



Singapore Healthcare Management 2017

To increase % of discharging patients transferring to Discharge Lounges from W57, W63C & W73 to 30% within 6 months

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Background

Effective planning and managing of hospital beds is fundamental to ensure high medical standard commitments, including reducing the bed wait time. In order to fully utilize the facilities and reduce the waiting time for patient in DEM, Ministry of Health of Singapore set up the guidelines to ensure 30% of patient discharged before 11:30am daily and 80% of patient discharged before 3pm in all regional hospitals..

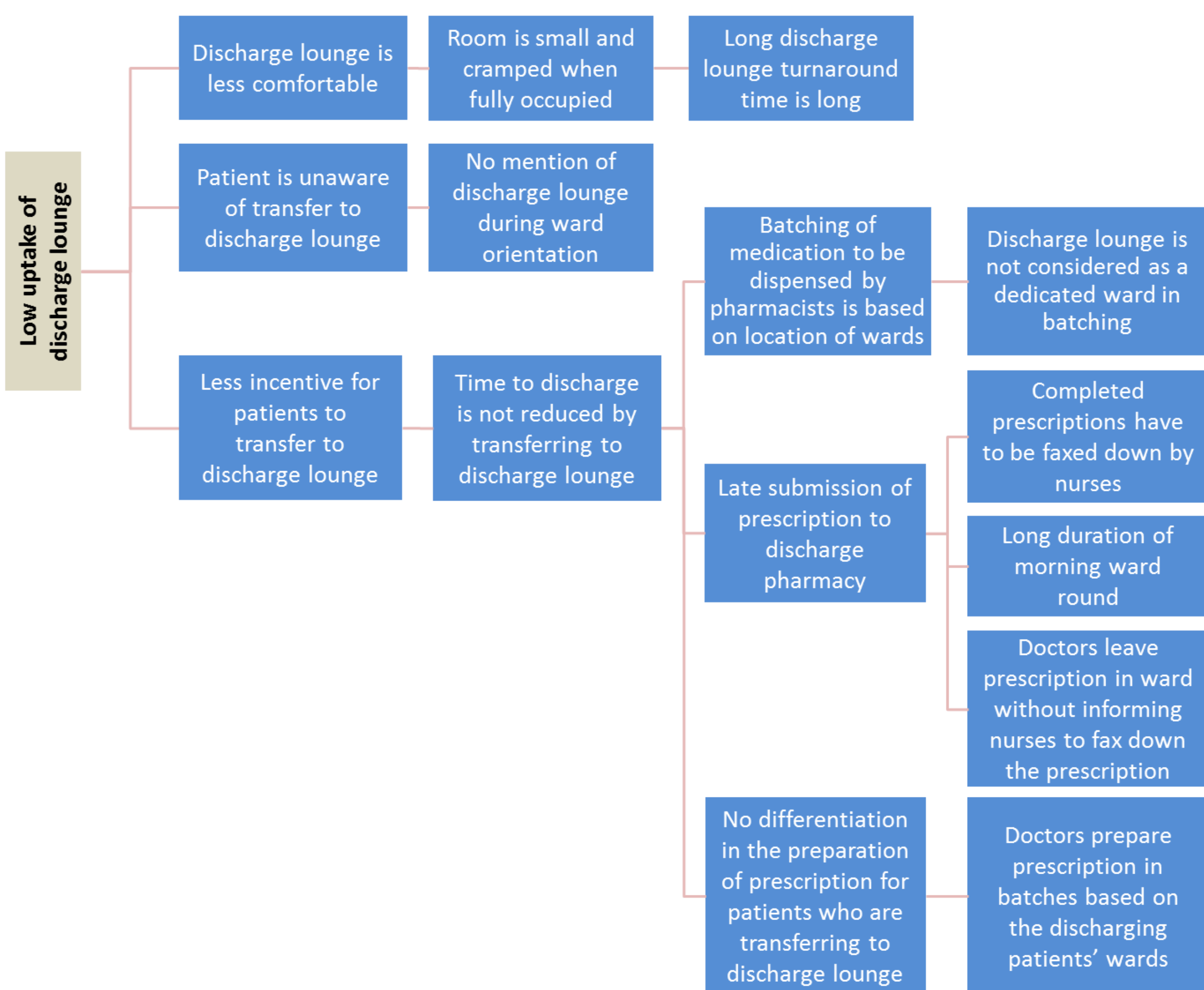
Many factors have been identified for a faster discharge process. One of them is the set up of Discharge Lounge (DL). The DL was set up in view of the early vacant of hospital bed for DEM patients. Inpatients who are fit for discharge and able to ambulate with minimal assistant will be transfer to DL to wait for their family members. Two nurses are assigned to the DL to take care of patients and issue discharge documents. However, usage of DL has been consistently low.

Mission Statement

To increase % of discharging patients transferring to Discharge Lounges from W57, W63C & W73 to 30% within 6 months.

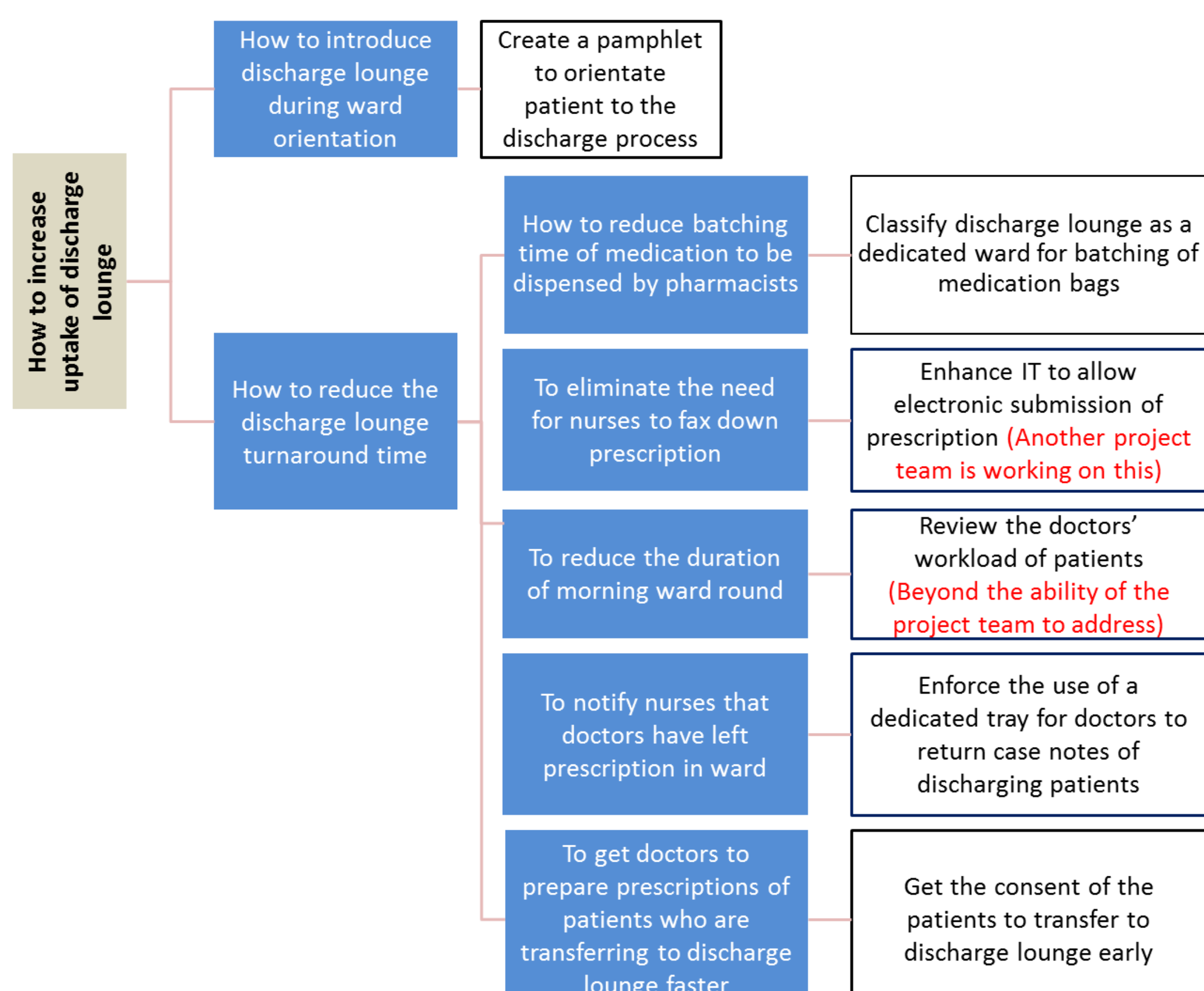
Analysis of problem

Data collected during the period of November 2015 to January 2015 shows a baseline median of 3% of discharging patients transferring to discharge lounge from the 3 Wards. Feedback from staff were gathered and a 5-Why diagram was created to find the root causes of the problem.



Solution Development

From the root causes identified from the 5-Why diagram, a tree diagram was created to develop solutions to orientate patients to the discharge lounge and incentivize them to transfer there.



Interventions / Initiatives

Intervention 1a: Enforce the use of a dedicated tray for doctors to return case notes of discharge patients (15 Feb'16)

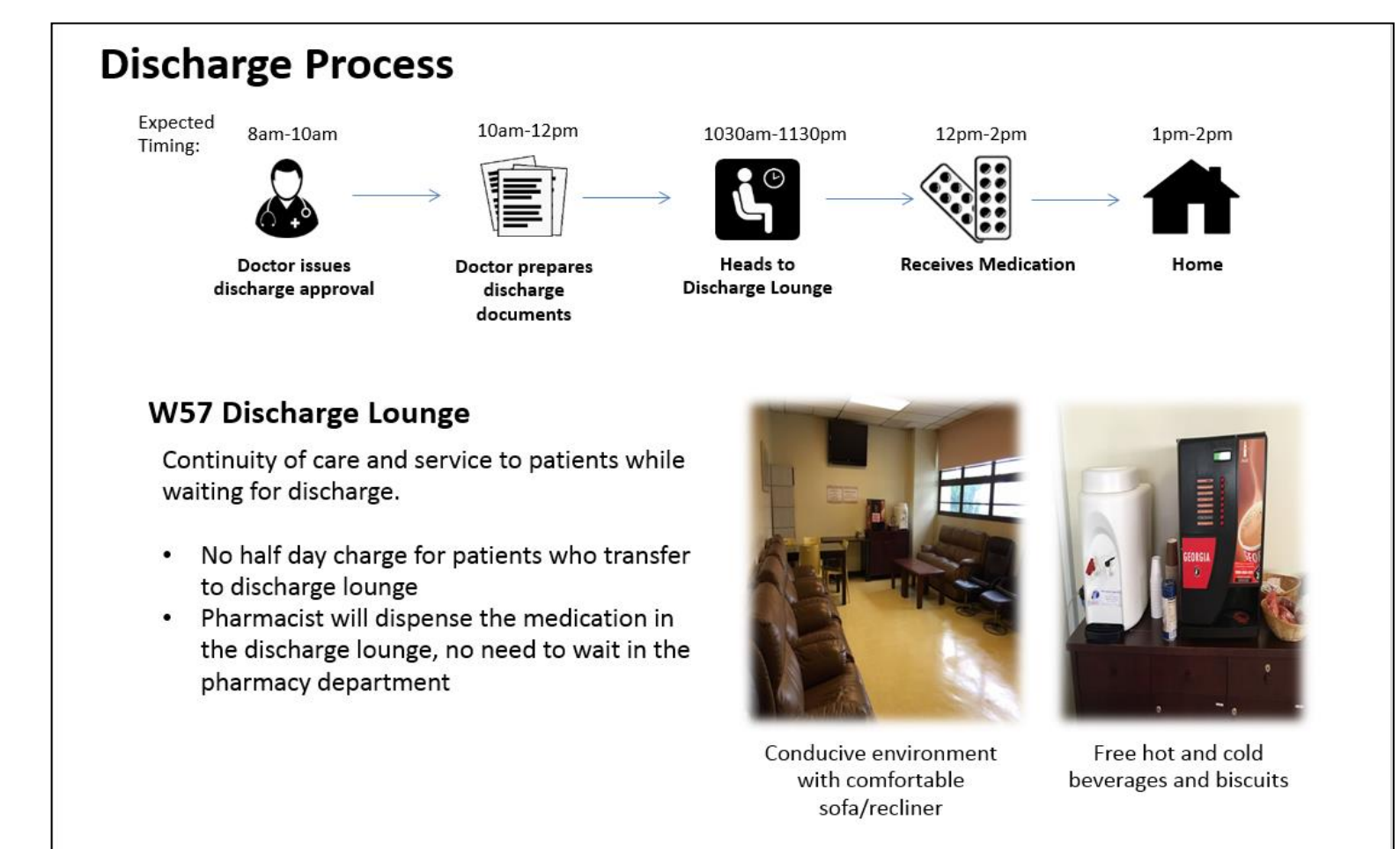
A tray for patient's case note was placed at central nurse station on 15 Feb'16 to standardize the return location of case notes from the doctors. It also serves as a visual management for ward clerks to pick up the case notes quickly and fax the prescription down to the Discharge Pharmacy.

Intervention 1b: Doctors to bring patients' case notes directly upon completion (1 Apr'16)

However, after using the tray for 1 month, both ward clerk and nurses found that primary team doctors do not comply to the usage of tray and nurses still face the difficulty in finding the respective patients' case note. The team has a discussion and felt that it is better to ask doctors to bring the case notes directly to DL after they have completed writing the discharge documents.

Intervention 2: Create a pamphlet to orientate patients of transfer to discharge lounge upon confirmation of discharge & get the consent of patients to transfer to discharge lounge early (1 Mar'16)

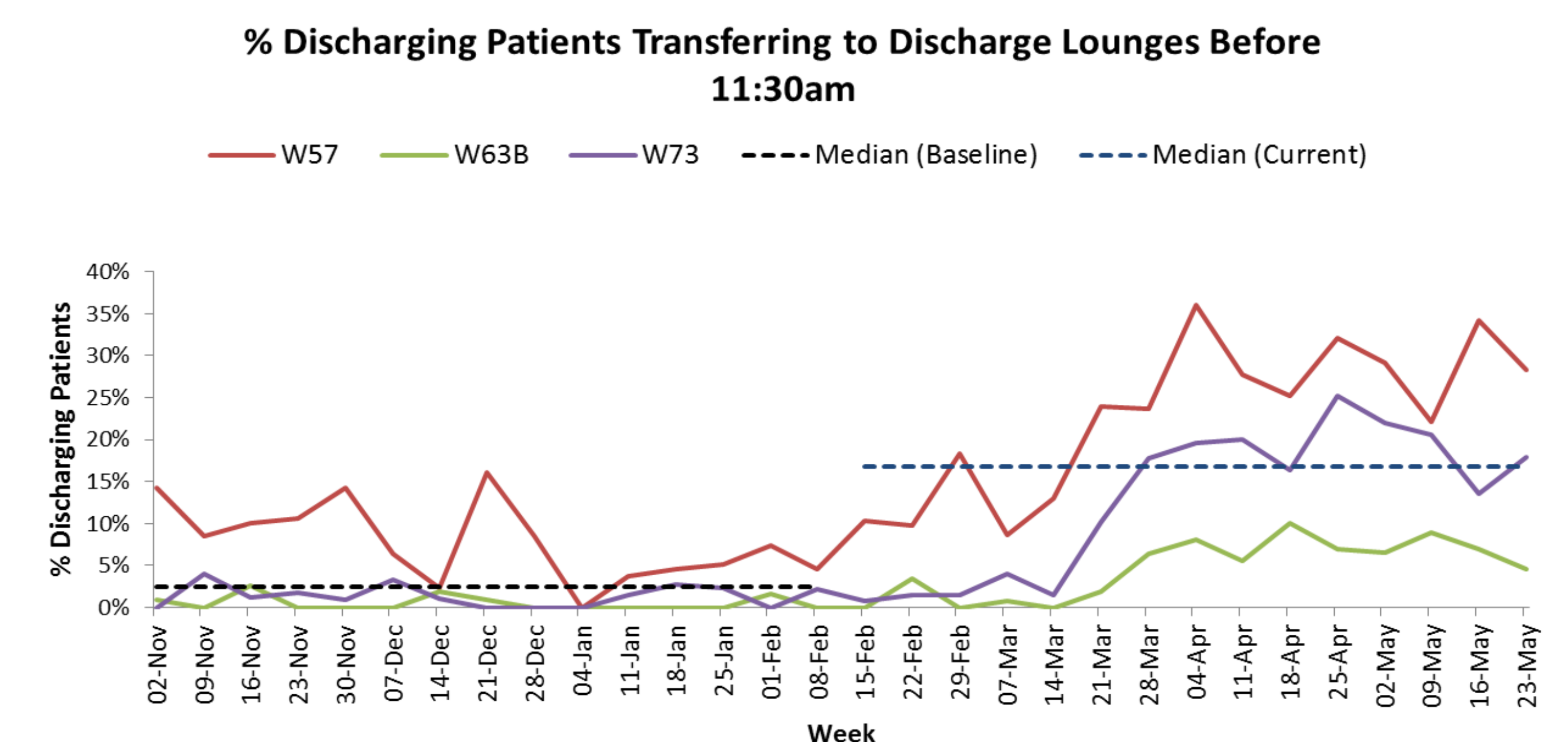
The pamphlet was introduced to nurses in the 3 Wards and nurses were instructed to orientate newly admitted patients using it. The pamphlet also introduced the discharge process and various discharge timings to patient and their family members for a smoother discharge process.



Intervention 3: Classify discharge lounges as a dedicated ward for batching of medication bags (29 Feb'16)

By classify discharge lounges as a dedicated ward for batching, the number of medication bags for patients who have transferred to DL will accumulate faster for batching. This then increases the frequency of pharmacists dispensing to DL and reduce the wait time of patients in there. With a shorter wait time in DL, patients would be more incentivized to transfer there.

Results



After implementing the interventions, % of discharging patients transferring to DL before 11:30am increased from a median of 2% (2 Nov'16 to 8 Feb'16) to 17% (15 Feb'16 to 23 May'16).

Unfortunately, the patient's wait time in DL has not decreased after intervention 3. With the opening of the Discharge Pharmacy on 29 Feb'15, there is a new focus for patients to self-collect medication at the Pharmacy. As such, less pharmacists are rostered to dispense medication at DL now and so the patients' wait time in DL remained the same.

More insights can be done to communicate the importance of vacating ward beds early and transferring to discharge lounge; as well as explore other solutions to reduce the turnaround time to further incentivize patients to transfer to discharge lounge.

Sustainability Plans

The discharge process orientation pamphlet can also be used in other wards to facilitate a smooth discharge process, not just for discharge lounge, for both patients and nurses. This intervention will be pitched to Division of Nursing for spread and enhancement of the design and content.