

How to deal with full house??



Despite promotion and enhancement on clinical admission for day procedure through protocol driven care model was implemented since 2Q2014; the number of clinical admission to in-patient ward maintained 2,480 admissions in March to November 2015. Average daily clinical admission to in-patient ward was 9 per day.



125% Full House

A photograph of a hospital ward with several beds and medical equipment. A yellow banner with black diagonal stripes and the text "125% Full House" is overlaid on the image. A red arrow points from the banner towards the "Day Ward" section.

Day Ward

A diagram of a house with a red roof and a chimney. The text "Day Ward" is written in yellow on a blue background inside the house. A red arrow points from the "125% Full House" banner towards this diagram.

**Reducing Clinical Admission to In-Patient Ward
through Centralized Booking System**

Team Building
for Change

Reduce
In-patient
admission



Decision Making



Liaise with various
teams and specialist



Planning of Care



DPC acts as the facilitator and coordinator in triaging clinical admission; educator for nursing staff on the concept of day procedures and identify procedures that are suitable to be carried out in day setting; advocate medical staff on new concept of day procedures and introduce update booking system for clinical admission.

Role of
Discharge
Planning
Coordinator
(DPC)

Education



Advisory



Advocate



PROTOCOL DRIVEN 'ADMISSION RECORD'

Bone Marrow Examination
(Booking Code: AMED-DMBM / DHBM)
(Medical Day Ward ES - Fax to: 1603 / Enquiry No: 1598)

PART I (To Be Completed By Referring Ward / Doctor.)

Patient Diagnosis:	
Date of Admission:	
Cytogenetic study + FISH	<input type="checkbox"/>
Indication:	<input type="checkbox"/> For diagnosis of marrow pathology <input type="checkbox"/> For lymphoma staging

☐ Check clotting profile on the day of booking.
☐ Scheduled appointment refers to OPAS or CMS appointment booking.
☐ Please print appointment sheet to patient.

Referring Ward / Doctor's Name: _____
Date of Referral: _____

PART II (To Be Completed By Referring Doctor)

☐ Blood taking
☐ Routine - CBC
☐ Others, please specify: _____

☐ Monitor vital signs.
☐ Informed consent signed.
☐ Pre-medication: 2% Lignocaine local injection _____ ml (100mg in 5 ml) as prescribed in MAR.
☐ Post aspiration care:

- ☐ Apply simple pressure dressing.
- ☐ Keep bed rest, lie supine for at least 2 hours.
- ☐ Prescribe analgesic for wound pain.
- ☐ Monitor vital signs, blood pressure, body temperature, respiratory rate at Q1H for 2 hours.
- ☐ Check Haemostasis of wound before allowing patient to sit out.
- ☐ Advice on wound care.

Discharge criteria: MEWS stable, no wound oozing. Follow up appointment available. Otherwise, inform doctor for assessment.

Doctor's Name / Code & Signature: _____
Date & Time: _____

PART III (To Be Completed By Nurse at Day Ward)

☐ Blood for investigation taken.
☐ Other management refers to following CMS.
☐ Informed consent signed by patient with education pamphlet and information given.
☐ Bone marrow aspiration with procedure checklist performed.
☐ Post aspiration nursing care:

- ☐ Advice patient to lie flat for at least 2 hours.
- ☐ Hourly vital signs as prescribed for 2 hours taken (refer to MEWS chart).
- ☐ Restime diet.
- ☐ Specimen sent with signature record.
- ☐ Wound care - ☐ bleeding stopped ☐ no swelling ☐ simple pressure dressing re-applied.

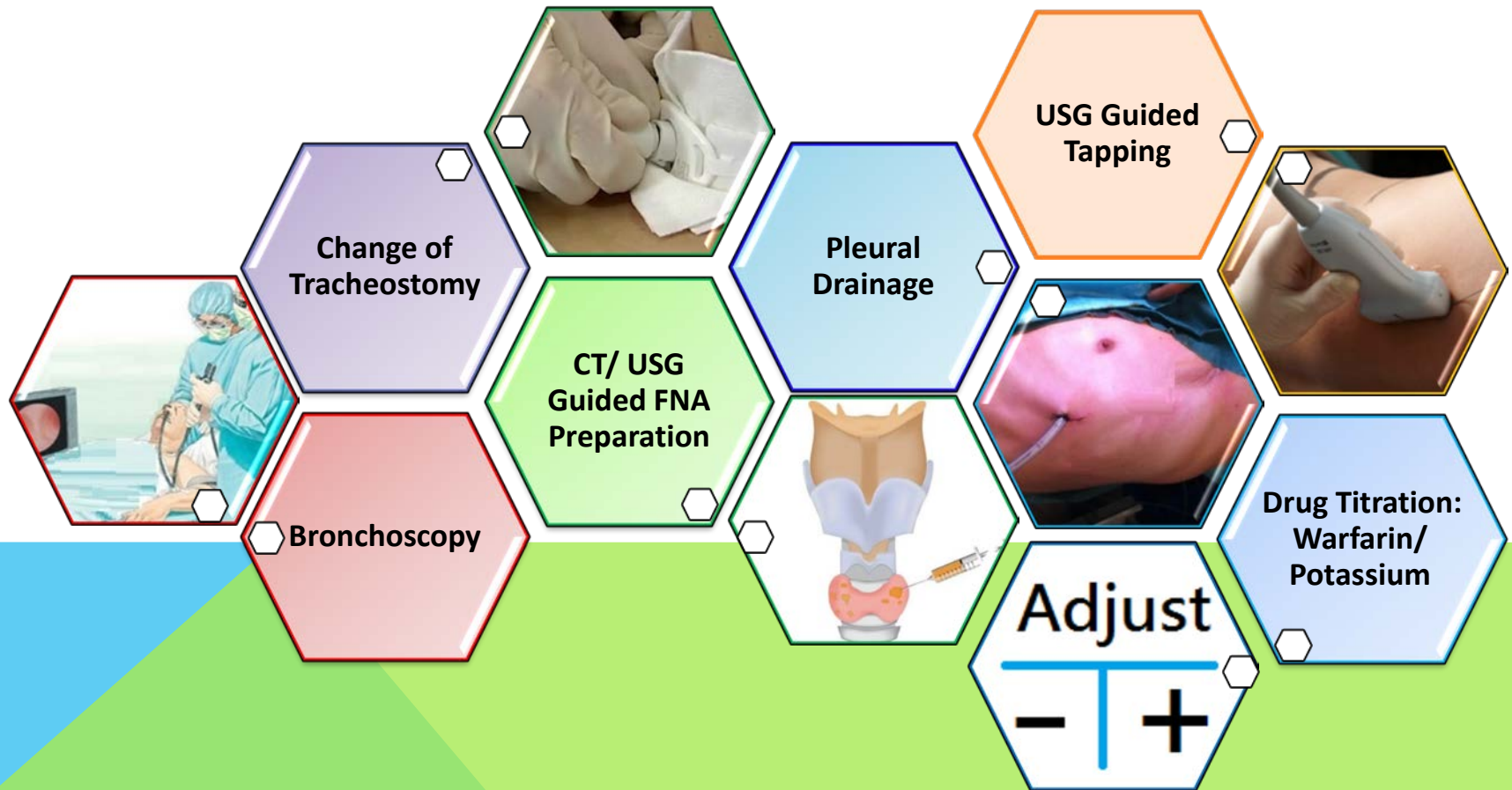
☐ Patient discharged with MEWS stable.

MAR Admission Record

Nursing staff in day ward carry out procedures according to standing orders endorsed by various team specialists that pre-printed in the 'Admission Record'. It enhances the efficiency in day ward operation and ensures procedures to be carried with standard plan of treatment and nursing care. Over 70 'Admission Record' was endorsed and implemented.

Breakthrough

**the practice from :
From In-Patient Care to Day
Care**



RESULT AND OUTCOMES

Promote the strategy on standard procedures to be managed as day care instead of hospitalization to reduce bed occupancy in the department.

Increase day ward capacity to reduce in-patient ward occupancy. Data showed 24% decrease in clinical admission to in-patient ward in the same period from March to November 2016 compared to 2015 (i.e. 2,480 to 1,896). Daily clinical admission reduced from 9 to 7 cases per day.

