**Background**

In ensuring the efficiency of the Acute Medical Ward in looking at timely treatment, it is vital to ensure the rapid stabilization and timely discharges of patients within 72 hours. Prolonged stay in acute hospitals increases the risk of hospital-acquired infections in older patients and disrupts patient flow and access to care due to bed shortages. Timely discharges is also 1 of 3 MOH RHS priorities. Currently SGH Ward 73 Acute Medical Ward’s (AMW) 1130 hours were at a median of 12% daily, against MOH benchmark of 30% of discharges before 1130 hours.

This project aims to improve 1130 hours discharges by 20% in Ward 73.

**Mission Statement**

To improve 1130 hours discharges by 20% in Ward 73 within 6 months

**Methodology**

The cause and effect diagram was used to identify root causes:

- Identification discharge date delayed
- No framework - Nurses often use MDT to clarify doctors order and veer off
- Delayed actual discharge time due to activities: PT/OT clearance
- Prescriptions were submitted around 1130 hours causing a bottleneck, after multidisciplinary rounds.
- Some NOK waited for medications to be ready: 1st wait for status in the Fastrak (pharmacy). 2nd queue in pharmacy.

Using the 80/20 principle, the following root causes were discovered to be responsible for 80% of the problems. The five top root causes are as follows:

- Identification discharge date delayed
- No framework - Nurses often use MDT to clarify doctors order and veer off
- Delayed actual discharge time due to activities: PT/OT clearance
- Prescriptions were submitted around 1130 hours causing a bottleneck, after multidisciplinary rounds.
- Some NOK waited for medications to be ready: 1st wait for status in the Fastrak (pharmacy). 2nd queue in pharmacy.

Taking all the above into consideration, our team uses the Prioritization matrix to ascertain solutions.

**Intervention**

**Results**

Patients who were discharged home or to the discharge lounge by 1130 hours had potential costs savings of $35-$123.08 for extra ½ day charge

- Baseline discharge - Median 12%
- Post implementation (PDCA 1-PDCA 3) - Median 17% 
- Increased by 5%
- 1130 discharge median was at 68%

Early discharges promotes the Nation’s goal of ensuring access to good and affordable healthcare for all Singaporeans, appropriate to their needs.

**Conclusion**

Patients who were discharged home or to the discharge lounge by 1130 hours had potential costs savings of $35-$123.08 for extra ½ day charge

- New staff briefed and buddied on process
- 1130 & 1530 Discharges continued monitor on daily report
- Low Discharges days were explored - such as Discharges on Public Holidays