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 time and improve patient flow.

**METHODS (continued)**

- **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 (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: Kim.Rossillo@stjoe.org