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| Introducing CLD checklist  |
| Appendix 10 - Criteria Led Discharge Toolkit |
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| **Project area**  | **Task**  | **Owner**  | **Due date**  | **Quality improvement tools to support implementation and sustainability**  |
| **Assess readiness**  | ​​☐​Complete Organisation Readiness Checklist   |   |   | Appendix 6   |
| **Create a team to champion change (including project set up)**   | ​​☐​Identify executive sponsor:  |   |   | **Partner for Quality Improvement:** The IHI Model for improvement is founded on working together with those most affected by the change (e.g. consumers and those who deliver the care), ensuring a diverse range of perspectives, expertise and experiences are considered. This broadens understanding of the problem, inspires new ideas, and identifies potential improvements. Additionally, it fosters ownership of the quality improvement efforts. Resources:  [Quality Improvement Toolkit](http://www.safercare.vic.gov.au/best-practice-improvement/quality-improvement/toolkit) <www.safercare.vic.gov.au/best-practice-improvement/quality-improvement/toolkit>[Partnering in healthcare framework | Safer Care Victoria](https://www.safercare.vic.gov.au/support-training/partnering-with-consumers/pih)  <https://www.safercare.vic.gov.au/support-training/partnering-with-consumers/pih>  |
| Identify clinical lead (s):  ​​☐​Surgical lead: ​​☐​Nursing/Midwifery lead: ​​☐​Allied Health lead:  |   |   |
| ​​☐​Identify project lead:  |   |   |
| ​​☐​Recruit consumer reps (ideally 2-3)  |   |   |
| ​​☐​Define, document and agree roles and responsibilities of each team member  |   |   |
| ​​☐​Establish regular meeting dates are  |   |   |
| ​​☐​Define roles and responsibilities for * IT
* EMR
* Data team
 |   |   |
| ​​☐​Establish a steering committee to guide the introduction of CLD   |   |   |
| ​​☐​Risk assessment  |   |   |   |
| ​​☐​Develop project SMART aim, objectives and scope   |   |   | **Model for improvement:** Answer the three questions from the model for improvement?  * What are you trying to accomplish?
* How will you know that a change is an improvement?
* What changes can you make that will result in improvement?

**SMART aim**: ensuring your aim is SMART (specific, measurable, achievable, relevant and time-bound) means you’ll be able to monitor your progress more accurately and make adjustments when needed.  **Resources:** [Model for improvement (safercare.vic.gov.au)](https://www.safercare.vic.gov.au/best-practice-improvement/getting-started/how-we-run-our-improvement-projects) - <www.safercare.vic.gov.au/best-practice-improvement/getting-started/how-we-run-our-improvement-projects> [How to Improve: Model for Improvement: Setting Aims | Institute for Healthcare Improvement (ihi.org)](https://www.ihi.org/resources/how-to-improve/model-for-improvement-setting-aims) < https://www.ihi.org/resources/how-to-improve/model-for-improvement-setting-aims> [Aim Statements - Clinical Excellence Commission (nsw.gov.au)<](https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/aim-statements) https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/aim-statements>  |
| ​​☐​Establish a family of measures  (see recommended measures).  • What local outcomes will be measured? • How will you report the outcomes?  |   |   | **Measurement for improvement**: input your data into a run chart to track your progress over time and clearly identify improvement.  **Resources:** [Family of measures](https://www.safercare.vic.gov.au/best-practice-improvement/quality-improvement/toolkit) -<www.safercare.vic.gov.au/best-practice-improvement/quality-improvement/toolkit>   |
| ​​☐​Develop a comprehensive project plan, including communication plan.   |   |   | **Communications plan**: How will you engage with staff and patients throughout implementation? How are you going to spread word of the impact of CLD to other clinical areas and colleagues?  |
| **Understand current state**   | ​​☐​Undertake gap analysis (see Appendix 7) Develop a shared understanding of the current process and create a process map  |   |   | • **Process map**: take time to understand the current process to identify where it will need to change to facilitate CLD.  • **Baseline data:** before implementing CLD collect baseline data on key metrics, such as length of stay and time of discharge, to enable you to see whether your change has resulted in improvements.   **Resources:**CLD Data collection tool  [Appendix 12 How to process map](https://www.health.vic.gov.aucriteria-led-discharge-toolkit/appendices) <www.health.vic.gov.aucriteria-led-discharge-toolkit/appendices> [IHI Quality Improvement Flowchart Information and Template](https://ttps/www.ihi.org/resources/tools/quality-improvement-essentials-toolkit%3E)   - <https://www.ihi.org/resources/tools/quality-improvement-essentials-toolkit>  |
| ​​☐​Collection baseline data including patient and staff experience data  |   |   |
| **Process design**        | ​​☐​Develop change ideas and prioritise solutions based on ease of introduction and impact/value  |   |   |   |
| ​​☐​Develop local site-specific resources e.g.: CLD documentation and standard clinical criteria for discharge, policy and procedures  |   |   |   |
| **Test changes**  | ​​☐​Test changes using PDSA cycles:  Plan who is responsible to ensure testing is conducted and plan how cycles will be reviewed and scale   |   |   | Use PDSA cycles for testing changes: Plan, Do, Study, Act. They prevent the common mistake of acting before properly studying intervention effects and planning the next test. **Resources:**[How to PDSA (safercare.vic.gov.au)](https://safercare.vic.gov.au/best-practice-improvement/quality-improvement/toolkit) <www.safercare.vic.gov.au/best-practice-improvement/quality-improvement/toolkit> [PDSA form (safercare.vic.gov.au)](https://safercare.vic.gov.au/best-practice-improvement/quality-improvement/toolkit) <www.safercare.vic.gov.au/best-practice-improvement/quality-improvement/toolkit>  |
| **Scale and spread**  | ​​☐​Steering Committee sign-off for formal implementation and scale of successful change ideas  |   |   |   |
| ​​☐​Update local protocols to include new CLD processes.  |   |   |   |
| ​​☐​Plan for sustainability   |   |   | **Plan for sustainability**: Use a Sustainability Planning Worksheet throughout your change project. **Resources:**<https://www.ihi.org/resources/tools/sustainability-planning-worksheet#downloads>    |
| ​​☐​Develop a scale and spread plan  |   |   | Spread CLD to other areas little by little, using data and the story of improvements to get others on board  |
| ​​☐​Create awareness of CLD, impact on existing business processes and ‘go-live’ dates for hospital management  |   |   |   |
| ​​☐​Schedule orientation and training sessions for identified clinicians  |   |   |   |
| **Assess outcomes**   | ​​☐​Create staff, patient and carer experience surveys and method of collection ​​☐​Review data family of measures ​​☐​ Audit of CLD form: * Utilisation and documentation
* % of completed forms

% of patients discharged using CLD  |   |   | **Measurement for improvement**: input your data into a run chart to track your progress over time and clearly identify improvement.  Resources:  [Quality Improvement Essentials Toolkit | Institute for Healthcare Improvement (ihi.org)](https://www.ihi.org/resources/tools/quality-improvement-essentials-toolkit) (see link to QIToolkit\_RunChart)  <https://www.ihi.org/resources/tools/quality-improvement-essentials-toolkit> [Family of measures](https://www.safercare.vic.gov.au/best-practice-improvement/quality-improvement/toolkit) (safercare.vic.gov.au) -<www.safercare.vic.gov.au/best-practice-improvement/quality-improvement/toolkit>    |
| ​​☐​Celebrate your success   |   |   | Celebrate your successes and keep the momentum going. Tell others about what you are doing and spread the word  |

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