Implementation of Discharge Lounge(DCL)

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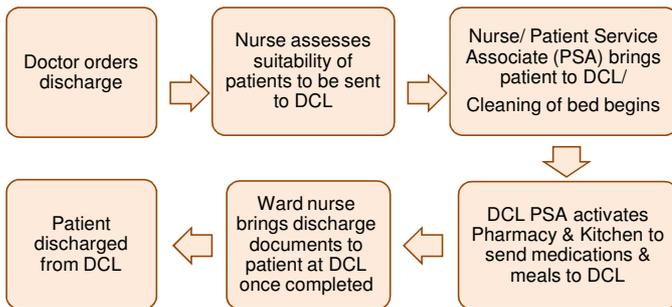
AIM

The Discharge Lounge (DCL) was started in KTPH in Jan 2012 and refreshed in Feb 2013 with the aim of reducing the admission wait time for patients at A&E. We set out to determine if the average waiting time can be reduced by moving patients for discharge to a separate location to free up hospital beds.

METHOD

Patients who are clinically fit for discharge and are able to ambulate with minimal assistance are offered the option of waiting for their discharge medications, documents, follow up appointment, as well as their family members at the DCL. Patient education on the DCL function is conducted on the spot with the use of the DCL guide.

The effectiveness of DCL is evaluated based on the reduction in admission wait time as well as bed days savings.

DCL Process

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Doctor orders      →   Nurse assesses        →   Nurse/ Patient Service
discharge              suitability of            Associate (PSA) brings
                      patients to be sent        patient to DCL/
                      to DCL                     Cleaning of bed begins
                                                        ↓
Patient            ←   Ward nurse            ←   DCL PSA activates
discharged             brings discharge          Pharmacy & Kitchen to
from DCL               documents to              send medications &
                      patient at DCL             meals to DCL
                      once completed
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DCL Guide

Discharge Lounge

A place for you to rest while we prepare for your discharge

The Discharge Lounge provides a quiet, private, and air-conditioned area for patients to relax while waiting for their family members as well as transportation after being discharged from the hospital.

To allow a hassle-free experience, the following items will be served to you at our Discharge Lounge.

1.   Discharge medication
2.   Follow up appointment slot
3.   Meals

Patients who meet the criteria for the Discharge Lounge will be informed by our nursing colleagues.

Operating hours of the Discharge Lounge is Monday – Friday: 10am – 6pm.

RESULTS

An average of 4 patients is sent to the DCL between 1030hrs to 1430hrs on a daily basis, with the average DCL utilization being 77%
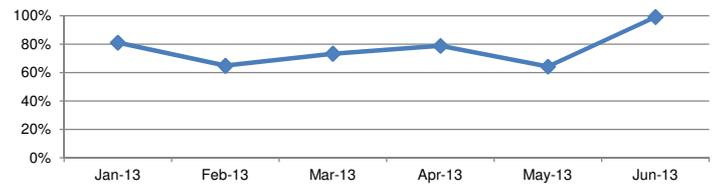
A total of 571 patients were sent to the DCL between Jan – Jun 2013. A data analysis of patients sent to DCL is presented as follows:
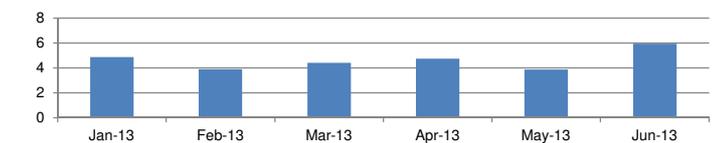
DCL Utilization

Given that DCL has a maximum capacity of 6 recliners and is operational only on weekdays, DCL utilization formula is computed as:

$$\text{DCL Utilization} = \frac{\text{Total Number of DCL patients}}{(\text{No. of weekdays in the month} * \text{DCL beds Available})}$$

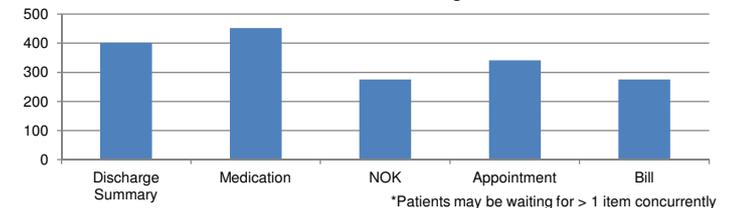**DCL Utilization: January – June 2013**

Average No. of DCL Patients/ Day

Data Analysis for Patients Sent to DCL

Item Patients Awaiting For*

*Patients may be waiting for > 1 item concurrently

DCL Statistics	
Average Time of Arrival to DCL	1100hrs
Average Discharge Time from DCL	1330hrs
Length of Stay at DCL	2hrs
Average No. of DCL patients per month	95
No. of Bed Days Saved/ Month	7.9days

Given the full bed capacity of subsidized beds in KTPH on a daily basis, this would imply that the earliest time a bed is vacated and made available for the next patient is brought forward to11.30am (as compared to 3pm). 6 patients will benefit from this initiative daily.

Since the average length of stay of inpatients in KTPH is 5.5 days, the implementation of DCL translates to the ability of KTPH to admit 9 more patients during this period of study.

CONCLUSION

The introduction of DCL has brought about a reduction of admission wait time of up to 2 hours for up to 6 patients a day. This translates to a bed days savings of 7.9 days per month during this period of study.