



Service Priorities and Programmes Electronic Presentations

Convention ID: 1279

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PWH Discharge Lounge 2.0-The Staff Engagement Version

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Keywords:

Prince of Wales Hospital

Discharge lounge

Discharge process

Access block

Winter Surge

Bed situation

Introduction

Access block and high occupancy rate has always been the issues in PWH; especially during winter surge period. Discharge Lounge (DCL) has been introduced by the Central Nursing Division (CND) as one of the winter surge measurements to improve patient flow and discharge efficiency since 2015. Continuous improvement was done to increase service quality throughout these years; and significant advancement has been achieved.

Nevertheless, improvement strategies have never been ceased for our services. This year, the DCL has been redesigned with new locations and operation model. CND has co-operated with Medical and Surgical departments to manage the DCLs for the target of engaging frontline staff with buy-in from departments. Although the DCLs have only been operated for nearly 1 month for the time being, statistics has shown a drastic increase in patient attendance.

Objectives

1. To speed up discharge process to reduce in-patient bed hours during winter surge period.
2. To engage departments and frontline staff so as to improve efficiency and efficacy of the DCL.

Methodology

1. CND centrally coordinates and support DCL but out-source its operation to the two largest departments in the hospitals. Medical Department supports the medical stream patients and Surgical Department supports the surgical stream patients.
2. CND designs the operation framework of the DCL and cooperates with

- departments for the implementation.
3. There are two sites of the DCLs which located near the medial wards and surgical wards. Each DCL accommodates 6 beds and 6 sitting places during winter surge.
 4. Nursing and supporting staff manpower are supported by Special Honorarium Scheme (SHS).
 5. The DCL nurses will perform case screening in wards twice daily; and to arrange transfer of suitable cases. Referrals from wards are also welcome.
 6. Outcomes are evaluated by CND in various perspectives such as daily attendance rate; in-patient bed hours; and patient satisfactory survey.

Result

From 2 to 26 January 2018 (19 working days), the total number of attendances was 644, with average 33.9 patients per day; and 1352 in-patient bed hours saved. In comparing with the same period last year, there was 131% increase in attendance. Going back to 2015, there were only 238 attendances during the whole 3-months period and 641 bed hours saved; proved that huge advancement has been made throughout these years. In conclusion, the new DCL model demonstrates that departments' engagement is crucial to success; and DCL is effective in reducing in-patient bed hours.