



## Service Priorities and Programmes Electronic Presentations

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**Submitting author:** Miss L C YU

**Post title:** Nursing Officer, United Christian Hospital, KEC

### **Smooth discharge through liaison nurse in Community Nursing Service**

*Yu LC(1), Chiu LT(1), Sze PL(1), Leung SH(2), Yeung KC(1)*

*(1)Community Nursing Service, Kowloon East Cluster (2)Nursing Services Division, United Christian Hospital*

#### **Keywords:**

1. Smooth discharge from hospital
2. Liaison nurse in Community Nursing Service
3. Protocol-driven pre-discharge assessment
4. Reduce disturbances from calls during patient's pre-discharge interview
5. Shorten the patients' waiting time for the interview
6. Accuracy of information collected at the interview.

#### **Introduction**

Early and safe patient discharges were not only to shorten the length of stay in hospital but also to increase the hospital bed utilization. In order to facilitate early discharge, patients were referred to Community Nursing Service (CNS) by ward nurse if patients required post-discharge care at home. A protocol-driven pre-discharge assessment was carried out by liaison nurse after call. However, the pre-discharge assessment was impeded by calls from different referees as they raised CNS referrals. The disturbance could prolong the interview time or affect the accuracy of information collected at the interview. To avoid the averted interruption, the pilot program was launched from June 2011 to April 2012 to shorten the patients' waiting time for the interview.

#### **Objectives**

To shorten the average waiting time for the patient to be interviewed by community liaison nurse

#### **Methodology**

Data collection had been carried out for one month in June 2011 which included the waiting time for the liaison nurse to interview the patient after receiving call from referring unit including in-patient wards and Specialist Outpatient Clinics (SOPCs). Findings shown frequency calls were from surgical wards in the early morning, therefore, two surgical wards were being selected for pilot as set period for interview before 11am since referrals were readily prepared by early ward round. The pre-discharge assessment was done on the designated time without calling from pilot wards. Moreover, re-engineering workflow of blood taking referral from SOPCs by exemption of interview for those who received blood taking service before, only patients who newly referred for blood taking service were interviewed.

#### **Result**

Nearly 430 and 380 of interview arrangement data collected in June and December 2011 respectively. After the interventions, the average waiting time from calls to patient being interviewed was reduced from 59.55 minutes to 53.16 minutes in June and December respectively. Almost 11% (n= 6.39 minutes) of time was saved for each patient. Furthermore, receiving calls from SOPCs on the blood taking referral were reduced by 66.2% from 136 calls to 46 calls in June 2011 and April 2012 respectively. Conclusion The pilot program demonstrated that fewer disturbances from calls during patient's pre-discharge interview would shorten the waiting time for interview and facilitate patient for a smooth and speedy discharge process.