

Success Model of  
“Pre-discharge Lounge”  
in  
Department of Medicine of  
Queen Elizabeth Hospital

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7 May 2018





# Background:

- High bed occupancy rate
- High bed demand in Winter surge
- AED access Block



# Impacts of Access Block

- Increased admission waiting time
- Affected efficiency & quality of care
- Increased incidence of adverse events
- Media attention



# PDL in 2014.....

- Low utilization rate:
  - Average 5 patients/day to PDL

Limitation:



1. New workflow
2. Small size of PDL
3. Complex transfer checklist
4. Insufficient stretchers/wheelchairs for transfer



Small area



Congested

↑↑Access  
block

Re-SET UP  
Pre-discharge  
Lounge



~~Limitation~~



# Objectives of PDL

- Facilitate patient flow
- Reduce admission waiting time
- Relieve workload for ward staff





# Taskforce for Pre-discharge Lounge was set up in Oct 2016

## Manpower

1. Experienced nurses & teamwork
2. Designated team for medication collection & patient transfer

## Equipment & Material

1. Extra stretchers & wheelchairs
2. Consumables

## Environment

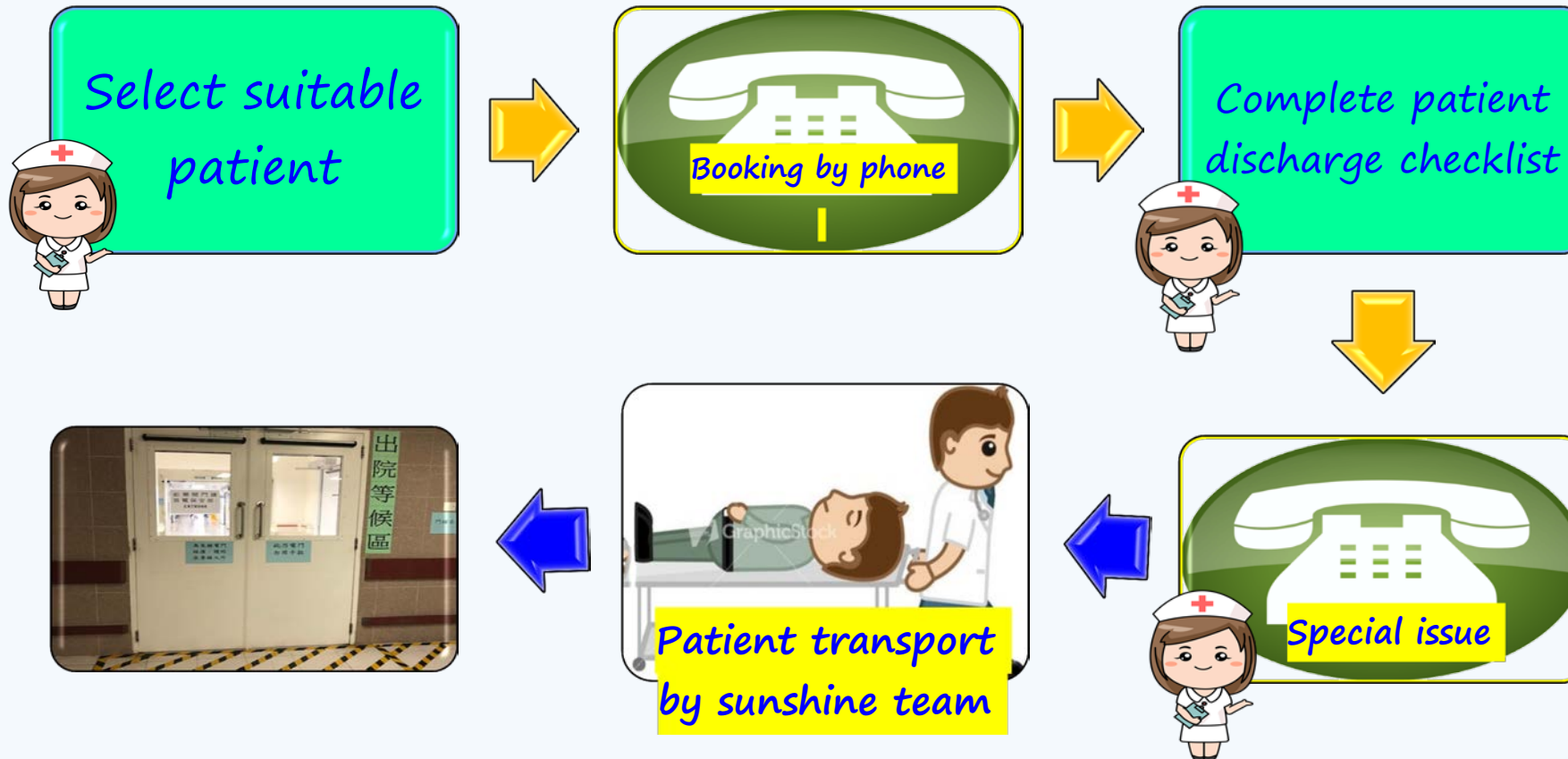
1. Spacious & leisure environment
2. Comfort and quiet area

## Method

1. Simplify workflow
2. Enhance communication with colleagues



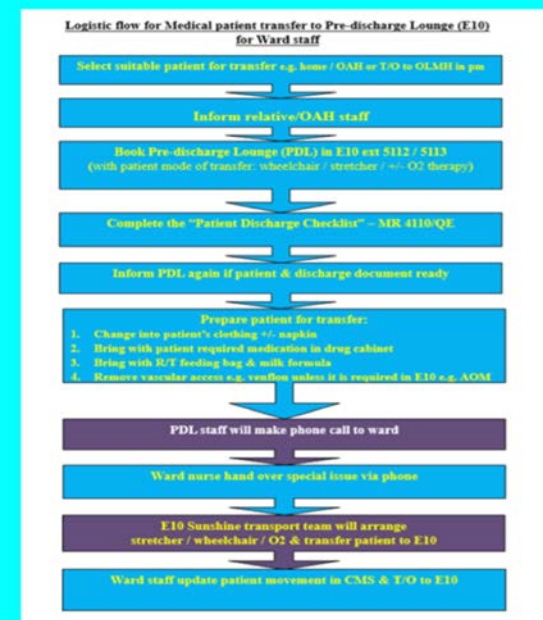
# Simplify logistic flow





# Promulgation

- Streamline logistic flow with one-page logistic guideline
- Standardized script for ward staff to inform relative
- Introduce PDL in Department WM meeting
- Weekly report and communicate in department meeting



# Pre-discharge Lounge

Quiet

Cleanliness

Comfort





# Pre-discharge Lounge

- Implementation date:
  - i. Winter Surge (30 Dec 2016 – 12 May 2017)
  - ii. Summer Surge (24 July – 29 Sept 2017)
- Service hour: 10a – 7p (Mon to Fri, exclude PH)
- Admission criteria:
  - i. Patients for discharge
  - ii. Patients for transfer to convalescent hospitals

# Role of Pre-discharge Lounge

Maximum capacity: 12 – 14 patients

1. Provide a safe & comfortable environment for patients pending discharge
2. Continue nursing care & offer meal
3. Arrange NEATS & medication collection
4. Provide discharge advice:
  - Medication/Follow up arrangement

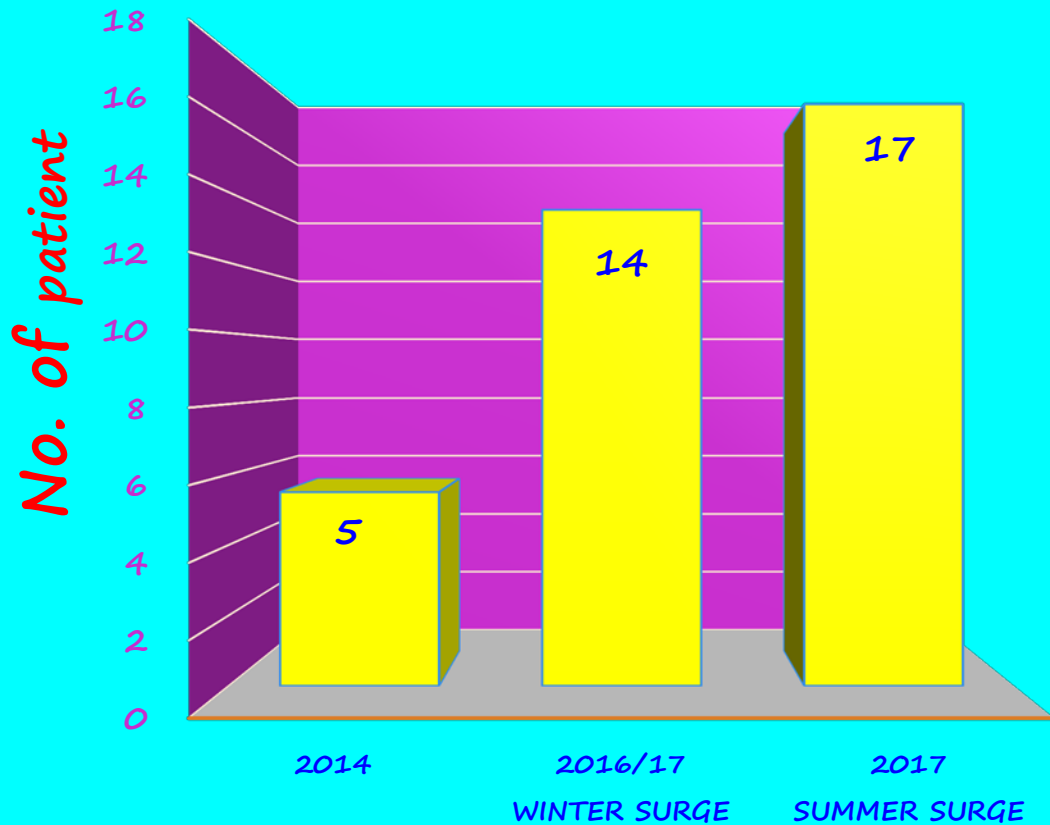


# Pre-discharge Lounge Statistics

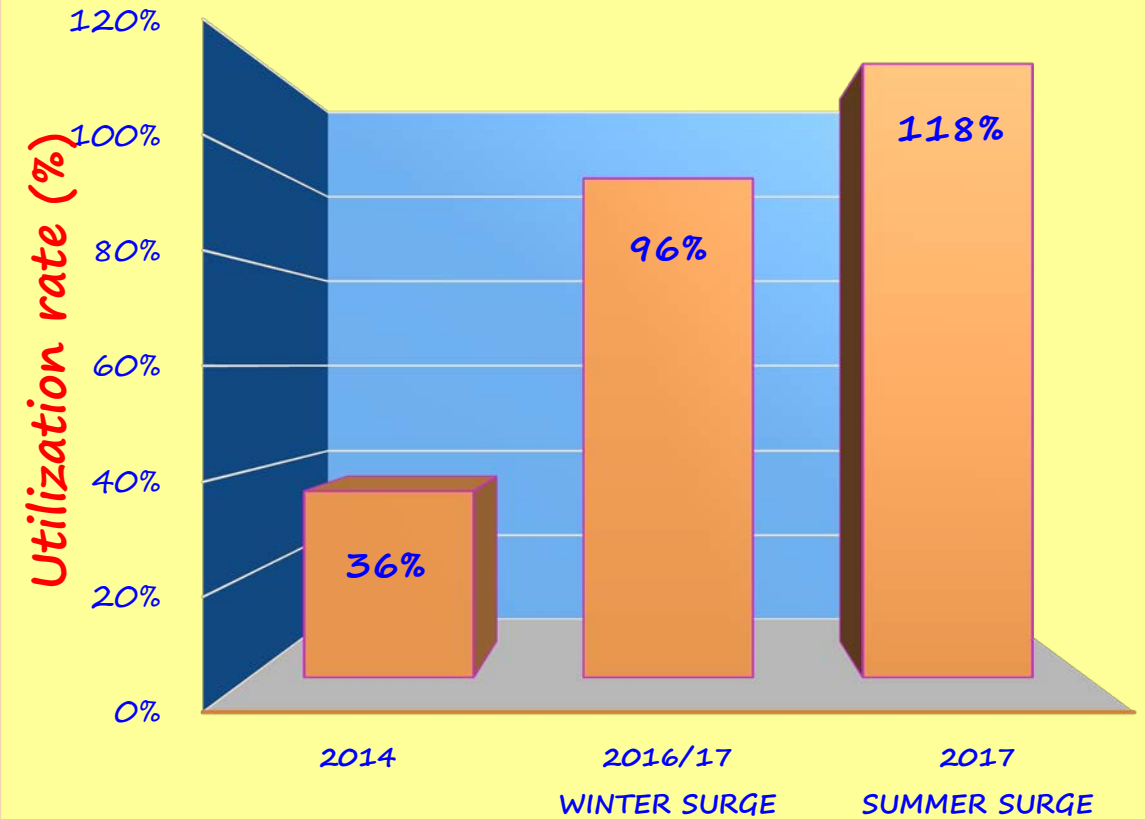
Period	Winter Surge (30 Dec 16 to 12 May 17)	Summer Surge (24 July 17 to 29 Sept 17)
No. of service days	88	49
No. of patients	1151	803
Longest staying time at PDL	9 hrs 17 mins	8 hrs
Time saved	2174 hrs (~90 bed days)	1495 hrs (~62 bed days)

# Increased PDL utilization

Average No. of daily patient transfer to PDL

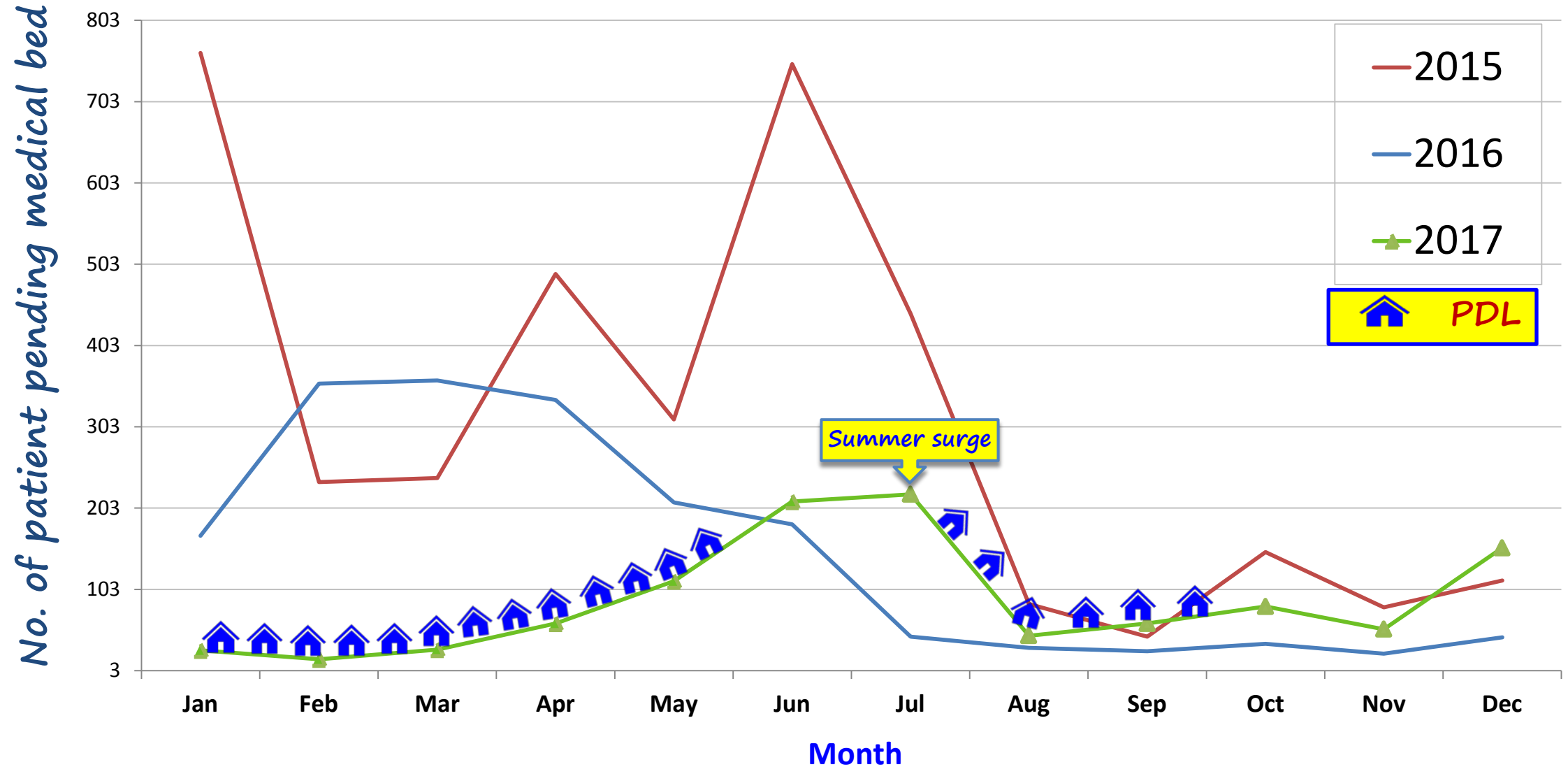


PDL utilization rate

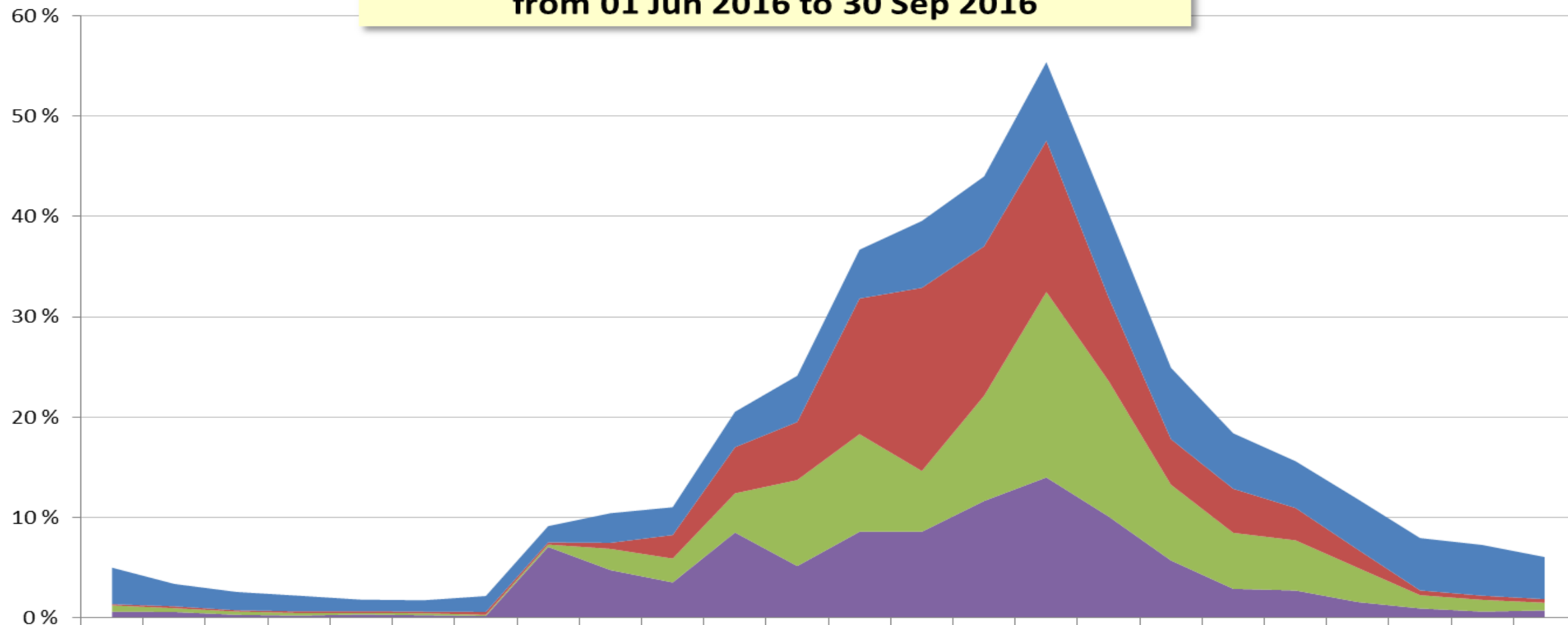




*A&E access block at 9am (MED cases)  
from Jan 2015 to Dec 2017*

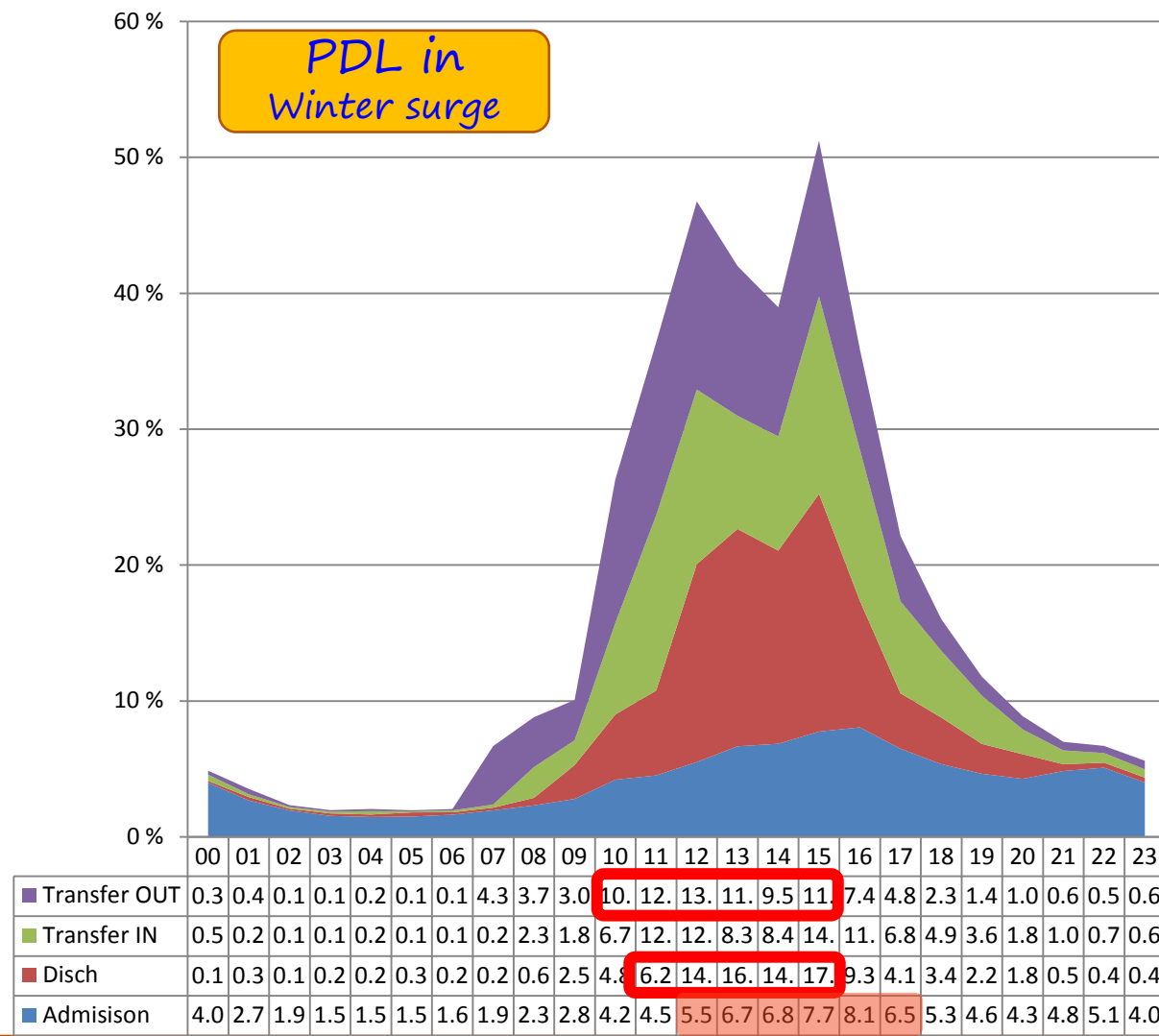


**% of workload distribution (ADM, DC, T-IN, T-OUT)  
in MED wards in QEH  
from 01 Jun 2016 to 30 Sep 2016**

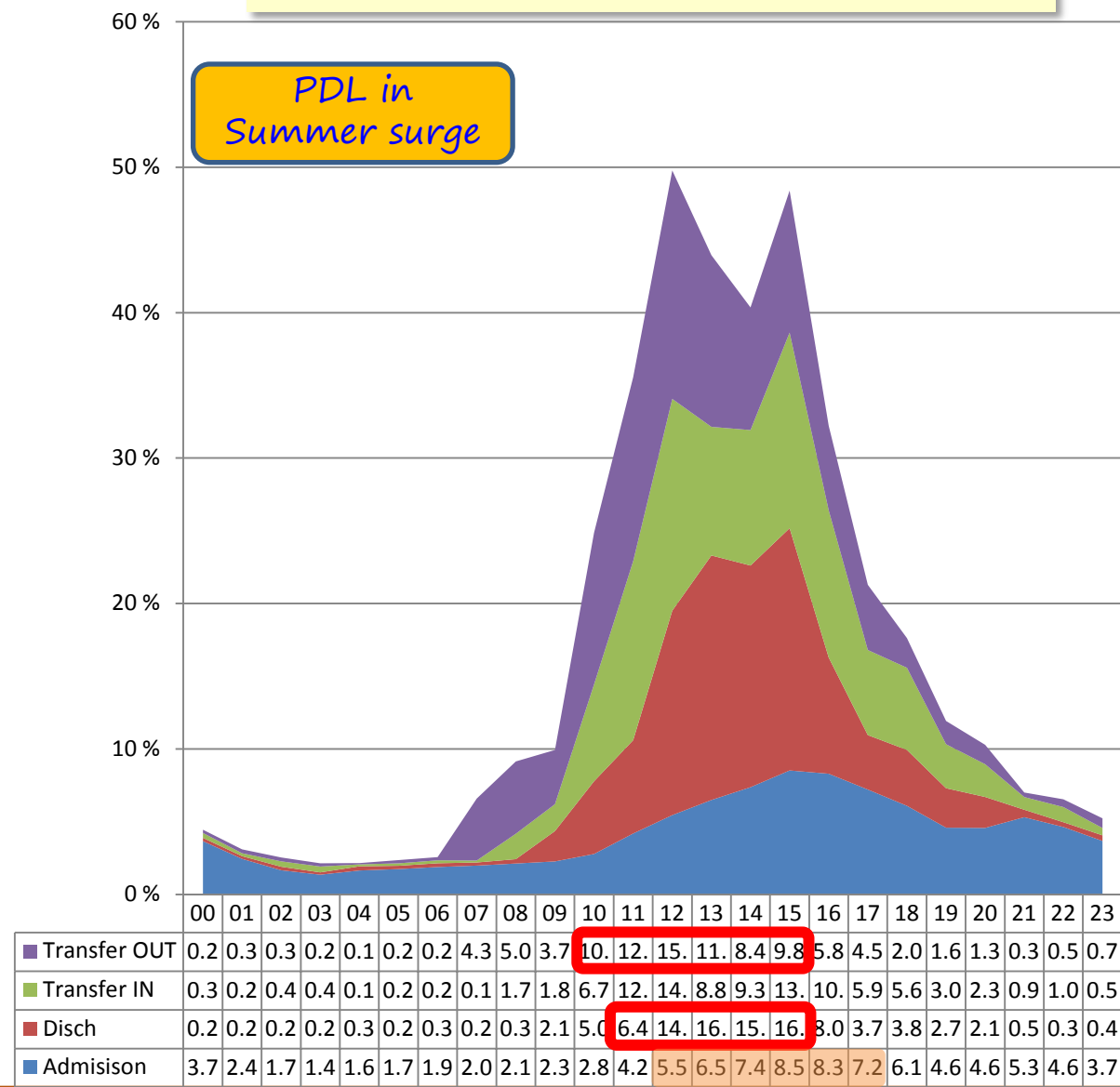


	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Adm	3.6	2.2	1.8	1.5	1.1	1.1	1.6	1.6	3.0	2.8	3.5	4.6	4.9	6.7	7.0	7.8	8.4	7.1	5.5	4.7	5.0	5.2	5.0	4.2
Disch	0.1	0.2	0.1	0.2	0.2	0.2	0.3	0.2	0.6	2.3	4.6	5.8	13.5	18.2	14.9	15.1	8.3	4.5	4.4	3.2	1.8	0.5	0.4	0.4
Transfer-IN	0.6	0.4	0.3	0.3	0.1	0.2	0.1	0.2	2.1	2.4	3.9	8.6	9.7	6.1	10.5	18.5	13.5	7.5	5.6	5.0	3.4	1.3	1.2	0.8
Transfer-OUT	0.6	0.6	0.3	0.2	0.4	0.3	0.2	7.1	4.8	3.5	8.5	5.2	8.6	8.6	11.7	14.0	10.1	5.7	2.9	2.7	1.6	1.0	0.6	0.8

% of workload distribution (ADM, DC, T-IN, T-OUT)  
in MED wards in QEH  
from 01 Jan 2017 to 14 May 2017



% of workload distribution (ADM, DC, T-IN, T-OUT)  
in MED wards in QEH  
from 24 Jul 2017 to 01 Oct 2017





# 150 Questionnaires

Department/Ward Concerned: E10

2. 建議:  
Suggestions:  
對於有關部門病房對有需要  
出院的安全是非常好, 而且協助  
病人辦理如代取藥, 省却病  
者得非常禮貌的對待, 我非常謝  
醫院的安部。

閣下對本院整體服務評估:  
How would you rate our overall services:

優 [✓] 良 [ ] 常 [ ]  
Excellent Good Fair  
差 [ ]

Good service

2. 建議:  
Suggestions:  
安排上E10皆係出防, 既  
能幫助有需要入院病人入院  
也不會阻礙出院病人在  
E10留時間, 同時協助其  
本服務, 也方便其回家。

3. 閣下對本院整體服務評估:  
How would you rate our overall services:

優 [✓] 良 [ ] 常 [ ]  
Excellent Good Fair  
差 [ ]

Excellent ☒  
Very Good ☐  
Good ☐  
Average ☐  
Poor ☐

日期: 1/8/17  
Date: 1/8/17

1. 有關部門/病房:  
Department/Ward Concerned: E10

2. 建議:  
Suggestions:  
該部門對醫院及病人卻很有幫助。  
可舒緩病房的緊張情況, 又幫助病人家  
在放工後來接病人, 更可減輕非緊  
服務的支出, 有建設性, 很好。

這部門的員工服務態度甚好。

82%  
excellent

Department/Ward Concerned: E10

2. 建議:  
Suggestions:  
呢個病房可以疏通入位  
分流好結很好, 倘若不用浪費政府  
錢, 留位住位

3. 閣下對本院整體服務評估:  
How would you rate our overall services:

優 [✓] 良 [ ] 常 [ ]  
Excellent Good Fair  
差 [ ]

日期: 2/8/2017  
Date: 2/8/2017

1. 有關部門/病房:  
Department/Ward Concerned: E10

2. 建議:  
Suggestions:  
應該要再轉開個E10病房  
等病可以舒緩服部(李忠院)

3. 閣下對本院整體服務評估:  
How would you rate our overall services:

優 [✓] 良 [ ] 常 [ ]  
Excellent Good Fair  
差 [ ]

comfort

# Results:

- Increased PDL utilization rate
- Reduced Access block
- Reduced 3 hours waiting time for admission
- Increased patient & relatives satisfaction



Valued-added services:

- Medication discharge & FU appointment advice

LEADERSHIP  
&  
COMMITMENT

PEOPLE

ENGAGEMENT

*Success Model  
of  
Pre-discharge Lounge  
in  
Department of  
Medicine*

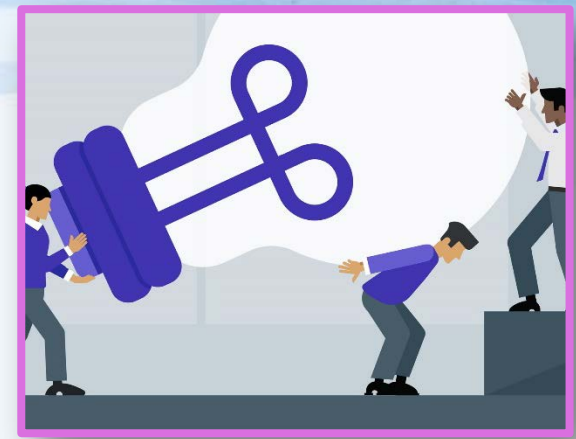
PRACTICAL

TEAMWORK

COMMUNICATION



# PDL Team in Winter and Summer surge



Teamwork

# Conclusion

The implementation of Pre-discharge Lounge has brought a reduction of admission waiting time for a medical bed of up to **3 hours** for up to **16 patients** a day. This translates into saving of **21 bed days** per month during 2017 Winter & Summer Surge.



# Way Forward

## Pre-discharge Lounge in New Acute Hospital

Successful PDL  
in 2017

2018 PDL  
As "One of Winter  
surge measures"





# Acknowledgement

- Hospital support:
  - CCE Dr Albert Lo
  - CGMN Ms Eva Liu
  - CND Team
  - Supporting Service/Pharmacy/ITD
- Department support:
  - COS Dr Johnny Chan
  - DOM Ms Shirley Yao & Cindy Leung
  - All WMs
  - All doctors, nurses & supporting staff
- PDL Team

Thank You

