## Enhancing Discharge Management of Difficult Cases through Multidisciplinary Collaboration and Commitment from Hospital Management

\* Working Group on Enhancing Discharge Management of Difficult Cases
\* Patient Relations and Engagement Committee, New Territories East Cluster (NTEC)
\* NTEC Sub-committee for Medical Social Service

#### Presenter: Ms Janice WANG, CM(PR&E), NTEC

**HA Convention 2017** 

Objectives ➤ To facilitate smooth and timely discharge of patients to an appropriate level of care when they are clinically fit for discharge.
➤ To relieve access block and optimize utilization of hospital

resources.

	Actions Taken	Completion Date
1	Established a Working Group on Enhancing Discharge Management with proposed improvement measures	May 2014
2	Reviewed and enhanced existing cluster guideline and workflow	Aug 2014
3	Enhanced multidisciplinary collaboration by involving Care Team, Medical Social Worker (MSW), Patient Relations Officer (PRO), Media Relations Person (MRP) and Security in the discharge process	Oct 2014
4	Reviewed and enhanced the reporting criteria and mechanism of difficult discharge cases to ensure close monitoring	Sep 2015
5	Organized learning and sharing sessions with staff from multi-discipline to enhance communication and effectiveness	Apr 2016

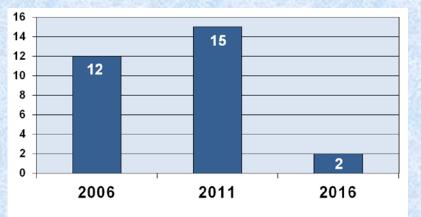
## Organized Sharing Session with Staff from Multi-discipline

Sharing on Handling Difficult Discharge Patient Participants: 14 Doctors (23%) 24 Nurses (39%) 15 MSWs (24%) 9 PROs (14%)

# Results

#### No. of Long Stay Cases in NTEC \*

(Patient with hospital based length of stay > 90 days but fit for discharge > 3 months)



#### **Improvement Rate of 56% in Solving Difficult Discharge Cases**

	2015	2016
Average no. of days for settlement of each difficult discharge case	293 Days	129 days

\* Source: Internal Audit Report – "Patient Discharge Management and Occupancy Rates in Convalescent Hospitals" [Aug 2016, Group Internal Audit (GIA), Hospital Authority]

# **Learning Points**

### Management support [CCE, HCEs, GM(N)s & GM(AS)s]

- To encourage reporting culture of difficult discharge cases and enable continuous monitoring.
- To make decision, give advice and provide support to staff in challenging situations.

#### Effective communication at all levels

- Among respective discipline, e.g. Care Team, MSW, PRO, MRP, Security etc. to minimize obstacles in the discharge process.
- To clearly convey intended discharge arrangement to patients and families concerned to avoid manipulation of facts.

### Right and prompt actions from the start

- To identify and deal with potential cases ASAP.
- Do not transfer difficult discharge cases to other hospitals in the cluster if not clinically indicated.