

CHI Learning & Development System (CHILD)

Project Title

Increasing The Rate Of Orthopaedic Inpatients Discharged Before Noon

Project Lead and Members

Project lead: Lin Shuxun & Han Fucai

Project members: Choo Soo Chian, Tan Yu Lei, Mei Lili, Adj A/Prof Fareed Kagda

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Medical, Allied Health, Nursing, Ancillary

Applicable Specialty or Discipline

Orthopaedic, Physiotherapy, Occupational Therapy, Care Coordinator

Project Period

Start date: Jun 2018

Completed date: Dec 2018

Aims

To meet and exceed the hospitals target of >30% of inpatients being discharged before noon.

Background

See poster appended / below

Methods

See poster appended / below



CHI Learning & Development System (CHILD)

Results

See poster appended / below

Lessons Learnt

It is important to have frequent reminders for awareness and regularly engage stakeholders from nursing and therapists.

Conclusion

See poster appended / below

Project Category

Care & Process Redesign, Quality Improvement, Value Based Care, Discharge Planning, Care Continuum, Inpatient Care

Keywords

Root Cause Analysis, Plan Do Study Act

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INCREASING THE RATE OF ORTHOPAEDIC INPATIENTS DISCHARGED BEFORE NOON

MEMBERS: LIN SHUXUN & HAN FUCAI (LEADS), CHOO SOO CHIAN, TAN YU LEI, MEI LILI, ADJ A/PROF FAREED KAGDA (SPONSOR)

	SAFEIY
V	PRODUCTIVITY
V	PATIENT EXPERIENCE
	QUALITY
	COST

Define Problem/ Set Aim

Opportunity for Improvement

Between January 2018 to May 2018, the percentage of orthopaedic inpatients being discharged before noon ranged from 15% to 25%. This was consistently below Ng Teng Fong General Hospital's target of 30%. This resulted in a lack of available beds for patients awaiting admission, increased wait time for patients, and overall patient dissatisfaction.

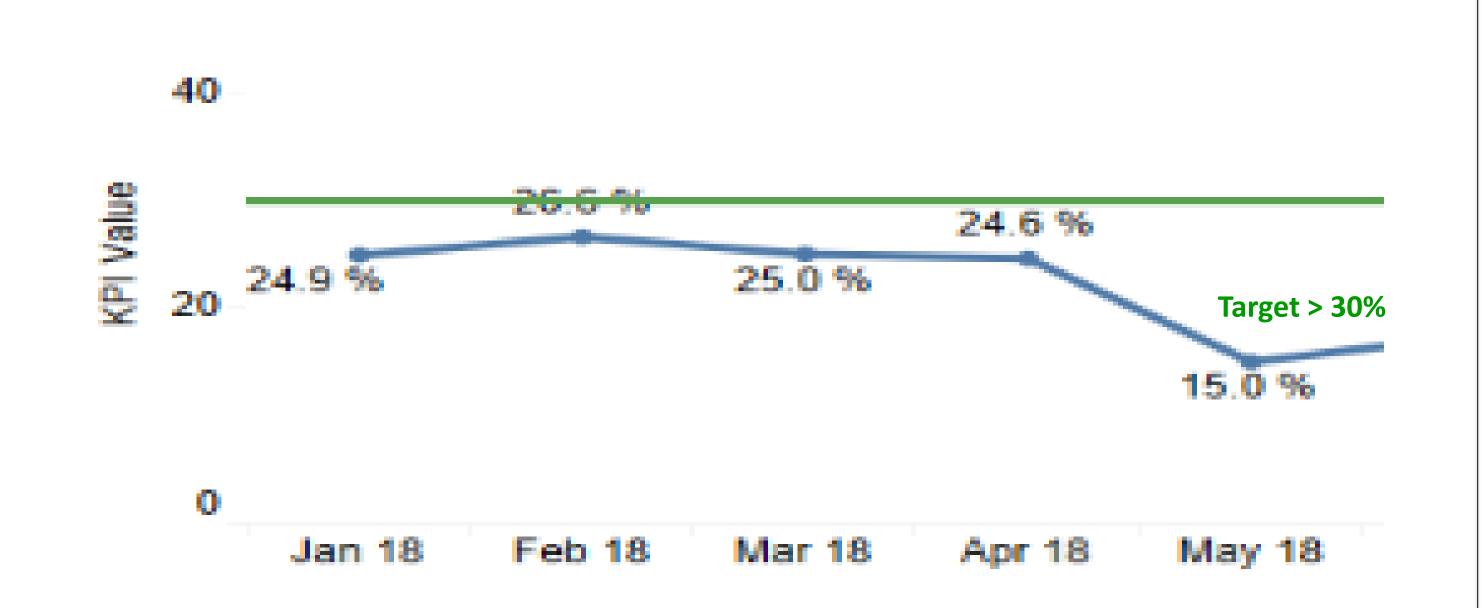
Aim

Our team aimed to meet and exceed the hospitals target of >30% of inpatients being discharged before noon.

Establish Measures

Baseline Performance

Percentage of Orthopaedic Inpatients Discharged Before Noon (Jan-May 2018)



Analyse Problem

Process before intervention

Orthopaedic team documents that patient is fit for discharge during morning rounds

Physiotherapist and Occupational therapist gives safety clearance for discharge

Discharge medications and memos are processed

Patient is discharged

Root Cause Analysis

Orthopaedic Team - Did not highlight plan for discharge early

- Did not highlight plan for discharge early

 Delay in completing

 prescriptions/memos/discharge summaries
- Not prioritising discharge changes
- Imbalanced workload amongst house officers from different teams resulting in delayed discharges of patients cared for by busier teams

Physiotherapist/

Occupational Therapist

- Delay in identifying patients for discharge
 Did not prioritise reviewing patients for discharge earlier
- Delay in providing mobility aids for patients who need it upon discharge

Patient unable to discharge before noon

Nursing Team

- Did not prepare medications and materials for patients requiring dressing change before home
- Did not inform patients family to bring patient home resulting in transport delay
- Insufficient manpower to obtain discharge

Care Coordinator

- Did not identify patients for discharge early enough to troubleshoot blocks to discharge
- Did not consider logistics of transport home or if patient could be cared for at home

Select Changes

Probable Solutions

The Root Cause Analysis showed that there were many contributing factors. Hence the solution had to be multi-pronged and summarised in the table below.

able below.	
Root causes	Measures
Orthopaedic team	 Early identification of patients planned for discharge Prompt D-1 Complete discharge summaries, memos, prescriptions before 1030hrs each day Workflow created to prioritise discharging of patients Internal load balancing with house officers from busier teams helping out those from lighter teams
Physiotherapist s and Occupational therapists	 Improved communications with orthopaedic team and earlier screen for patients pending discharge
Ward nurses	 Promptly obtain discharge medications and dressings, even the day before Communicate with patients family plan for discharge and facilitate logistics
Discharge coordinator	 Identify patients planned for discharge and assist with discharge planning

Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1	Aim was to test whether all these measures would bring about any positive increase in rate of discharged before noon.	were carried out as planned. Regular meetups were held with all stakeholders involved to optimise the workflow. Feedback was sought at regular	A positive increase in rate of orthopaedic inpatients discharged before noon was seen from May 2018 to December 2018. This was sustained and spanned 3 rotations of House Officers who were pivotal in the workflow, proving that the measures had a lasting effect.	We plan to adopt this change in workflow and continually ensure that the targets are met.

Percentage of Inpatients Discharged Before Noon Trend Line (Jun-Dec 2018)



Spread Change/ Learning Points

Spread Changes:

We intend to spread this to all healthcare staff that care for orthopaedic inpatients. As they rotate regularly as part of their training and job scopes, positive changes must be maintained despite staff turnover.

Learning Points:

Frequent reminders for awareness and regular engagement of stakeholders.