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A Discharge Facilitation Pilot Programme to Shorten Length of Hospital Stay

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Introduction

The demand of sub-acute medical beds at TWH is very intense due to the reduction of sub-acute medical beds up to 20% after renovation of various medical wards, as well as the escalating yearly winter-surge requirements in relation to the ageing population. Smooth discharge of patients depends of a multitude of factors and good team work, apart from rectifying patients' medical problems.

Objectives

(1) To increase patient throughput; (2) to shorten length of hospital stay (LOS); to maintain quality of service with no increase in complaint and unplanned readmission rates.

Methodology

A "Pre-test" vs "Post-test" design was used. A working group comprising doctors and nurses was formed in Sept 2013 for this programme. A number of meetings were held and with inputs from various allied health departments, factors which impede smooth patient discharges were identified using a patient's journey approach. A discharge facilitation flow chart and logistic form were then designed so as to streamline the workflow and enhance team as well as patient/relative communications. Patients admitted into 2 index sub-acute medical wards were recruited for the whole month in December 2013 and compared with a historical cohort in December 2012. Outcome measures were i) Patient throughput; ii) LOS; iii) Mortality and Back to Acute Hospital rates; iv) 28-Day unplanned readmission rate and v) Complaint figure.

Result

In Dec 2013, 114 patients were served with 49.1 % were males. There was 14 % increase in patient throughput when compared with figures in Dec 2012 (100 patients with 47% males). Two male patients were still in hospital at time of data analysis because of unresolved social problems and were excluded from further study. The overall average LOS was shortened by 1.8 days (14 days vs 12.2 days; 14.7% reduction). Quality of services was not compromised. The 28-day unplanned readmission rate fell from 23.2% to 14.4% (p=0.04). Moreover, mortality and back-to-acute hospital figures were slightly reduced by 7.6% and 1.2% respectively. Complain figures remained at low level of 2 cases per month in the study and control

periods. Conclusions: This discharge facilitation program was effective to increase service throughput and shorten LOS without compromising the quality of care.