

## **Project Title**

To improve D-1 discharge percentage of >30% for ward 9 subsidised

## **Project Lead and Members**

Project lead: Rajaletchumi D/O Raja Singam

Project members: Bhuvaneshwari, Ivy, Lesley, Jeck Ming, Shi Ling

## **Organisation(s) Involved**

Ng Teng Fong General Hospital

## **Healthcare Family Group(s) Involved in this Project**

Nursing

## **Project Period**

Start date: 28 June 2020

Completed date: 31 December 2020

## **Aims**

To increase the percentage of discharges before 1130hrs from 13.38 to 30% within 6 months from 28th June 2020 to 31<sup>st</sup> Dec 2020 after the implementation.

## **Background**

See poster appended/ below

## **Methods**

See poster appended/ below

## **Results**

See poster appended/ below

### **Lessons Learnt**

- The process of communication between clinicians, healthcare providers and nurses are more open and clearer.
- Discharge percentage has improved and met the target.
- Patient experience is improved as patients were informed on their timely discharge.

### **Conclusion**

See poster appended/ below

### **Project Category**

Care & Process Redesign, Value-Based Care, Length of Stay, Discharge Planning

### **Keywords**

Subsidised Ward

### **Name and Email of Project Contact Person(s)**

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# TO IMPROVE D-1 DISCHARGE PERCENTAGE OF >30% FOR WARD 9 SUBSIDISED

SPONSOR: JOLYN TAN: FACILITATOR : RAJALETCHUMI  
MEMBERS: BHUVANESWARI, IVY, LESLEY, JECK MING, SHI LING,

- SAFETY
- PRODUCTIVITY
- PATIENT EXPERIENCE
- QUALITY
- COST

## Define Problem, Set Aim

### Problem/Opportunity for Improvement

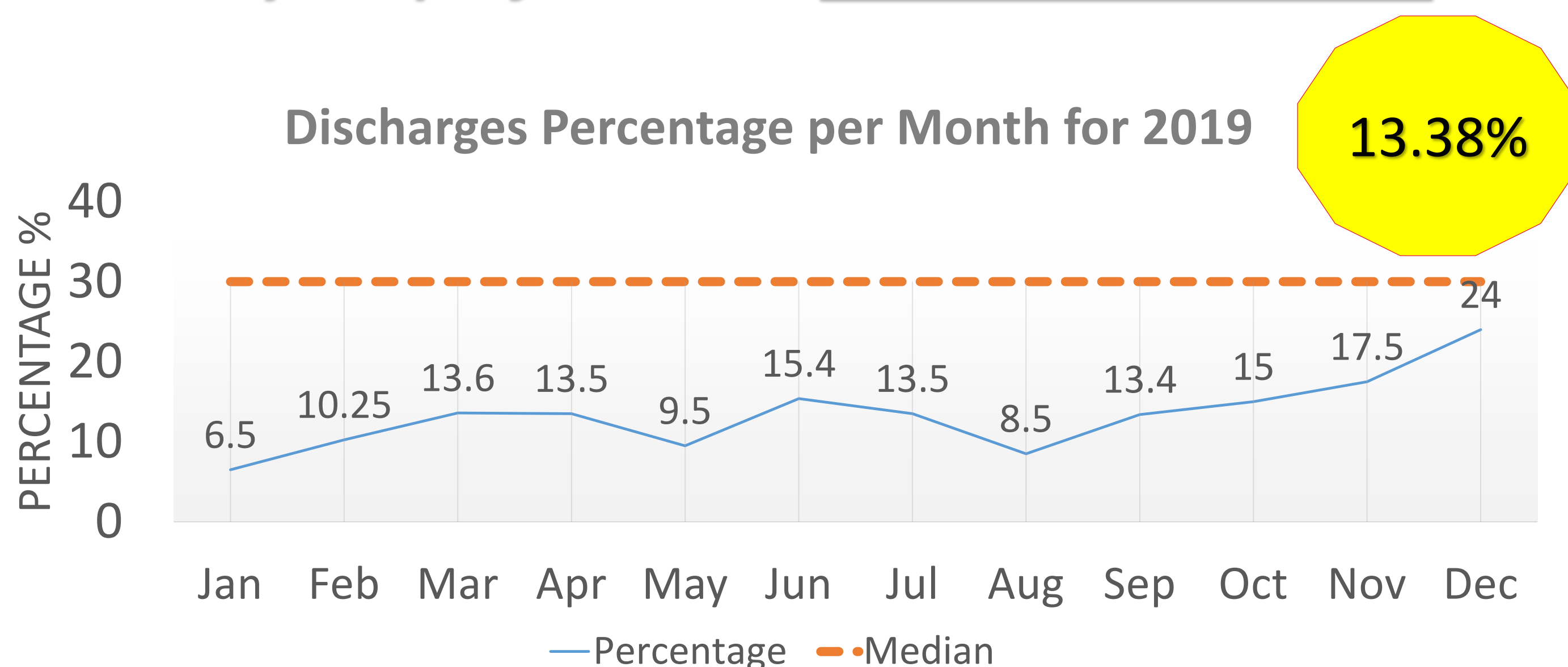
- Ward unable to consistently meet the weekly 30% discharge before 1130hrs.
- Ineffective communication between Clinicians and Health Care Provider.

### Aim

- To increase the percentage of discharges before 1130hrs from 13.38 to 30% within 6 months from 28th June 2020 to 31<sup>st</sup> Dec 2020 after the implementation.

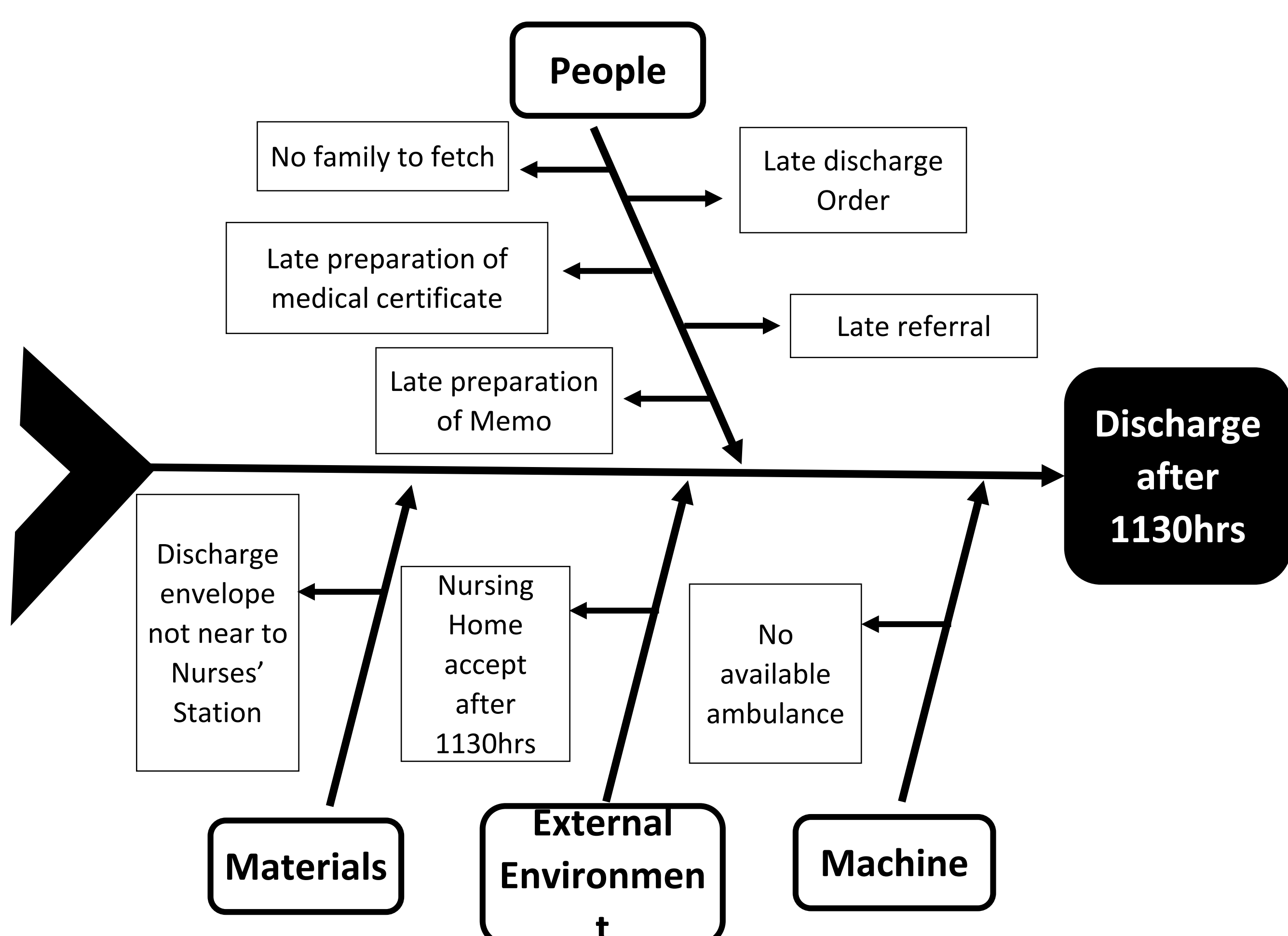
## Establish Measures

### What was your performance before interventions?



## Analyse Problem

### What is your process before interventions?



## Select Changes

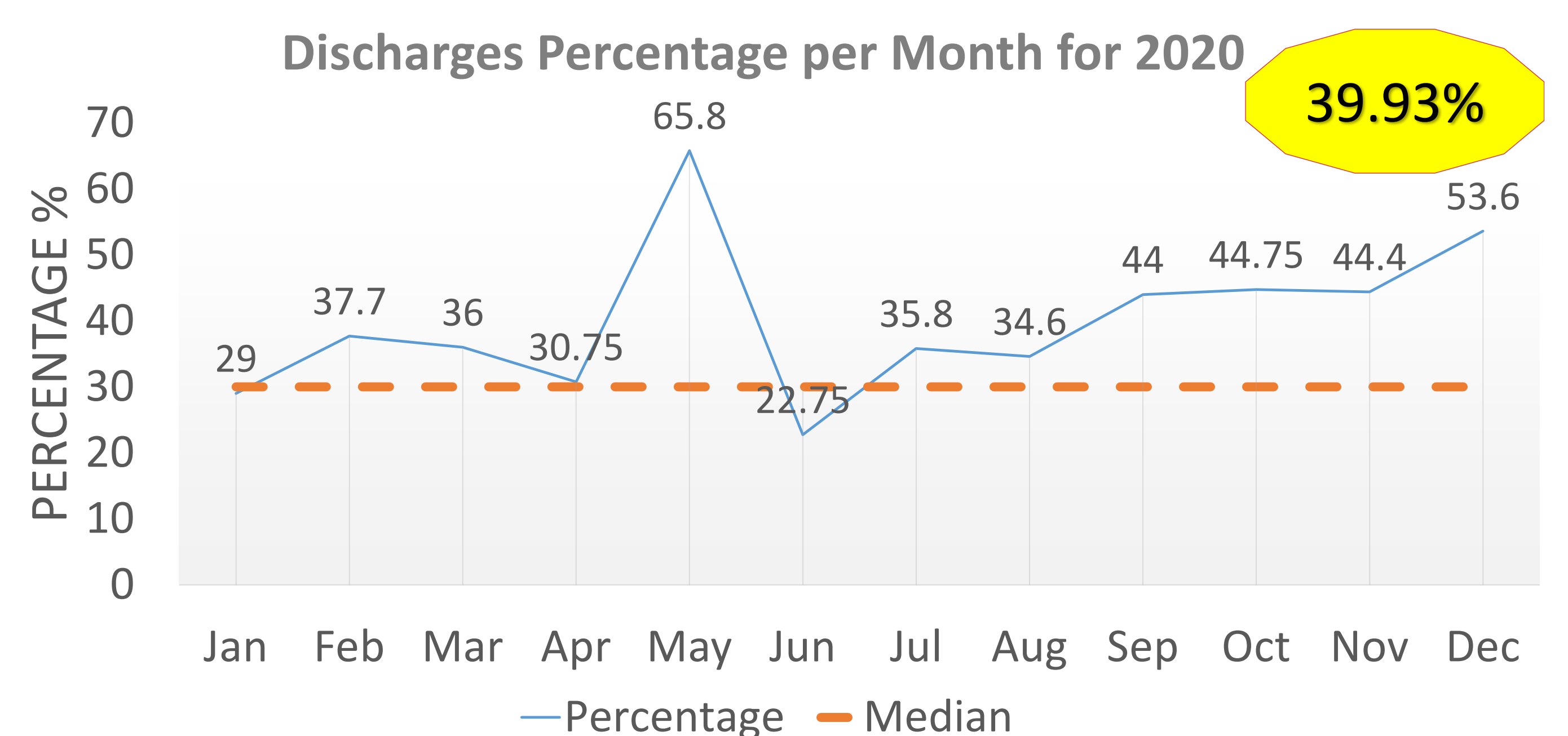
### What are all the probable solutions? Which ones are selected for testing?

Main Causes	Possible Solutions
People	Educate Dr Prepare Documents For D-1 Educate Dr Once Placed Discharge Order, All Require Document Need To Be Complete with Hospitalization Leave Inform Family Hospital Discharge Time is before 1130hrs on Admission Orientation
Materials	Equip Each Nursing Station With Discharge Envelopes & Feedback Card PSA Handover Appointment Letter To Nurses If Unable to Book Appt
System	Daily Discharge Reminder Message Sent To Ward Tiger Text Group.

## Test & Implement Changes

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

Plan	Do	Study	Act
Identify stakeholders of this project and collaborate with them. They are: doctors, ward nurses, patient service associates (PSA), patients and family members.	Nurses and Doctors are aware to discharge patient before 1130hrs.	Initial 1 <sup>st</sup> month shows an increase in 13.05% discharge before 1130hrs.	Constant reminder needed for all nurses and Drs to discharge patient before 1130hrs and send stable patient to discharge lounge before 1130hrs.
Preparation of discharge box for each nursing station.	Starting from 1 <sup>st</sup> July 2020, each nurse station was equipped with a box consists of discharge envelopes, feedback form and discharge checklist.	Positive feedback by nurses that discharge box facilitated their smooth discharge.	Team members facilitate to top up discharge box.
Daily reminder to ward nurses to discharge patients before 1130H via Tiger Text.	Discharge team member constantly send reminder to ward group tiger text prior to morning shift. Night shift NIC roll call to AM shift nurses on the identified patient for discharge before 1130hrs.	Ward nurse had been more motivated to do better with constant updates and reminder.	Introduce a discharge board at the roll call region for morning NIC to update daily. Daily reminder message in tiger text group ceased due to sometimes no discharge team member is on night shift to send the message prior to morning shift.
Daily update on the discharge board. NIC to update and roll call the discharge statistic daily.	Nursing officer shares the weekly discharge statistics in ward group tiger text.	Keeping each nurse updated of the weekly discharge statistics. Team member will remind nurses if the percentage dip.	Weekly update on the discharge statistics by nursing officers in Tiger Text group.
Ward nurses will feedback to nursing officer of Drs who is not compliance to discharge before 1130hrs. Nursing officer will inform their respective team seniors.	Various Drs name were given to nursing officer. Nursing officer shared with respective team seniors on the non-compliance.	Only orthopaedics team had performed well on discharge before 1130hrs.	Feedback given to senior ortho Dr on their high discharges' percentages.



## Spread Changes, Learning Points

### Strategies to spread changes

- Ward SNs are all assigned and trained as Patient Discharge Champions (PDC)
- Weekly meeting for PDCs with Ward RO to identify enablers and barriers for sustaining the initiatives.
- Ward RO to help maintain the PDC role and continue to give support to the new PDCs.

### Key Learnings Points

- The process of communication between clinicians, healthcare providers and nurses are more open and clearer.
- Discharge percentage has improved and met the target.
- Patient experience is improved as patients were informed on their timely discharge.