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Strategies to Increase Early Discharges to Decrease Hospital Length of Stay and Avoidable Patient Days for Neuro-Spine Patients

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Strategies to Increase Early Discharges to Decrease Hospital Length of Stay and Avoidable Patient Days for Neuro-Spine Patients

Last Updated: 9/6/2018

Executive Sponsor: Joy Moody, Mark Parker **Facilitator:** Corey Fravert, Suneela Nayak, Stephen Tyzik, Ruth Hanselman, Amy Sparks

Team Members: R6 Staff, Care Managers (R6 and Trauma), Rehab, Neurosurgery (Director, Neuro Navigator and Data Analyst)

Problem/Impact Statement:

Delays in discharge of hospital patients causes a back log for new admissions from , the Emergency Department, PACU, Admitting and SCU. Poor patient flow within and between units results in lack of access to care, long wait times, reduced quality of care and patient satisfaction, physician and staff frustration and negative impact on financial health.

Alignment to Organizational Strategic Plan: Affordable Care by reducing LOS

Scope:

In scope: Neurosurgical spine patients on R6 a 33 bed Neurosurgical/Trauma Unit

Out of Scope: Patients not on R6

Goals/Objectives:

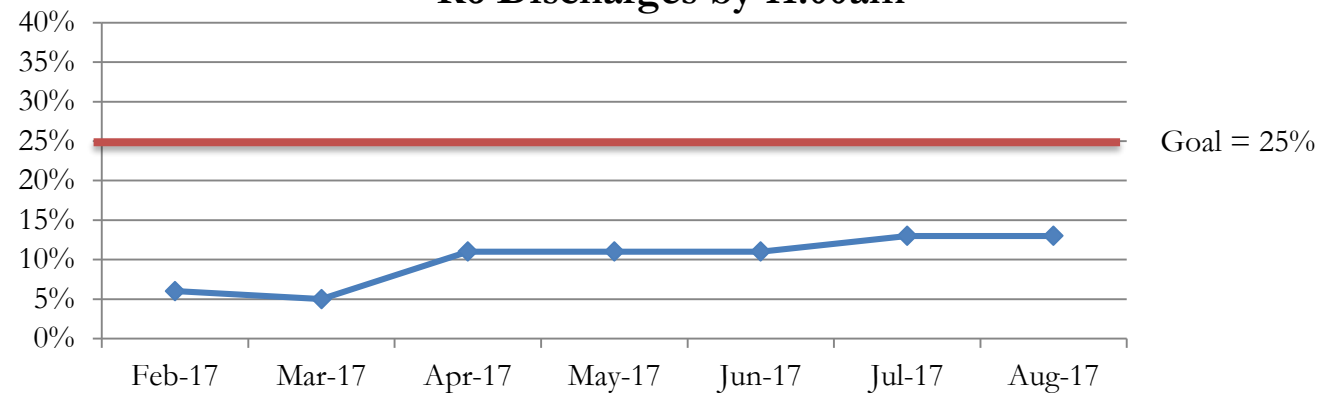
KPI #1: 100% of the time an inter-professional meeting will occur Monday → Friday to identify two neuro spine patients who would be discharged by 11 AM Tuesday through Saturday.

KPI #2: Two neuro or trauma patients will be discharged by 11 AM Tuesday through Saturday.

Overall Goal: Utilize multidisciplinary approach to identify barriers to discharge and coordinate discharge plan.

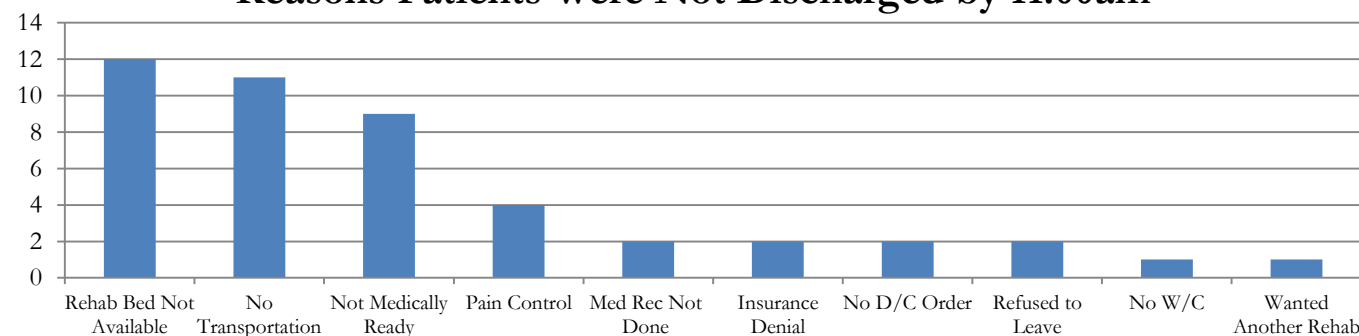
Baseline Metrics/Current State:

R6 Discharges by 11:00am



Root Cause Analysis:

Reasons Patients Were Not Discharged by 11:00am



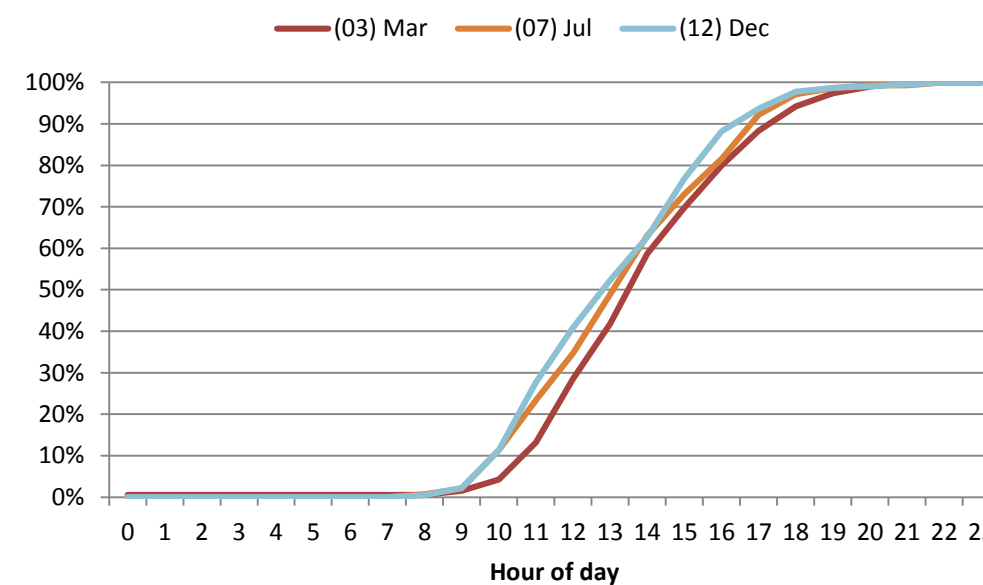
Countermeasures

Action	Owner	Due Date	Status
Identification of 2 Neuro Spine patients to be discharged by R6	R6 Nurses	8/14/2017	Completed
Improvement Plan #1 - Charge nurses, case managers, neuro navigators, and rehab to huddle early afternoon to determine two potential patients (this huddle is in addition to the morning IDCR and is specific to identifying patients who can be discharged by 11 AM the following day). Charge nurse then notifies the on call APP to give them the patient's name. Charge nurse notifies the bedside nurse caring for the targeted patients to assure that they are teed up for a pre-11 AM discharge. Care Managers notify the patient/family to coordinate discharge plan. Lobster placed on white board as a visual cue to the multidisciplinary team.	R6 Charge Nurses, Neuro Navigator, Care Managers, Rehab, and APP's	8/14/2017	Completed
Improvement Plan #2 – Changed spine population to any neuro population (need more patients).	R6 Charge Nurses, Neuro Navigator, Care Managers, Rehab, and APP's	8/18/2017	Completed
Improvement Plan #3 - Rehab no longer to attend huddle and will check with charge nurse for updates	R6 Charge Nurses, Neuro Navigator, Care Managers, and APP's	11/15/2017	Completed
Improvement Plan #4 - Changed patient population to include Trauma patients.	R6 Charge Nurses, Neuro Navigator, Care Managers, and APP's	12/1/2017	Completed

Do

Outcomes

Cumulative Discharge % by hour of day



	Discharges by 11:00am
Baseline (March 2017)	13%
July 2017	23%
December 2017	28%

Quantitative Outcomes

1. RNs all attend IDCR
2. DRGs Utilized for all Patients to drive anticipated date of discharge
3. RNs believe their opinion on D/C is valued and needed
4. Decrease in ancillary calls to ancillary teams and Providers

Study

Next Steps

We will continue to have our afternoon huddle with Charge Nurse, Care Coordination, and Neuro navigator. We will continue to do our red caps survey to measure our early discharges for the next 4 months. We will continue to identify targeted patients with the lobster boat and discussion at morning IDCR. We will continue to meet monthly at our length of stay committee.

Act

Plan