



New Somerset Hospital

Improving the discharge process in a surgical ward with the use of chairs:

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Context

New Somerset hospital is a 334-bedded regional hospital in the Western Cape. The surgical ward has 36 adult beds and is situated on the second floor. Most patients being admitted require an elective procedure or emergency operation. Due to a lengthy discharge process, our access to theatre has been negatively affected. This also impacted on our length of stay and bed occupancy rates within the surgical ward.

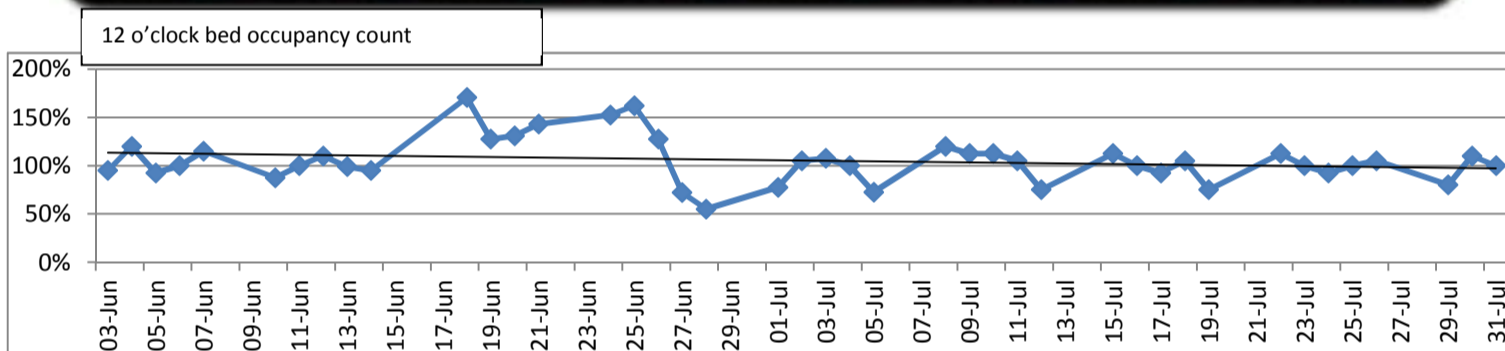
Traditionally doctors were taking long with ward rounds and subsequently delayed the discharge process. New patients for admission had to wait in the waiting area for many hours until a bed became available. Poor communication between the doctors and nurses on ward rounds also contributed to late discharges. Another problem was the lack of an effective discharge lounge to host potential discharged patients. Therefore a number of patients that were fit for discharge were still occupying their beds till late in the day.

Aim
The aim of this project was to improve patient care, by addressing the flow of patients within the surgical ward.

Method
We did an experimental study by placing chairs in the ward to accommodate patients that were identified as being fit for discharge. This was formalized and in full use from April 2013.

Strategy for change

An SOP was drafted to ensure better communication between the doctors and nurses on ward rounds. Patients that were identified as fit for discharge were immediately placed on these chairs in the ward. The discharge process is then being completed and the bed is immediately being prepared to receive the next patient for surgery.



Results

We measured a mid-day bed count and occupancy rate to determine our success and kept a line graph of our data. We also measured the length of stay of patients within the ward and compared this with previous data prior to our intervention. Our quarterly bed occupancy rate has improved from an average of 98% to 82% after June 2013. Our length of stay has also improved from 4 days to 3 days over the same period.

	Bed occupancy rate	Length of stay
April-June 2012	98%	4 days
April- June 2013	82%	3 days

From observing the patients, the new patients are happy that they do not need to wait long periods before admission and the discharged patients are at ease with this arrangement. Problems that we encountered were a busier ward that could pose security risks in the future. This intervention has allowed us to admit more patients for theatre and had no negative impact on their mortality or morbidity.

Conclusion and lessons learnt

- Chairs can safely be used in a surgical ward to host discharged patients.
- The use of an effective discharge lounge for discharged patients will improve bed occupancy and flow within the hospital.
- Communication between doctors and nurses on ward rounds is critical to ensure good patient care.