Project Title

Smoothening Nursing Transfer Process to other institutions with a Checklist

Project Lead and Members

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Organisation(s) Involved

Singapore General Hospital

Healthcare Family Group(s) Involved in this Project

Nursing

Aim(s)

- Less enquiries from other institutions after transfer patient
- Nurses knows what to prepare before being prompted by the other institutions
- Easy to handover to the next nursing shift
- Less miscommunication on preparing documents
- Doctor knows what to prepare
- Seamless discharge without delay

Background

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Results

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Conclusion

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Project Category

Care & Process Redesign

Access to Care, Turnaround Time

Keywords

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Singapore General Hospital
SingHealth

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Ward 58 ID, Division of Nursing

Introduction

Singapore General Hospital Ward 58ID is an Isolation Ward, which cares for patients from various disciplines. Patients discharge to other institutions for step down care is often seen, such as long-term care in the Nursing Home, slow strength rehabilitation in the Community Hospitals, and palliative care in Inpatient Hospice settings. There are always a delay on the discharge day, which caused by the coordination is not optimal and items that needs to be obtained or arranged are missed out. Nurses spend a lot of time coordinating the discharge, which may compromise nursing care to other patients.
Therefore, this project aims to reduce nurse's timing on discharging patients to other institutions on the day of transfer to less than 30 minutes in W58 ID within 6 months.

The project simplifies the process by having of checklist with checkboxes to indicate if required items/documents are available upon discharge.

Methodology

☐ Team members brainstormed on the possible root causes that contribute to the problem. A cause & effect diagram is used to categorize and list down all the possible root causes. Possible root causes are highlighted in red.
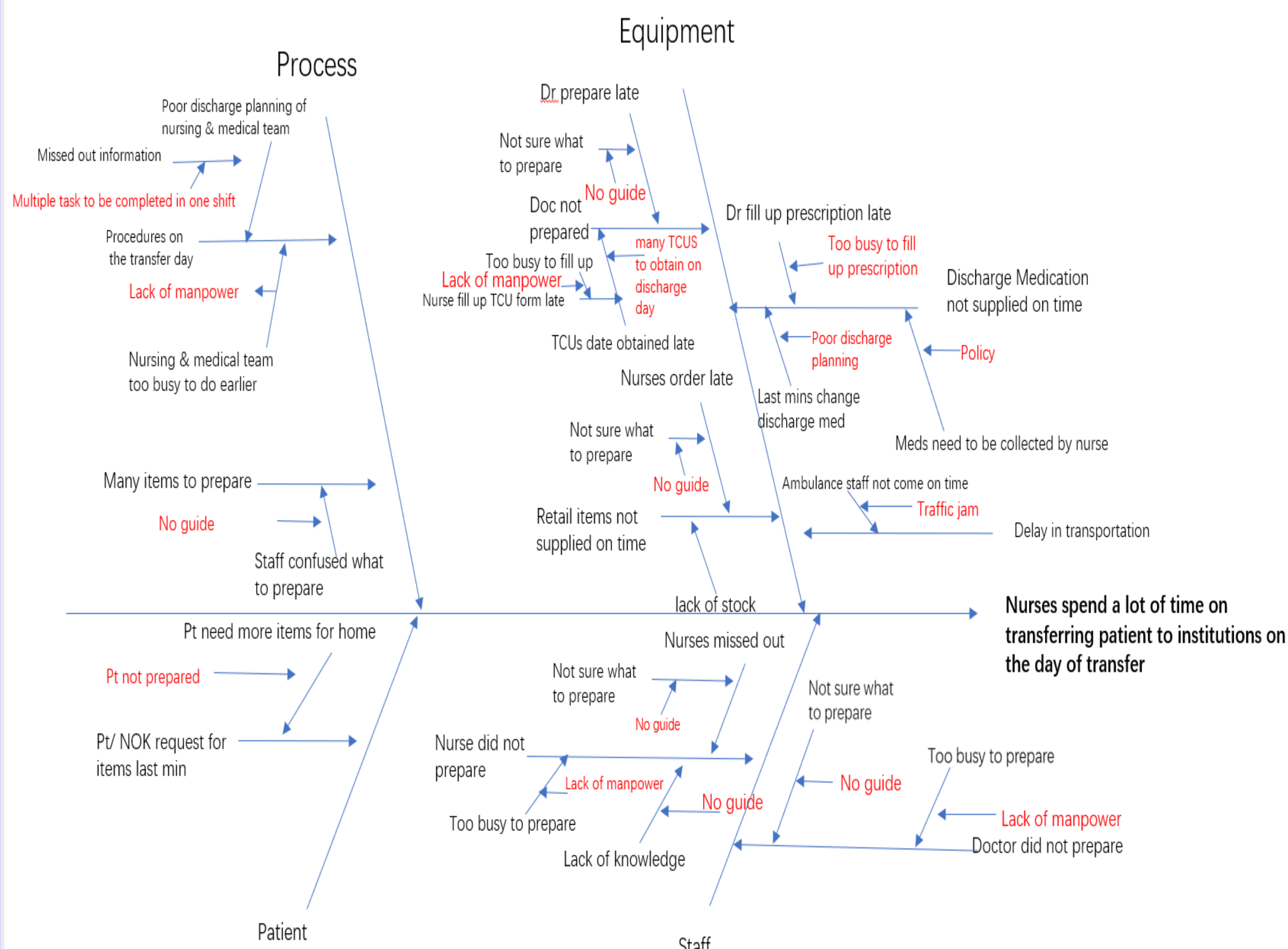

Figure 1: Cause & Effect Diagram

☐ Multi-voting was conducted, and Pareto principle was applied to narrow down from the many possible root causes to a vital few that contributed to 80% of the problem. These final root causes include:
1. No checklist/guideline to follow
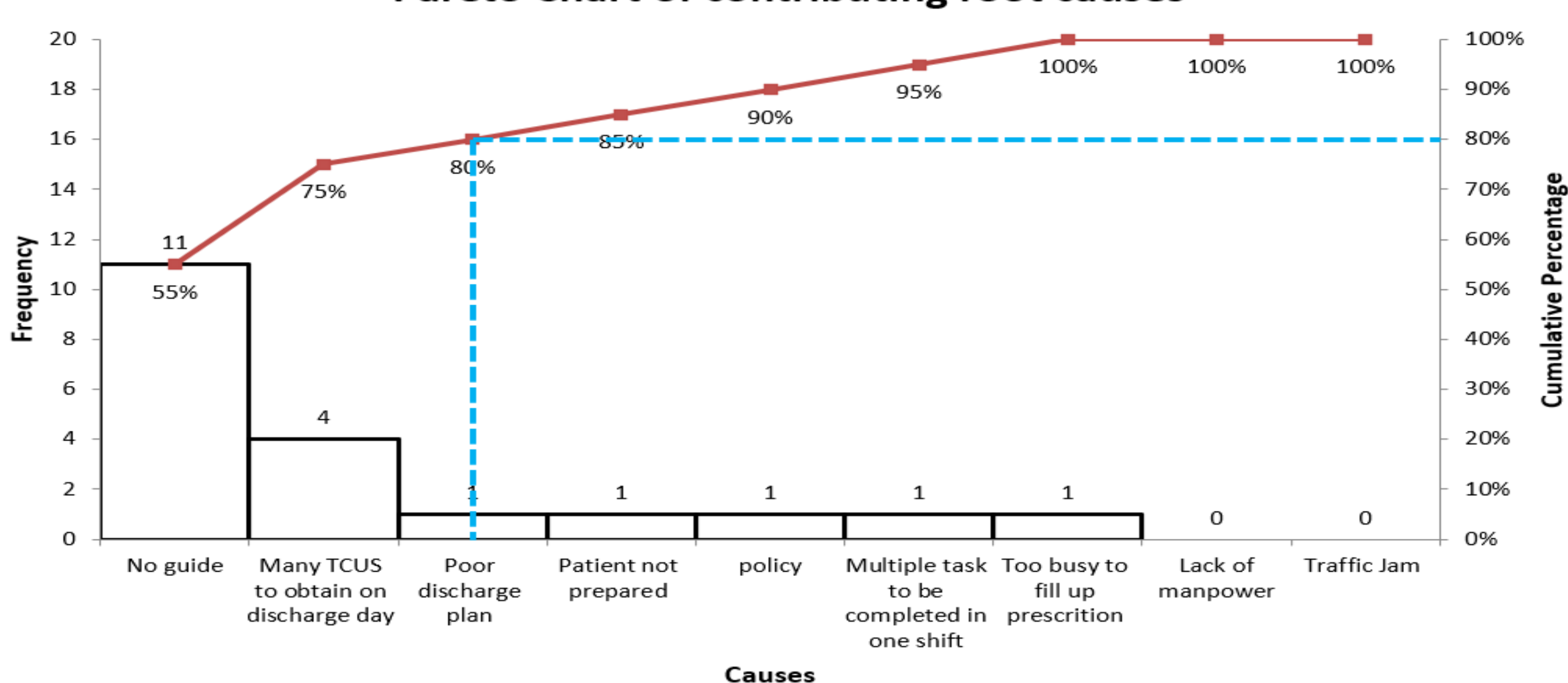2. Many appointments to obtain on discharge day

Figure 2: Pareto chart

☐ Team developed possible solutions targeting on the two final root cases that were identified from the Pareto chart. A tree diagram and prioritization matrix is used to select the possible solutions for PDSAs
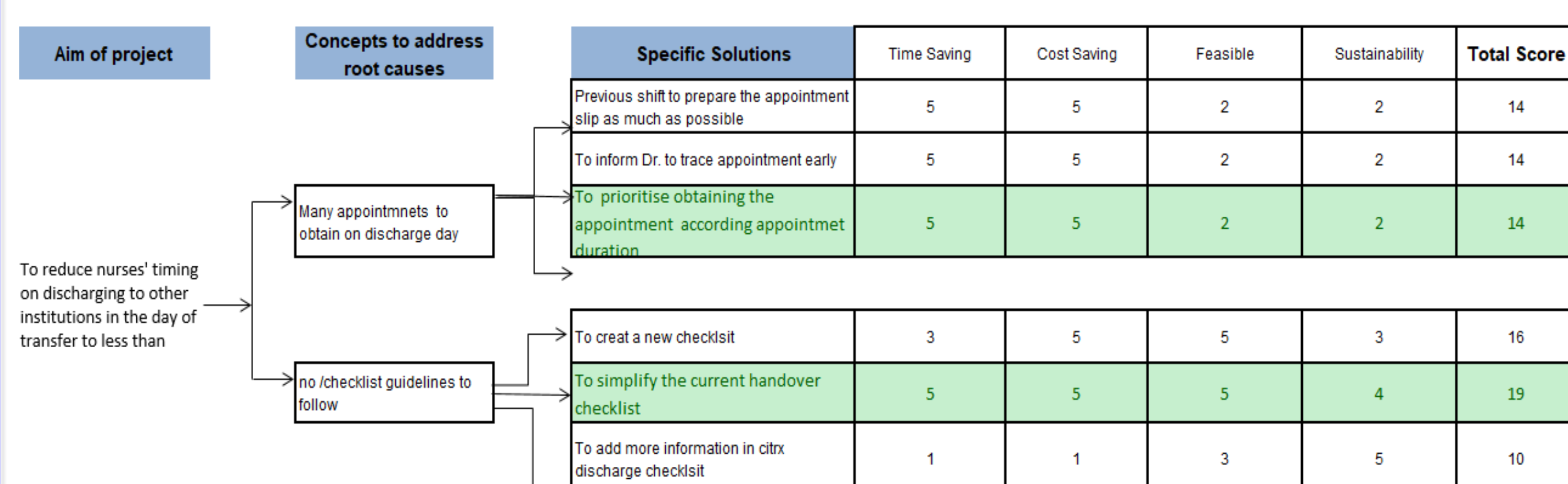
Aim of project	Concepts to address root causes	Specific Solutions	Time Saving	Cost Saving	Feasible	Sustainability	Total Score
To reduce nurses' timing on discharging to other institutions in the day of transfer to less than	Many appointmnets to obtain on discharge day	Previous shift to prepare the appointment slip as much as possible	5	5	2	2	14
		To inform Dr. to trace appointment early	5	5	2	2	14
		To prioritise obtaining the appointment according appointmet duration	5	5	2	2	14
	no /checklist guidelines to follow	To creat a new checklsit	3	5	5	3	16
		To simplify the current handover checklist	5	5	5	4	19
		To add more information in citrx discharge checklisit	1	1	3	5	10

Figure 3: Tree Diagram

Checklist

Team has modified a detailed checklist and add on the checkboxes for nurses to indicate if the items/documents are available upon discharge.

Transfer Item Checklist (Tick / Delete where appropriate)			
	Accompanying Items		
Documents	Detailed Hospital Inpatient Discharge Summary (HIDS)	☐ Yes	☐ NA
	Referal Letter / Memo	☐ Yes	☐ NA
	Latest laboratory investigation records (ECG, Blood Test)	☐ Yes	☐ NA
	Latest X-rays/scan records	☐ Yes	☐ NA
	COVID swab results and memo faxed	☐ Yes	☐ NA
	Speech therapist report	☐ Yes	☐ NA
	MSW report	☐ Yes	☐ NA
	Dietitian report	☐ Yes	☐ NA
	Physiotherapist report	☐ Yes	☐ NA
	Occupational therapist report	☐ Yes	☐ NA
	Latest wound chart	☐ Yes	☐ NA
	Follow up appointments	☐ Yes	☐ NA
	Others (pls specify) _____	☐ Yes	
Consumables	Dressing materials	☐ Yes	☐ NA
	Feeds / Thickener / Supplements	☐ Yes	☐ NA
	Discharge medications (with / without CD) (pls specify when medications was last given) _____	☐ Yes	☐ NA
	Patient's Own Medications	☐ Yes	☐ NA
	Transfer equipments eg: Oxygen Therapy, Oral Suctioning etc. (pls specify) _____	☐ Yes	☐ NA
	Others (pls specify) _____	☐ Yes	
Patient's belongings	Hearing aid	☐ Yes	☐ NA
	Spectacles	☐ Yes	☐ NA
	Footwear	☐ Yes	☐ NA
	Dentures (Upper / Lower / Upper & Lower)	☐ Yes	☐ NA
	Handphone (with/ without charger)	☐ Yes	☐ NA
	Wheelchair/ Walking aid	☐ Yes	☐ NA
	Identification Card (or a copy)	☐ Yes	☐ NA
	Others (pls specify) _____	☐ Yes	

Issued by:

Name & Signature of Staff (Handing over) _____ Date & Time _____

Figure 4: Part of checklist

Results
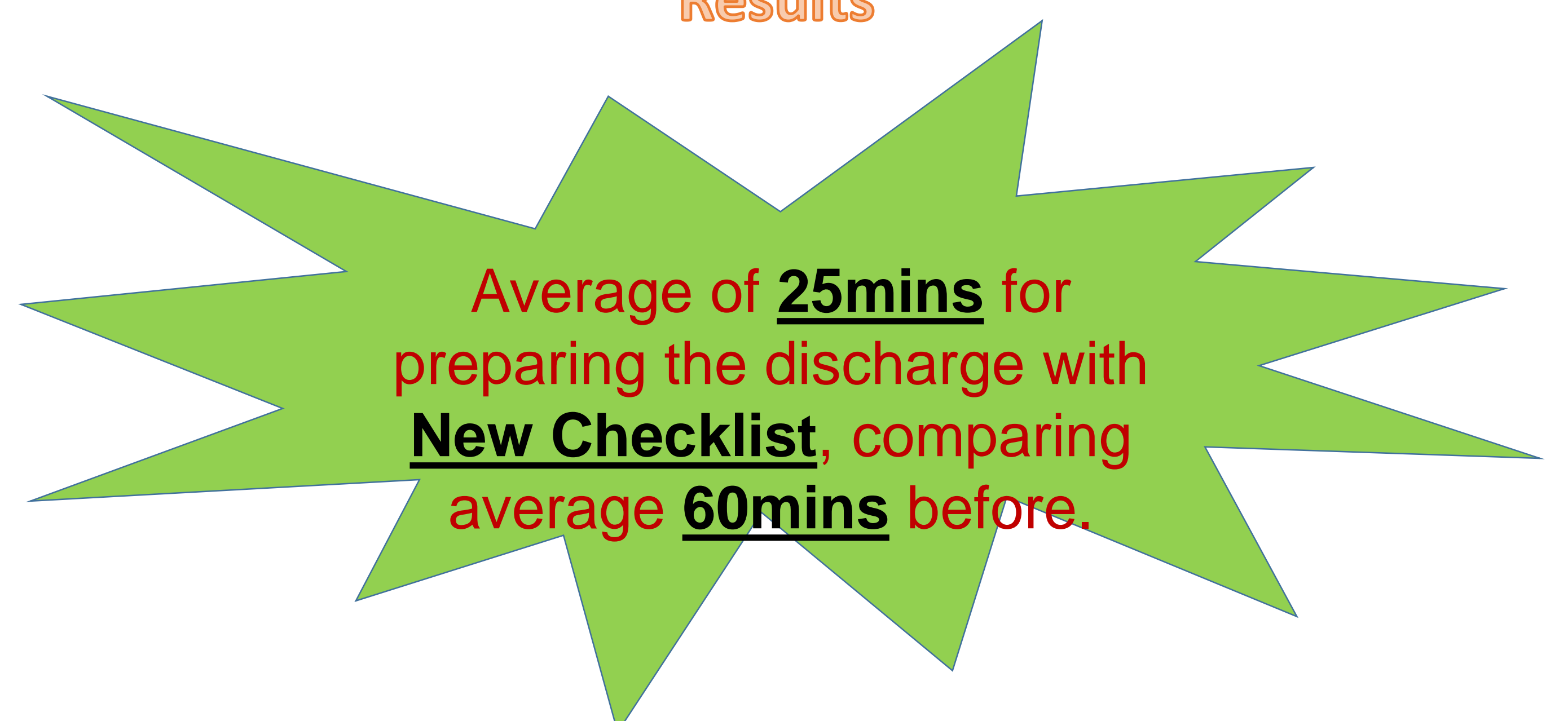
Average of **25mins** for preparing the discharge with **New Checklist**, comparing average **60mins** before.

1. Less enquiries from other institutions after transfer patient 👍

2. Nurses knows what to prepare before being prompted by the other institutions 👍

3. Easy to handover to the next nursing shift 👍

4. Less miscommunication on preparing documents 👍

5. Doctor knows what to prepare 👍

6. Seamless discharge without delay 👍

Conclusion

☐ The new initiative improved the coordination and reduced the time spend on the nurses, which leads to seamless discharge without delay. The project increases bed utilization in SGH and prevents bed congestion in Emergency Department by allocate the bed faster for urgent admission.

☐ Patients' safety is not compromised for continuity of care upon discharge, as staff in other institutions are mentally prepared.

☐ Our team hopes that this project will be used by other hospitals under Singhealth, which will standardize the discharge process to other step down facilities and increase the bed utilization rate.