

### Abstract for pilot program

1. Purpose of program and pilot project

Conduct pilot project leading to development of program to ensure efficient, cost-effective return of personal belongings left by patients at the time of discharge.

2. Background

Management of items left behind by patients is a routine task for operating units. Items such as clothing items, glasses, cell phone equipment, pillows and other items are found in rooms after a patient has been discharged. Sometimes floor personnel finding the items are able to identify and contact the owner. More often, however, floor personnel request that the items be picked up by volunteers, who take the items to Lost and Found. In the latter case, no attempt to identify the owner is made. Lost and Found has presently accumulated a large number of lost items (e.g. approximately 50 pairs of lost glasses), and these items remain in the Lost and Found for months. Although discharged patients who contact the unit later to recover lost items are directed to the Lost and Found, but most items received by Lost and Found remain unclaimed.

Although in theory discharged patients should be able to return to the hospital to retrieve their belongings from the Lost and Found, in reality this is not an easy task for the recently discharged patient. First, the movement of lost items from the floors and departments to Lost and Found may take several weeks, and the discharged patient will have no way to know when his or her lost item will reach Lost and Found. The discharged patient who has been unable to find his or her lost item in Lost and Found after one week may need to make a second or third trip to Lost and Found to see whether the item has been turned in later.

The logistical challenge of driving to the hospital even once may also discourage recently discharged patients from attempting to recover their lost items. These former patients are now facing continued treatments, follow-ups, and possibly a period of convalescence with limited activity and increased dependence on friends and family members for transportation and other needs. These new demands make what would ordinarily be a routine task (driving to the hospital to pick up a lost jacket) a task that cannot be realistically be contemplated, especially if it is not known whether the item is in Lost and Found or when it will be there. For older patients or patients who lack access to transportation, for low-income patients, or for patients with limited English language proficiency, it is unreasonable to expect that the effort can be made.

Due to the difficulty of retrieving items from Lost and Found for our discharged patients, it cannot be assumed that forgotten that are not claimed had no value to their owners. Our former patients would most likely want to recover their belongings if barriers related to logistics, communication, and access to information did not limit their ability to do so. The hospital, on the other had, does have the ability to ensure return of lost items to discharged patients, which would eliminate the burden placed on patients. Such a program is suggested to streamline return of lost items to patients, with the following intended results:

- a) Simplify return of lost items to discharged patients
- b) Reinforce the image of the hospital as a caring organization that goes beyond clinical medicine to ensure patients' overall wellbeing.

3. Suggested program concept

### Participants

Participants in the program will be departments, nursing units, Housekeeping, Transport, Volunteers, and Patient Relations.

### Operational concept

Departments, nursing units, and Transport will seek to identify owners of lost items and will mark the lost items with a label bearing the patient's name, address and phone number, patient's room number (if known) and the date and location where the item was found. Should discharged patients contact the unit or department regarding a lost item that has been found, they will have the opportunity to pick up the item during a 3-4 day period, or they may wait for the item to be sent to them. On the fifth day, all items which have not been picked up by patients will be forwarded to Patient Relations (if the owner is known) or the Lost and Found (if the owner is not known). Patient Relations will send the items to owners within five days of receipt with a cover letter; Lost and Found will manage lost items with owners not known as per the current protocol.

### Benefits

Patients will have the opportunity to pick up a lost item if the item is needed immediately, or they may have the item returned to them within approximately 10 days without their having to make a trip to the hospital. Items will be cleared from units more quickly, and personnel in nursing units and in departments will have confidence that patients receive their lost belongs whenever possible. The cover letter which will accompany the item being returned will express the hospital's goal of providing the best possible healthcare service to patients in all ways, including the smallest ways.

#### 4. Pilot project

Tower 7 will conduct a pilot project to actively return lost items to discharged patients internally during the period from 1-31 December 2006. During the pilot project information will be gathered regarding the number of items left by discharged patients, and the percentage of these items for which the owner can be identified. The cost of the pilot project in terms of personnel items and packing and shipping cost will be tracked and evaluated, and projections will be made related to the overall cost and benefit should the pilot project to be expanded and implemented interdepartmentally as hospital-wide program. Results will be presented with recommendations for full implementation, if it is determined based on the pilot project that the direction should be more broadly pursued.