Improving Discharge Times and Patient Flow

BACKGROUND
- Delayed hospital discharges contribute to admission bottlenecks, overcrowding, and increased length of stay.
- Lack of inpatient beds leads to Emergency Department (ED) overcrowding.
- 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 time to discharge and improve patient flow.

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.
- Audits completed to evaluate discharge accuracy.
- Care Coordination rounds instituted to improve pre-discharge communication.
- Weekly discharge meetings with multidisciplinary team to address barriers.

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
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