

# The South African Department of Health should consider multidisciplinary discharge rounds at academic hospitals for optimisation of inpatient bed management

**To the Editor:** This letter is penned during the COVID-19 pandemic, in which a shortage of hospital beds, especially in tertiary institutions, has become of critical importance in health systems across the world. In South Africa, especially in Gauteng Province, the challenge of providing hospital beds at provincial, tertiary and central hospitals was a major concern for the Department of Health.

Length of stay (LOS) in inpatient wards is an essential performance indicator for the National Indicator Data Set.<sup>[1]</sup> LOS is influenced by many factors, which are complex and often not adequately understood in the hospital setting, especially with regard to patients requiring tertiary care.<sup>[2]</sup> LOS at tertiary hospitals has increased over time,<sup>[2]</sup> affecting inpatient flow throughout the health system, and thereby delaying admissions of elective cases who often present in emergency departments. Prolonged LOS has multiple consequences: for individual patients, nosocomial infection risk increases; there are increased costs and waiting times for hospital admissions; and at the population level, morbidity and mortality increase.<sup>[3]</sup> This became clear during the COVID-19 pandemic, when shortages of hospital beds became a major challenge for many countries, which consequently attempted to reduce LOS by various interventions.<sup>[4]</sup>

We have noted that the management of hospital beds requires good communication, which is hindered in a number of ways, such as regular interference and the highly fragmented nature of the health system across different levels. Miscommunication during the complicated procedure of discharging patients from facilities can lead to adverse events, patient discontent and delays in discharge.<sup>[5]</sup>

Multidisciplinary discharge rounds (MDRs) could assist as a mode of communication and co-ordination among different specialties in these settings. They could allow co-ordination among various disciplines through a team effort. The success of MDRs would depend on the availability of reliable and consistent data. Well-organised, process-focused data minimise gaps in communication, improve planning and decision-making, assist collaborative work and ultimately improve patient wellbeing. Optimal use of clinical informatics for clinical decision-making is an integral component in this regard. Although many institutions have invested in sophisticated information and computer technology

equipment, it is often not useful for discharge purposes owing to poor buy-in by staff and its failure to protect patient privacy.

We have used MDRs in the Steve Biko Academic Hospital in Pretoria during the COVID-19 pandemic, by introducing weekly MDRs for both COVID-19 positive and negative patients, and managed to keep the LOS below the target of 8 days.

We believe the use of MDRs could optimise LOS, as well as assist with the challenges associated with the referral system (especially down-referrals at the time of discharge/transfer). This would assist in the development of an algorithm for optimal use of hospital beds in situations such as the COVID-19 pandemic. It would also improve morale and satisfaction among team members.

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*Accepted 27 January 2021.*

*South Afr J Pub Health* 2021;4(4):94. <https://doi.org/10.7196/SHS.2021.v4.i4.147>