

Project Title

Implementation of Patient Discharge Envelope

Project Lead and Members

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Organisation(s) Involved

Ng Teng Fong General Hospital

Aims

To have a standardised template where the discharge checklist is printed on the envelope and given to patients upon discharge. To ensure all necessary documents (e.g. discharge summary, MC/HL) are handed over to patients during discharge. To avoid possibility of PDPA non-compliance due to errors in documents being handed to wrong patient. To have a central source for printing of standardised envelopes

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

A standardised process of preparing discharge documents helped nurses to ensure that patient receives all necessary documents during discharge. This also helped improved patient experience as patients have clear visibility on the documents received and follow up appointments

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign

Keywords

Ng Teng Fong General Hospital, Service Design, Quality Improvement, Improvement Tools, Ishikawa, Patient Discharge Checklist

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IMPLEMENTATION OF PATIENT DISCHARGE ENVELOPE

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- SAFETY
- PRODUCTIVITY
- PATIENT EXPERIENCE
- QUALITY
- VALUE

Define Problem/Set Aim

Problem Statement

A social media post which was posted on Facebook by patient/NOK dated 27 Dec 2018, showed typographical errors on the Post Discharge Envelope issued previously from a ward. There was also inconsistency across wards with the use of different types of templates indicated on the envelope, such as writing manually and printed.

Aim

- To have a standardised template where the discharge checklist is printed on the envelope and given to patients upon discharge.
- To ensure all necessary documents (e.g. discharge summary, MC/HL) are handed over to patients during discharge.
- To avoid possibility of PDPA non-compliance due to errors in documents being handed to wrong patient.
- To have a central source for printing of standardized envelopes

Establish Measures

Date/Year	Area	Description
Jan 2018	Nursing- ward	Wrong discharge summary was passed to patient
May 2018	Nursing- ward	Wrong discharge summary was passed to patient
Dec 2018	Nursing- ward	Wrong discharge summary was passed to patient
Jan 2019	ED	Patient receive an additional bag of medication belonging to someone else
Feb 2019	ED	Wrong discharge summary was passed to patient
May 2019	Nursing - ward	Wrong appointment letter given to patient
May 2019	Nursing- ward	Memos sent to wrong patient
May 2019	Endoscopy	Day surgery discharge summary handed to wrong patient
June 2019	Nursing - ward	Discharge documents was given in an envelope with another patient's sticky name label

*Data received from DPO

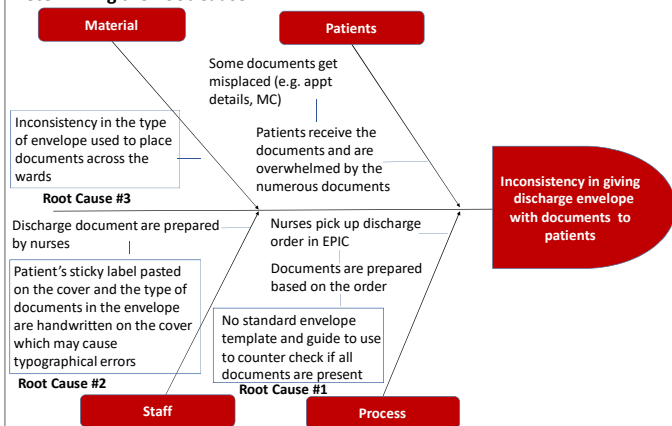
A total of 9 feedback/complaints related to errors in the discharge documents given to patients were observed from Jan 2018 to June 2019.

Analyse Problem

Current Process

Nurses prepare the necessary documents based on the discharge order. Patient's sticky addressograph label is placed on the front of the envelope and the discharge documents inside the envelope are manually written on the cover. The type of envelopes used and the practice of documenting the type of discharge documents are in the envelope vary across the ward. Hand written copies may result in patient receiving wrong documents or some documents being missed out.

Determining the Root Cause



Select Changes

Possible Initiatives

- To use a folder with coloured dividers to hold various discharge documents
- To have a discharge envelope that indicates the various documents that patient needs to receive during discharge. Nurses will verify the documents based on the discharge order.

Test & Implement Changes

Piloting of Solution

- New checklist template on Patient Discharge envelope was piloted in Ward 105/P, WC9 & ED from 20 Feb 2019 to 20 March 2019.
- Ensure that all discharge documents match the patient's identity, using the two patient's identifiers, before putting the documents into the Patient Discharge envelope.
- Ensure the cover page is ticked and match accordingly to the documents to be given to patient.
- The envelope is strictly for internal use. It is not to be used as a mailing envelope.

Results

- No feedback or complaints have been received relating to discharge documents since the implementation on 1 July 2019.
- The standard checklist on the discharge envelope acts as a guide for nurses to match against the discharge order reducing occurrence of PDPA errors.
- It prevents the nurse from giving an incomplete discharge documents. Staff have feedback that the standardised template and guide is useful and it gives them confidence in discharging patient correctly.
- It keeps all the critical discharge information in one place, and is organised in an easy to understand manner.
- Prevents patient from being overwhelmed at discharge with numerous instructions, and it helps patients/NOK to remember all his discharge paperwork and appointments in a convenient way.
- It empowers patient to manage his/her own care by following up on his/her necessary appointments, with the possibility of reducing re-admission.
- Improves communication between the nurse and patient, NOK and the doctors

Spread Change/Learning Points

Strategies to Spread Change

- Key Guidelines on the use of Patient Discharge Envelope was created for nurses' reference
- Wards ROs were briefed on the use of this standard Patient Discharge Envelope one week before the implementation date, and also through email.
- Official roll out on the use of Patient Discharge Envelope to Inpatient wards in NTFGH, JCH and ED was on 1 July 2019

Key Learning

- Process of preparing documents for discharge is more organized and nurses are able to ensure patient receives all necessary documents.
- Patient experience is improved as they have clear visibility on the documents they receive and follow up appointments