
POSTER ABSTRACT

Optimizing discharges, Advocating Patient Care & Knowledge (OAK) Management to Address Bed Surge and Right-Siting at Tan Tock Seng Hospital.

25th International Conference on Integrated Care, Lisbon, Portugal, 14-16 May 2025

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Background: Tan Tock Seng Hospital (TTSH) is one of the busiest hospitals in Singapore with average Emergency Department (ED) attendance of 380 patients per day. There are more admissions than discharges resulting in bed surge. Delayed discharge planning resulted in long stayers. Bed Surge has become one of the biggest concerns.

This project aims to explore the effectiveness of 'OAK' strategies in right-siting of care and smoothing the outflow of patients from acute care units to step-down care facilities.

Methods: 'OAK' strategies consists of Optimising discharges, Advocating right-siting of care and Knowledge management.

Optimising discharges: Early screening of all admissions at day 2 and day 5 to identify potential discharge issues. Communicate to patient and family about what to expect and follow up requirements. Make known to family how they can support the discharge process, especially with complex needs.

Weekly huddle with social workers and community partners to focus on resolving complex issues. Engage community services and supports to facilitate discharge.

At hospital level, there is Discharge Oversight Committee to oversee the process of patient discharges.

Advocate right-siting: Hospital created a role, ward resource manager (WRM) to lead the discharge planning in all inpatient wards. WRM collaborates and coordinates among the multidisciplinary team, as well as patient and family to ensure appropriate level of care, tailored services based on patient-specific needs. WRM also identifies complex care cases and escalates to hospital Discharge Oversight Committee for discussion and advice.

Knowledge management: Discharge planning education is conducted for all ward nurses including Nursing Officers through eLearning, classroom training, onsite learning, case discussion and roadshows. Education includes the discharge process, patient assessment, care resources and documentation. All discharge information is also readily accessible at hospital Sharepoint website for all healthcare professionals to refer to.

To sustain the 'OAK' strategies, it is the hospital's balance scorecard for measuring and managing department key result area (KRA). A weekly long stayer list is shared to senior management, as well as cascaded to stakeholders to monitor, manage and improve the department KRA.

Outcome: 'OAK' strategies had a positive impact on reducing the average weekly total hospital Long stayers by 15% (189/223). It smoothes the flow of patient from ED to ward and step-down care facilities.

Conclusion: This project aimed to explore 'OAK' strategies. The findings indicate there is significant reduction in hospital long stayers. Future project could focus on setting an estimated discharge date (EDD). It is crucial to gear up the engine for a smooth discharge planning journey. Predictive EDD allows a common goal for the team to stay focus and work collectively towards a shared goal. Performance dashboards are important to help stakeholders to monitor and manage performance. Lastly, a forgiving, non-punitive culture, celebrating small gains is essential to enhance and foster continuous improvement.