

Improving Time to Discharge for Patients Going Home

Authors: Negar Johnson, MSN, RN Vanessa Martinez, MSN, RN , and Roberta Tremper, DNP, RN

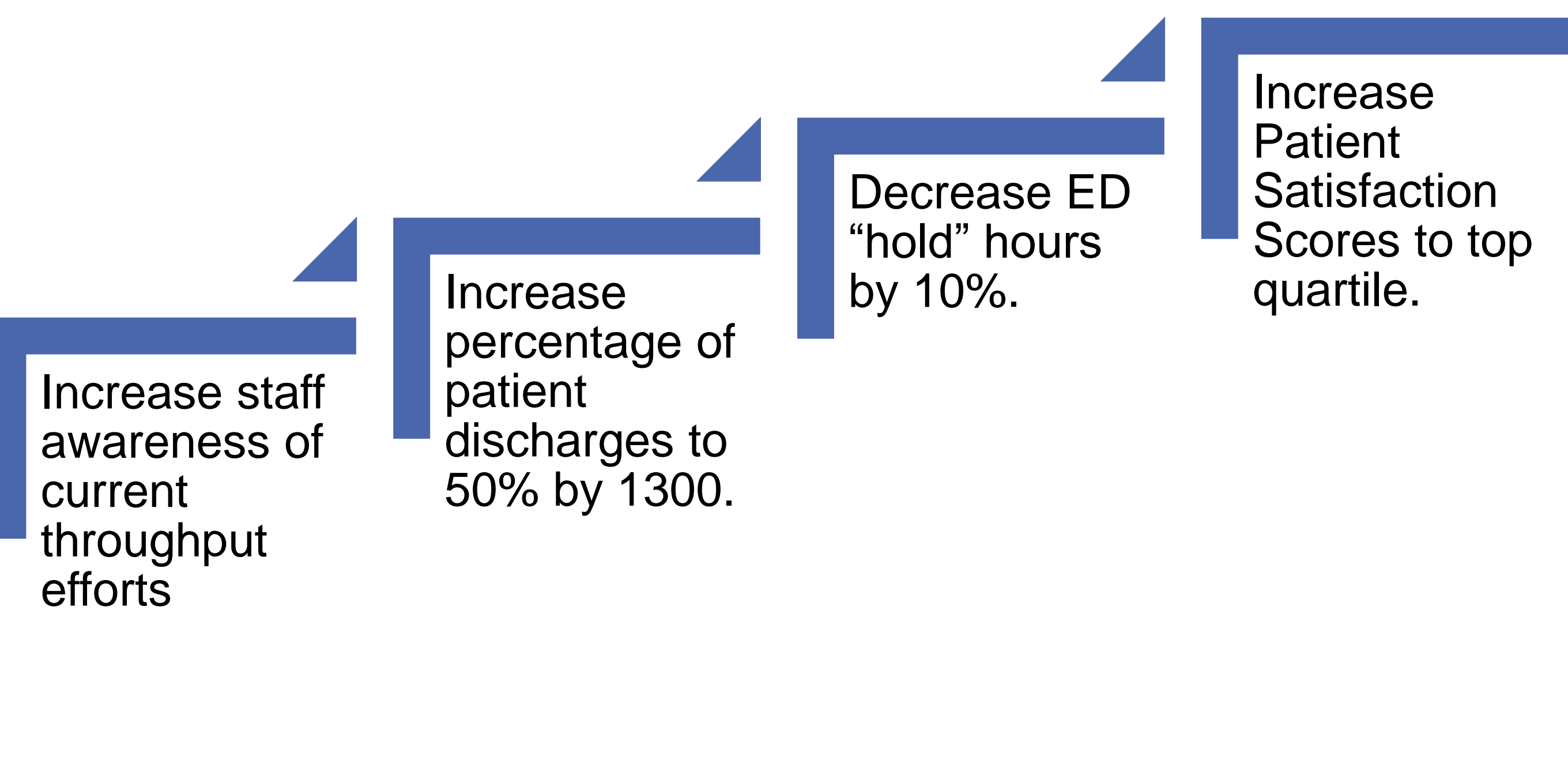
Abstract

Emergency Department (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. Each nursing unit has implemented a short cycle process improvement tactic to increase the number of patients with discharge orders, discharged from the hospital by 1300. In just one month, we have seen an increase from 27% to 34% discharged by 1300.

Background

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, measurable and attainable goals are an important first step. The ability to collect meaningful data is crucial to achieving targets and tracking progress

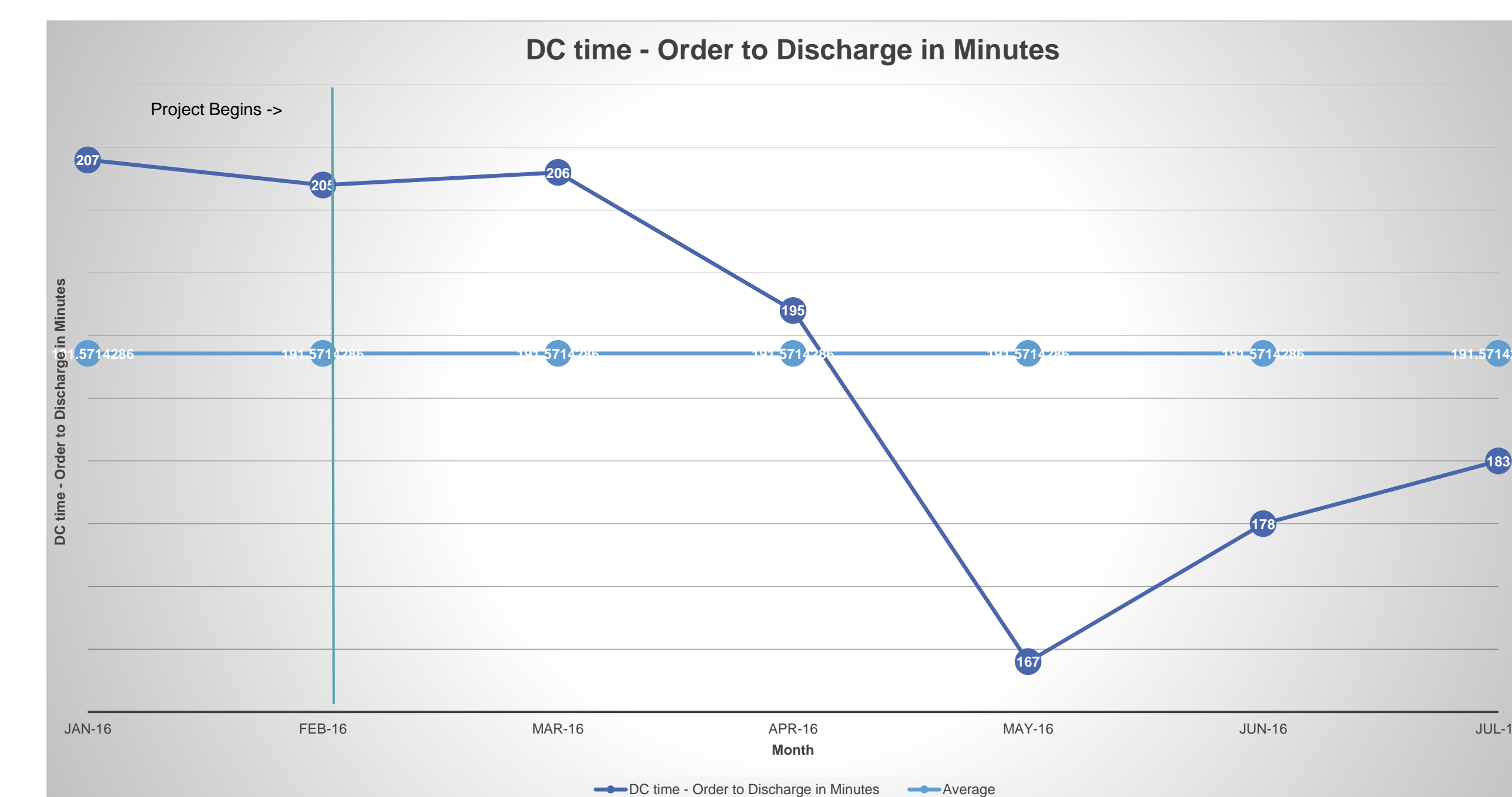
Objectives



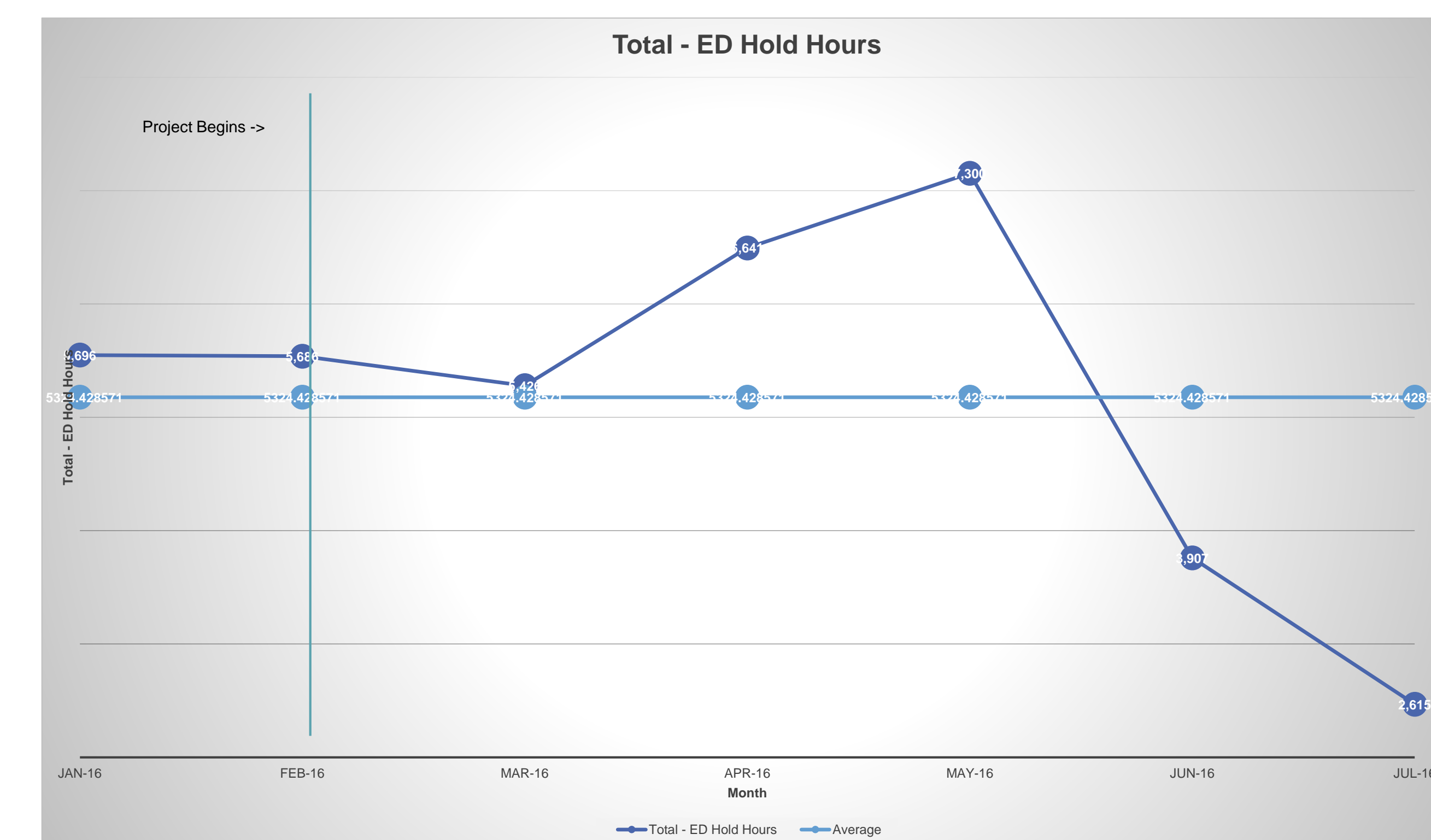
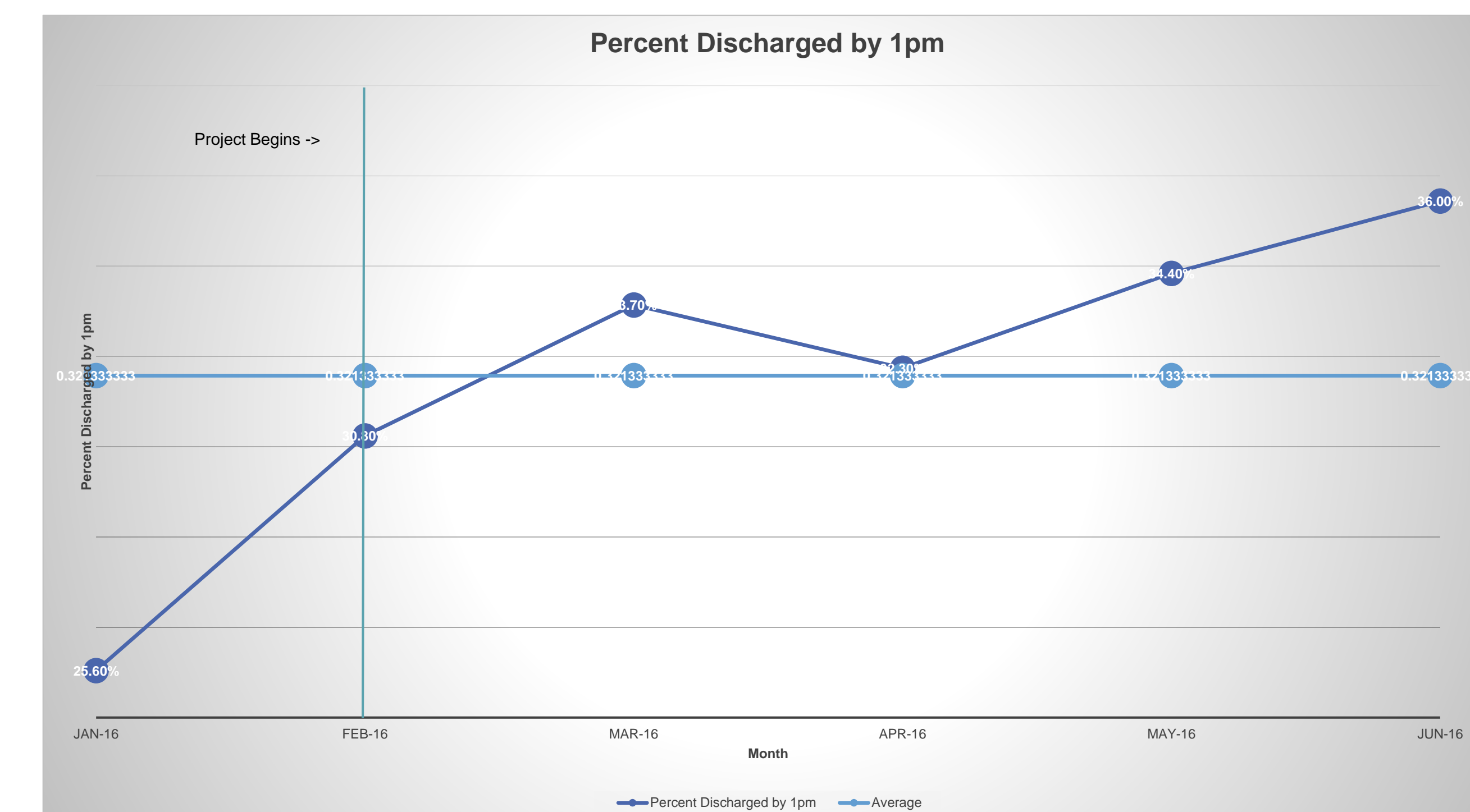
Methods

- Staff Education on connecting the “WHY”
- Development of “Stop Light to Discharge” tool
- Interdisciplinary Rounds (“Golden Hour” Rounds)
- Charge Nurse Education
- Addition of Throughput Nurses to assist with discharge process.
- Addition of Afternoon Huddle to speak to pending discharges for the following day and barriers to discharge for those currently awaiting discharge.
- ED throughput focus group
- Daily Reports
- Identification of Variances
- Transportation of patients from ED to floor while room is in progress.
- Supplemental staffing to care for ED holds.
- Nursing unit leadership calling upon ancillary department leadership to assist in the discharge process, such as PT evaluations, early meal trays, and radiology procedures.
- Physician hospitalist group contract includes expectation of early discharge times.

Results



Results



Conclusions

Implementation of a multifaceted intervention plan is essential to improve time to discharge for patients going home. As illustrated above improved communication amongst the team members, anticipation of discharge needs and staff education has proven to improve time to discharge by 1300, as well as a decrease in ED hold hours. Staff awareness has increased tremendously to aide in improving time to discharge with an average of 95% of staff nurses polled being able to speak to throughput initiatives. As with any process change, the team continues to grow and brainstorm how to continuously improve and sustain our process.