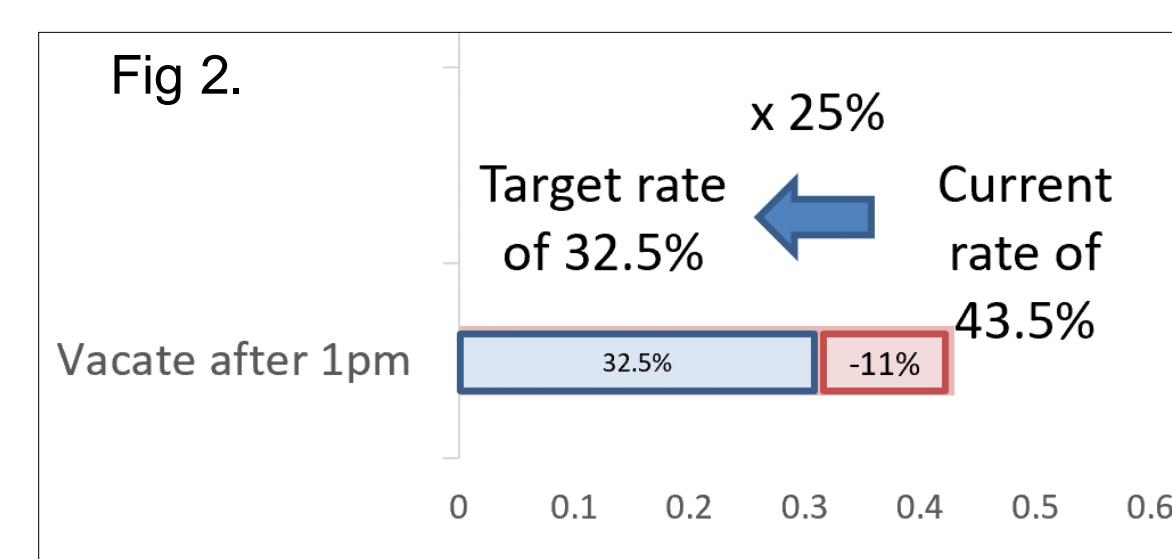
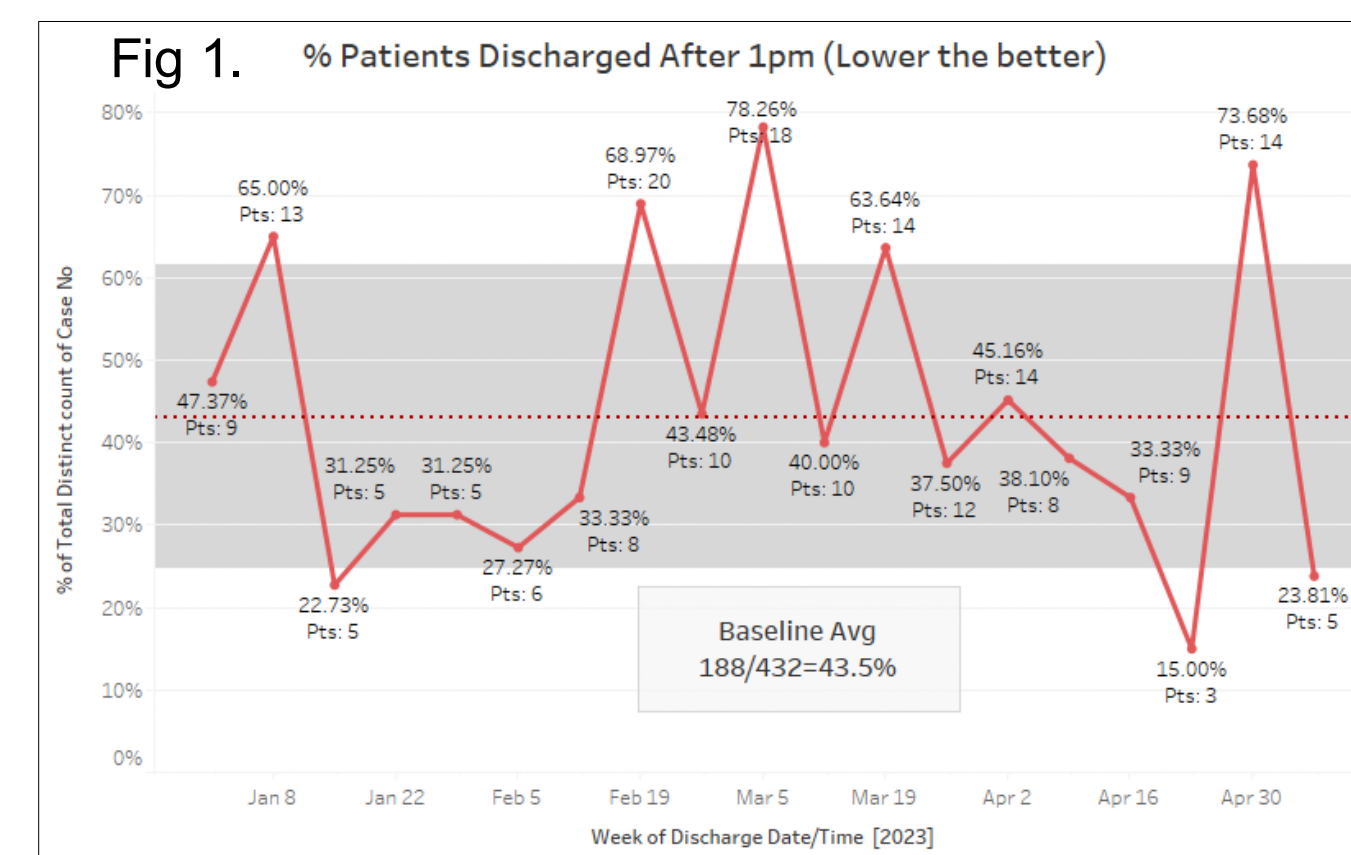


Discharge "Go Home Earlier" Project

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Background of Problem

At various platforms including Leadership Rounding and roll calls, it was raised by staff that high % of patients for discharge were vacating the beds only after 1pm. Data reveals that 43.5% (Fig 1) of patients planned for Weekday AM discharges at Ward 62 (Paeds Med) leave their beds after 1 pm, signaling an area for improvement.



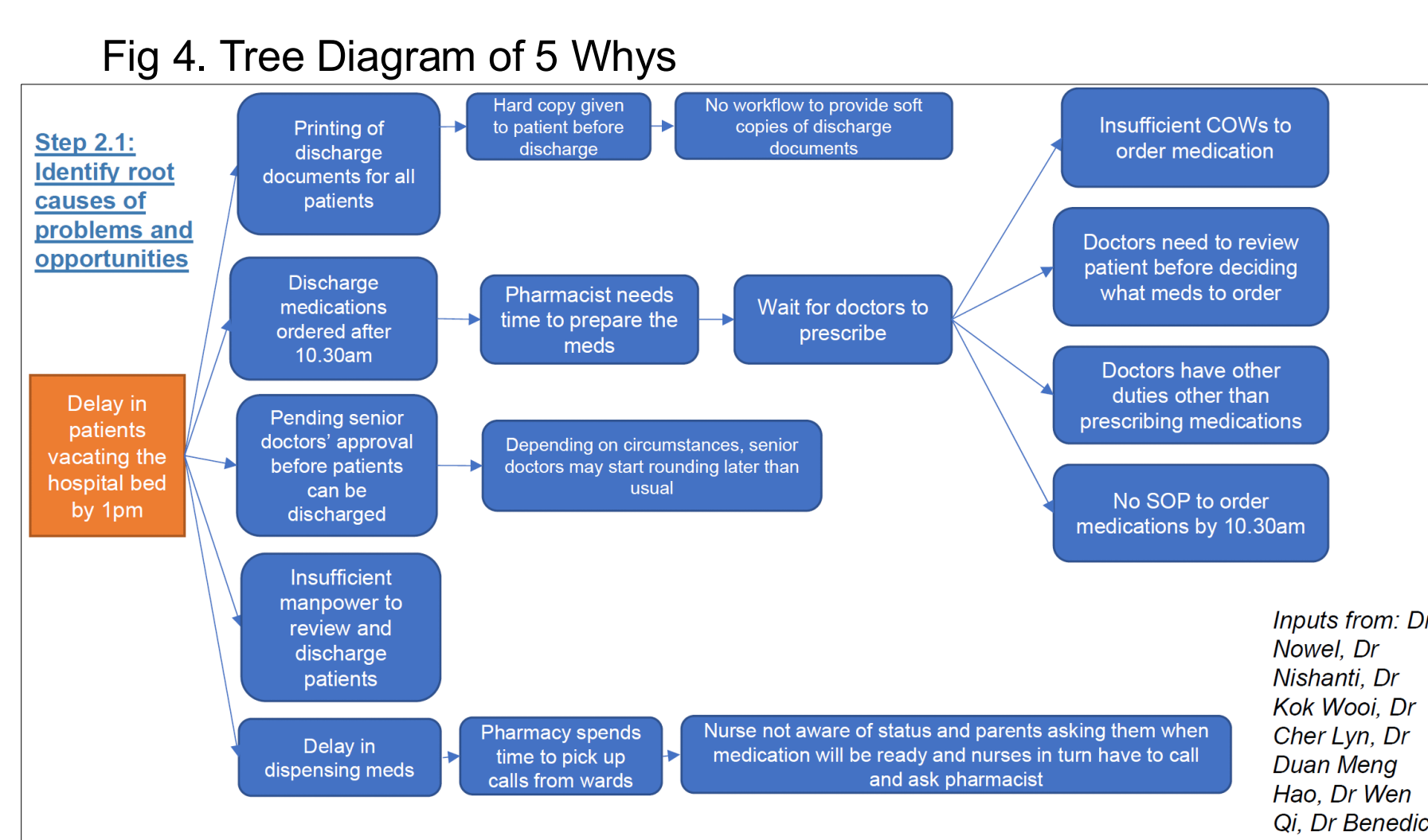
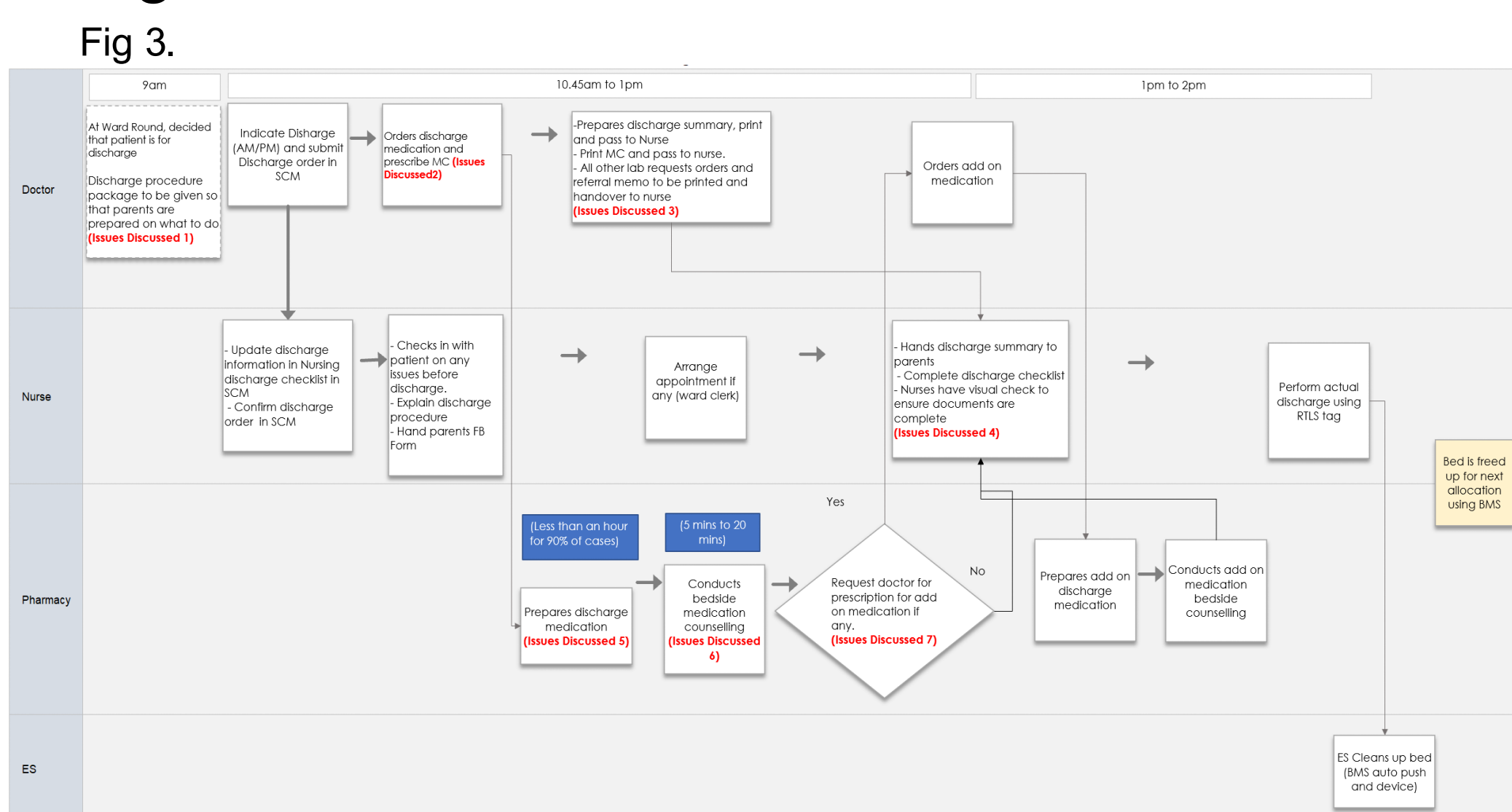
Project Aim: To reduce the rate of Ward 62 patients planned for Weekday AM discharges vacating the bed after 1pm by 25% within 4 months. (Fig 2)

Analysis of Problem

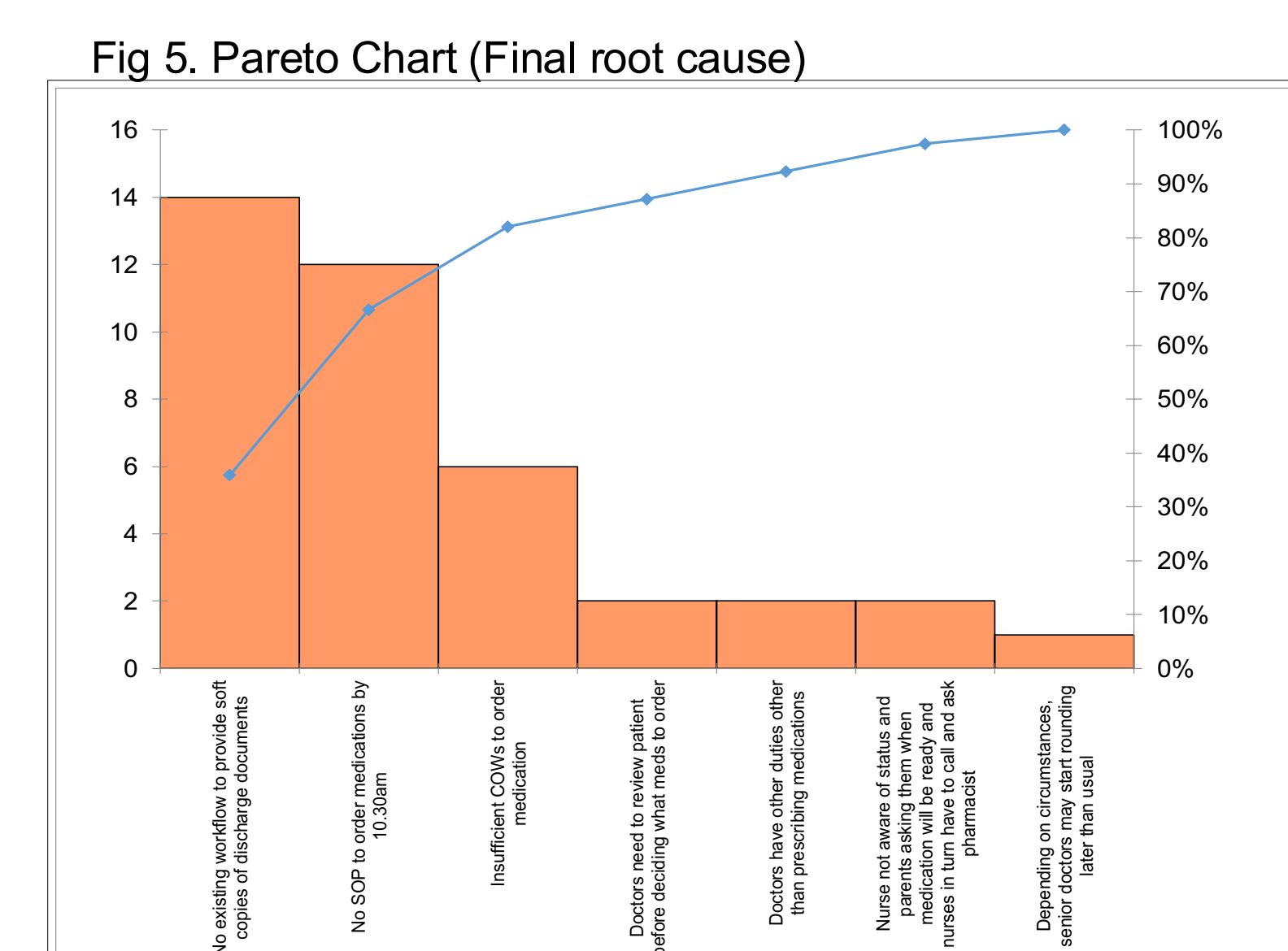
We mapped out the current discharge workflow (Fig 3)

Some of the key issues identified and discussed include:

1. Patients waiting for discharge documents to be printed and given to them before vacating the beds
2. Doctors do not order discharge medications before 10.30am hence causing delay in medications being prescribed to patients at the bedside.
3. Delay in dispensing medications as pharmacist have to request for doctors to add on medications that were missed out or requested by caregiver.



We identified the root causes through the tree diagram of 5 Whys. 7 root causes were identified. (Fig 4)

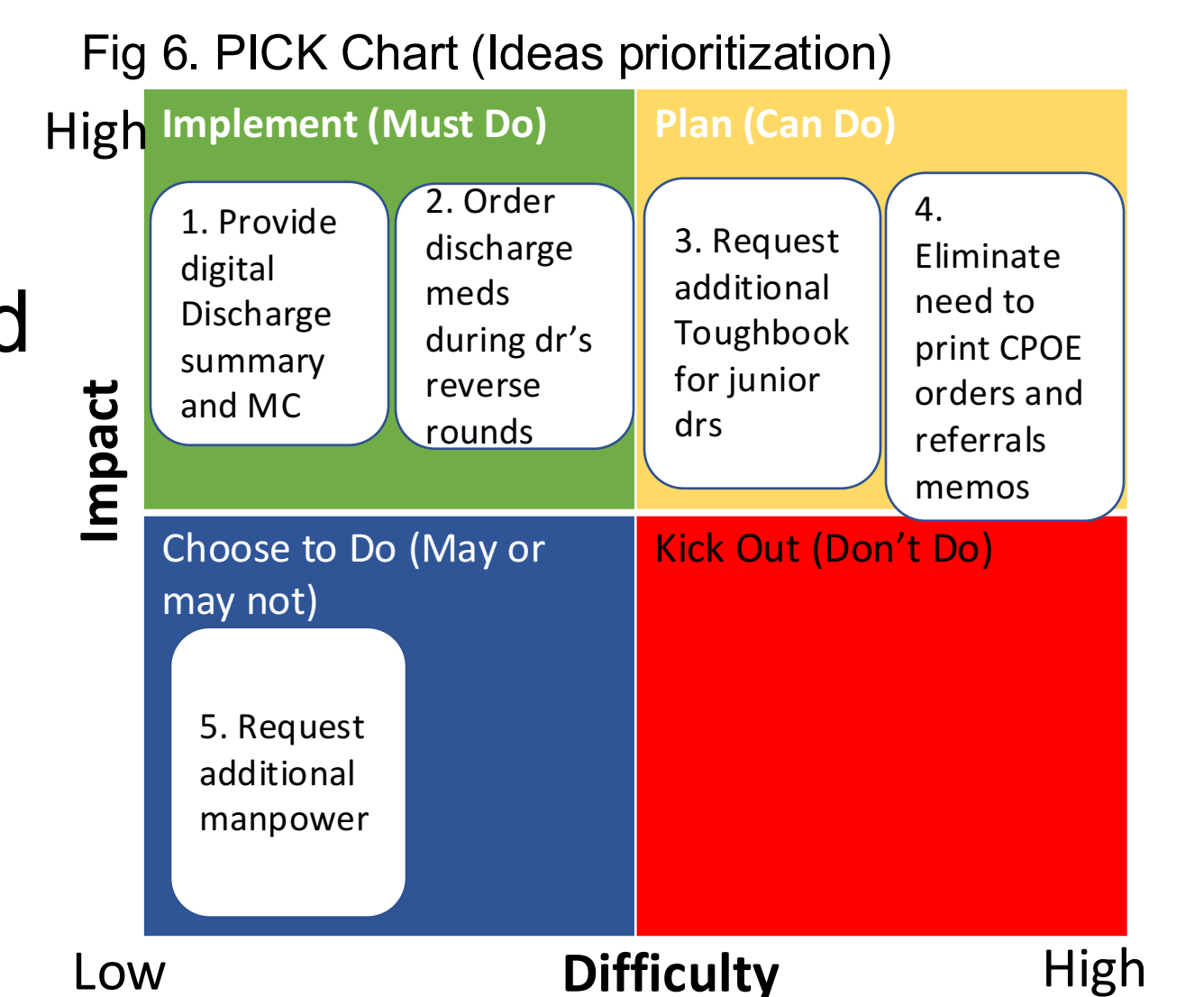


Each member was given 3 votes to decide the final root causes using the 80/20 principle (Fig 5)

Interventions

We adopted PICK Chart (Fig 6) to prioritizing the ideas to implement. 2 ideas were in the High Impact and Low Difficulty quadrant.

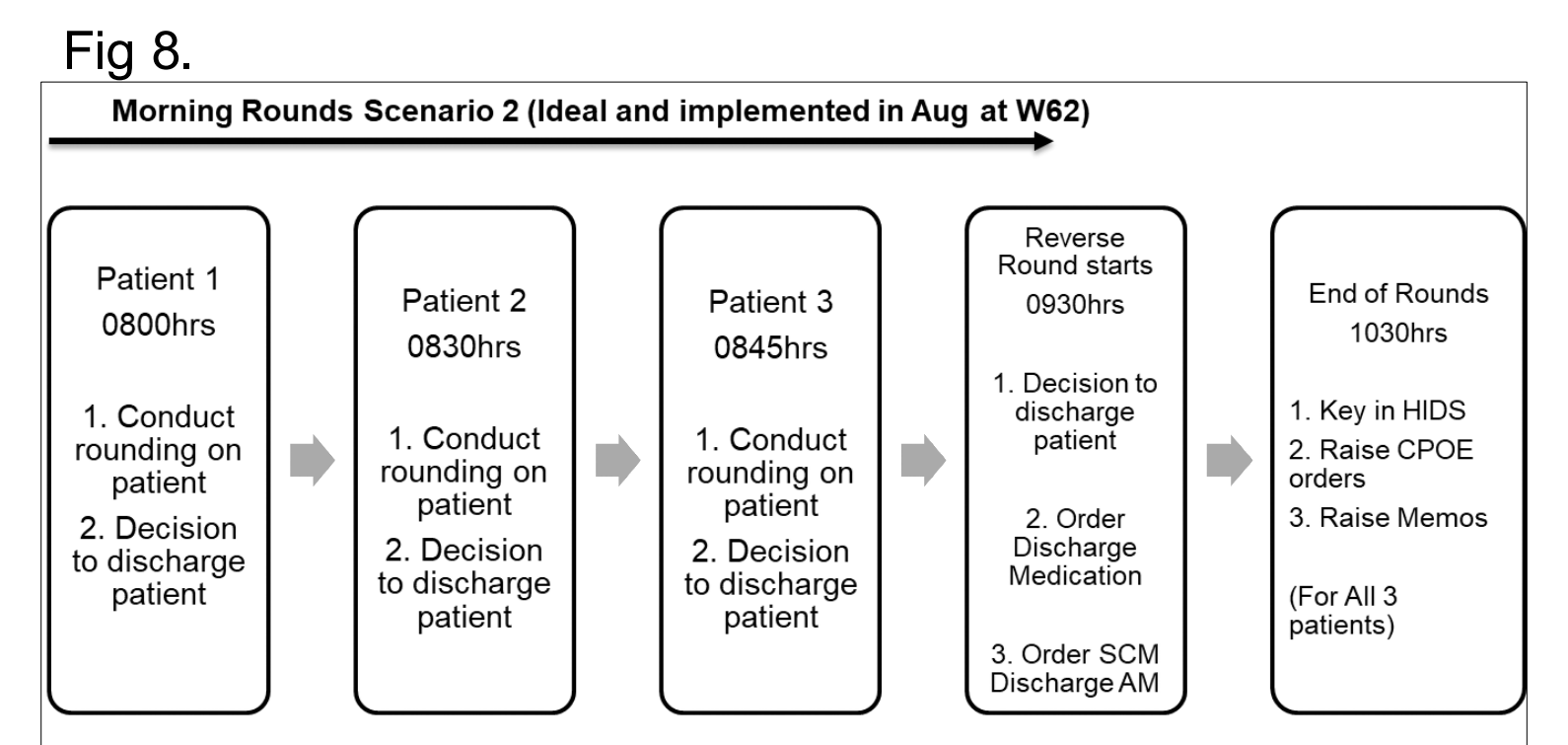
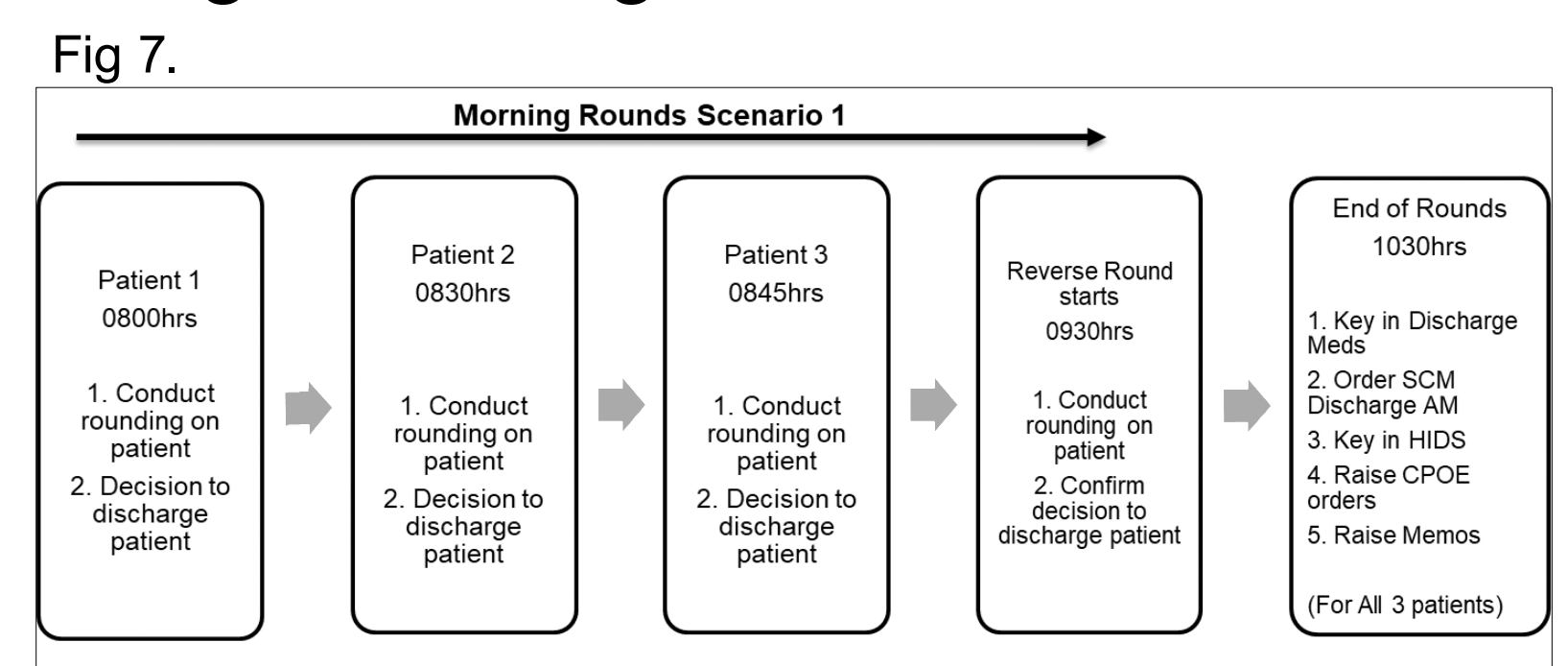
1. Provide Digital Discharge Summary and MC
2. Order Discharge Meds during Doctor's reverse rounds.



Solutions implemented:

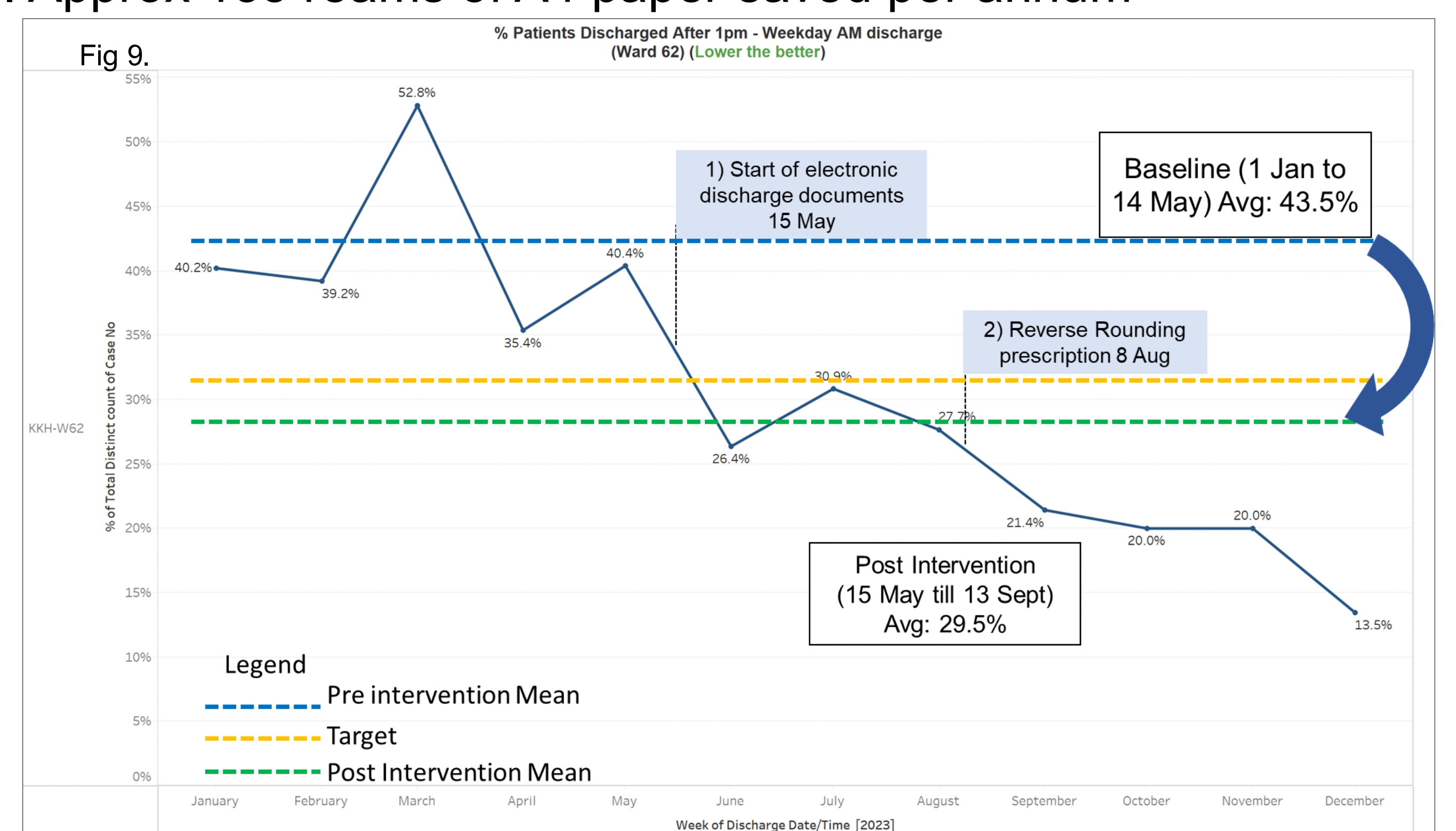
1. To expedite patient discharge without waiting for a printed Discharge Summary, the workgroup uploaded a PIL in Nursing Software suite and KKH website to inform patients that information is now accessible on the HealthHub app within 3 working days. The digital medical certificate, follow-up outpatient appointment details were also sent to patient/caregiver (CG) via SMS. There were concerns that caregivers may need a printed discharge summary for insurance purposes. The workgroup wrote to insurers to inform them of the new process and sought their agreement.

2. The team also shadowed the doctors' morning round and mapped out different broad scenarios that were observed. We sought buy in from doctors to adopt Scenario 2 and prescribe discharge medications earlier before 10.30am during reverse rounds as depicted in Fig 8.



Results

1. % of patient vacating beds after 1 pm for weekday discharge at Ward 62 reduced by 33% (exceeded our target by 8%) from 43.5% to 29% within 4 months (p<0.01). The results continue to sustain from September onwards. (Fig 9)
2. Approx 155 reams of A4 paper saved per annum



Conclusion and Future Plans

1. Clinical team can focus on things that matter to patients instead of spending time chasing discharge summary, searching for printers and papers etc to complete the discharge process.
2. The digital discharge documents have since been rolled out to all wards and this new workflow will be documented in P&P.
3. We plan to work on other issues identified such as reducing add on medications