Service Priorities and Programmes

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Increase hospital bed turnover by reducing process time for inter-hospital transfer and discharge

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Introduction

To cope with the huge demand from patients to be admitted to acute hospital via Accident and Emergency Department (AED), transfer of patients who are relatively stable yet still require hospital care from an acute hospital to convalescence hospital is needed. The process time of transfer starts from a medical decision on whether the patient is fit for transfer and completion of transfer from a acute hospital to a convalescence hospital becomes the crucial point for measuring the effectiveness of hospital bed turnover. The whole transfer process time includes the following steps: notification of number of vacant beds from convalescence hospital; physician decision; completion of patient discharge summary; required medication; sending readiness notification to Non-Emergency Ambulance (NEATS). In no doubt that the above long process time will have negative impact on hospital bed turnover.

Objectives

The study aimed to reduce the above process time for discharge in an acute hospital and transfer to a convalescence hospital from 180 mins to less than 90 mins

Methodology

Six sigma tool of DEFINE, MEASURE, ANALYZE, IMPROVE, CONTROL (DMAIC) was used in a medical ward (B2) of Queen Mary Hospital for this study.

Result

The process time for various steps were collected from 1st to 7th August 2014. Result revealed that the uncertain number of vacant beds available in the convalescence hospital was the key factor leading to the prolonged process time. If a fixed number of vacant beds could be made available for patient transfer, a nurse could select appropriate cases in advance, medication could be prepared during non-peak hour and once the physician prepared the discharge summary, the patient could be transferred by NEATS early in the morning following a fixed time schedules. Proposal was then made and a pilot study was launched during 17th to 22nd November before the seasonal winter surge period started on 22nd December 2014. Results indicated that there was significant improvement in the transfer services after making the above adjustment and the whole process time was reduced to less than 90 mins. Conclusion The success of this pilot study supported that it is important to have fixed quota from convalescence hospital to facilitate an easier and faster transfer services, coupled with improved co-ordination from all relevant parties, the target of reducing processing time to less than 90 mins could be achieved.