

Express Discharge!

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.

- Doctors' certify fit for discharge
- Nurse/ Doctor submit order for discharge
- Doctor submit prescription exr
- Documents e.g. appointments, investigations are prepared.
- Patients' have their lunch
- Patients' sent to the discharge lounge or directly to discharge pharmacy
- Patients' goes home

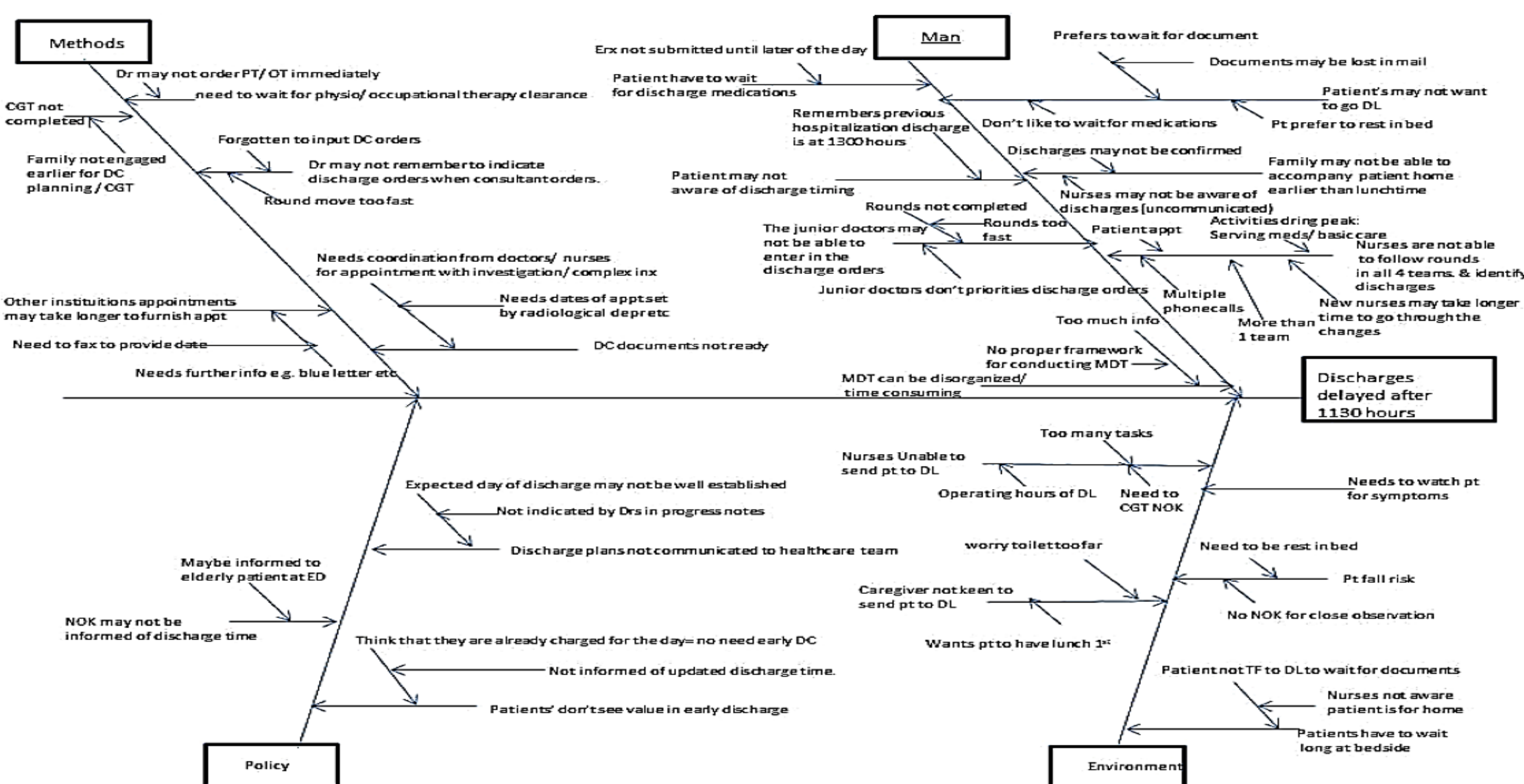
Mission Statement

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

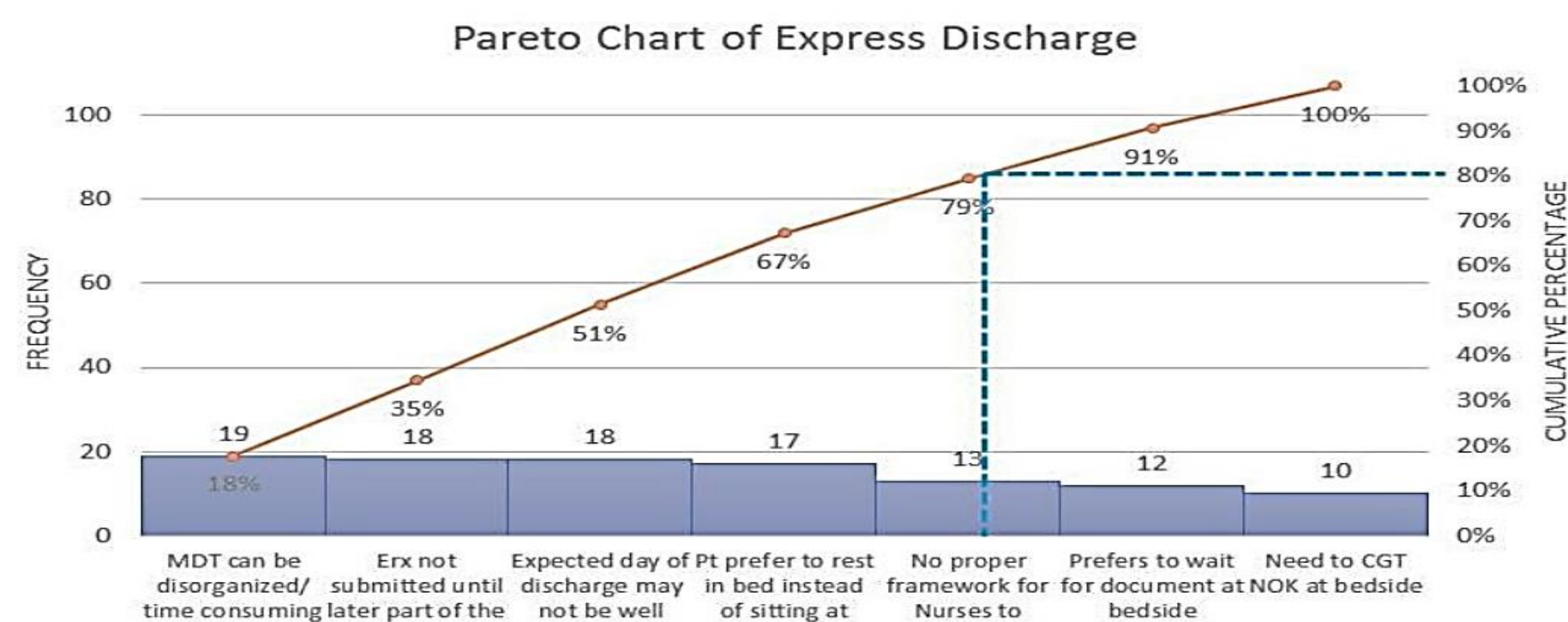
Methodology

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:



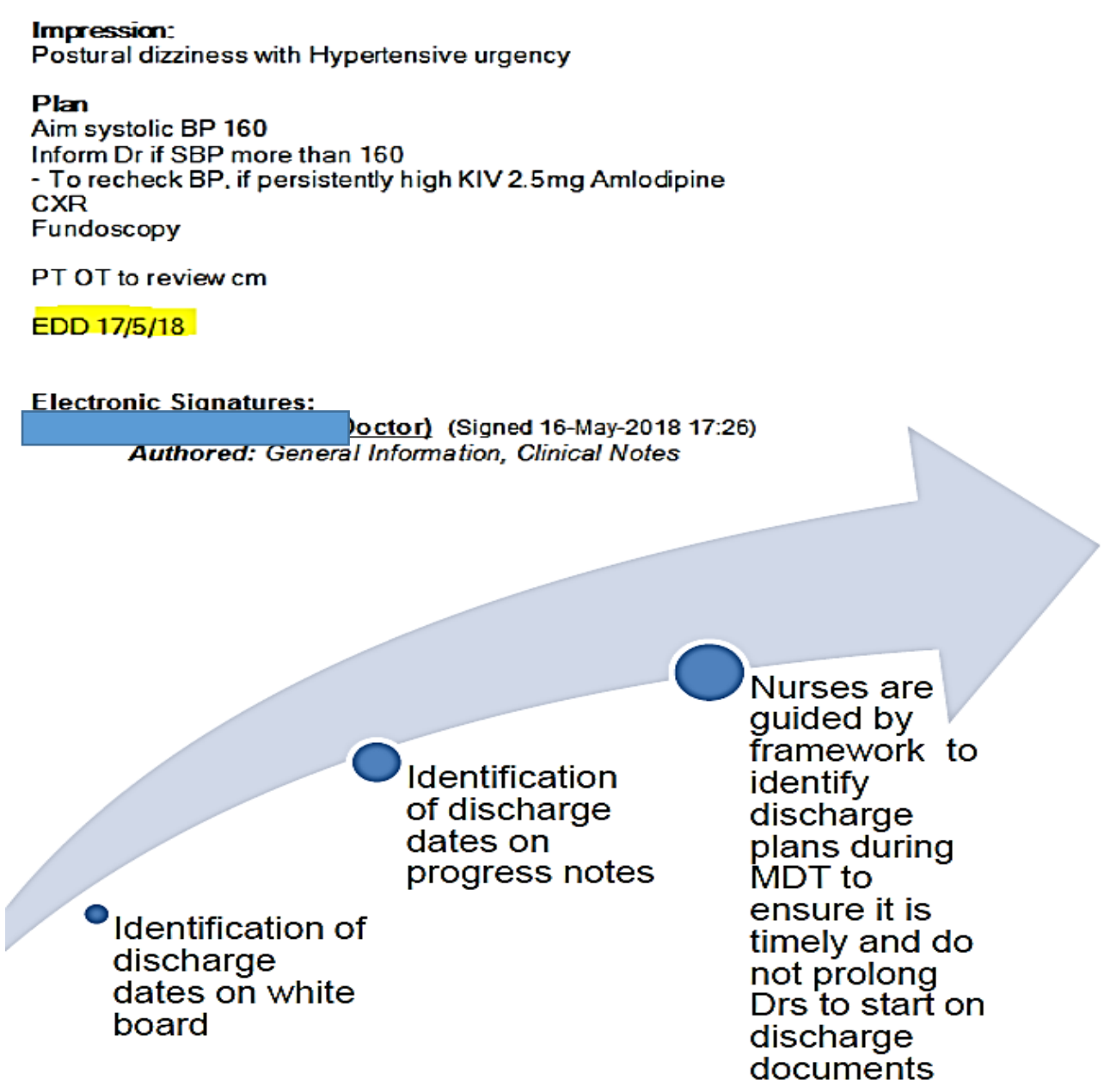
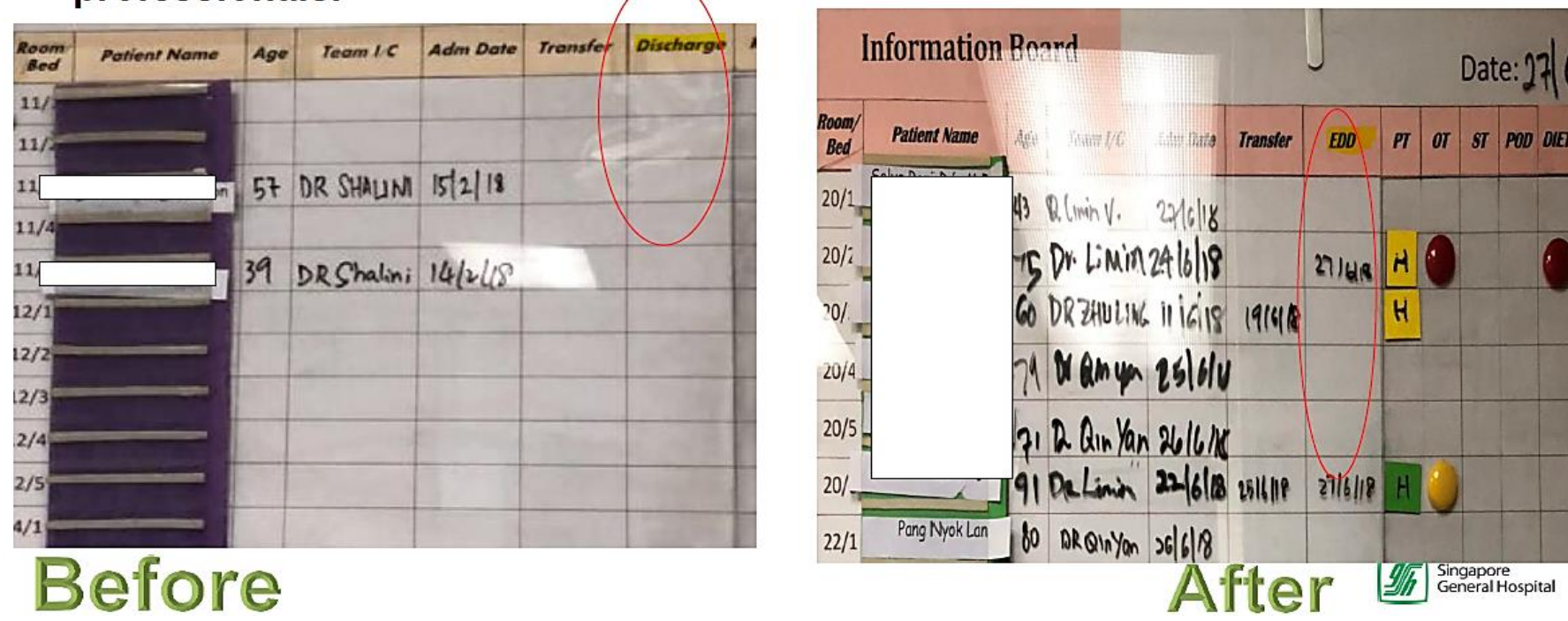
Taking all the above into consideration, our team uses the Prioritization matrix to ascertain solutions.

Aim of project	Concepts to address root causes	Specific Solutions	Criteria #1	Criteria #2	Criteria #3	Criteria #4	Total Score	
			Time Saving	Cost Saving	Feasible	Sustainability		
Improving 1130 hours discharges in Ward 73	Establishing date of discharge early	Performing a discharge planning on day of admission.	3	3	5	5	16	PCDA 1
		Team Drs to identify estimated discharge date (EDC) timely & communicate	5	5	5	5	20	
	Submit exr prescription timely	AMW pharmacist to perform timed reconciliation timely.	1	3	3	3	10	PCDA 2
		HO MD to submit exr once consultant agrees for home	5	5	5	3	18	
	Reduce time from discharge orders to patient being actually discharged from hospital	OT/ PT to see patient earliest as possible	5	5	3	5	18	PCDA3
		Identify information necessary to reduce time spent on MDT	5	5	5	5	25	
		Communicate discharge plans to all members of healthcare team	5	5	5	5	25	
		Observe time of discharges and match it to operational hours of discharge lounge	5	5	3	5	18	

Intervention

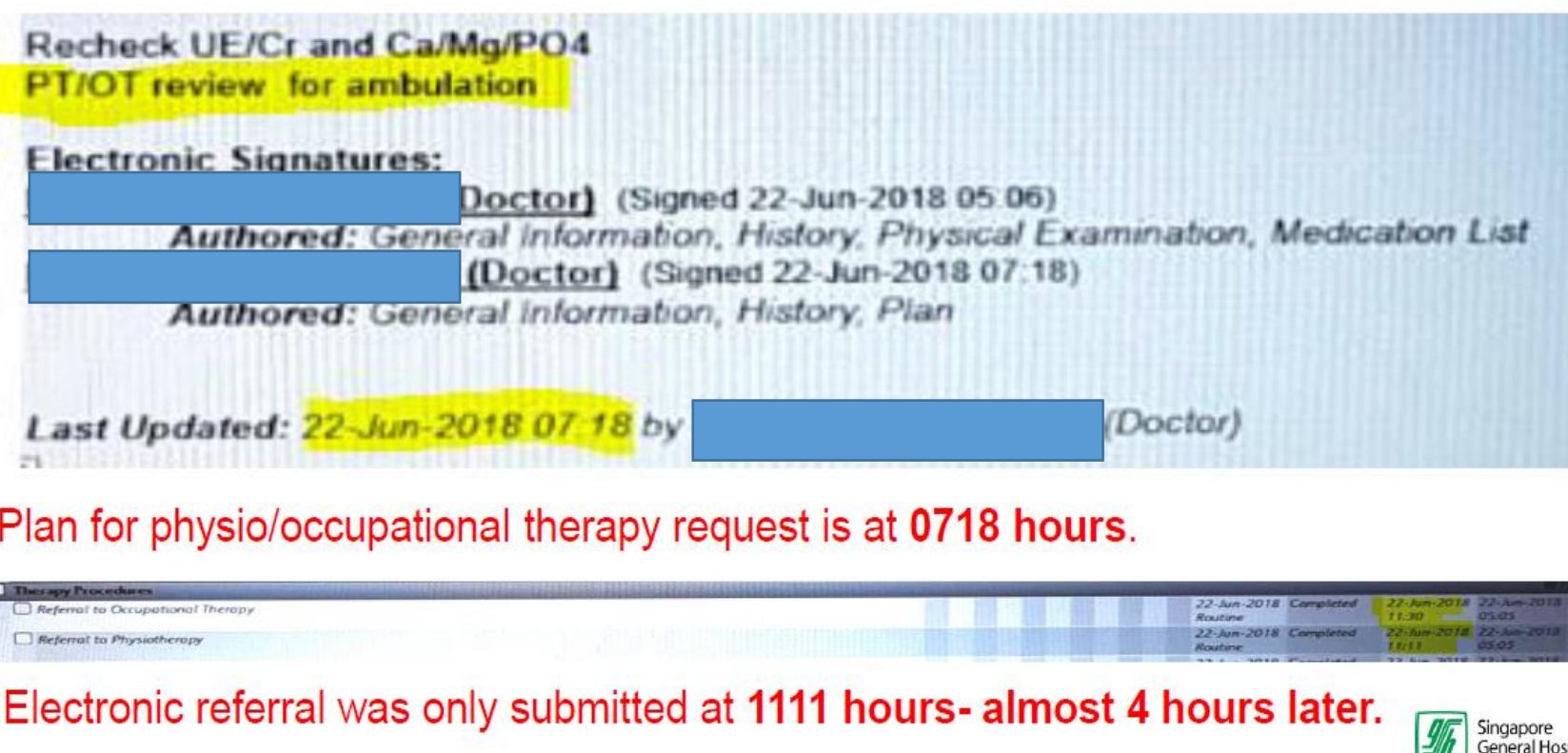
PDCA 1

- Root cause: Identification discharge date delayed
- No framework- Nurses often use MDT to clarify doctors order and veer off discussion of discharge issues
- Implementation of identification of Estimated Discharge Date on admission and reflecting it on the board for communication across healthcare professionals.

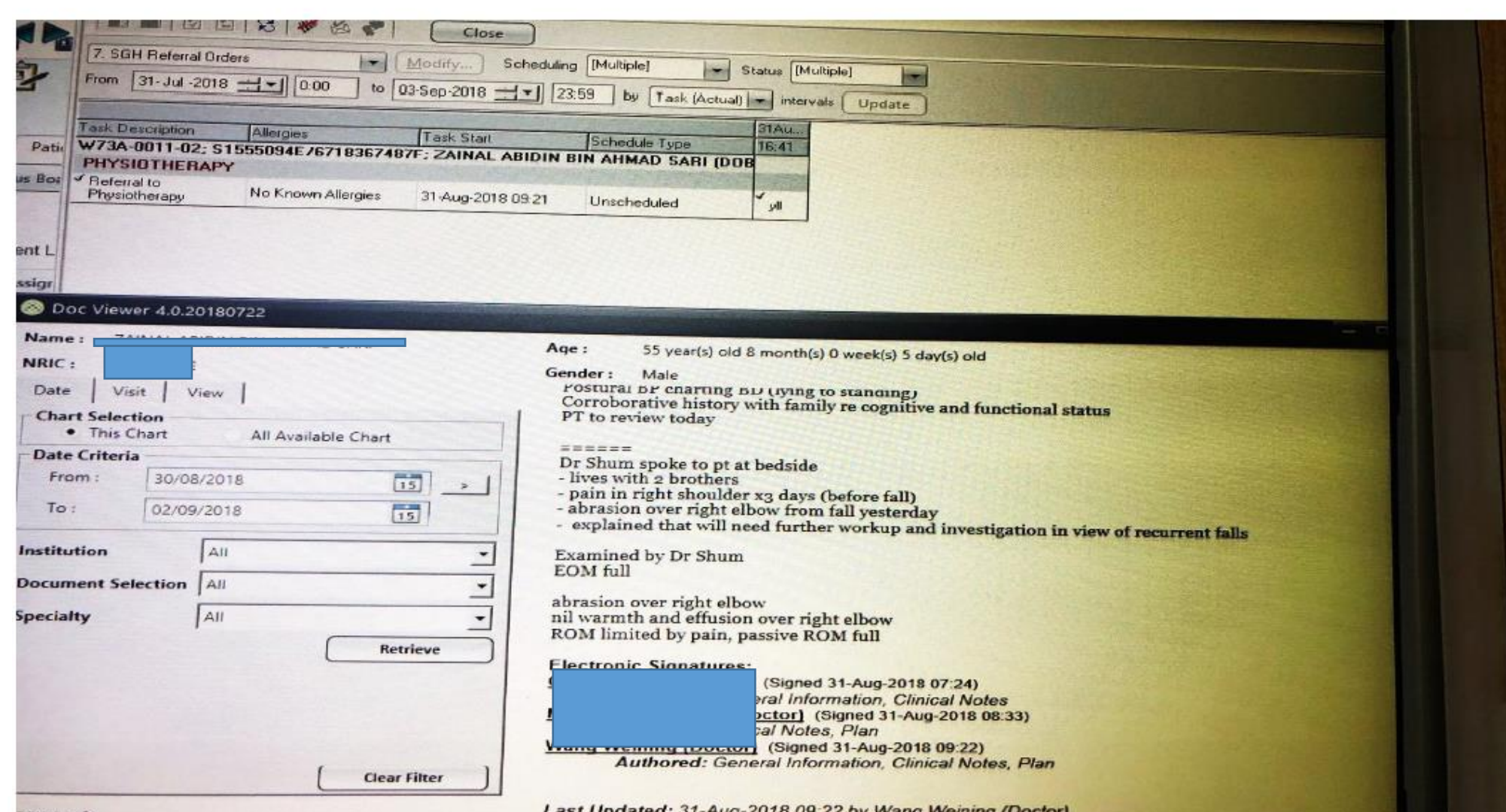


PDCA 2:

- Root cause: Delayed actual discharge time due to activities: PT/OT clearance
- Implementation: Early referral for allied health physiotherapist and occupational therapist ASAP to facilitate their assessment and timely discharge. Modification of operational hours of Discharge Lounge to facilitate discharges and bed turnover.



Order for PT in progress notes was made at 0833 hours and was electronically ordered at 0921 hours



PDCA 3: Submission of electronic prescription (exr) by 1000 hours and early screening by attached AMW pharmacists to facilitate packing of medications.

Current situation/ Root cause:

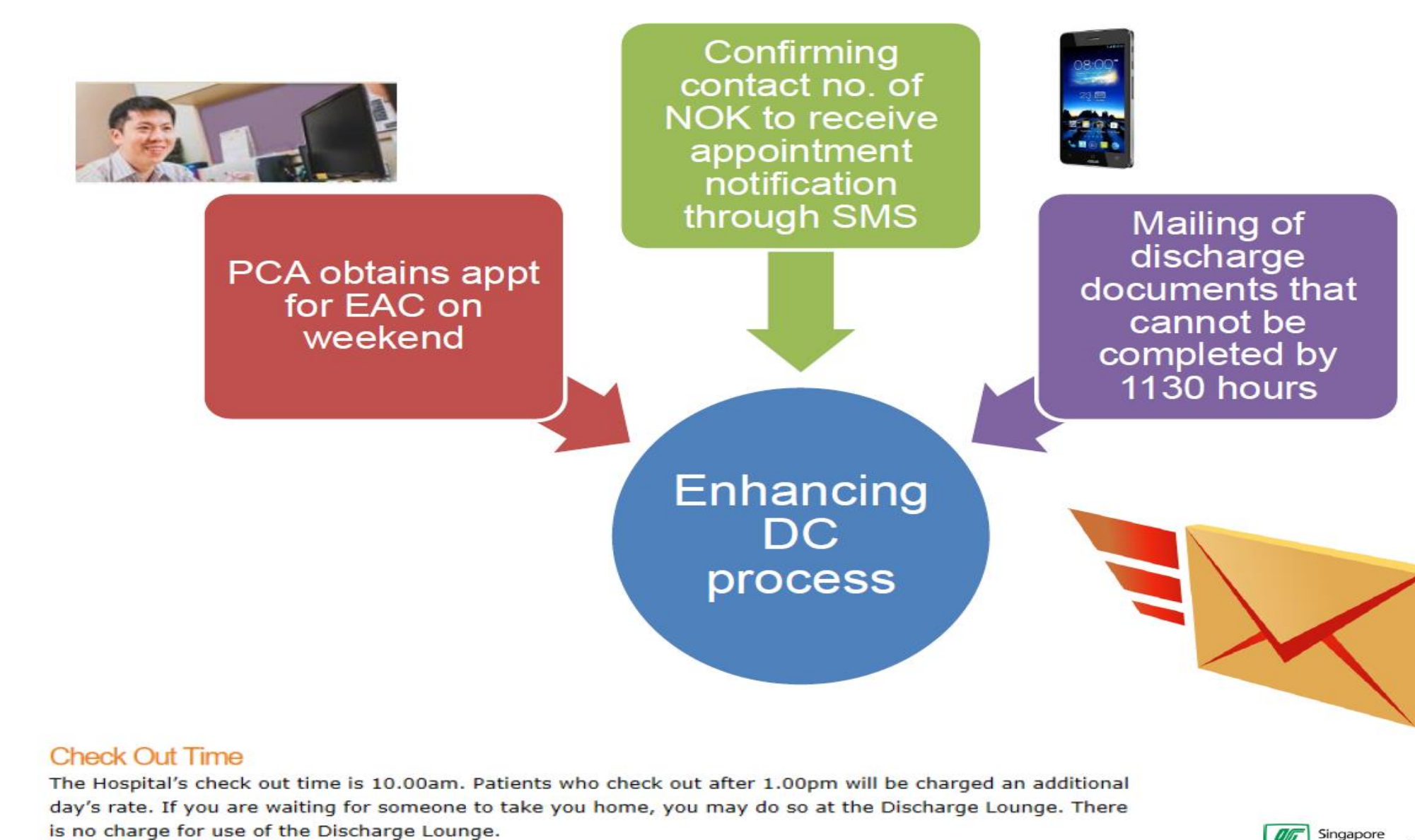
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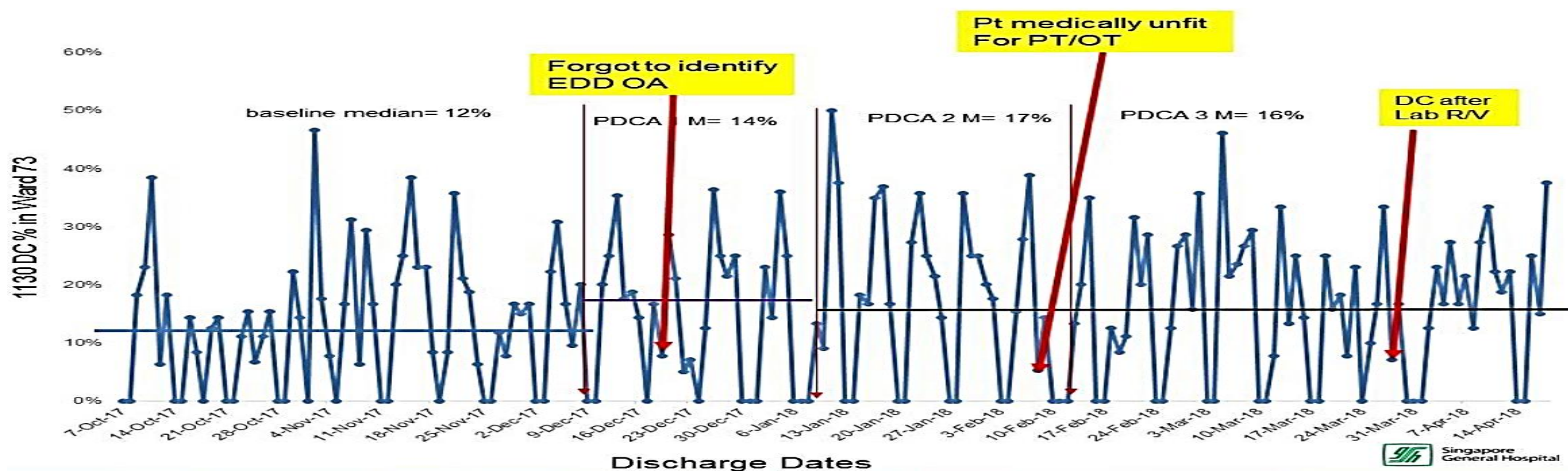
Solution:

- Submit prescription 1 day B4 DC.

- DL operation hours modified.
- Some NOKs bring patient home first and collect medications in the evening after work.
- Free medication delivery was offered to patients who were having repeat prescription



Results



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**

- Baseline discharge- Median 12%
- Post implementation (PDCA 1-PDCA 3) - Median 17%
- Increased by 5%
- 1530 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.

Sustainability

- 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