



## Service Priorities and Programmes Electronic Presentations

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### **New Operation Model for Discharge Lounge**

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#### **Keywords:**

Discharge Lounge

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#### **Introduction**

Access block and high occupancy rate in Medical and Therapeutic (M&T) Department has always been issues in PWH due to insufficient in-patient bed capacity. The situation often gets worse during winter surge period while the occupancy rate in M&T Department and the boarding time in Accident and Emergency (AED) Department remain high in the past few years. To achieve our goals of improving patient flow and discharge efficiency, CND has set up a Discharge Lounge (DCL) and operated from Jan till April 2015. The DCL was able to accommodate maximum 12 patients sitting in arm chairs. It operated from 10am till 7pm in weekdays. An experienced RN and a supporting staff were responsible for direct patient care with the support of CND nurses to operate the unit. Patients are ensured to have discharge medications, prompt transport arrangement, discharge arrangements and education. Previous attempt at operating the DCL in 2015 was ineffective. Although the DCL was welcome by more than 95 % of the attendance, the utilization rate was not satisfied enough to provide a significant reduction in in-patient bed days. There were only 238 attendances with average 3.8 attendances per day, which has brought about a reduction in in-patient bed days of 641 hours.

#### **Objectives**

1. Create a new operation model to enhance the efficacy of the DCL. 2. Improve efficiency of the discharge process.

#### **Methodology**

Last year, DCL received patients referred from clinical departments. There was a lack of front-line staff buy-in although meetings were held with department managers, and promulgation was done through nurse forum. This year, we learned from that endeavor which then enables us to redesign the workflow to overcome barriers and improve performance. A dual channel referral system was initiated. Other than referrals from departments, the DCL nurse would perform ward round to medical, surgical, and orthopedic wards twice daily to screen for suitable candidates. She would invite the patients to DCL and contact their relatives to gain their agreement. All arrangement would be made by the DCL staff to smooth transition. Our CGM(N) also showed great support to the DCL nurse through department operation meeting

and nurse forum.

**Result**

Up till now, the DCL has been operated for 26 days. There were total 191 attendances with average 7.3 attendances per day which showed an increased in 92% in compared with last year.