



Service Priorities and Programmes Electronic Presentations

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Integration of Patient Discharge, Transfer and Admission to Meet Service Needs During the Decanting of Kwong Wah Hospital

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Introduction

Owing to the redevelopment of KWH, one clinical building was closed progressively since April 2014 and the merging of wards had led to a decrease of 100 inpatient bed during the most difficult period in July 2015. With the mission to maintain the same level of clinical services, camp beds were opened to corridors and every spare spaces at wards. It was foreseeable that the hospital was packed and overflowed with inpatients. The situation had been massively reported by newspapers and complaints were received from staff, patients and the public. The situation became worst in the morning when inpatients were not yet discharged and patients waiting for elective admission were pending at wards or wandering on G/F of the Main Building. In order not to sacrifice patient services during the decanting period, Kwong Wah Hospital had implemented a series of measures to tackle the situation including an morning discharge and transfer program since Oct 2015. This enabled early admission of patients into wards despite of the unfavorable condition to relieve the prodigious pressure.

Objectives

To facilitate patient admission by early turn-over of discharge and transfer

Methodology

1. Various specialties of KWH have implemented different strategies to facilitate early discharge patients in the morning. For instance, M&G had set up a new discharge protocol so that doctors conducted discharge round in the evening and authorized nurses to discharge the patients in the morning under nursing supervision 2. Non-Emergency Ambulance Transfer Service (NEATS) has deployed 2 vehicles to have depot at WTSH and facilitated early discharge of rehab/convalesce patients before 8:00 AM. 3. Non-Emergency Ambulance Transfer Service (NEATS) had rearranged the duty roster to advance the transfer and increased no. of discharge and

transfer to other hospitals including WTSH in the morning session.

Result

Results: 1. Discharge of WTSH patients by NEATS has advanced to 8AM in the morning and the admission has advanced from 1 PM to 10:30 AM. 2. The completion time of discharge and transfer of patients from KWH has advanced from 1PM to 11:30 AM. 3. Maximum waiting time for elective and AE admission has decreased from 2-3 hours, during the worst period, to 30-45 minutes in the morning at KWH. 4. The number of discharges at 9AM in M&G, Surg, O&T and Neurosurgery has increased by 340%, 134%, 200% and 150% when comparing the period before implementation of early discharge programme (01/07/2015 - 30/09/2015), and after the implementation (01/10/2015-31/12/2015). Conclusions: The major redevelopment project of KWH is one of the largest hospital redevelopment projects in Hong Kong. To add fuel to the fire, the whole project will be conducted at its original site, having a monument at the centre, without sacrificing any patient services both in quality, safety and quantity. The challenges ahead are extraordinary and overwhelming. The admission issue is only a tip of an iceberg and the integrated approach in patient discharge, transfer and admission to meet service needs during the decanting of Kwong Wah Hospital shows that staffs of KWH are committed and are prepared to face the challenges ahead.