Improving Discharge Times and Patient Flow

Robyn Song
Miguel Ros
August Maggio
Kim Nicole Rossillo
Jason Caberto

See next page for additional authors
Authors
Robyn Song, Miguel Ros, August Maggio, Kim Nicole Rossillo, Jason Caberto, Soudi Bogert, Stephanie Floriano, Caroline Brandenburger, Darleen Nguyen, Jacoba Walsh, Richard Urgel, Tanya Lenhardt, and Joan Aquino
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BACKGROUND
- Delayed hospital discharges contribute to admission bottlenecks, overcrowding, and increased length of stay.
- Lack of beds leads to boarding in EDs, ICUs, and PACU.
- Common barriers include communication failures, testing delays, turnover of clean beds and lack of beds in post-acute care facilities.
- Short discharge time from hospitals increases bed availability and patients’ and families’ satisfaction.

PURPOSE
- The purpose of this project was to reduce discharge time and improve patient flow, providing the right care, in the right place, at the right time.

METHODS
- Design: Evidence-based quality improvement
- Participants: Patients discharged home with or without Home Health
- Setting: Medical Telemetry (pilot unit)
- Procedure:
  - Super-user staff designed standard work and resource manuals.
  - Dedicated staff education over many weeks.
  - Dedicated break/DC staff to assist staff to complete their discharges.
  - DC lounge utilized ONLY if DC complete.

RESULTS
- DC times decreased by >1 hour on the Med Tele Unit

DISCUSSION
- Address ride delays by implementing a ride service.
- Implement work with SNF/rehab discharges.

CONCLUSION
- Clinical nurses’ involvement in EBP change led to improved discharge times.
- Addressing common barriers such as communication failures, testing delays and discharge needs can improve discharge times.
- Multidisciplinary teams can achieve success through shared governance.

REFERENCES
Available upon request: yoon.song@stjoe.org