

**Title:**

Improving Time to Discharge for Patients Going Home

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**Session Title:**

Leadership Poster Session 2

**Slot (superslotted):**

LDP PST 2: Monday, 19 September 2016: 7:00 AM-8:00 AM

**Slot (superslotted):**

LDP PST 2: Monday, 19 September 2016: 9:45 AM-10:15 AM

**Slot (superslotted):**

LDP PST 2: Monday, 19 September 2016: 12:00 PM-1:30 PM

**Slot (superslotted):**

LDP PST 2: Monday, 19 September 2016: 3:15 PM-3:45 PM

**Purpose:**

The purpose of this presentation is to share practices and results for improving patient throughput at a large hospital.

**Keywords:**

discharges, patient flow and throughput

**References:**

The Chartis Group. (2007).Patient Throughput: A Critical Strategy for Success [White paper]. Boston, MA. Retrieved March 24, 2016, [http://www.chartis.com/resources/files/whitepapers/pre-2013/chartis\\_group\\_patient-throughput-critical-strategy-for-success.pdf](http://www.chartis.com/resources/files/whitepapers/pre-2013/chartis_group_patient-throughput-critical-strategy-for-success.pdf) Durvasula, R., Kayihan, A., Del Bene, S., Granich, M., Parker, G., Anawalt, B. D., & Staiger, T. (2015). A multidisciplinary care pathway significantly increases the number of early morning discharges in a large academic medical center. *Quality Management, in Health Care*, 24(1), 45-51. doi:10.1097/QMH.000000000000049 O'Brien, L., Bassham, J., & Lewis, M. (2015). Whiteboards and discharge traffic lights: Visual management in acute care. *Australian Health Review*, 39, 160-164. doi:10.1071/AHA14131 Graham, J., Gallagher, R., & Bothe, J. (2013). Nurses' discharge planning and risk assessment: Behaviours, understanding and barriers. *Journal of Clinical Nursing*, 22, 2338-2346. doi:10.1111/jocn.12179

**Abstract Summary:**

Efficient patient throughput, particularly timely patient discharges, in order to provide safe, effective, quality and timely care is an on-going challenge for many organizations. Goal-setting, data collection, barrier identification, education and leadership are elements of a targeted program to improve throughput and reduce errors, improve quality and enhance patient satisfaction.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify practices to improve discharge times from the hospital.	specific practices used to facilitate throughput, communication boards, staff huddles, deep dives into delayed discharge order to discharge from hospital

The learner will be able to choose data helpful to determine opportunities for improvement in patient throughput.	share current facility data measurements that help to drive throughput
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**Abstract Text:**

Patient flow in hospitals is a multidisciplinary, complex process. Efficient flow of patients is important as hospitals struggle with decreasing revenue and increasing capacity. Patient throughput, particularly timely patient discharges, is an on-going challenge for many organizations. Hospital leadership must set the importance of patient flow with all clinical and non-clinical members of the patient care team. Specific, measureable and attainable goals are an important first step. The ability to collect meaningful data is crucial to achieving targets and tracking progress. Identifying and addressing barriers identified by the team is a required leadership task.

ED overcrowding is a systemic issue in healthcare. Patients boarded in the ED are known to have decreased satisfaction and poorer outcomes than patients who do not have to wait for a bed. By maximizing timely discharges in the morning, boarded or "hold" hours can be reduced and quality and satisfaction of care can be increased. Placing an emphasis on the patients waiting in the Emergency Department and requiring inpatient nursing directors to perform nurse leader rounding on them, the directors have an appreciation and impetus to work with their teams to discharge patients who are ready to go before 1300.

Our hospital Division has a robust data collection process for tracking patient flow. We developed an integrated team to address the issue of low percentage of patients being discharged by 1300. Each nursing unit has implemented a short cycle process improvement tactic to increase the number of patients with discharge orders being discharged from the hospital by 1300. We have seen our percentage increase from 27% to 31% in the first month. Hardwiring the behavior changes for nursing staff, developing hand-off reports and planning for day of discharge needs have been a few tactics implemented. Emphasizing the "why" and importance to the quality of care being delivered to all of our patients will ensure our success to reach our goal of discharging 50% of our patients in the timeframe.