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Improving Discharge Times and Patient Flow

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Improving Discharge Times and Patient Flow

BACKGROUND

- Delayed hospital discharges contribute to admission bottlenecks, overcrowding, and increased length of stay.
- 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 discharge time and improve patient flow, providing the right care, in the right place, at the right time.

METHODS

- Design: Evidence-based quality improvement
- Participants: Patients discharged home with or without Home Health
- Setting: Medical Telemetry (pilot unit)

Procedure:

- Super-user staff designed standard work and resource manuals.
- Dedicated staff education over many weeks.
- Dedicated break/DC staff to assist staff to complete their discharges.
- DC lounge utilized ONLY if DC complete.

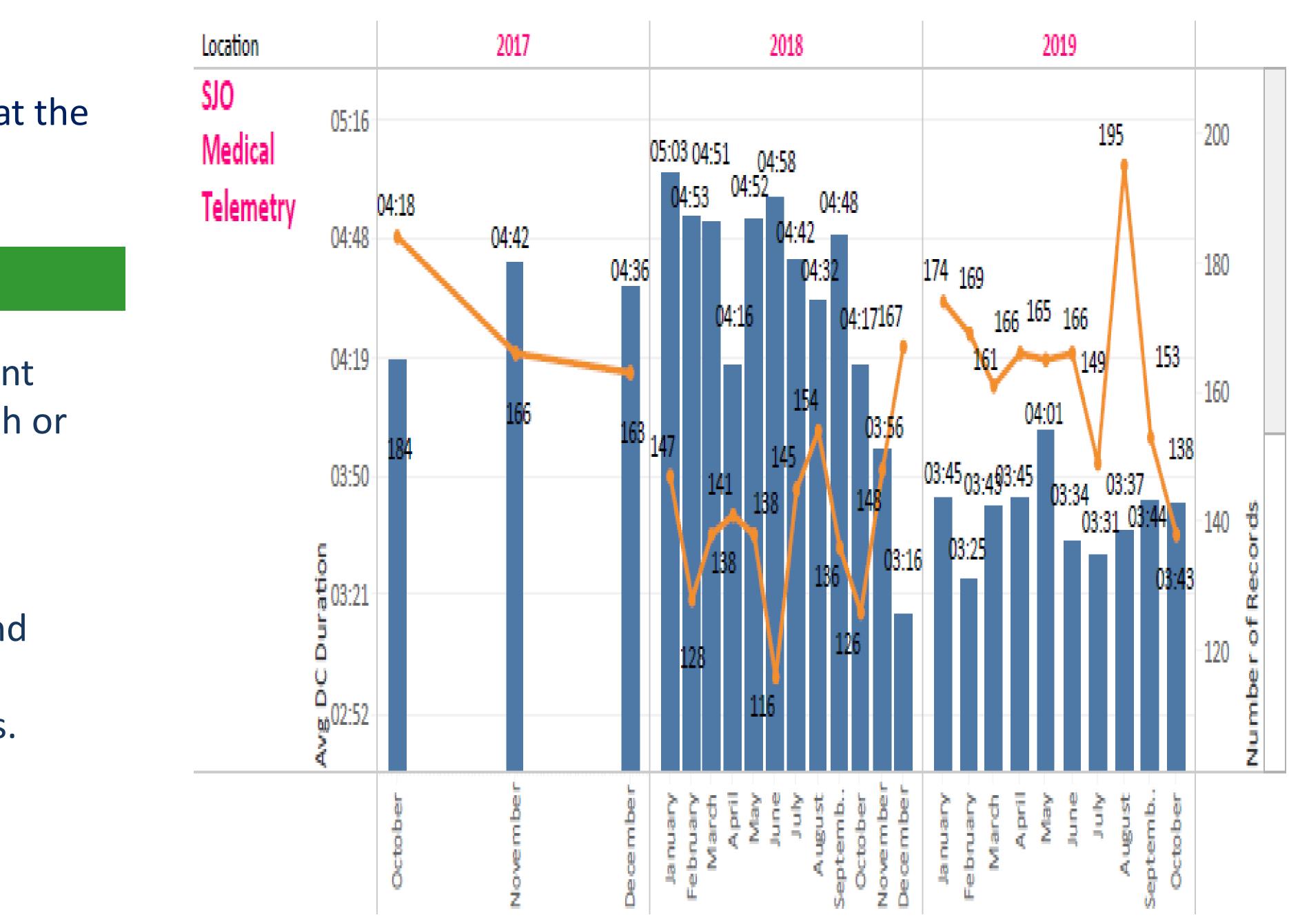
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METHODS (continued)

- Audits completed to evaluate discharge accuracy.
- Care Coordination rounds instituted to improve pre-discharge communication.
- Weekly discharge meetings with multidisciplinary team to address barriers.
- 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

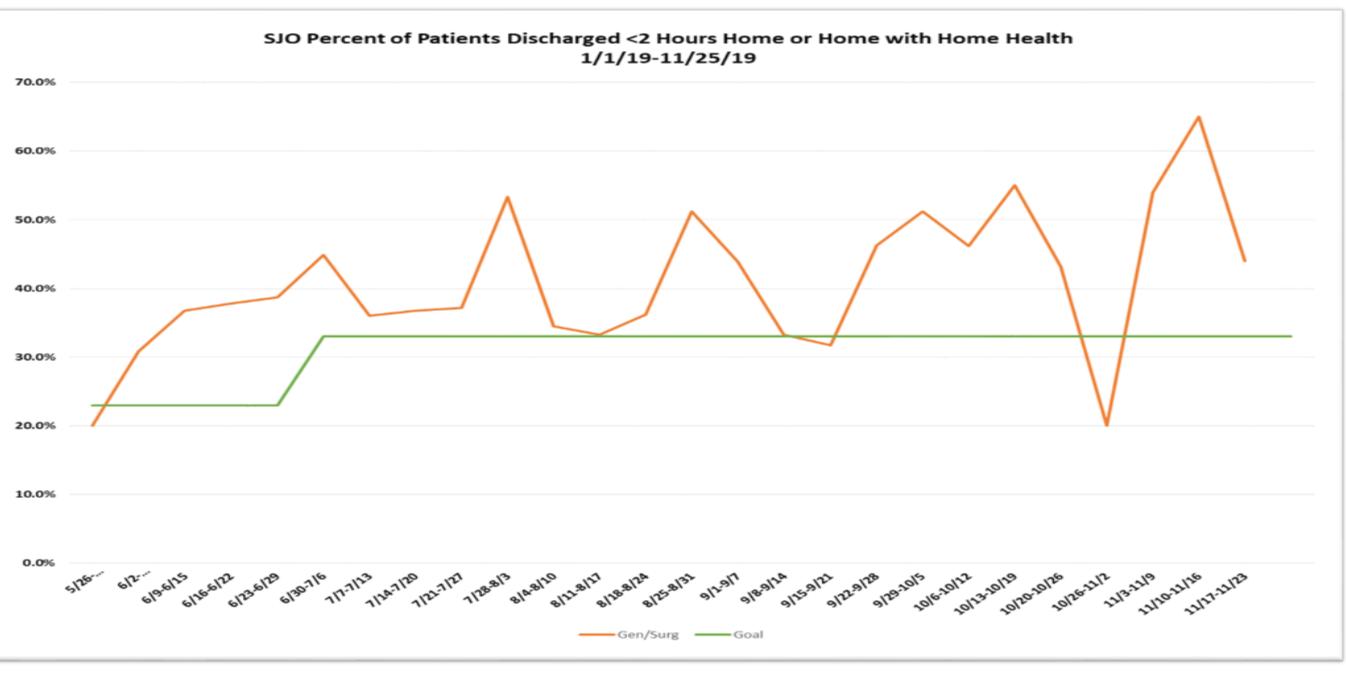
RESULTS

DC times decreased by >1 hour on the Med Tele Unit





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. SJO Percent of Patients Discharged <2 Hours Home or Home with Home



DISCUSSION

- service.

CONCLUSION

REFERENCES

Available upon request: yoon.song@stjoe.org

St. Joseph Hospital

Address ride delays by implementing a ride

Implement work with SNF/rehab discharges.

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.