

A systems approach to improving the safe, effective and efficient transfer of patients from LTHT to their discharge destination, and between LTHT sites.

A Leeds Improvement Method Project

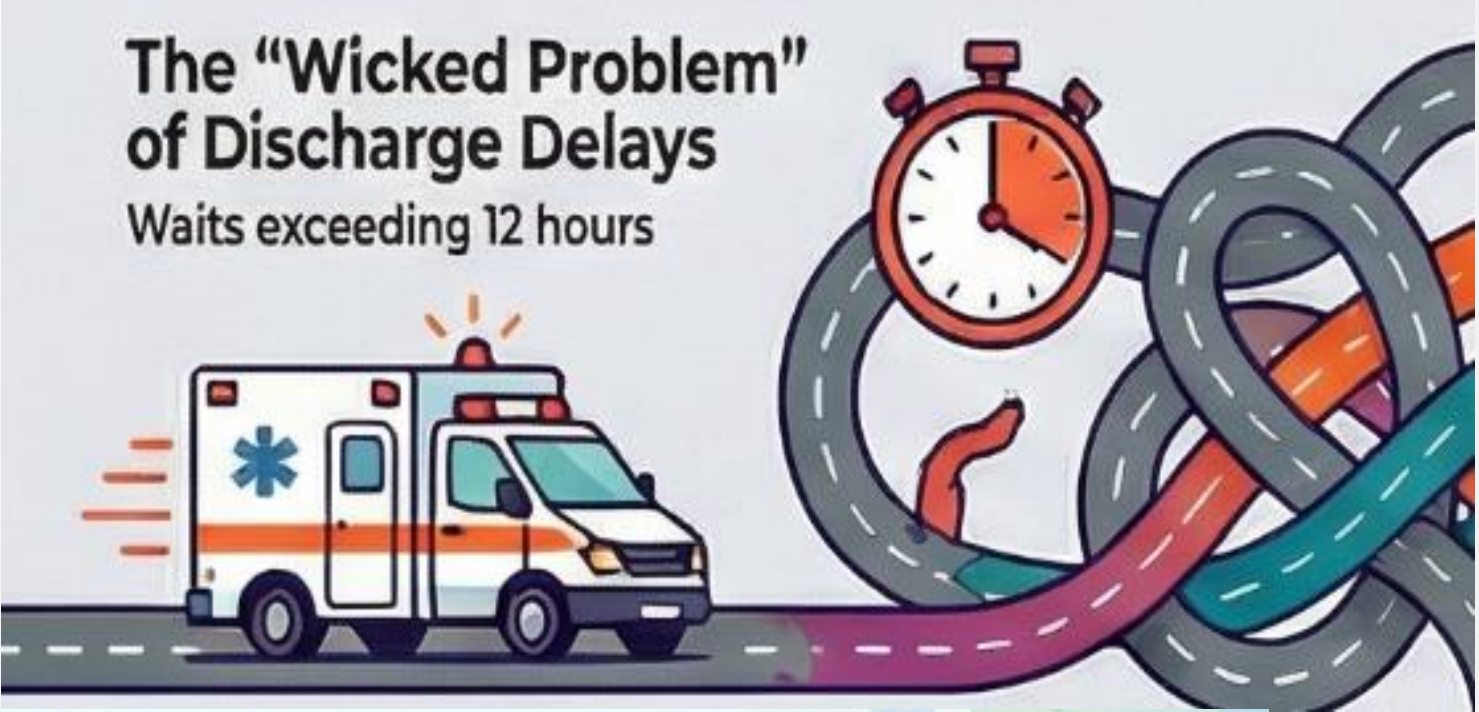
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Problem: Most activities in hospital require the presence of the patient; therefore, delays in transport can cause disruptions and costly downtime, which can in turn influence patient's length of stay (LOS), non-value-added days, clinical outcomes, and impact negatively on the safety and wellbeing of our people.

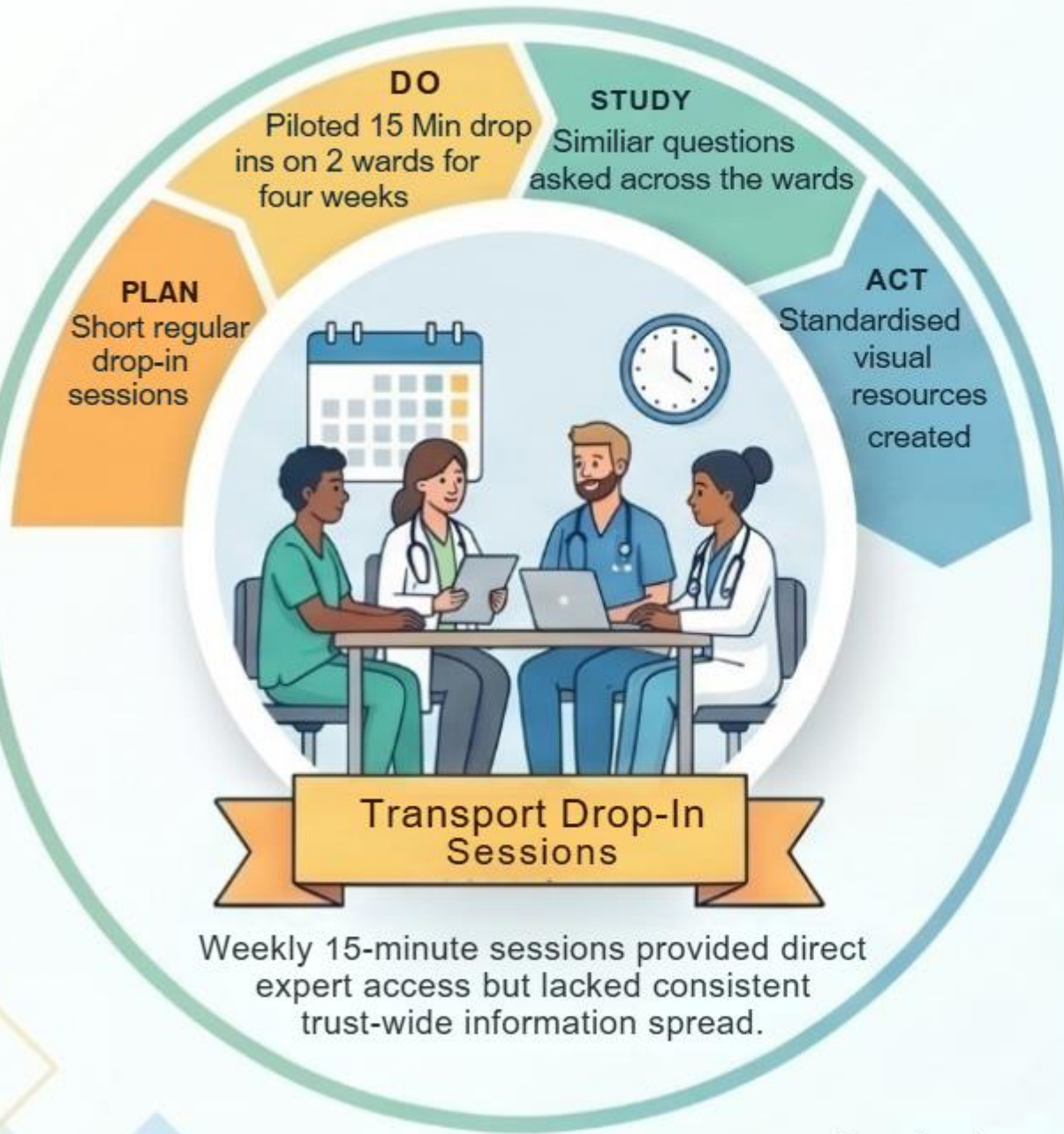
At Leeds Teaching Hospitals, avoidable delays were a result of the heavy reliance on a single transport provider, teams being unaware of alternative providers, transport utilised out of habit - as opposed to need, aborted bookings, uncertainty regarding transport eligibility criteria, and communication barriers between wards, transport providers and discharge and flow teams.

Aim: Reduce avoidable discharge delays by strengthening communication, pathway understanding, and collaboration between LTHT staff and transport providers. Specifically: lower aborted journeys; reduce handovers citing transport as a barrier at LGI and SJUH; improve accuracy of ‘ready’ status; and embed multi-agency huddles. Deliver a faster, safer, more predictable discharge process that reliably supports patient flow, staff experience, and timely, appropriate transport.

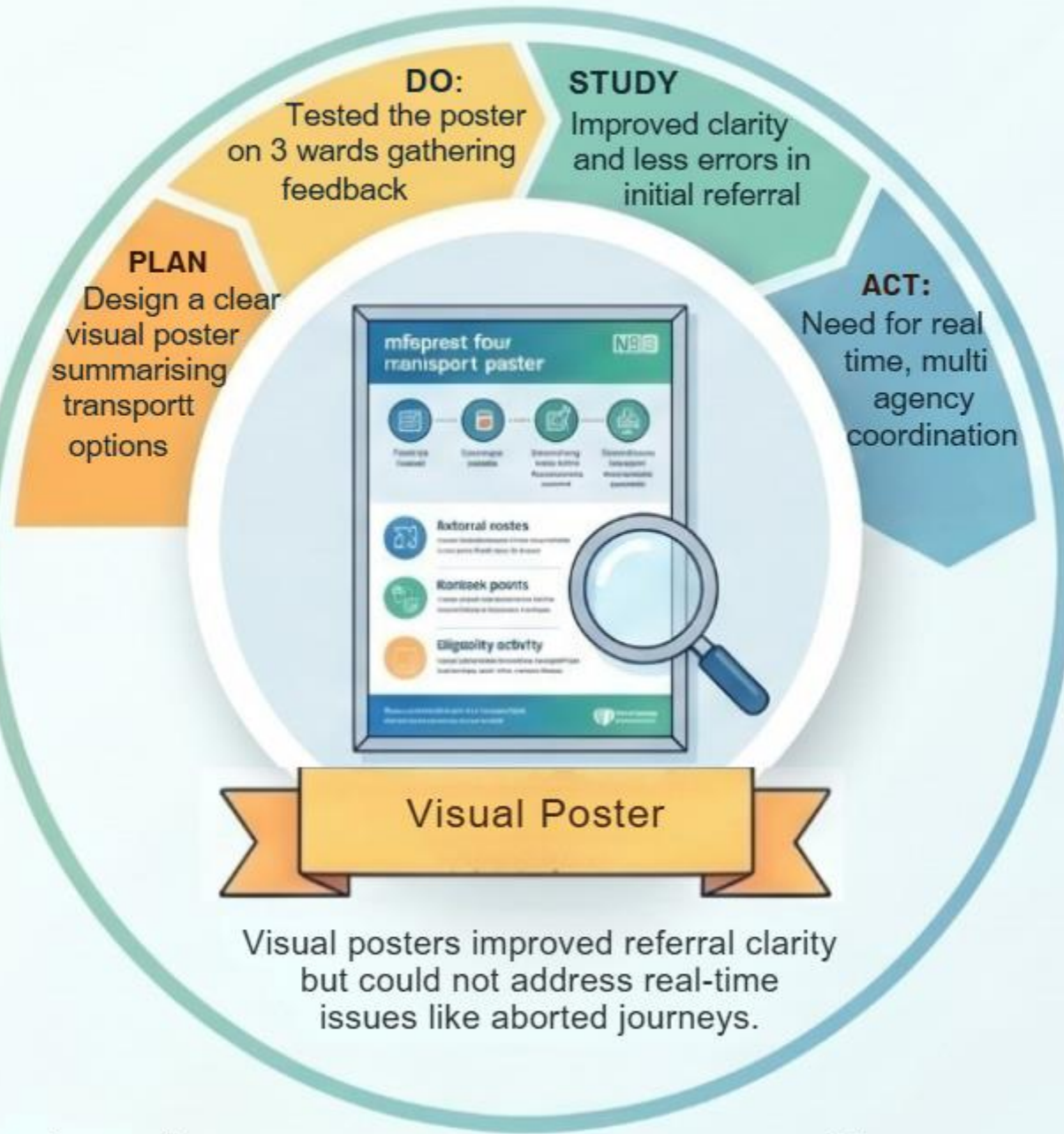


Streamlining Patient Transport: A PDSA Journey

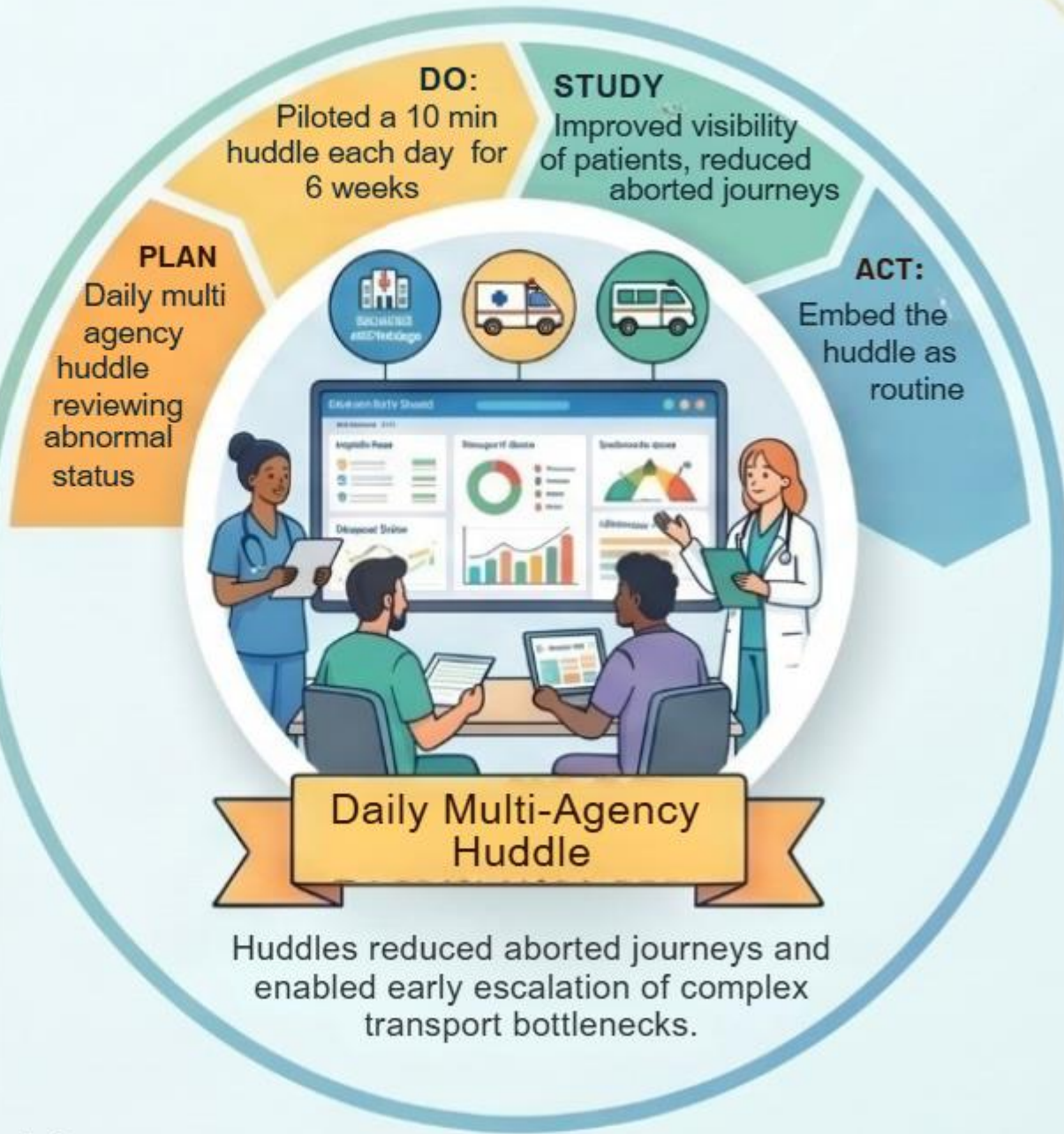
PDSA 1: Local Knowledge



PDSA 2: Standardisation



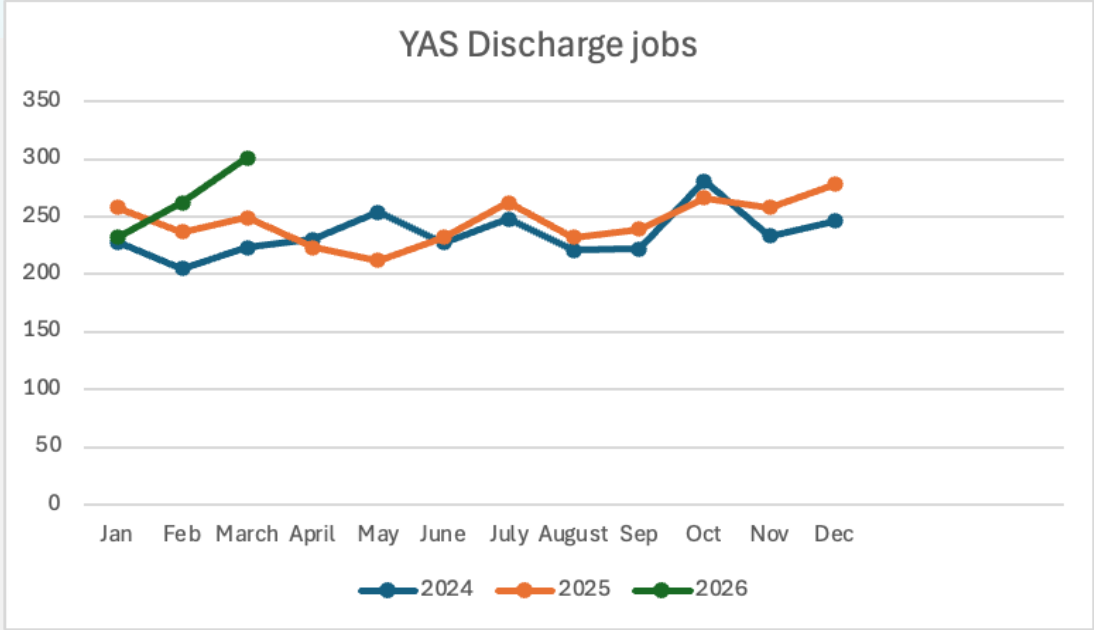
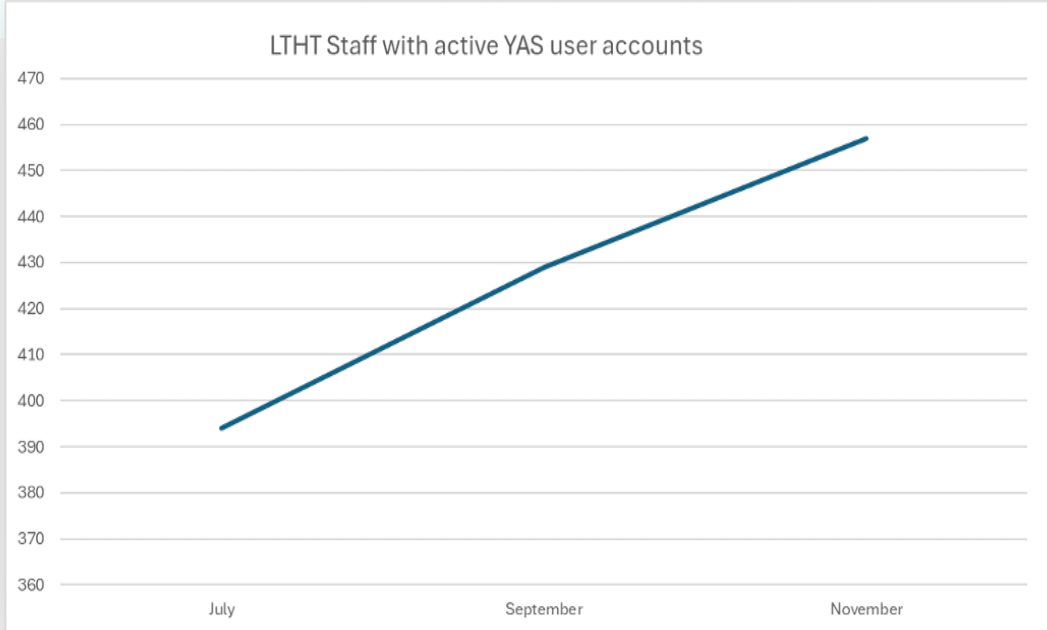
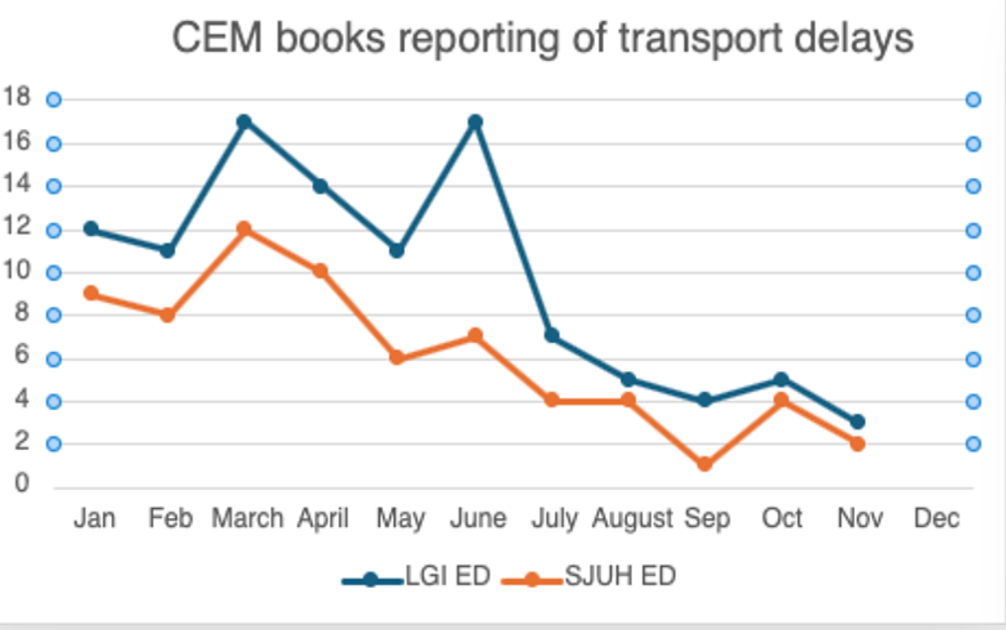
PDSA 3: System-Level Coordination



Drop-ins improved understanding locally, but didn't create a Trust-wide, reliable solution

The team recognised that posters alone were insufficient for managing changing patient conditions

The huddle is now a permanent part of the discharge pathway across LGI and SJUH.



Measurement and Effects of Change

- How we measured improvement
- We monitored:
- Number of **aborted journeys**
 - Number of **handover delays citing transport as a barrier** at LGI and SJUH
 - Accuracy of **‘ready’ status**
 - Attendance and consistency of **multi-agency huddles**
 - Qualitative feedback from staff and providers

- What changed**
- **Handovers citing transport as a barrier fell by 75% at LGI and 78% at SJUH.**
 - **Aborted journeys reduced by 22.5%**, from an average of 457 to 354 per month.
 - Staff reported clearer criteria, fewer repeated queries, and faster resolution of issues.
 - Providers reported improved visibility of patient readiness and fewer late-stage cancellations.

How far did this resolve the problem?

The interventions significantly reduced avoidable delays linked to communication gaps, unclear criteria, and lack of real-time coordination. Discharges became more predictable, and staff spent less time re-booking or troubleshooting transport issues.

- Impact on patient care**
- Patients experienced **shorter waits, fewer failed transport attempts, and more reliable discharge planning**, reducing the risk of deconditioning and improving overall flow through the hospital.
- Problems encountered**
- Variation in how wards marked patients as “ready” continued to cause some avoidable abortions.
 - Attendance at early huddles was inconsistent until roles and expectations were clarified.
 - Some wards required repeated reinforcement of new processes due to staff turnover.

Lessons Learnt

Real-time, multi-agency huddles were the most powerful intervention, creating shared situational awareness and enabling rapid problem-solving. Standardised visual information reduced variation and improved the quality of referrals. Simple drop-ins helped build relationships and surface misunderstandings early.

We learned that: **Accurate ‘ready’ status is pivotal** to reducing aborted journeys. **Data feedback and clear ownership** accelerate improvement. **Early wins build momentum**, and involving providers as partners strengthens change. **Standardisation and real-time coordination** are more effective than either alone.

What we would do differently: We would focus earlier on defining and standardising “ready” criteria, as this was a persistent source of avoidable delay. We would also embed huddle attendance expectations sooner to ensure consistent participation.

Main message for others: Improving patient transport is not just a logistical task; it is a **multi-agency safety and flow issue**. Clear criteria, shared visibility, and real-time collaboration can transform reliability and reduce avoidable harm.

Who was involved

Ward nurses, discharge coordinators, flow teams, site matrons, the KPO team, ED teams, ward clerks and external transport providers all co-created the design, testing, and refinement of the interventions.

- Interventions**
- We implemented a series of coordinated changes developed through the Leeds Improvement Method. These included:
- **Regular transport drop-in sessions** to build relationships, clarify criteria, and address recurring questions from ward teams.
 - **A standardised visual poster** outlining transport options, eligibility criteria, and referral routes to reduce variation and improve accuracy of initial requests.
 - **A daily multi-agency transport huddle** involving LTHT discharge teams, ward representatives, and transport providers to review abnormal statuses, address bottlenecks, and manage flow in real time.
 - Inclusive and creative communication strategy and processes, encouraging strong advocacy across the organisation.

How we communicated change We shared findings and plans through ward briefings, huddle updates, email summaries, and direct engagement with clinical teams and transport providers. Visual materials were displayed on wards, and learning from each PDSA cycle was fed back into the next test.

Timetable for change Interventions were introduced sequentially over several months:

1. Drop-ins piloted first to understand knowledge gaps.
2. Poster introduced next to standardise information across wards.
3. Multi-agency huddle implemented last to address system-level delays and real-time coordination.

