



Service Priorities and Programmes

Electronic Presentations

Convention ID: 479

Submitting author: Ms HOI YAN WONG

Post title: Registered Nurse, Pamela Youde Nethersole Eastern Hospital, HKEC

Discharge Planning in ICU

*Wong HY(1), So HM(1), Yiu MC(1), Mak HY(1), Lui WK(1), Yeung MW(1), Chiu MC(1), Lau L(1), Lau CW(1), Chan KC(1), Shum HP(1), Kwok LP(1), Yan WW(1)
(1)Department of Intensive Care, Pamela Youde Nethersole Eastern Hospital*

Keywords:

Discharge planning

Intensive care unit

Effective communication

Staff satisfaction

Introduction

Admission to Intensive Care Unit (ICU) exerts both physical and psychological burden on patient and their family. Communication breakdown and rushed transfer process may further intensify their stress. In the era of patient-centered service, a proactive discharge planning involving effective communication, anticipation of patient needs, coordination of care and involvement of family is essential.

Objectives

1. To structure an ICU-based discharge plan 2. To design a tool for facilitating the timely discharge plan and internal communication 3. To evaluate staff satisfaction on the plan and the tool

Methodology

Based on the literature and overseas experiences, key elements on discharge plan were identified. In April 2010, a simple visual tool modeled as a paired of Traffic Light System (Red- Yellow- Green) with its universal meaning was designed to illustrate patient severity and expected date of discharge (EDD). Bundle of discharge measures was formulated at each phase of the plan. Staff survey was conducted in December 2010 and November 2012.

Result

ICU-based discharge plan starts at the first day of patient admission. The plan has three phases depending on patient's condition. Ongoing assessment on patient and family's psychological needs, periodical interview, step down management and concise handover are the core elements of this discharge plan. The tool, in form of a display card showing two color codes is placed at the prominent place of each patient's bedside. Everyday ICU doctors assess patient's condition and collaborate with Nurse Consultant to assign the appropriate color codes based on the agreed criteria. Staff then conveys the discharge goal and implements suitable measures to patient and relatives. 70 and 75 ICU doctors and nurses were invited to participate in survey in 2010 and 2012 respectively. They overall satisfied with the tool and agreed

the discharge plan was appropriate in ICU. There was statistically significant increase in satisfaction on the tool for 1) promoting the transparency of discharge goal ($p=0.006$); 2) improving confidence on disseminating a consistent discharge goal to relatives ($p=0.003$) and 3) promoting intra-team communication ($p<0.001$). In 2012 survey, 92% staff ($n=69$) reported that they had actively discussed the discharge plan with the patient and family. Moreover, no complaint related to discharge process was reported. Conclusion: The project not only enhances team collaboration, but also builds a harmony working environment. Finally, service quality is assured.