



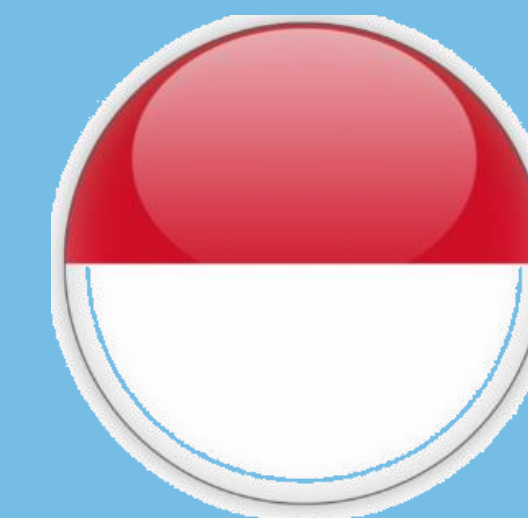
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REDESIGN PROCEES FOR ACCELERATION OF INPATIENT DISCHARGE WITH MADE A STANDARD LIST OF AUTO-APPROVED DISCHARGED MEDICATIONS AT PELNI HOSPITAL

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INTRODUCTION

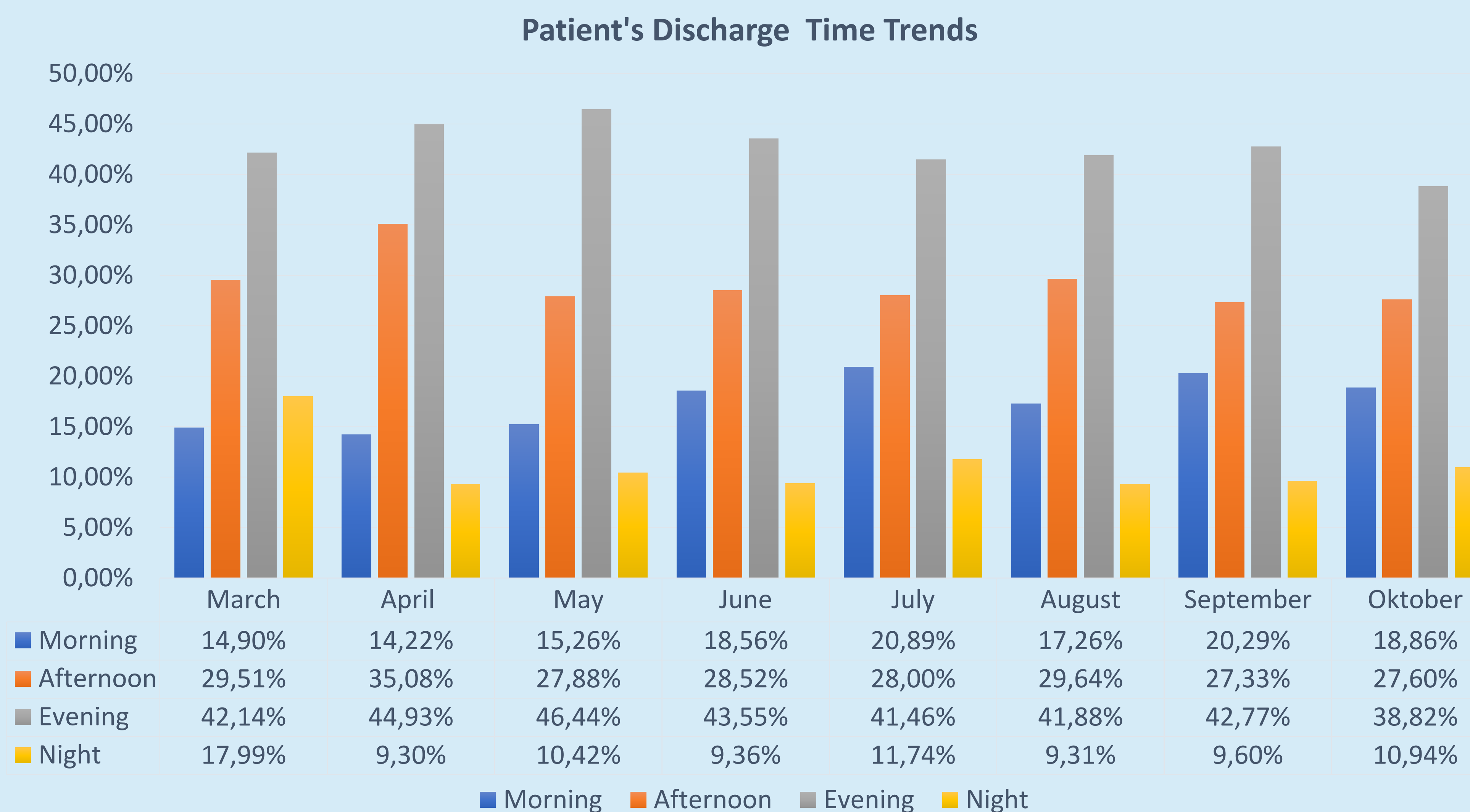
PELNI Hospital has an average BOR of 73.57% which is contribute 80% Emergency patient to the ward. These condition causes a risk of accumulation of patients in the emergency room if the ward cannot provide enough available room. One of the factor contribute the number of avaiable room is appropriatness of discharge planning and the problem for the delay time for discharge is medicine.The significant cause of patient discharge delay is discharge medications (35%) due to confirming discharge medications outside the national formulary

AIM

The significant cause of patient discharge delay is discharge medications (35%) due to confirming discharge medications outside the national formulary. PELNI Hospital made a standard list of auto-approved discharge medications to improve this process, which could be issued immediately without a confirmation process. Implementing this criteria shortens the patient discharge process

RESULTS

The intervention caused an increase in morning discharge from 14.06% to 16.18%, afternoon discharge decreased from 27.24% to 23.79%, evening discharge increased from 46.24% to 49.36%, night discharge decreased from 12.66% to 10.67%. Shifting discharge to the morning causes a smoother patient admission. Applying the the standardization for auto-approve discharge medication increases the service's success, as seen from the increase in discharge in the morning.



METHOD

The intervention started on the third week of April 2022 in the ward with the highest discharge rate, then gradually expanded to other wards. In June 2022, all wards implemented standardization criteria for auto-approve medication.

CONCLUSIONS

The intervention caused an increase in morning discharge from 14.06% to 16.18%, afternoon discharge decreased from 27.24% to 23.79%, evening discharge increased from 46.24% to 49.36%, night discharge decreased from 12.66% to 10.67%. Shifting discharge to the morning causes a smoother patient admission. Applying the the standardization for auto-approve discharge medication increases the service's success, as seen from the increase in discharge in the morning.

ACKNOWLEDGEMENT

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REFERENCES

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Can be Vancouver style i.e. 1 **Meyer J-P et al.** The treatment of high grade superficial bladder cancer and carcinoma in situ wwith BCG – a questionnaire survey of Consultant practice in England and Wales. *Urol Oncol* 2002; 2,: 77-80

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