

Increase Rate of 11am Discharge in Ward 13B

Ms Wang Qian Ward 13B



Adding years of healthy life

Mission Statement

To increase discharge rate before 11am in Ward 13B from 24% to 70% in 6 months

Team Members						
	Name	Designation	Department			
Team Leader	Wang Qian	Nurse Clinician (NC)	Ward 13B			
Team Members	Vincent Ng	Consultant	Neurosurgery			
	Lee Tung Lin	Medical Officer	Neurology			
	Kesigan Sayalolibavan	Medical Officer	Neurosurgery			
	Alyssa Chua	Assistant NC	Ward 13B			
	Tan Yih Sin	Senior Staff Nurse	Ward 13B			
	Lee Siu Ching	Assistant Nurse	Ward 13B			
	Hazwani	Patient Service Associate	Ward 13B			
	Ten Wei Qing	Pharmacist	Inpatient Pharmacy			

Mentor: Ms Senifah Bte Radi Sponsor: Ms Mariam Piperdy

Evidence for a Problem Worth Solving

1. Long waiting time for admission to A class ward

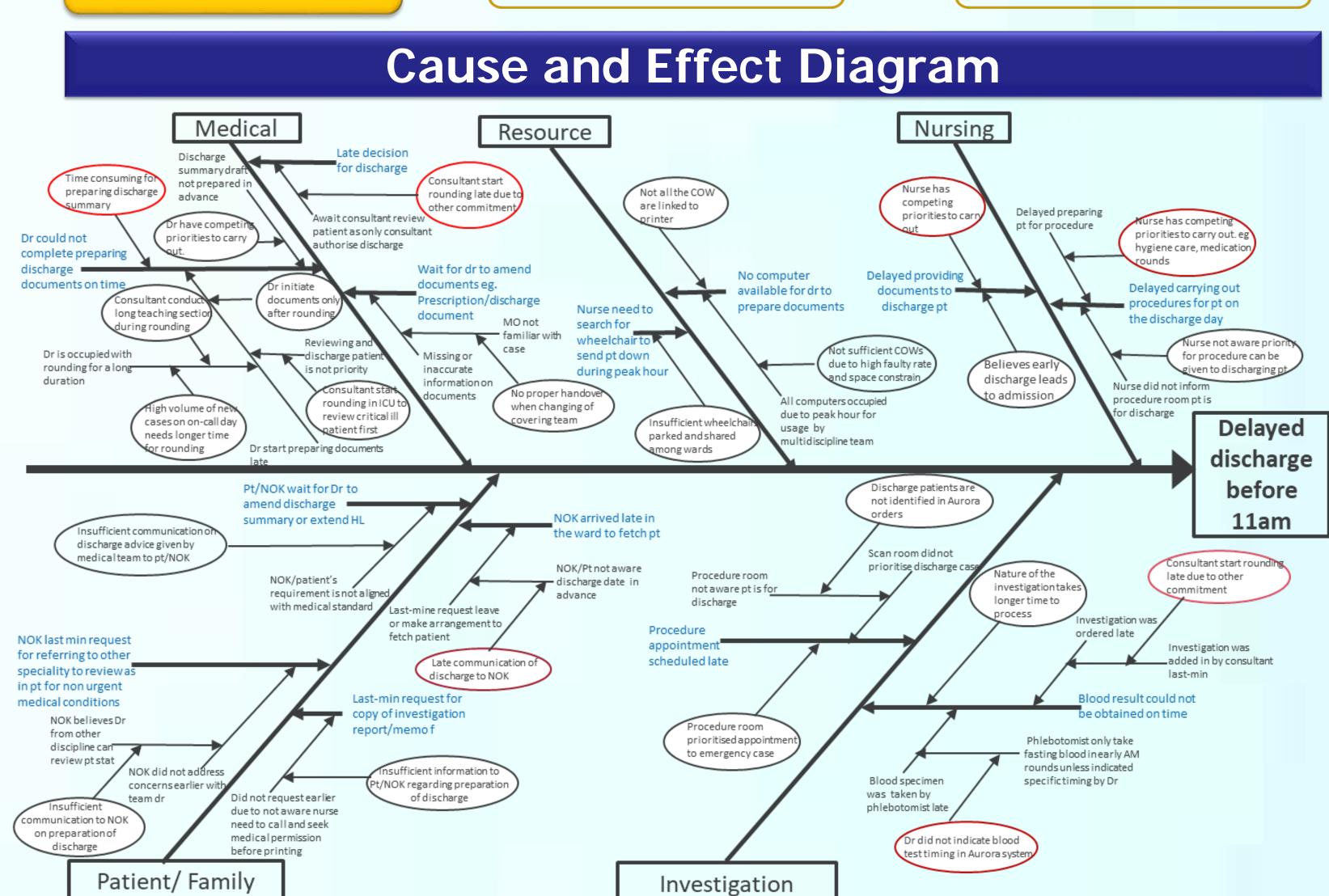
TTSH ED Bed Wait Time for A class (From Bed Request To Ward Actualisation)
2nd Dec 2018 to 5th Jan 2019

Bed-Wait-Time in Hours	Week 1	Week 2	Week 3	Week 4	Week 5
Max Waiting Time	5.9	6.5	8.4	5.6	6.6
Total Cases	39	45	39	33	49
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Patients have to wait maximum
6 to 8 hours
at ED
for a bed
in A Class Ward

2. Demand for bed in A Class Ward is high

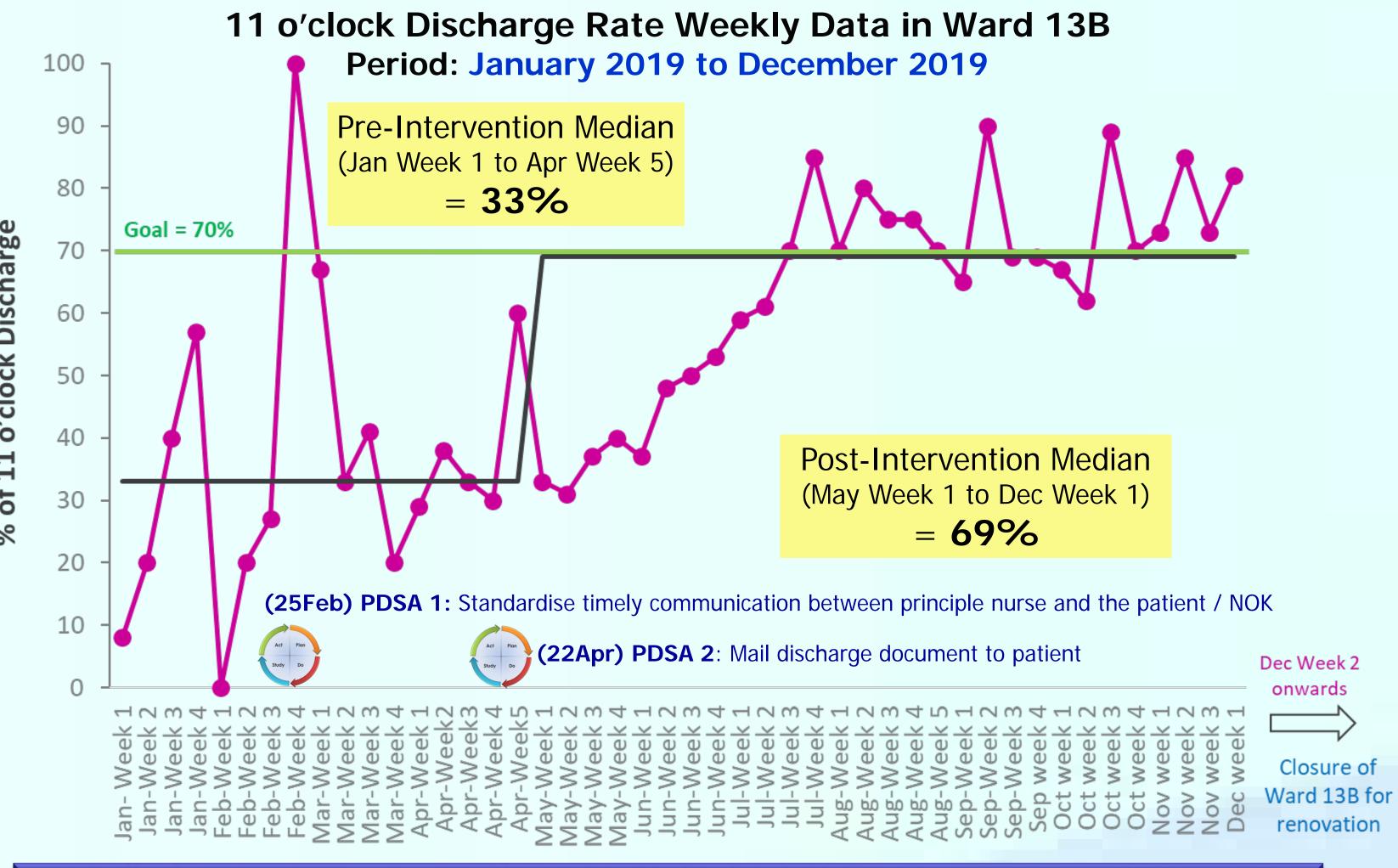
Flow Chart of Process MACRO FLOWCHART MICRO FLOWCHART Consultant review pt and HO/ MO review patient Medical Team prepares confirms discharge in the morning for discharge HO/MO document in CDOC Consultant update drafted discharge plan patient/NOK Nurse inform patient's NOK HO/ MO orders investigations HO/MO confirm TCU with team consultant as required in system PSA obtain Phlebotomist check orders HO/ MO confirms TCU plans appointment with all the discipline during rounding HO/MO update Phlebotomist take blood Pharmacist dispenses d/c summary accordingly medications **Phlebotomist** HO/ MO writes out dispatch blood to lab relevant memos Nurses give documents/ appointment Lab process blood Doctor firms up prescription Nurses obtain appointment for HO/ MO keys in Nurses change patient the pending procedures hospitalization leave and remove medical device Nurse facilitate sending patient HO/ MO prints out for procedures procedure all the documents HO/ MO follows up results on HO/ MO passes d/c documents Patient leaves ward to Nurse/ PSA after signing investigations



Pareto Chart Consultant start rounding late due to other **Root Causes** Cause A for Delayed 11 o'clock Discharge commitment 10 Time consuming for preparing discharge **Cause B** Number of Votes 8 documents 60 Late communication to Patient/NOK on Cause C preparation of discharge Investigation carried out late due to lack of knowledge on ordering in Aurora system Nurse team has competing priorities to carry Cause A Cause B Cause C Cause D Cause E Cause E

Implementation					
Root Cause	Intervention	Implementation Date			
Cause C: Late communication to Patient/NOK on preparation of discharge	PDSA 1: Standardise timely communication between principle nurse and the patient / NOK	25 Feb 2019			
Cause B: Time consuming for preparing discharge documents	 PDSA 2: Mail discharge document to patient as long as fulfil the criteria below: Clarification and confirmation of address completed Verbal consent obtained from patient / NOK Documentations in CDOC 	22 Apr 2019			

Results



Cost Savings							
	Pre-Intervention (Jan-Apr 2019)	Post-Intervention (May-Nov 2019)					
Average No. of Discharges + Transfer Out	66	77					
Additional Discharges (Per Month)		66 -77 ischarges					
ALOS at Ward 13B for 1 Patient (Per Month)	6 Days	5 Days					
No. of Bed Days Saved (Per Month)	=	6-5 1 Day					
Inpatient Cost Stay Saved (Per Month)		1,114 x 10 11,140					
Inpatient Cost Stay Saved (Annualized)	\$11,140 x 12 = \$133,680						

Note: Unit Cost for Inpatient Stay Per Day Per Patient = \$1,114

Lessons Learnt

- 1. Leadership & teamwork is imperative for successful planning and implementation of interventions
- 2. Staff commitment & assertion is essential to sustain this project
- 3. Change in current workflow has simplified work progress and lessen the stress of medical team

Strategies to Sustain

- 1. Checklist and script to prepare patient/NOK for home is placed in front
- of the case notes as a reminder 2. Handing over process
- 3. PSA / Principle Nurse checking system to ensure mailing of discharge documents at the end of the shift