Improve care delivery by Expected Date of Discharge Program in acute medical wards in Tseung Kwan O Hospital (Pilot)

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Introduction
Many patients admitted to medical wards have multiple co-morbidities as well as social and caring problems, leading to prolongation of hospitalization. The formulation of comprehensive care plans on admission with early identification of discharge problems is paramount in enhancing efficient patient management.

Objectives
Our aim is to promulgate the concept “plan for discharge on admission” which involves a multi-disciplinary approach with enhancement in communication between different caring parties and facilitation of discharge process.

Methodology
A pre-defined form was designed to facilitate early discharge by addressing the expected date of discharge (EDD). The defaulted EDD was set at day 4 after admission. The doctor-in-charge would assess patients and record EDD on days 1 to 4, 7, 14, 21 and 28 after admission. The diagnoses and EDD were confirmed after each morning ward rounds, and could be revised if they were different from the preset date. Nurses would fill in the premorbid status of patients and coordinate patient care to prepare for discharge according to the EDD. This program was piloted in two acute medical wards for 2 weeks; all emergency and transferred-in cases were included. A staff satisfaction survey was performed afterwards.

Result
From 3/3/2014 to 17/3/2014, 172 emergency/transferred-in patients were admitted to these two wards. 48% (n=84) were male, with median age 76 (IQR=25.5). The
average length of stay (ALOS) was 4.68+/−3.87 days. 63% (n=108) of patients were discharged within 4 days. The EDD of 50% of cases were revised up (n=48) or down (n=38) according to the clinical condition. 77% (66/86) of cases were discharged on or before the EDD. The compliance rates were 86% for nursing staff and, 77% (day 1) and 65% (day 2) for doctors respectively. A survey was completed by all involved staffs including 14 doctors and 33 nurses. Sixty-six per cent (n=31) of staffs agreed the concept of EDD program and 62% (n=29) staffs agreed this program could enhance communication among different stakeholders. Conclusion: This pilot program promoting the concept of “plan for discharge on admission” program demonstrates a high degree of accuracy on planned discharges. It was helpful in improving the efficiency and effectiveness of care delivery. It also enhanced communication among healthcare professionals, and therefore, discharge problems could be identified earlier for care planning.