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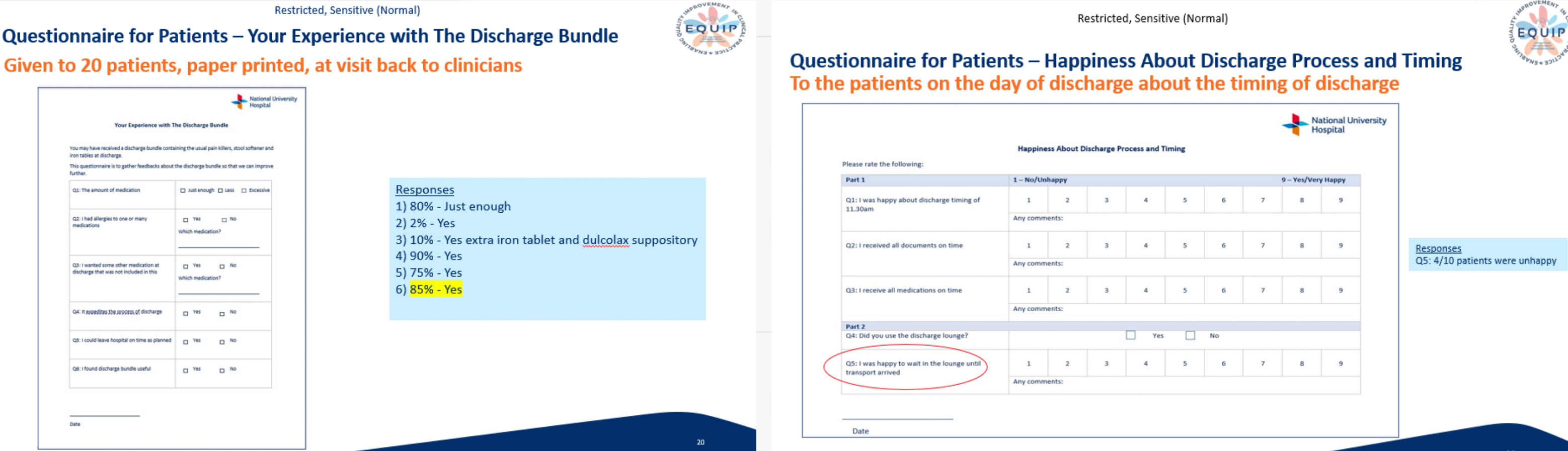
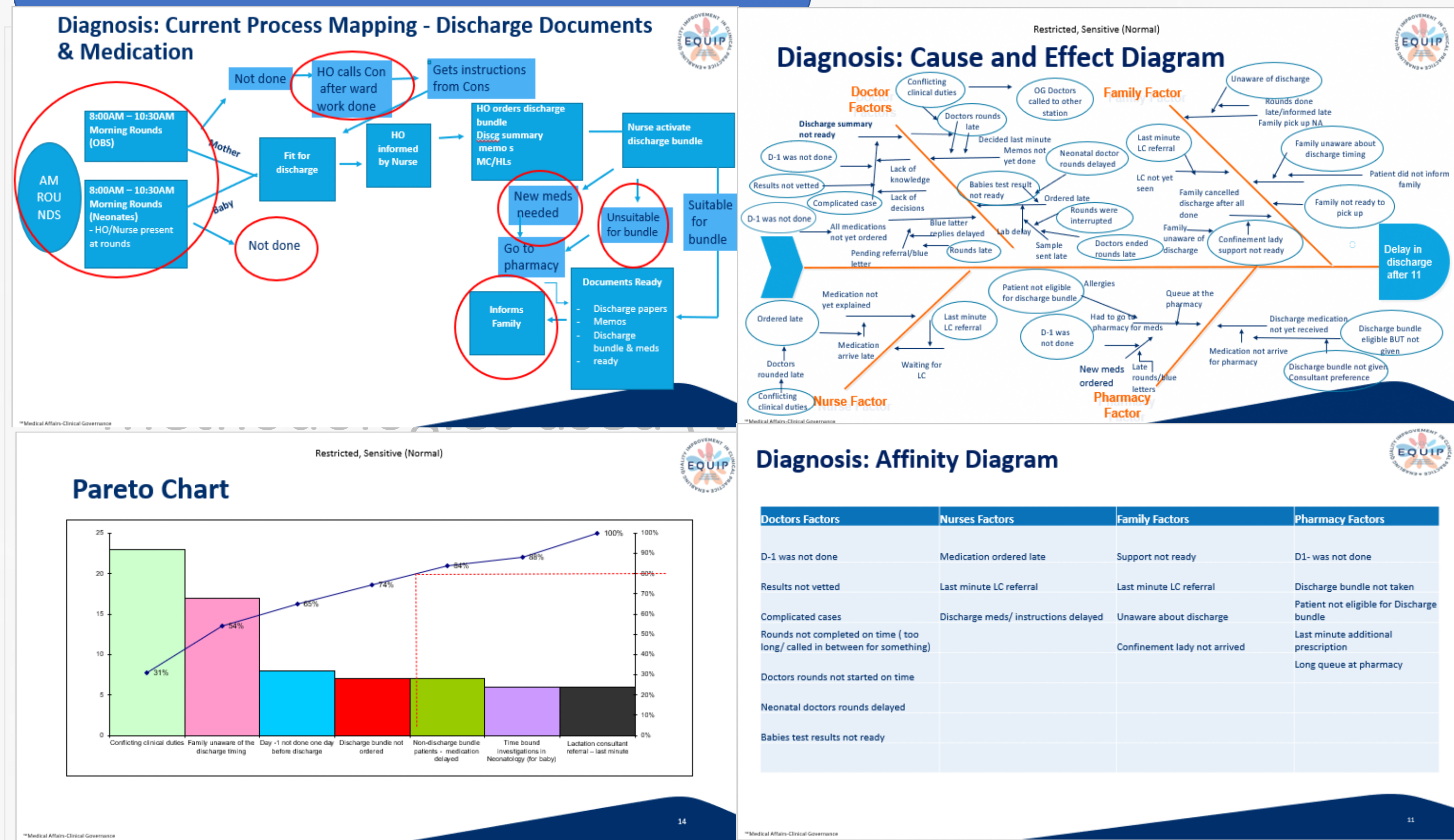
## INTRODUCTION

The Ministry of Health (MOH) has set a KPI of discharging 50% of the Obstetrics inpatient before 11:30Hrs.

The non-availability of hospital beds for obstetrics patient has led to increasing patient dissatisfaction to the extent of outrage on social media.

Delayed discharge also led to long waiting time for the next patients.

## EQUIP Workshop



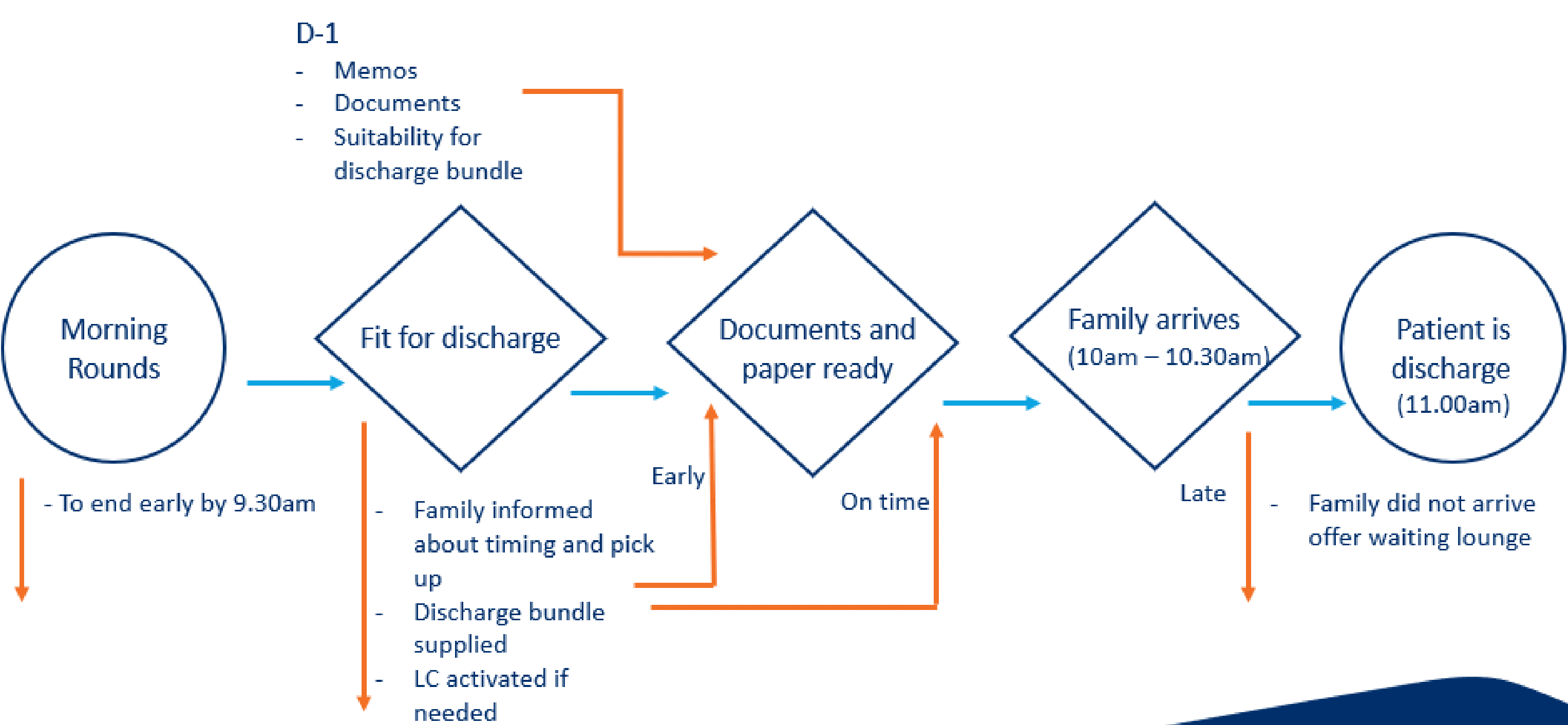
## AIM

- To increase the % of \*eligible patients, from the Private Obstetric wards, that are discharged by 1130am, from the baseline of 14% to 50% in 6 months (July 2022 to December 2022).\*
- \* Eligible - fit for discharge after rounds.

## INTERVENTION STRATEGY

Root Cause	Intervention	Date of Implementation
Conflicting clinical duties	Assign a senior HO/resident physician for morning times so review all discharge cases	1/7/22
Discharge medication bundle not ordered Drs not aware/ Consultant preferences	Consultants review ( in person or phone orders) before 10 am /give instructions about discharges and medications/memo by 1030 am	27/6/22
D-1 not done one day before discharge	Consultants to be informed about importance of using that and repeat reminders will be sent	27/6/22
Family unaware of discharge timing	Aim to increase uptake of discharge bundle	27/6/22
	D-1 to do effectively- ask for memos, medications needed	27/6/22
	Regular updates to family by Nurses and Doctors at Rounds on previous day and on the day of discharge	27/6/22
	D-1 to be done, and patient to be told to tell family by Nurses and Drs both	27/6/22

## Mapping of Improved Process



## CONCLUSION

Performance Improvement Plan:

### Sustainability

- Work with neonatology team and ward in charge nurses
- The data collection of each month about "Discharge before 1130 and uptake of discharge bundle" will be sent to the OG OPS team to be presented at monthly staff meeting and if they fall below 30% - it will be highlighted as RED on the OG dashboard
- A senior resident / Resident Physician will be posted to the private wards permanently to review patients for doctors who cannot make it before 930am.

### Spread

- Initiated process in subsidized obstetric ward
- Can make a poster of benefits of early discharge
- Spread to other subdivisions like MCOT/day surgery cases if this works

### Benefits and savings

- Bed availability
- New admissions and increased turnover
- Less complaints due to waiting time from patients waiting for admission, that adds to dissatisfaction and hence Compensations
- Quantitative Savings
- 35 – 127 patients from March to September
- Hence 92 patients discharge on time
- 1 day bed cost = \$600 (including daily treatment, single room)
- 92 patients x \$600 = \$55,200

## RESULTS

