

Project Title

Improving and Standardising the Process of Managing Discharged Patients' Leftover Belongings

Project Lead and Members

Project Lead: Teo Shin Yun Project Members: Fauziah Jabil, Ye Huizhen,Teo Shin Yun, Kamani Thiagarajan, Lee Zi Qi, Goh Siow Fong, Colico Carlota Corre

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Nursing

Applicable Specialty or Discipline

Clinical Operations

Aims

To standardise the process of managing discharged patients' leftover belongings and reduce patient dissatisfaction and unnecessary time for NIC and Staff Nurse (SN) in charge to follow up within 2 months.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below



Lessons Learnt

There is a standardised process among ward staff when managing discharged patients' leftover belongings. The standardised process is easily implemented without any cost.

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Inpatient Care

Keywords

Patient, Belongings, Leftover, Discharge, Collection, Claim

Name and Email of Project Contact Person(s)

Name: Teo Shin Yun

Email: teo shin yun@nuhs.edu.sg

[Restricted, Non-sensitive]

IMPROVING AND STANDARDISING THE PROCESS OF MANAGING DISCHARGED PATIENTS' LEFTOVER BELONGINGS IN WARD B5 SUBSIDISED MEMBERS: FAUZIAH JABIL, YE HUIZHEN,

TEO SHIN YUN, KAMANI THIAGARAJAN, LEE ZI QI, GOH SIOW FONG, COLICO CARLOTA CORRE

Define Problem, Set Aim

Problem/Opportunity for Improvement

Patients had accidentally leave their belongings behind upon discharge. On average, this situation occurs at least once or twice every fortnight. Overall nurse in charge (NIC) always had to follow up for these belongings indefinitely. Ward 5 Subsidised has the highest turnover rate and this situation frequently occurs. Survey done has shown that staff nurses had different practices and conveyed different information to discharged patients on collection of their leftover belongings. There was a recent incident whereby the patient did not collect the leftover belongings on the arranged date and her item was discarded after 2 months and patient was very upset as she mentioned she was not aware her belonging will be discarded when she did not come to collect on the agreed time.

□ SAFETY □ QUALITY □ COST ☑ PATIENT EXPERIENCE ☑ PRODUCTIVITY

Select Changes

What are all the probable solutions? Which ones are selected for testing?

Root Cause	Potential Solutions			
No standardised process to manage	Standardised script and time 1 frame, and a specific location to store leftover belongings	1pact High	Do Last	Do First PS1

Hence, there is no standardised practice on how to manage discharged patients' leftover belongings. NIC faced difficulties and spent a lot of time doing follow up as the discharged patient may be uncontactable, or do not follow through with the agreed collection date. There are also additional problems related to storage space required to house these leftover belongings, and infection control practices.

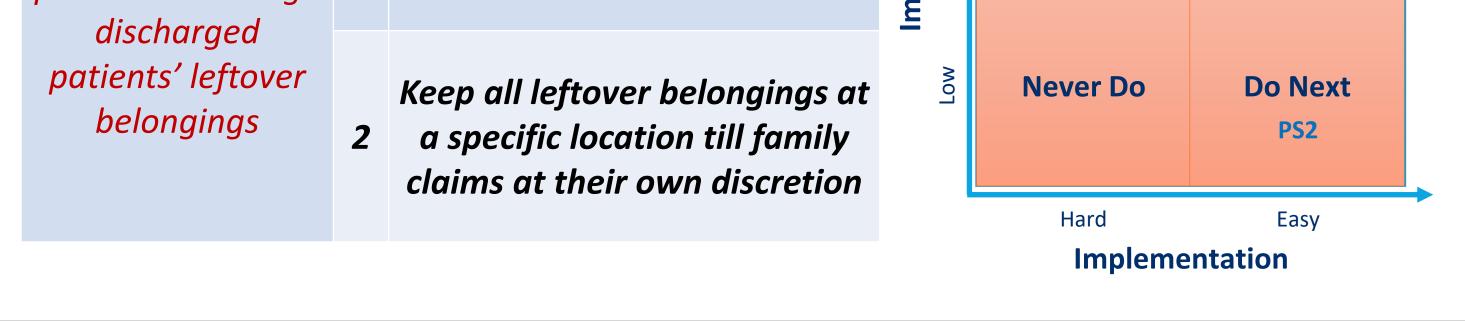
<u> Aim</u>

To standardise the process of managing discharged patients' leftover belongings and reduce patient dissatisfaction and unnecessary time for NIC and Staff Nurse (SN) in charge to follow up within 2 months.

Establish Measures

Outcome Measures

- Reduced number of incidences when NIC and SN in charge need to follow



Test & Implement Changes

How do we pilot the changes? What are the initial results?

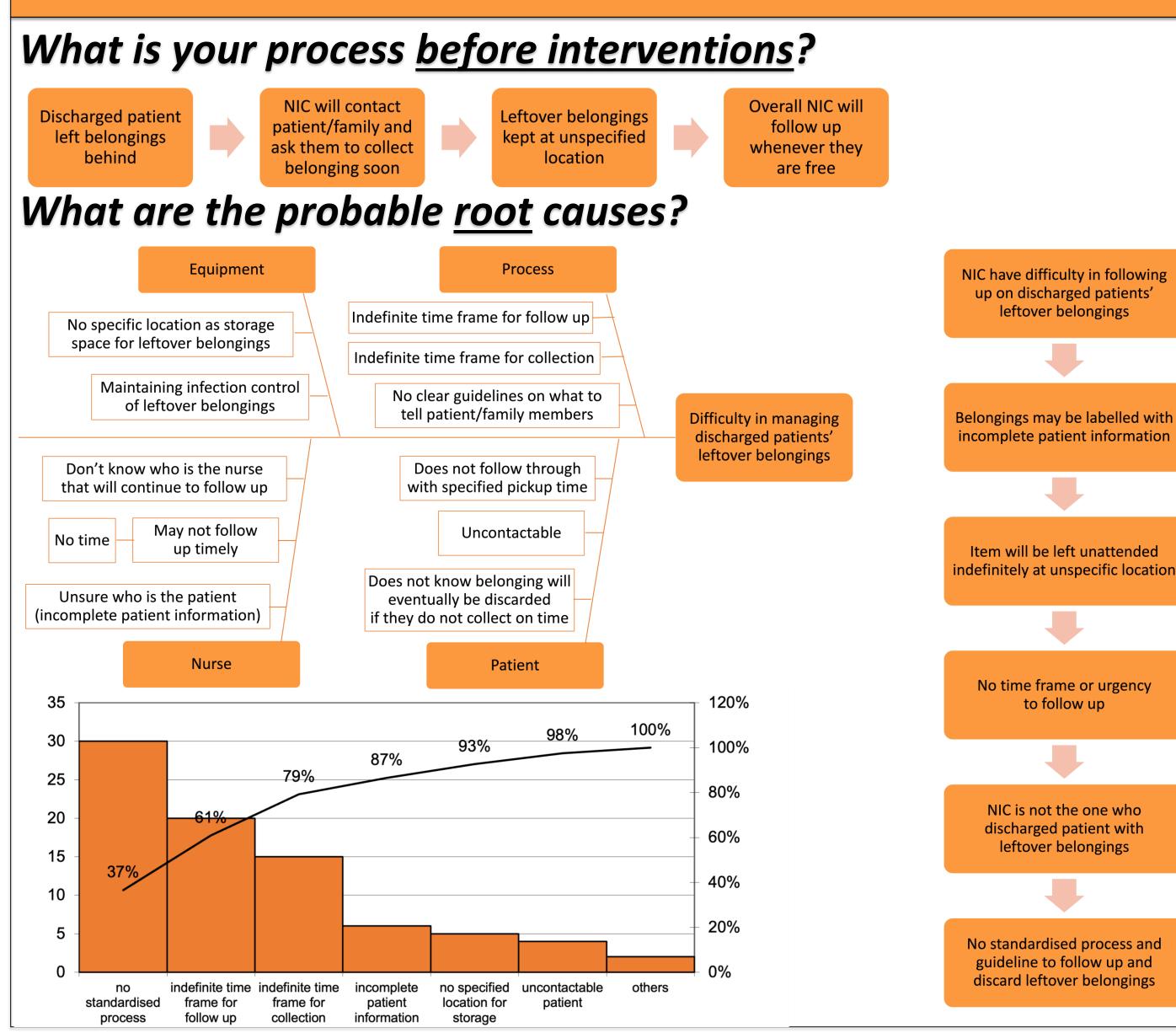
CYCLE	PLAN	DO	STUDY	ACT
1	 Aim of cycle: all staff to familiarise with new process Create a standardised script to use when informing patient about their leftover belongings with specific time frame for collection Create a specific location to store leftover belongings Create new section in NIC file for follow up 	 Roll call about standardised script and and specific time frame for collection of leftover belongings Specific location to store leftover belongings set up New section added into NIC file to trace all follow up Feedback collated from all ward staff 	All staff aware of the new process through attending of roll call Positive feedback from staff that new process is clearer and more systematic Learning point: there may be exceptions e.g. expensive leftover belongings but patient remains uncontactable or past specific time frame	process also required for exceptions Plan for next cycle to standardise how to
2	Aim of cycle: reinforce compliance rate to new process Create additional standardised process for exceptions e.g. expensive leftover belongings but patient remains uncontactable or past specific time frame	NIC continues to follow up with SN in charge whose patients had leftover belongings to ensure compliance Roll call about additional process where any exceptions will be escalated to ward RO discretion	All staff aware of additional process exception Positive feedback from staff that process is clearer now	New and standardised process adopted by all staff

up on discharged patients' leftover belongings

Process Measures

- Staff behavior when contacting discharged patient to collect their leftover belongings
- All discharged patients' leftover belongings are kept at specific location **Balancing Measures**
- More time required for SN in charge to follow up

Analyse Problem



What are/were the strategies to spread change after implementation?
1. The project info was shared to all ward staff during roll call.
2. Project members actively seek feedback from ward staff to ensure sustainability of this project in ward.
3. To share in nursing quality forum and roll out to other wards
What are the key learnings from this project?
There is a standardised process among ward staff when managing discharged patients' leftover belongings. The standardised process is easily implemented without any cost.

