



Introduction

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 A&E, 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 3:30pm in all regional hospitals.

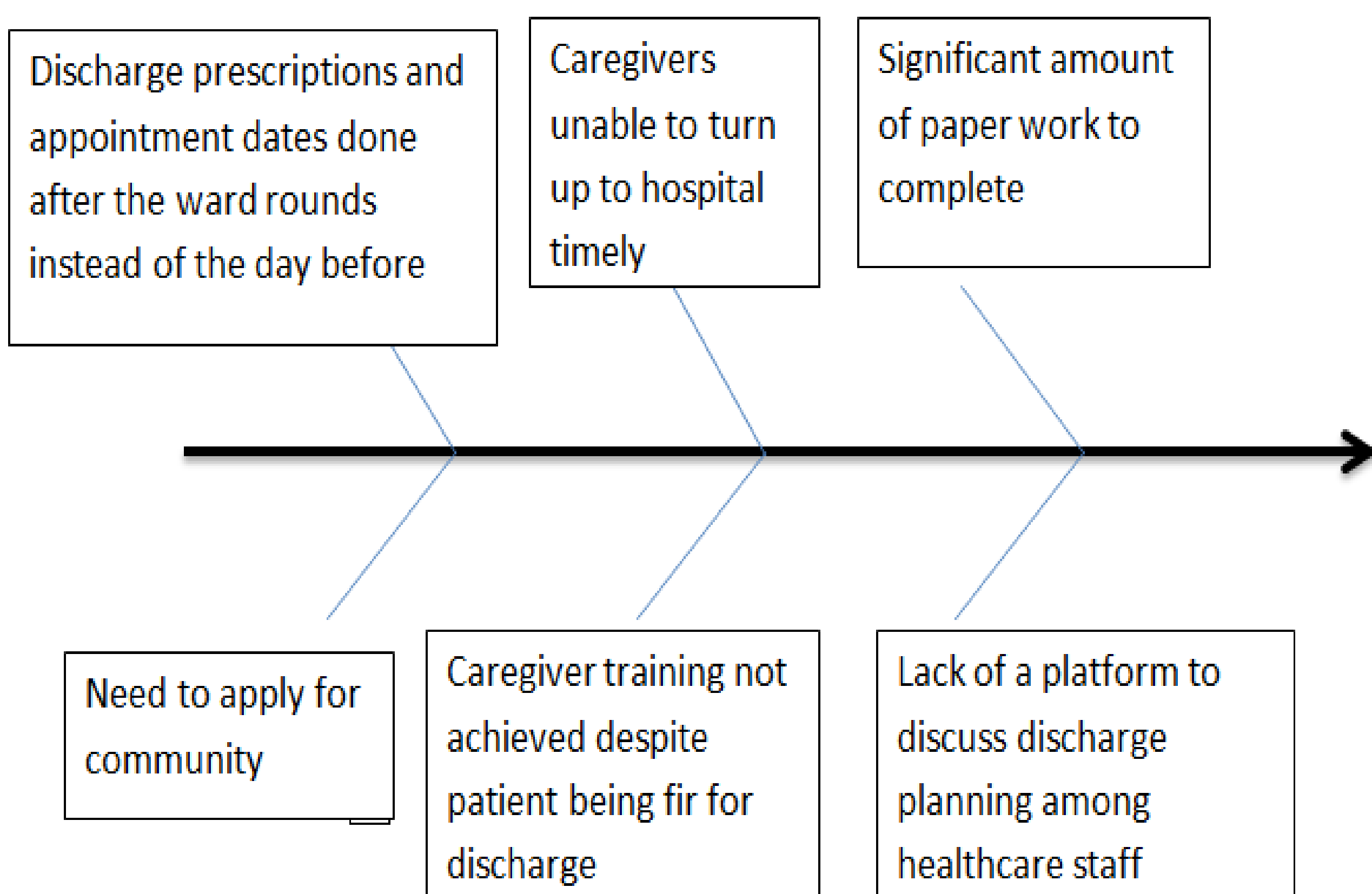
Multiple factors contributing delay in inpatient discharge:

- Prescriptions done at the end of ward rounds
- Lack of platform to coordinate discharge matters among Doctors/Nurses PT/OT/Pharm/Nurses
- Family or caregivers unavailable to fetch patients at stipulated timing

Problem statement

A retrospective data collected during the period of September 2017 to November 2017 shows a baseline median of 2.2% of discharging patients discharged before 1130 hours and average of 10.3% patients discharged before 1530 hours in Ward 65.

Feedback from staff were gathered and a fishbone diagram was created to find the root causes of the problem.



Our project aim to achieve 20 % increase in number of patients being discharged by 11.30am and 3.30pm respectively in 6 months in Ward 65/Ward 58 (GT1)

Methodology

Our intervention is a daily multidisciplinary ‘huddle’ at prior to the daily exit rounds. The huddle gathers the facilitating senior doctor, nursing staff, physiotherapist, occupational therapist and pharmacist in a designated area in the ward with an electronic display of a patient list. The huddle is discharged planning oriented consuming at most 20 minutes.

The agenda is to discuss discharge planning and to determine an estimated EDD (Estimated Discharge Date). Emphasis is given to newly admitted patients and patients forecasted to be discharged the following day (D minus 1).

Hardcopy discharge checklists ensure that ‘D minus 1’ patients have their documents ready and planned appointments obtained with the minimal allied health and nursing assessments completed, rendering them suitable for prompt discharge.

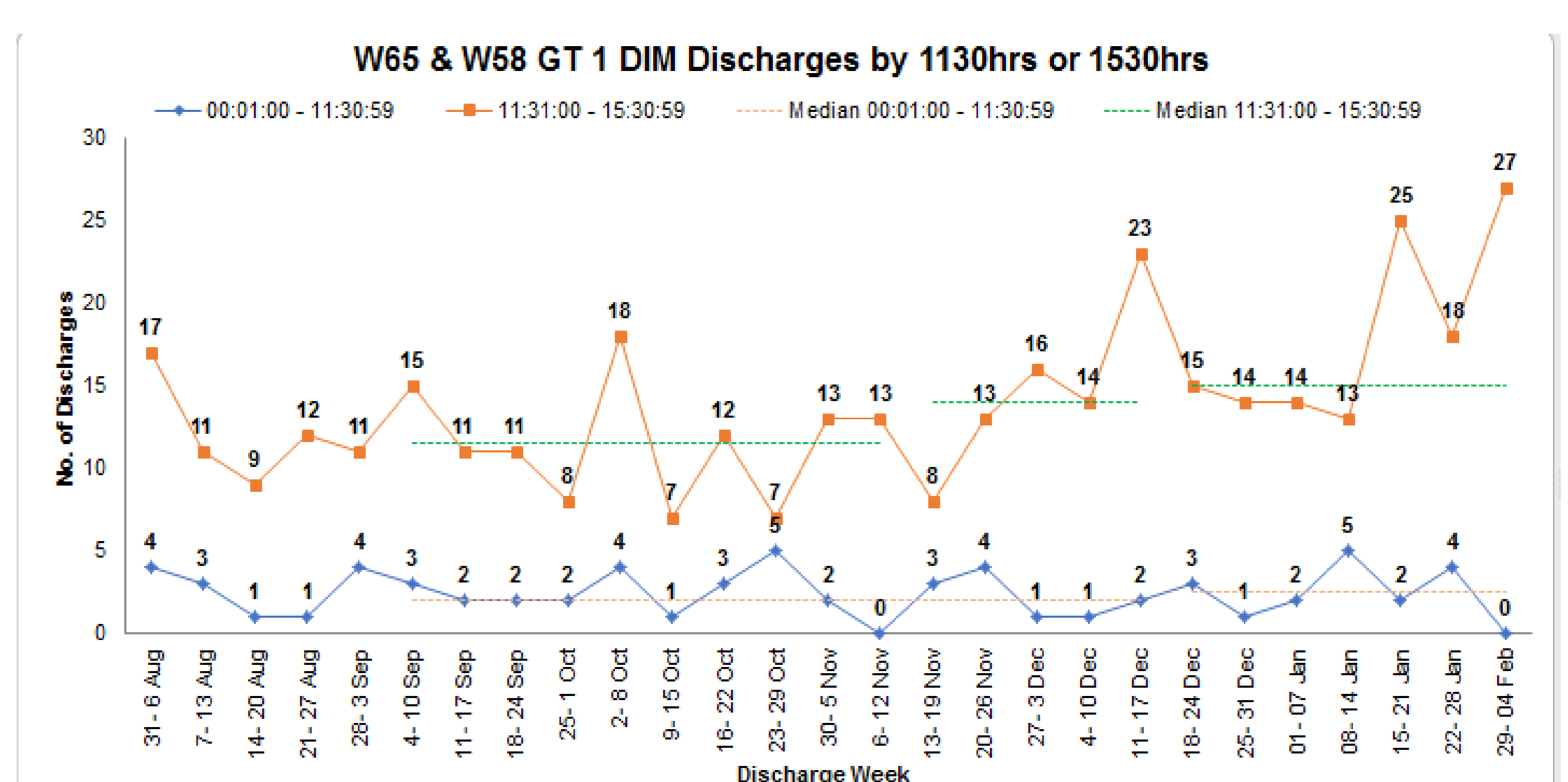
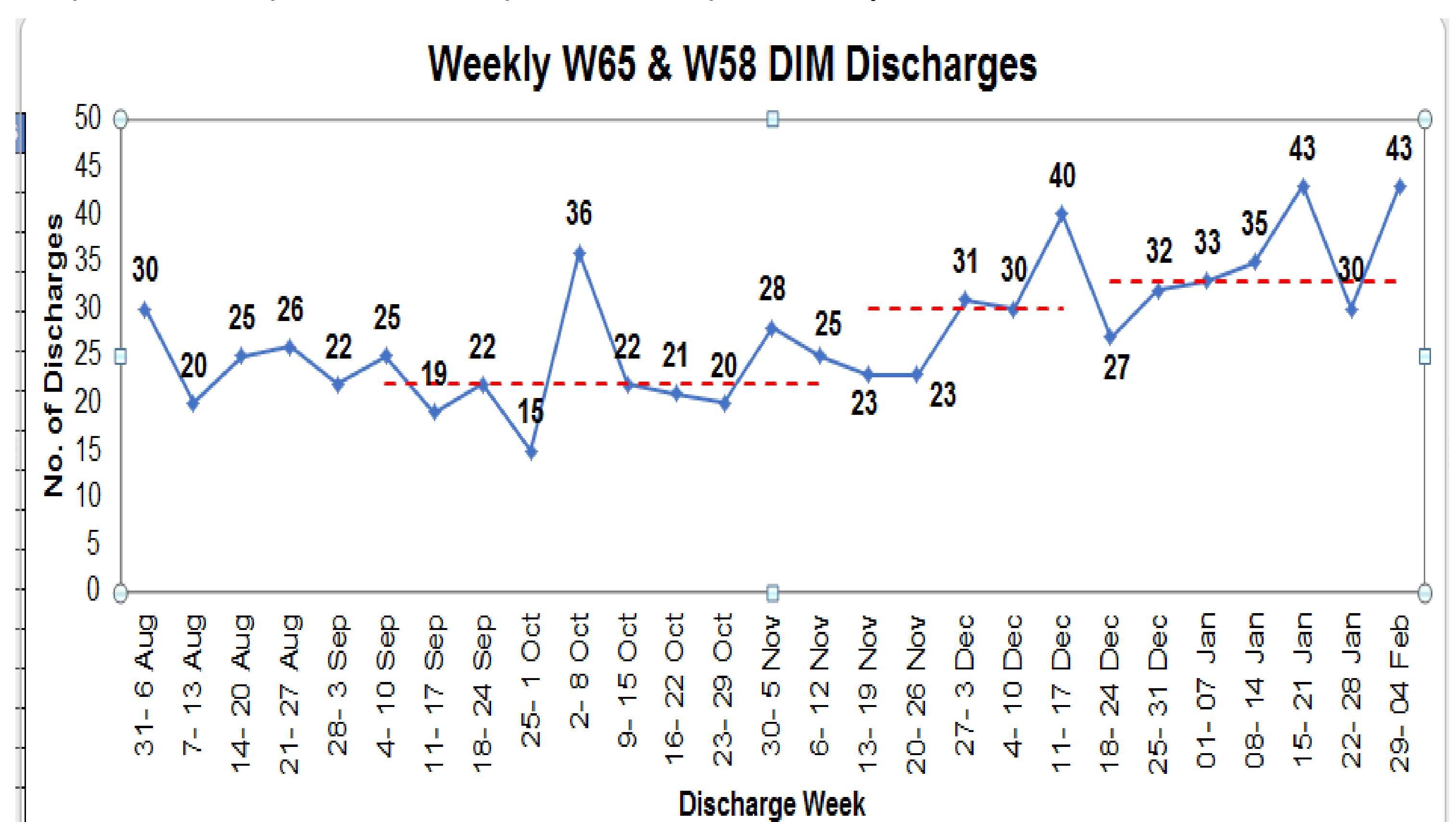
Results

After implementation of “Huddle”, the average of weekly discharges increased from 19.6 to 21.3 patients.

Discharges by 11:30hrs - 9% improvement from baseline in PDSA 1, 27% improvement from baseline in PDSA 2

Discharges by 1530hrs - 35% improvement from baseline in PDSA 1, 40% improvement from baseline in PDSA 2

Patient compliments increased from 51 to 63 from the month before (Oct 2017) and after (Dec 2017) the implementation of the huddle.



Conclusion

With a higher discharge rate and earlier discharges, beds are vacated earlier and Emergency Department waiting times for beds would hence be decreased. The huddle does not only bring positive outcomes for patients - the team building and multidisciplinary camaraderie brings positive effects to the morale of staff which has spin of effects on service quality and hence patient satisfaction.