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“Home early, faster recovery”

Analyzing and overcoming barriers to early discharge of patients from surgical floor wards through a multidisciplinary approach

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Background/Aims

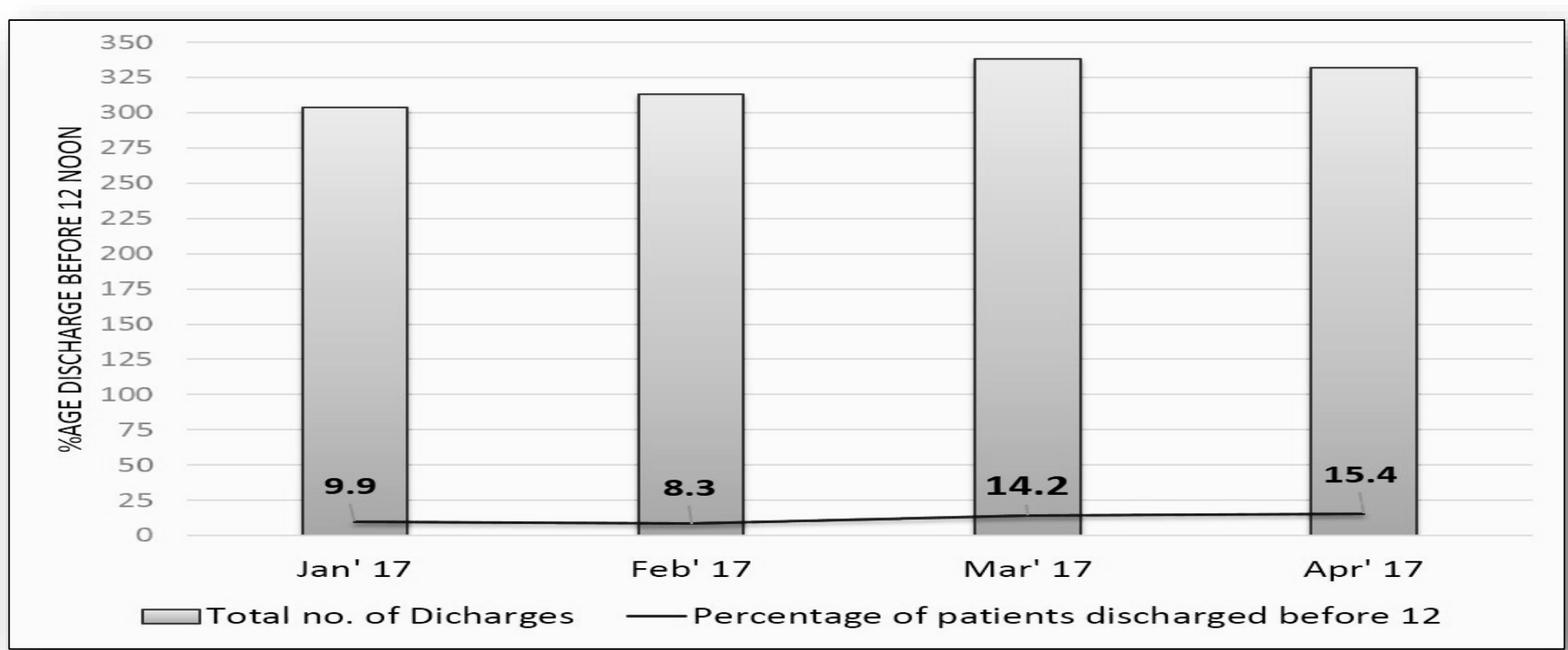


Public Hospitals are facing a bed crunch on a daily basis. Early discharge of patients is one of the solutions. Aim of this project was to improve early discharge rate, before 12noon of the day, from a baseline of 11.9% to more than 30%. This project is consistent with the organization’s and department’s strategic aims of maximizing the utility of acute hospital beds for optimal patient care.

Methods

A multidisciplinary team of healthcare professionals comprising clinicians, nurses, pharmacist, PSC and others involved in the discharge process was established. To start small, project was confined to patients in the surgical floor wards (A61, A62, B85 and B86). CPIP methodology was used to study the discharge process, find the vital root causes for delay in discharge and use PDSA protocols to study and evaluate the impact of interventions. Early discharge was defined as discharge before 12 noon of the day. Study period was from January to July 2017.

Evidence of the Problem/Baseline Data



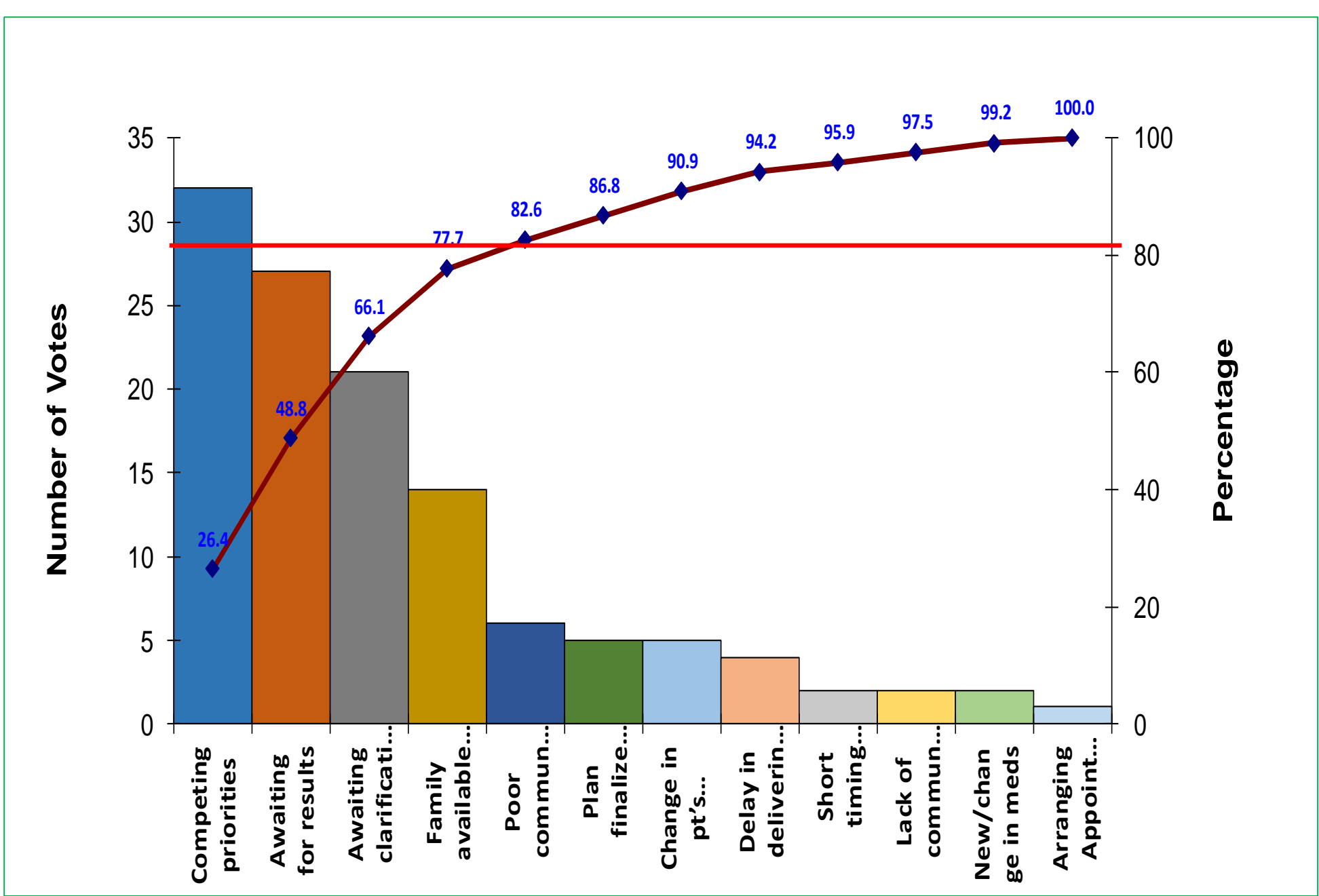
Average discharge time from surgical floor before 12pm: 11.9%

Mission Statement

“To Increase early discharge rate of patients from surgical floor from current 11.9% to more than 30%”



Pareto Chart

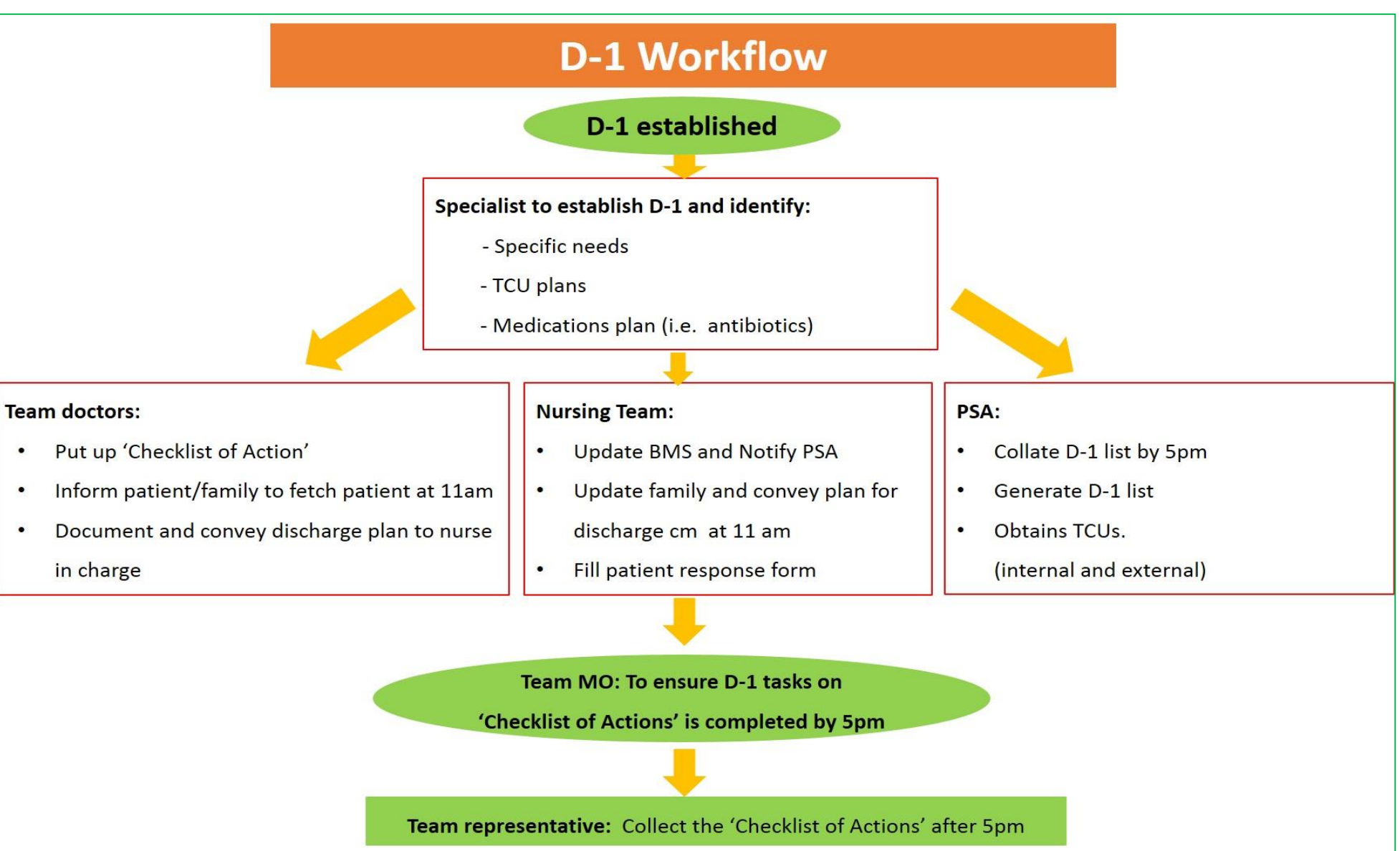


Vital Root Causes

1. Competing Priorities for Nurses and Doctors during morning hours
2. Awaiting investigation results before discharge
3. Awaiting clarification from Senior doctors
4. Family available only after office hours

Interventions

Vital root causes of late discharge were identified. D-1 discharge workflow and a discharge care plan checklist were drafted to ensure healthcare professionals know their role in the discharge process and all discharge requirements are completed one day before the discharge date. Patient feedback was also collected.



D-1 Discharge care plan*

*To establish and start one day before the day of discharge

Date of D-1 order: _____ Ward/ Bed: _____

Discharge care plan Tasks	Done as at 1700hrs	Responsibility	Reason (if not done)
Medications	<input type="checkbox"/> Order discharge meds <input type="checkbox"/> Order Analgesics and Antibiotics <input type="checkbox"/> Wound care/products	Yes / No Team doctors	
Follow up appointments	<input type="checkbox"/> TCU plans order <input type="checkbox"/> Memo for outpatient specialist referrals. (Mandatory before slot can be given). <input type="checkbox"/> Obtaining of follow-up appointments <input type="checkbox"/> Clarification of management plan from senior doctor	Yes / No Team doctors Ward clerk / Nursing team Team doctors	
Family notification	<input type="checkbox"/> Inform patient and family of planned discharge before 12pm.	Yes / No Team doctors/ Nursing team	
Patient	<input type="checkbox"/> Patient Response Form	Yes / No Team doctors/ Nursing team	
Transport arrangement	<input type="checkbox"/> For institutionalized patients	Yes / No Nursing team	

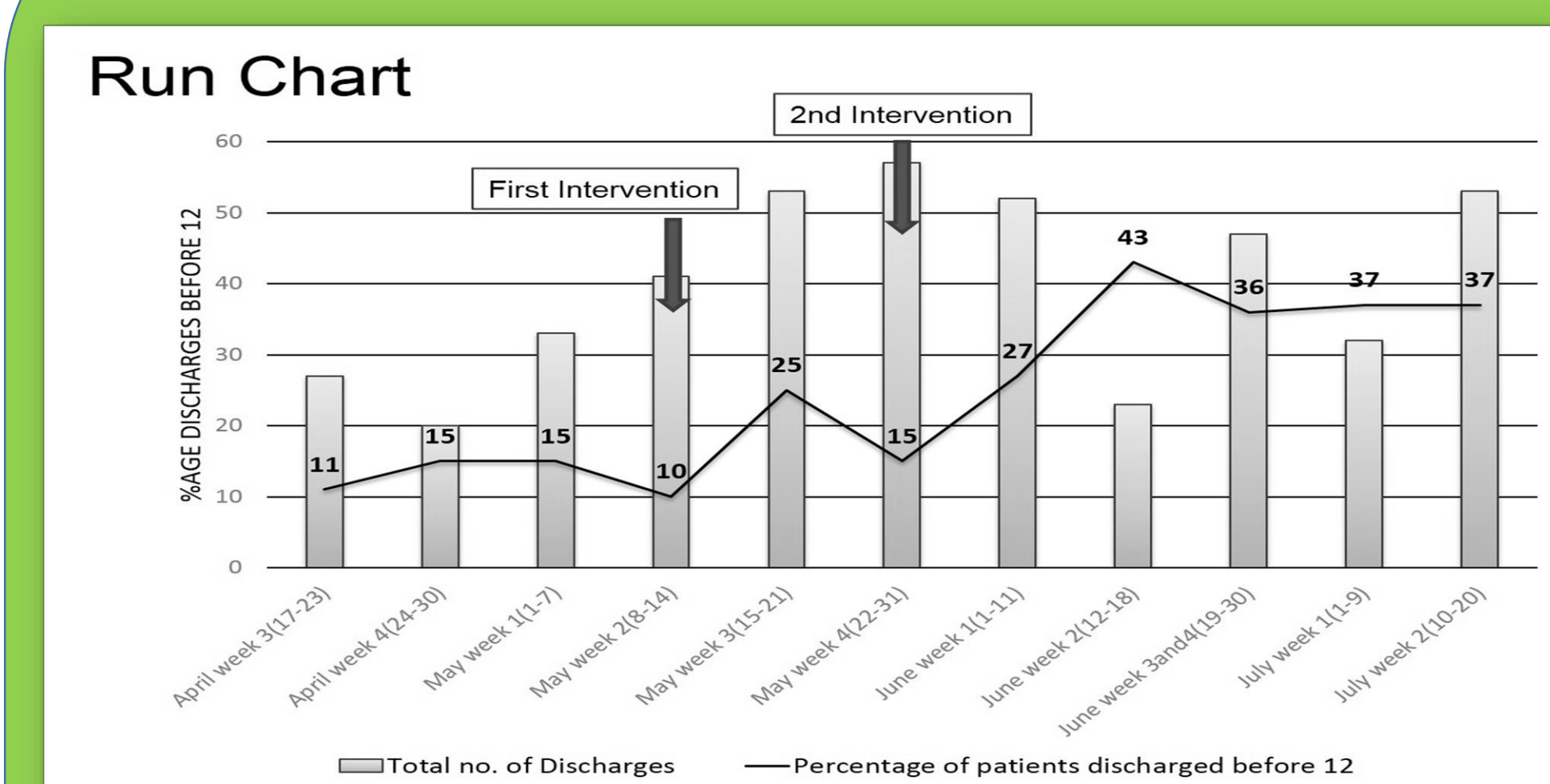
RN IC to complete below on discharge day.

Date and Time of Discharge: _____

Reason if discharge is after 12pm: _____

RN IC: _____

Results and Conclusion



Early discharge rate improved from a pre-intervention phase rate of 11.9% to a post-intervention phase rate of 37% and is sustained over a long period of time.

- ❖ Discharge of patient is a complex process and it is usually completed by the most junior clinician (house-officer).
- ❖ Unfamiliarity to the discharge tasks and processes due to frequent rotations and new manpower can be overcome with an established D-1 workflow and a proper discharge care plan.
- ❖ Continuous monitoring and feedback is required to sustain results.