Multidisciplinary Input for Discharge Management in HKBH
(fewer long-stay + shorter LOS = extra beds)

Stanley KF TAM (AC / MED / HKBH) for
Dr MH Leung, Dr Patrick Ng, Ms Linda Lee, Ms SL Chuk
Ms Maria Pi, Mr Andy Chan, Ms YM Yiu, Ms Anita Lee
Dr Sandy Chan, Dr Jenny Lam, Dr Tsan Cheuk
Background: usual patient journey
Background: usual patient journey

AED admission → Assessment → Diagnostic Test → USG → Treatment → Discharge Home
Background: usual patient journey

AED admission

Assessment

Diagnostic Test

USG

Treatment

Transfer Convalescent
Ready to discharge
Burden of long-stay patients in HA (as at 31 Dec 2012)
Burden of long-stay patients in HA (as at 31 Dec 2012)

- **Overall**: 1523
- **LOS ≥30 days**: 622
- **LOS ≥60 days**: 388
- **LOS ≥90 days**: 0
Burden of long-stay patients in HA (as at 31 Dec 2012)

- **HA Overall**: 1523
- **M&G**: 641, 214, 113
- **LOS ≥30 days**: 641
- **LOS ≥60 days**: 214
- **LOS ≥90 days**: 113
- **Overall HA**: 1523
- **LOS ≥30 days**: 641
- **LOS ≥60 days**: 214
- **LOS ≥90 days**: 113
Reasons for longer stay
191 patients with LOS >30 D (July/2012 – Mar/2013)
Reasons for longer stay
191 patients with LOS >30 D (July/2012 – Mar/2013)

- Pure medical reasons 50%
- Discharge problems 49%
  - Don’t want to spend money in OAH
  - Free service in hospital
  - I want to stay forever
  - I am sick
Reasons for longer stay
191 patients with LOS >30 D (July/2012 – Mar/2013)

- Pure medical reasons 50%
- Don’t want to spend money in OAH 1%
- Discharge problems 49%
- I am sick
- Free service in hospital
- I want to stay forever
Usual practices to handle discharge problem cases
惡菌人傳人！叫＜一代宗師＞出馬啦....
THE GRANDMASTER

Therapist Nurse Doctor MSW

三代 1.7.2012
Multi-disciplinary Discharge Management Meeting (MDMM)

1. Weekly **Monday** meeting (9 am, around 30 min)
2. Focus to **every** patients with **LOS ≥ 30 D**, in HKBH MED department
3. **Multidisciplinary** case conference
   - Case MO, nurse, PT, OT, social worker
   - senior physicians
Multi-disciplinary Discharge Management Meeting (MDMM)
During the (MDMM) meeting

Reason(s) for stay
- Need Medical care?
- Discharge problem?

Why
During the (MDMM) meeting

Reason(s) for stay
- Need Medical care?
- Discharge problem?

What is (are) the limiting factor(s)?
During the (MDMM) meeting

Reason(s) for stay
- Need Medical care?
- Discharge problem?

What is (are) the limiting factor(s)?

What

How

Action plan
Set discharge date

Why
During the (MDMM) meeting

Focused intervention by different disciplines

Reason(s) for stay
- Need Medical care?
- Discharge problem?

Act

Why

What

What is (are) the limiting factor(s)?

Action plan
Set discharge date

How
Visual effect facilitate focused intervention
Additional measures (on top of usual practices)

① Set **common practices** (language):
   - Standard time to look for OAH: 2 weeks
   - Need to wait for overseas maid: temporary OAH

② **Consistent approach**, according to MDMM decision

③ **Focused intervention** by different disciplines

④ Case doctor and other staffs are not working alone (**supported & supervised** by MED department & hospital)
Additional measures (on top of usual practices)

5. Family case conference
6. Formal letter (from department, hospital) to inform relatives our discharge plan and date
7. Guardianship application as last resort (for MIP mentally incapacitated person)
請安排出院事宜

過去數月本院醫護人員多次與你聯絡，催促家人安排出院事宜，但至今沒有確切安排。
但因該護養院暫沒有床位空缺，等候需時及不明朗。

情况已適宜出院，本院不可能容許在本院繼續等候。

2. 本院會安排非緊急救護車載送至到指定住處。如本院在二○一二年十一月五日前未收到你回覆，本院會為

申請監護令以解決她出院的事宜。隨信附有申請監護令的資料及私人安老院資料以供參考。

3. 如家人需要查詢，請致電本院社工
聯絡主任或本院病人
July/2012 – Mar/2013: 191 patients (LOS >30 D)
July/2012 – Mar/2013: 191 patients (LOS >30 D)
85% discharge after 1-2 meeting
>50% reduction in no. of patients with LOS >30 D
>50% reduction in no. of patients with LOS >30 D
Week of discharge (BH MED)

Jan-Dec 2011

1st wk: 36%
2nd wk: 30%
3rd wk: 14%
4th wk: 7%
1st - 2nd mth: 11%
>2 mth: 2%
Week of discharge (BH MED)

Jan-Dec 2011 Jan-Jun 2012

1st wk: 36% 35%
2nd wk: 30% 30%
3rd wk: 14% 14%
4th wk: 7% 6%
1st-2nd mth: 11% 12%
>2 mth: 2% 2%
Week of discharge (BH MED)

Jan-Dec 2011 Jan-Jun 2012 July 2012 - Mar 2013

1st wk 2nd wk

36% 35% 30% 30% 40%

14% 14% 13%

7% 6% 5%

11% 12% 8%

2% 2% 2% 2%
In-patient ALOS (BH MED) 2011 2012
In-patient ALOS (BH MED) 2011 2012
In-patient ALOS (BH MED)
2011 2012 2013

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Median ALOS</th>
<th>Mann-Whitney U test p=0.02</th>
<th>Difference 2.3 days = 14.7% ↓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before MDMM Jan 2011 – Jun 2012</td>
<td>15.6 days</td>
<td></td>
<td>14.7% x total beds (172) ≈ 25 beds added</td>
</tr>
<tr>
<td>After MDMM Jul 2012 – Mar 2013</td>
<td>13.3 days</td>
<td></td>
<td></td>
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Feedbacks from colleagues
We gained

① Created an *atmosphere* of heightened awareness of discharge planning among our colleagues, patients & family members

② Reviewed *every patients* with LOS $\geq 30$D regularly

③ Supported *frontline* colleagues (by MED depart, multidisciplinary team) in discharge process, especially in difficult cases
We gained

4. Significant reduction (>50%) in number of long-stay patients (LOS >30 D), avoiding unnecessary hospitalization

5. Facilitate discharge (esp. in 1\textsuperscript{st} & 2\textsuperscript{nd} week), better support acute service

6. Consistently maintain ALOS (around 13 days) \approx adding 25 extra beds
In summary

① **30 minutes** of weekly ‘Multi-disciplinary Discharge Management Meeting’ **MDMM** was effective in smoothening the discharge process, avoiding prolonged hospitalization.

② A **good culture** of practice was created in MED wards.
Apart from doctor, every discipline identify problem case
Welcome earlier (<30 D) recruitment of problem case
Testify sustainability
Support
Support
Support
Thanks
Acknowledgement

Dr CT HUNG, Dr Tsan CHEUK, Dr Jenny LAM, Dr Patrick NG, Ms Calina LAU
All medical staffs, nursing colleagues, PT, OT, MSW involved
THANK YOU!
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