

# Discharge Lounge @ CGH

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## INTRODUCTION

"A severe bed crunch at Singapore's public hospital has forced several of them into taking some extraordinary measures." Straits Times, 08 Jan 14. Our team in CGH have explored several decongestion initiatives to ease the severe bed crunch situation, one of which is the Discharge Lounge (DL).

When patients in the hospital are fit for discharge, different stakeholders come into play to prepare for their discharge summary, medication, appointment etc. This means that patients need to wait in the wards from the time they are fit for discharge to the time they physically leave the wards. To improve our discharge process and experience, CGH started a Discharge Lounge in October 2014 for patients to rest outside the wards during the discharge process.

## AIM

The purpose of DL is to allow patients fit for discharge a comfortable and conducive place to rest outside the wards while waiting for the discharge process to be completed. Patients who are waiting for their NOK or caregivers to fetch them home can also tap on this facility to rest during the wait. Through this initiative, we aim to expedite patient admission to ward.

## METHODOLOGY

The team had a pilot trial by using the patient lounge area outside level 8 wards, namely ward 18 and 48, with four recliners prior to the actual set up of our current DL. The pilot trial and meetings with different stakeholders spread over a period of 8 months. With all the inputs and feedback from senior management, clinicians, nursing, inpatient operations and allied health, the concept and design was approved and implemented. Our current DL at level 1 atrium started operations on 2 Oct 2014.

### Location:

Discharge Lounge was chosen to be at Level 1 atrium, in close proximity to Pharmacy B as it is the last stop of the discharge process. Food and retail outlets are also nearby for patients to enjoy.

### Facilities:

8 mini-recliners, lockers, blankets, TVs, reading materials, hot beverages, and powerbanks to charge handphones etc for patient convenience, entertainment and comfort.

### Support Services:

- AICare Link was incorporated since the day of opening
- Nutritional Bits by CGH dieticians every Wednesday and Thursday since the beginning of June 2015.



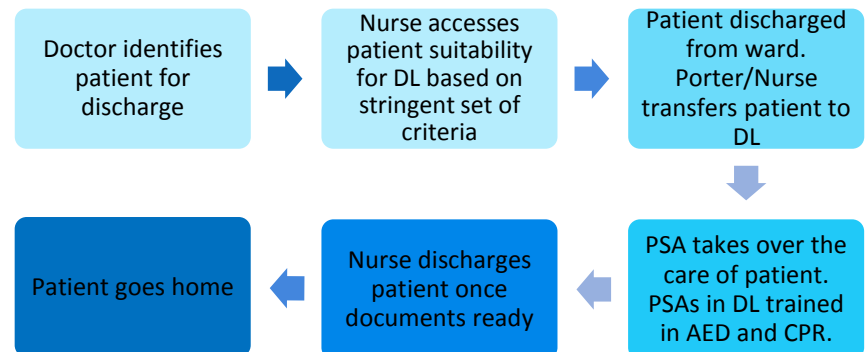
### Patient Selection Criteria:

- No fall risk
- Does not require oxygen points, tracheostomy care, oral suctioning or end-of-life care
- No diapers, tube feeding, altered mental state
- ADL independent

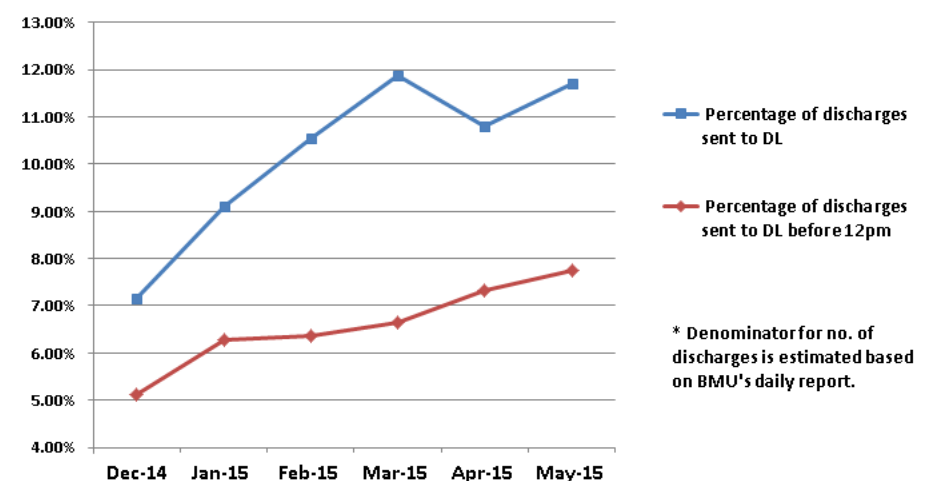
### Admin/Systems:

Use of Patient Information Management System (PIMS) to track patients who have been discharged to DL and the average length of stay (LOS) in DL. Data collection and analysis is performed on daily and monthly basis.

### Process:



## RESULTS



Month	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
No. of patients sent to DL	35	67	167	233	239	233	276	298

## SUCCESS FACTORS FOR DL



Teamwork  
Communication  
Collaboration  
Patient Education

Higher utilization

## CONCLUSION

The introduction of DL in CGH has provided patients with an alternative place to wait during their discharge process. With concerted efforts and teamwork from different stakeholders, we have seen an increase in usage of the facility over time, which relates to an earlier turnover of beds to allow acute patients to receive inpatient care earlier. We also hope to send a clear message to our patients that despite the tight bed situation, we still care for their well being till they go home.