Going Home with Confidence

"Structured, family-centred discharge planning"

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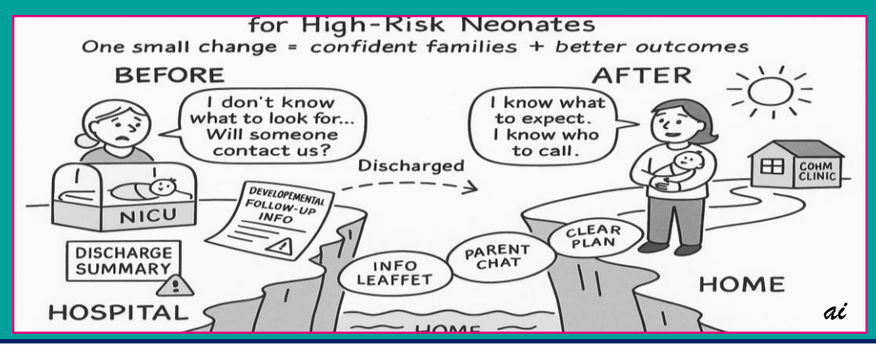
Parents of high-risk neonates are discharged without clear information on neurodevelopmental risks or follow-up, leading to confusion, poor engagement, and delayed identification of developmental concerns.

BACKGROUND



AIM:

By Sept 2025: 80% of high-risk neonates discharged with clear MDT plan, risks and follow-up guidance

MEASUREMENT DEFINITION:

% of discharge summaries for high-risk neonates that include:

- A documented MDT follow-up plan
- A summary of developmental risk factors
- Both

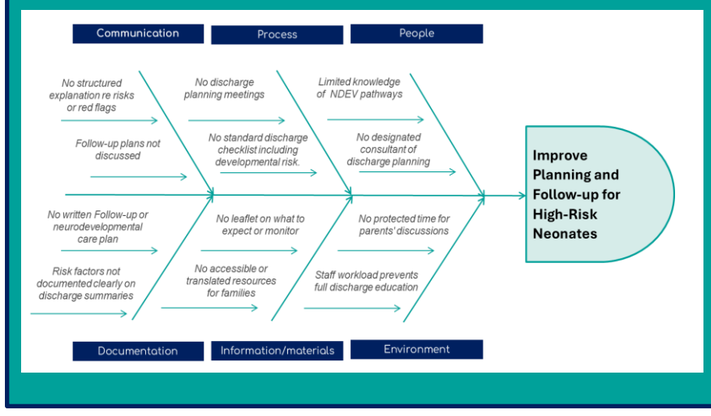
✅ Inclusions

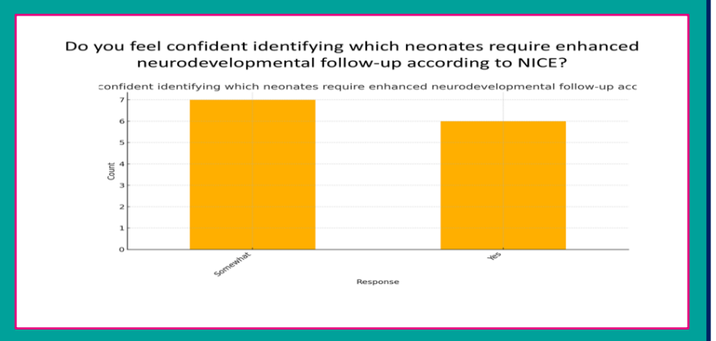
- All high-risk neonates discharged from neonatal unit
- Babies discharged to home (not transferred)
- Discharges between 01/12/24 – 01/06/25

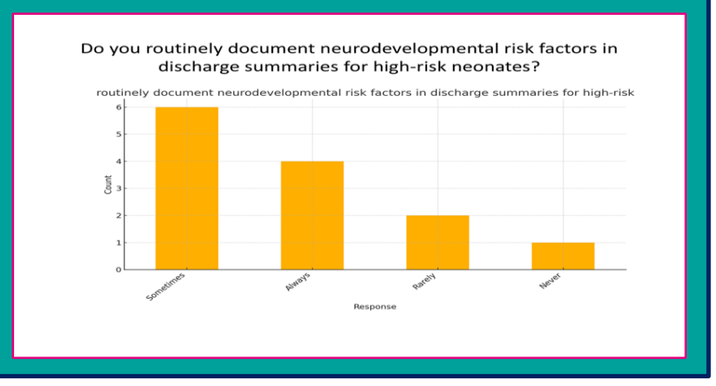
❌ Exclusions

- Neonates ≥37 weeks without neuro concerns
- Babies transferred to another hospital
- Babies who died before discharge

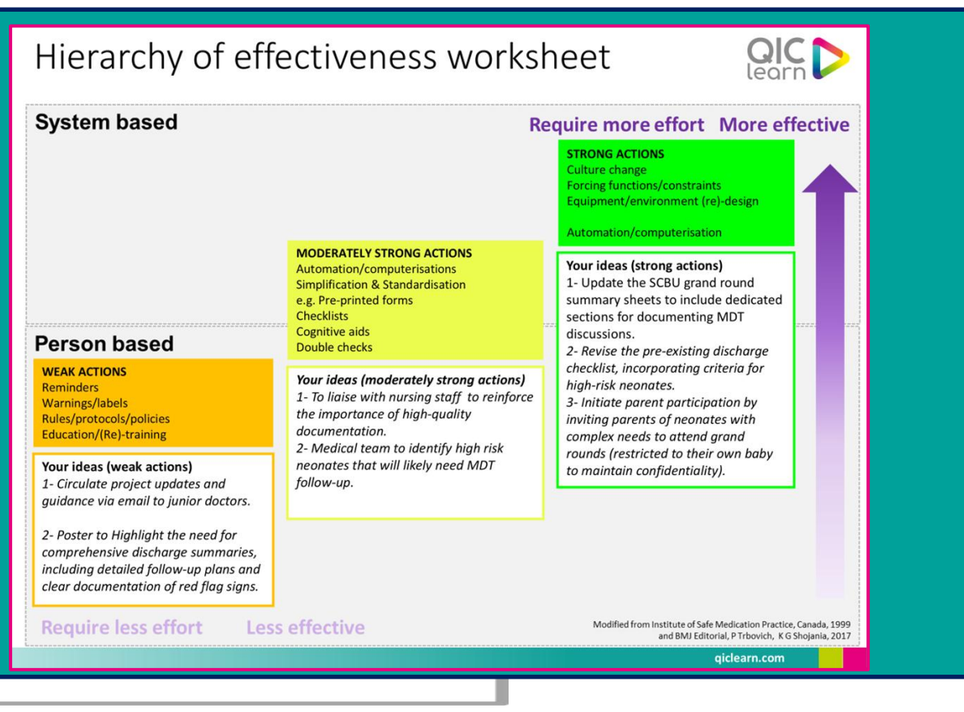
DIAGNOSTICS







CHANGE IDEAS



PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Identified poor documentation of MDT input during SCBU grand rounds. Planned to revise summary sheets to include dedicated sections for MDT input.	Collaborated with SCBU Lead to update summary sheets. SCBU Lead liaised with nursing staff to reinforce quality documentation	Feedback showed improved structure and consistency, though detail varied between staff.	**Extend:** SCBU Lead to liaise with nursing staff to reinforce quality documentation
1.2	SCBU Lead to liaise directly with nursing staff to reinforce the importance of accurate and comprehensive documentation.	SCBU Lead held discussions with nursing staff, highlighting expectations for documentation. Nurses encouraged to use the revised grand round summary sheets consistently.	Early review showed improved completeness however, variation remained between individual staff members. Identified that junior doctors were not consistently documenting MDT input in grand round sheets.	**Extend:** To send emails to junior doctors outlining the project aim and emphasising the importance of comprehensive documentation, including detailed MDT input
1.3	To send emails to junior doctors outlining the project aim and emphasising the importance of comprehensive documentation, including detailed MDT input	Circulated emails to all junior doctors in the unit with expectations regarding documentation standards.	Early review of grand round sheets showed some improvement in the inclusion of MDT details, but variability in quality remained.	**Adopt:** Reinforce the message during junior doctor handovers and departmental meetings.
2.1	Identified that the existing discharge checklist did not adequately cover high-risk neonates. Planned to revise the checklist to ensure structured and comprehensive discharge planning.	Worked with the discharge nurse to update the checklist, to include criteria for high-risk neonate.	Initial reviews showed that the checklist improved visibility of key criteria and prompt staff to include MDT plans and follow-up arrangements. Identified that the discharge checklist, although updated, was sometimes overlooked during discharge planning.	**Adapt:** To improve visibility of discharge checklist papers.
2.2	To improve visibility by placing the checklist prominently at the front of each baby's folder and reinforcing its use at ward rounds and handovers.	Relocated the discharge checklist to the first page of the folder to ensure it was immediately visible.	Initial observations showed staff were more likely to complete the checklist when it was visible.	**Adopt:** Continue reinforcing checklist use during daily wardrounds.
3.	Recognised that parents were not routinely involved in discharge planning discussions. Planned to invite parents of neonates with complex needs to attend grand rounds (restricted to their own child for confidentiality).	Trialled inviting parents of selected cases to attend grand rounds. Provided staff with guidance on managing discussions with parents present.	Parents expressed appreciation for being involved and felt more informed. Staff feedback was positive, although time constraints and confidentiality concerns required careful management.	**Adopt:** Continue inviting parents for complex cases, with clear boundaries around confidentiality
4.	Identified variation in the quality of discharge summaries written by junior doctors. Planned to provide clear project updates and guidance to standardise practice.	Circulated emails outlining project changes, including the need for detailed summaries with follow-up plans and red flag signs.	Early review suggested improved awareness among junior doctors, but documentation quality remained variable.	**Extend:** Consider developing a "discharge summary template" to improve consistency.
5.	Recognised that follow-up appointments were often not arranged before discharge. Planned to explore feasibility with the ward clerk.	Discussed with the ward clerk about booking follow-up appointments prior to discharge	Identified that this task was outside the ward clerk's scope of responsibility, creating a service gap.	**Abandon**

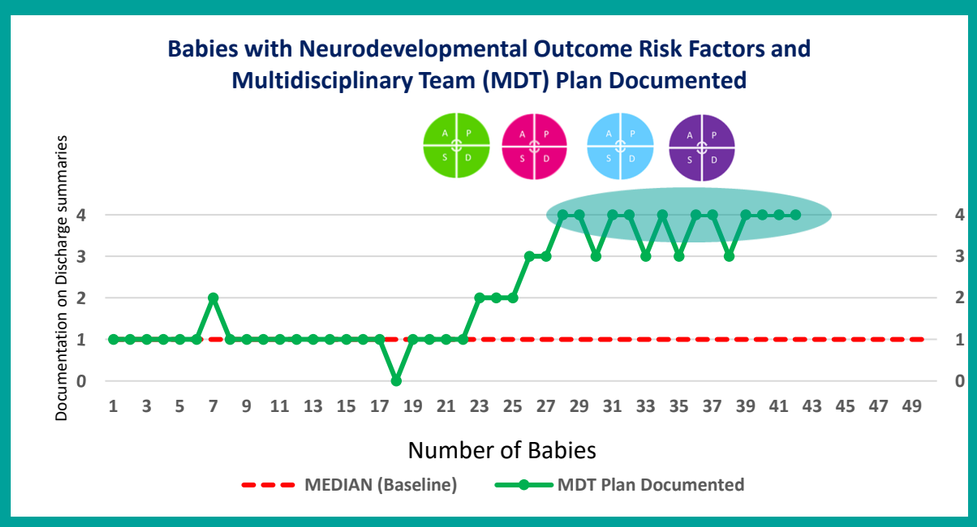
RUN CHART

1= documented risk factor

1= MDT plan on grand round summaries

1= MDT plan on discharge checklist

1= MDT plan on discharge badger



CONCLUSIONS

Results

The run chart demonstrated steady and statistically significant improvement in complete documentation of MDT plans and neurodevelopmental risk factors. A sustained shift above the baseline median was observed from PDSA cycles 1 and 2, following the introduction of updated grand round summary sheets and a revised discharge checklist. This improvement was maintained across subsequent cycles, with more than 20 consecutive data points above the baseline median.

Once full documentation (score of 4) was achieved, this higher level of reliability was sustained in 11/15 patients, approaching the improvement aim. These targeted change ideas not only delivered statistically significant improvement but also enhanced the consistency and quality of discharge planning for high-risk neonates.

Reflection

Small, targeted interventions - implemented through collaboration and clear communication - can lead to measurable and sustained improvements. Embedding these changes into practice requires shared ownership and consistent reinforcement to maintain long-term impact

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