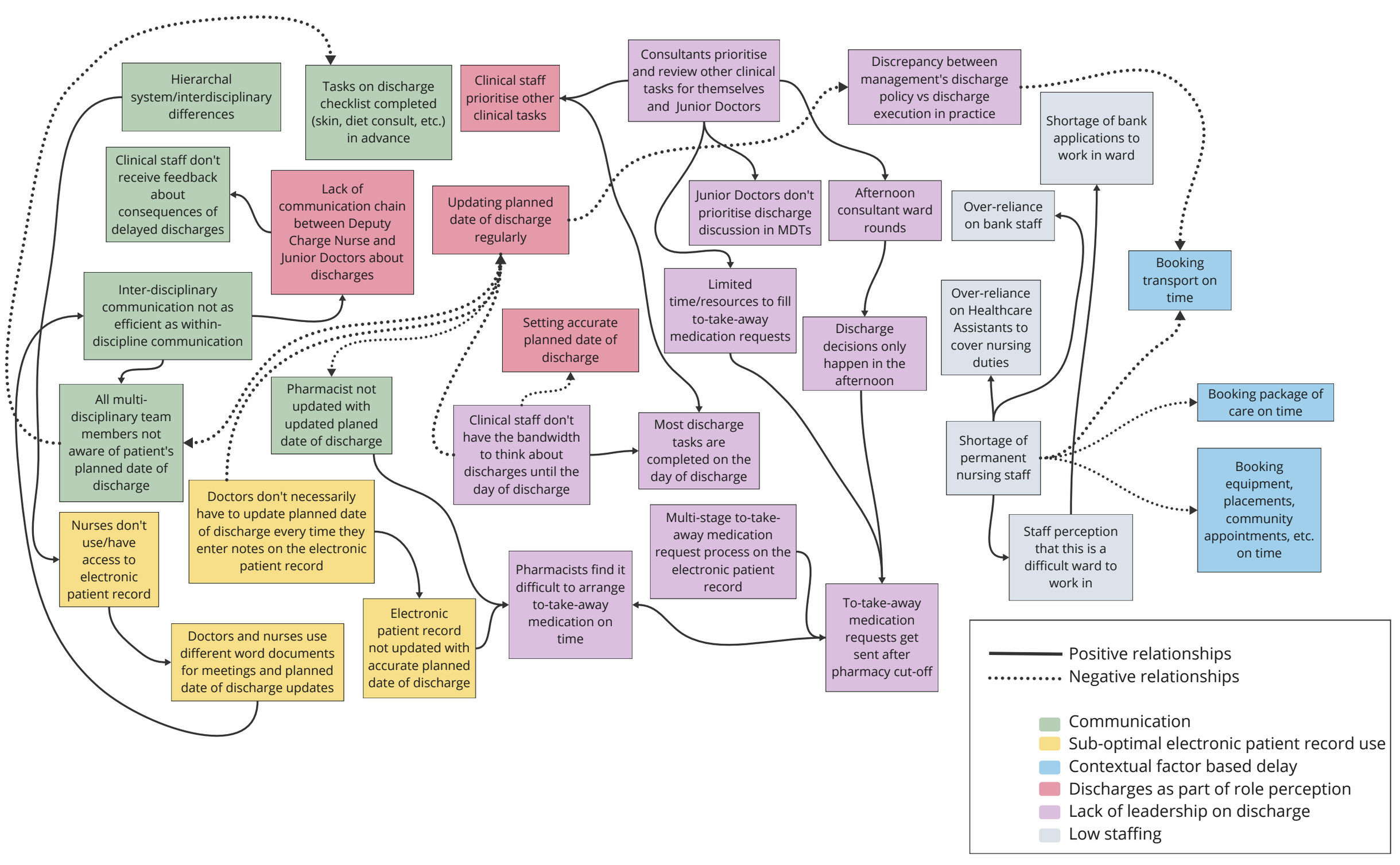
Hierarchal system/interdisciplinary differences
Tasks on discharge checklist completed (skin, diet consult, etc.) in advance
Clinical staff prioritise other clinical tasks
Consultants prioritise and review other clinical tasks for themselves and Junior Doctors
Discrepancy between management's discharge policy vs discharge execution in practice
Shortage of bank applications to work in ward
Clinical staff don't receive feedback about consequences of delayed discharges
Lack of communication chain between Deputy Charge Nurse and Junior Doctors about discharges
Updating planned date of discharge regularly
Junior Doctors don't prioritise discharge discussion in MDTs
Afternoon consultant ward rounds
Over-reliance on bank staff
Booking transport on time
Inter-disciplinary communication not as efficient as within-discipline communication
Limited time/resources to fill to-take-away medication requests
Discharge decisions only happen in the afternoon
Over-reliance on Healthcare Assistants to cover nursing duties
Setting accurate planned date of discharge
All multi-disciplinary team members not aware of patient's planned date of discharge
Pharmacist not updated with updated planed date of discharge
Clinical staff don't have the bandwidth to think about discharges until the day of discharge
Most discharge tasks are completed on the day of discharge
Booking package of care on time
Shortage of permanent nursing staff
Booking equipment, placements, community appointments, etc. on time
Doctors don't necessarily have to update planned date of discharge every time they enter notes on the electronic patient record
Nurses don't use/have access to electronic patient record
Multi-stage to-take-away medication request process on the electronic patient record
Staff perception that this is a difficult ward to work in
Doctors and nurses use different word documents for meetings and planned date of discharge updates
Electronic patient record not updated with accurate planned date of discharge
Pharmacists find it difficult to arrange to-take-away medication on time
To-take-away medication requests get sent after pharmacy cut-off
Positive relationships
Negative relationships
Communication
Sub-optimal electronic patient record use
Contextual factor based delay
Discharges as part of role perception
Lack of leadership on discharge
Low staffing