Ready for Checkout: Facilitating Terminal Discharge After Office Hours

**BACKGROUND**
About 380 palliative care patients are admitted to B VH each year. Some of the patients’ family members would request for patients to spend their last hours at home. Facilitating these requests is logistically and emotionally demanding, especially after office hours when essential medication and equipment are not available for patients’ use and ward manpower is lean.

**PROJECT AIMS**
1. Understand barriers that hinder terminal discharge planning after office hours.
2. Create a workflow to guide ward staff on terminal discharge planning.
3. Provide information to ward staff on vendors’ services to facilitate terminal discharge planning.

**ANALYSIS**
An Ishikawa (Fish bone) cause and effect was done to analyze the difficulties in facilitating terminal discharge after office hours. Factors hindering smooth terminal discharge include a lack of workflow in terminal discharge planning, lack of checklist to guide staff in logistics planning and lack of vendor information for staff reference.

**Difficulties in Facilitating Terminal Discharge After Office Hours**
- **Material**
  - Technical issues: insufficient time for CGT, no contact list for equipment service vendors, lack of supplies, drivers
  - Resource issue: difficult in getting essential equipment at 22@ concentrate
- **Process/System**
  - No checklist to guide staff and caregivers on terminal discharge准备
  - No handover to identify and prioritize patient responses to facilitate care planning for patients requiring continuous care.
  - Time sensitive medication (terminal care) is challenging for staff and caregivers.
  - Poor home based nursing and medical services cannot be arranged during office hours.

**SOLUTIONS**

**Check List For Terminal Discharge**
A nursing checklist was created to facilitate ward staff to refer and guide them through the terminal discharge planning process.

**Handouts on Vendor Information**
A handout on vendor information was created for ward staff. It is also given to family members who are uncertain about terminal discharge to consider the logistic and finances required in the process.

**Training Sessions**
2 rounds of training sessions were conducted with ward staff to learn and review workflow, checklist, handouts for terminal discharge planning.

**Continuous Plan-Do-Study-Act Cycles (PDSA)**
A Plan-Do-Study-Act cycle is conducted after each training session with ward staff to refine the workflow, checklist and vendor information. Feedback from family members were also sought.

**Cycles of Continuous Improvement**

**PROJECT’S IMPACT**
Maps Out A Work Flow
- Feedback from Participants
  - 100% of nurses found the handout on vendors’ information helpful.
  - 13% increase in confidence among nurses in facilitating terminal discharge.
  - Confidence in facilitating discharge is still lacking due to the limited occurrence and high emotional tension of facilitating such discharges.
  - More ideas were generated in facilitating terminal discharge from ward staff on improving CGT for terminal discharge planning for next phase of QI.

**Feedback from Family Members**
- 3 families members used the vendor booklet during their terminal discharge planning since Jan to May 2017.
- All found information useful in budgeting and logistical support for the discharge.

**SUSTAINABILITY AND SPREAD**
**Work Flow**
A clear workflow enables ward staff to facilitate terminal discharge planning structure whenever necessary.

**Spread**
Medical social workers from non-palliative wards also uses the vendor handouts to plan terminal discharge for critically ill patients under their care.