

Providence St. Joseph Health

## Providence St. Joseph Health Digital Commons

---

[View all](#)

[Providence Nursing Research Conference](#)

---

6-2021

### Improving Discharge Times and Patient Flow

Robyn Song

Miguel Ros

August Maggio

Kim Nicole Rossillo

Jason Caberto

*See next page for additional authors*

Follow this and additional works at: [https://digitalcommons.psjhealth.org/prov\\_rn\\_conf\\_all](https://digitalcommons.psjhealth.org/prov_rn_conf_all)



Part of the [Nursing Commons](#)

---

---

**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

---

Robyn Song BSN, RN, PCCN; Miguel Rosado BSN, RN; August Maggio BSN, RN PCCN, SCRNP; Kim Rossillo, MSN, RN, PCCN-K; Jason Caberto MD; Soudi Bogert MSN, RN, NE-BC, CCRN; Stephanie Floriano RN; Caroline Brandenburger BSN, RN, CMSRN; Darleen Nguyen BSN, RN, CMSRN; Jacoba Walsh BSN, RN, PCCN-K; Richard Urgel BSN, RN, CMSRN; Tanya Lenhardt BSN, RN, OCN; Joan Aquino MSN, RN, CCRN



# Improving Discharge Times and Patient Flow

## 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

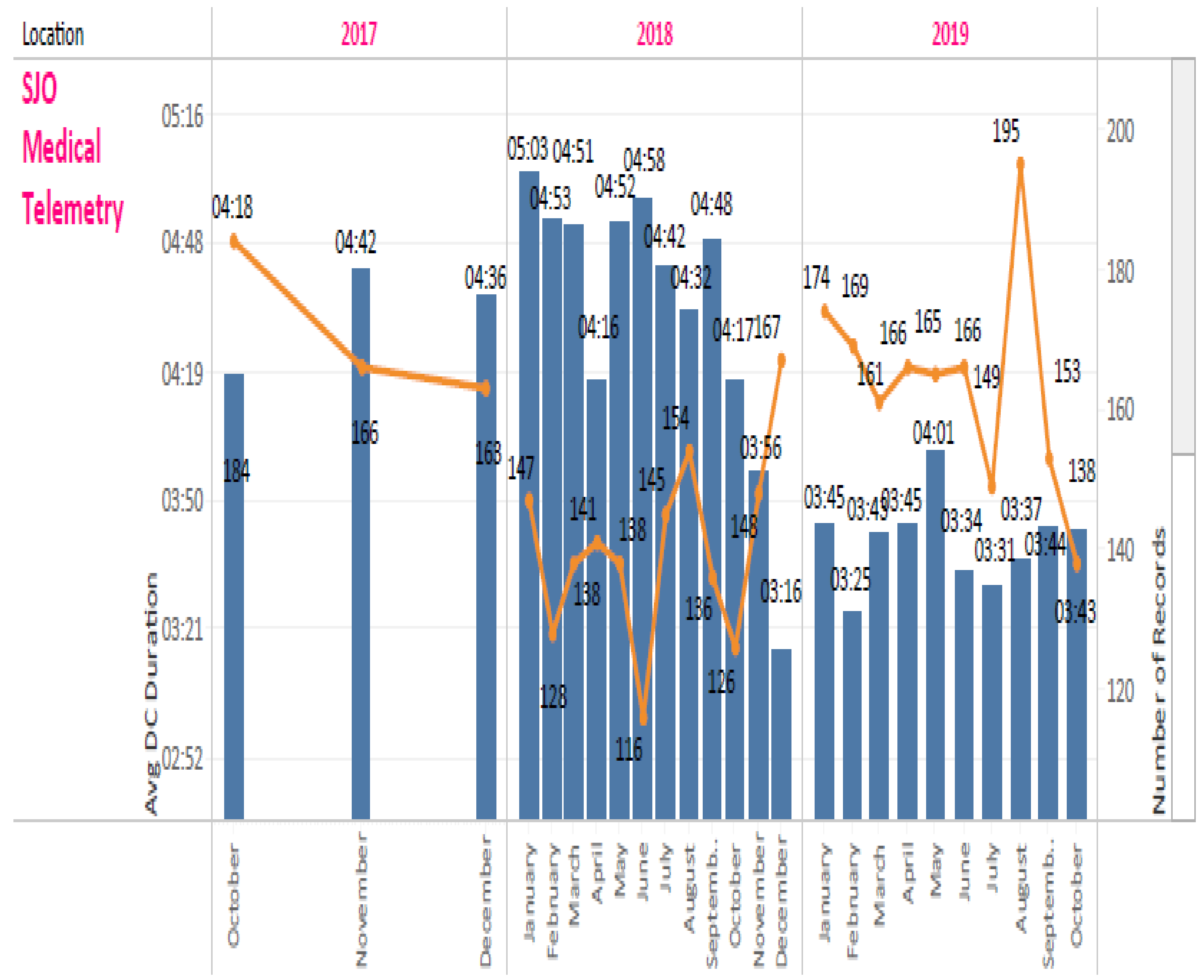
- Design: Evidence-based quality improvement
  - Participants: Patients discharged home with or without Home Health
  - Setting: Medical Telemetry (pilot unit)
- Procedure:
- Super-user staff designed standard work and resource manuals.
  - Dedicated staff education over many weeks.
  - Dedicated break/DC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

## METHODS (continued)

- Audits completed to evaluate discharge accuracy.
- Care Coordination rounds instituted to improve pre-discharge communication.
- Weekly discharge meetings with multidisciplinary team to address barriers.
- Data Collection Tools:
  - Discharge delay form
  - Nightshift discharge preparation tool
  - Admit/Discharge Team decision tree
  - Average discharge times from EMR reports
- Shared data weekly and celebrated successes

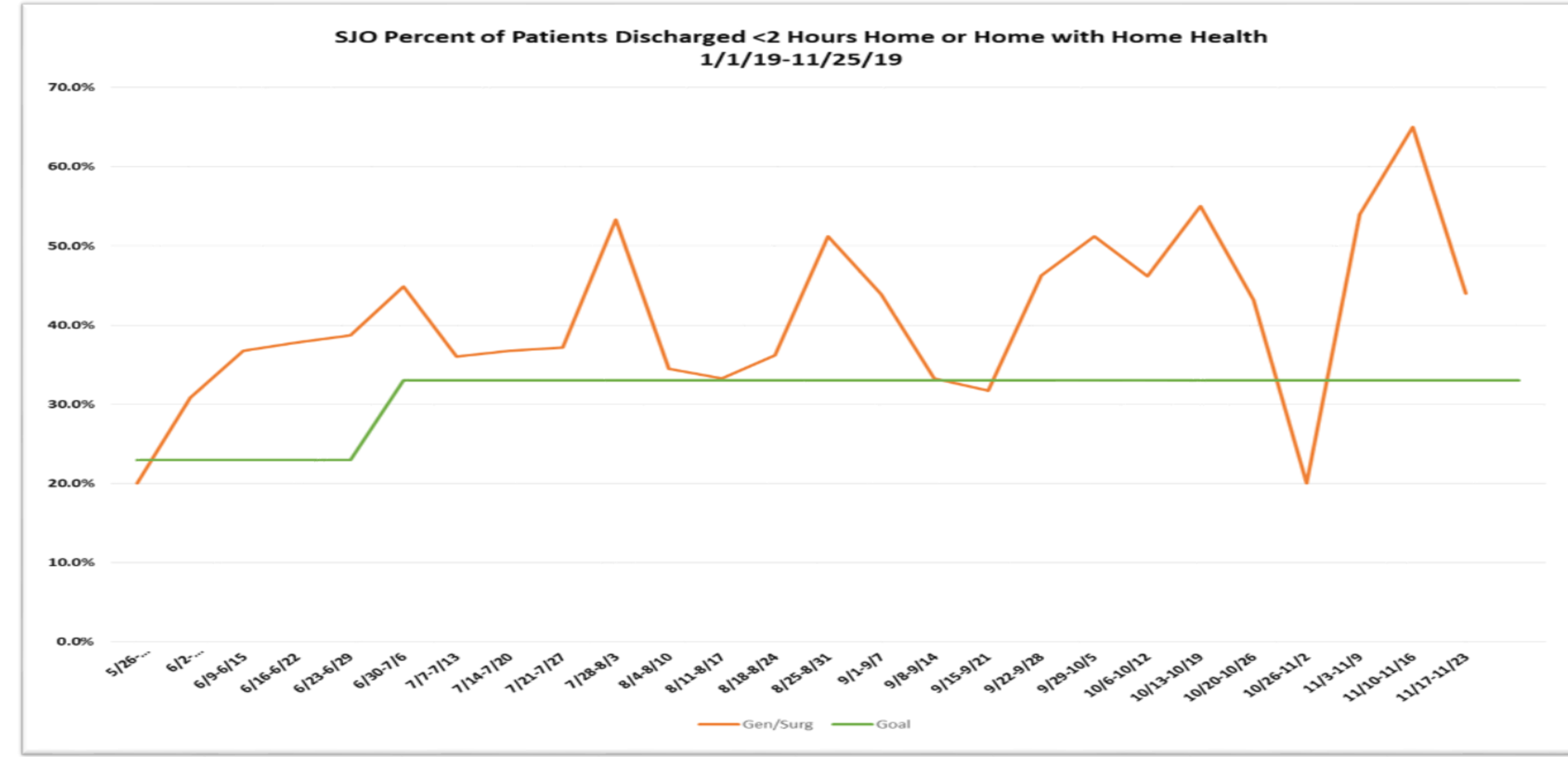
## RESULTS

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



## RESULTS (continued)

- Standard work was then spread to other inpatient and observation units.
- General Surgery achieved 65% of their patient discharges in < 2 hours within a few months.



## 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: [yoong.song@stjoe.org](mailto:yoong.song@stjoe.org)