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Strategies to Increase Early Discharges to Reduce Avoidable Patient Days and Improve Patient Flow

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Strategies to Increase Early Discharges to Reduce Avoidable Patient Days and Improve Patient Flow

Last Updated: 6/27/2018

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Problem/Impact Statement:

Discharging a percentage of patients early in the day has many advantages: It helps reduce congestion in the Emergency Department, smoothens out the patient churn (admissions, discharges and transfers) within the unit throughout the day and has very important patient safety implications. R9W, like many other Medical/Surgical patient care units, experiences peaks in patient churn in the early to late afternoon which causes a myriad of challenges to patients and staff. As a result, R9W aims to increase the number of discharges by 11am and streamline key discharge planning activities.

Scope:

In Scope: All patients that will be discharged through R9W to a SNF or home

Out of Scope: All other patients on the unit that will be transferred to another floor and/or level of care

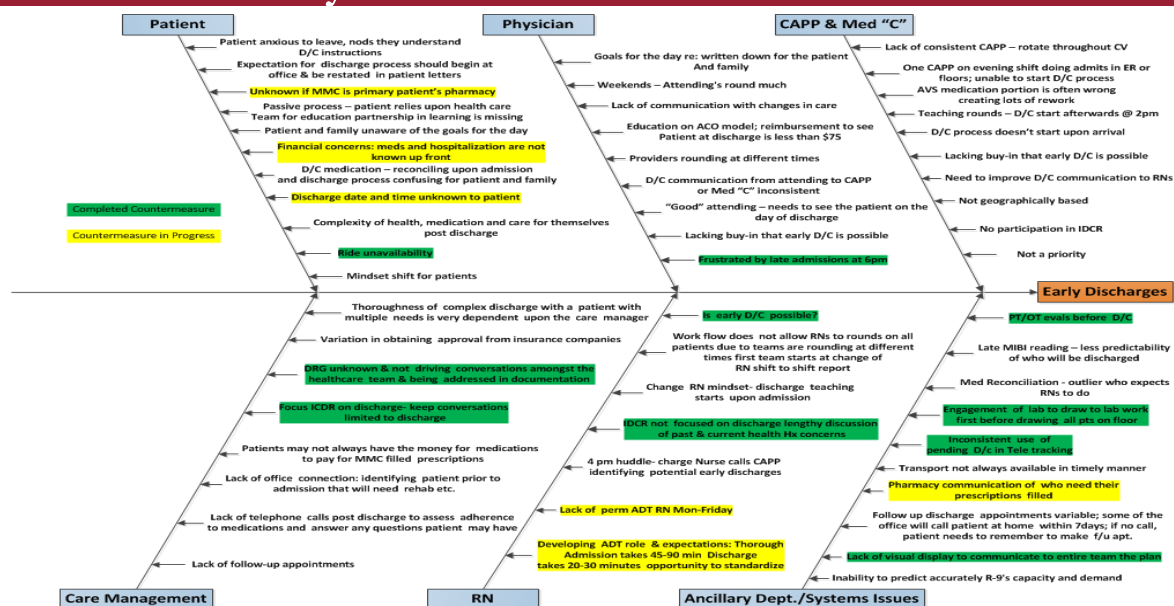
Goals/Objectives:

- 25% of discharges by 11am by the end of FY18
- 50% of discharges by 2:00pm by the end of FY18
- 90% of discharges by 6:00pm by the end of FY18
- 90% pending discharge usage by the end of FY18
- Average confirmed D/C to D/C < 2 hours by the end of FY 18

Baseline Metrics/Current State:

Discharge Metric	Baseline	MMC Average	Goal
D/C by 11am	15%	11%	25%
D/C by 2pm	54%	50%	50%
D/C by 6pm	93%	91%	90%
% Pending D/C Usage	62%	32%	90%
Avg. Confirmed D/C to D/C (hours)	1.8	2.7	< 2
% of Confirmed D/C < 120 min	68%	49.1%	
Confirmed D/C by Time of Day	12:30pm	---	---

Root Cause Analysis:

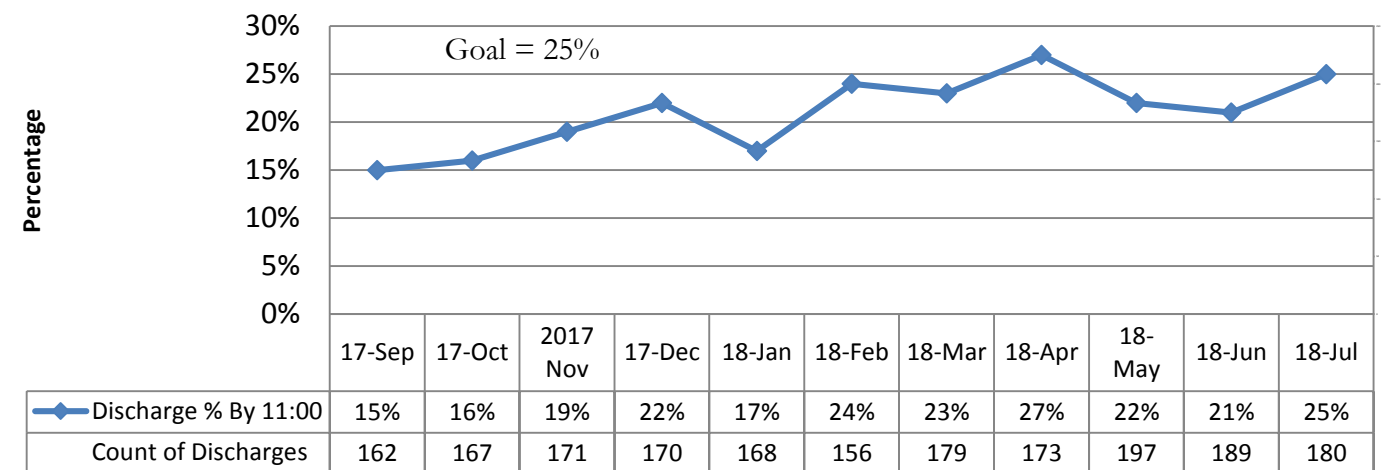


Countermeasures

Action	Owner	Due Date	Status
Deployment of visual display board	R9W multi-disciplinary team	October 2017	Complete
KPI #1: 100% of the time pending D/C will be entered in TeleTracking	R9W Nurses	October 2017	Complete
Conduct a root cause analysis with a multi-disciplinary team to include MDs, APPs, RNs, SWs, Rehab, Pharmacy, Patient Experience	Catchy Palleschi & Stephen Tyzik	12/19/17	Complete
Develop a multi-disciplinary swimlane diagram	Catchy Palleschi & Stephen Tyzik	1/9/18	Complete
Deployment of IDCR standard work to include discussion about DRG, anticipated date of discharge and discharge appointment time	R9W multi-disciplinary team	February 2018	Complete
KPI #2: 100% of the time the daily discharge and IDCR sheet will be completed by the RN and MD	R9W Nurses	March 2018	Complete

Outcomes

Discharge % By 11:00 on R9W



Discharge Metric	Baseline	MMC Average	Goal	Current
D/C by 11am	15%	11%	25%	25%
D/C by 2pm	54%	50%	50%	63%
D/C by 6pm	93%	91%	90%	93%
% Pending D/C Usage	62%	32%	90%	73%
Avg. Confirmed D/C to D/C (hours)	1.8	2.7	< 2	1.5
% of Confirmed D/C < 120 min	68%	49.1%		79%
Confirmed D/C by Time of Day	12:30pm	---	---	10:00am

Next Steps

- Reviewing DRG specific readmission rates to make sure we're not negatively impacting readmissions and Emergency Department visit rate
- Retail Pharmacy will attend Inter-Disciplinary Care Rounds as a way to improve HCAHPS through bedside teaching
- Coaching change management on four other Nursing units for their early discharge