Improving the Discharge Process in an Inpatient Rehabilitation Center to Promote Access

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Unified Quality Improvement Symposium

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ECU BRODY SCHOOL OF MEDICINE

VIDANT HEALTH

Background

- IRF's continue to feel pressure to discharge patients earlier in order to decrease length of stay
  - Rising healthcare costs
  - More appropriate patients can be admitted earlier – hasten recovery
  - Our patient flow affects operational efficiency of the acute facility → allowing for increased bed capacity at times that better match the demand of inpatient units
- Improving the discharge process benefits multiple parties: patient, facility, payor source, and acute facility

Avg cost per day in rehab= $2,150

- Initially, 23% discharges prior to noon (average over 6 month period) prior to implemented change

Collaborative Team Members

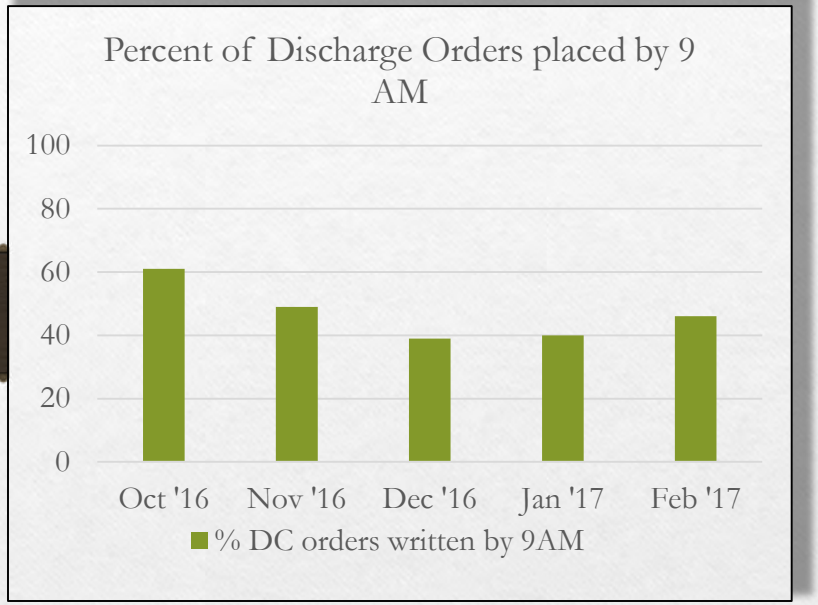
- Clinton Faulk, Physician
- Austin Myers, Resident
- Molly Krause, Resident
- Kristen Murtha, GR/SCI Rehab Program Manager

AIM Statement

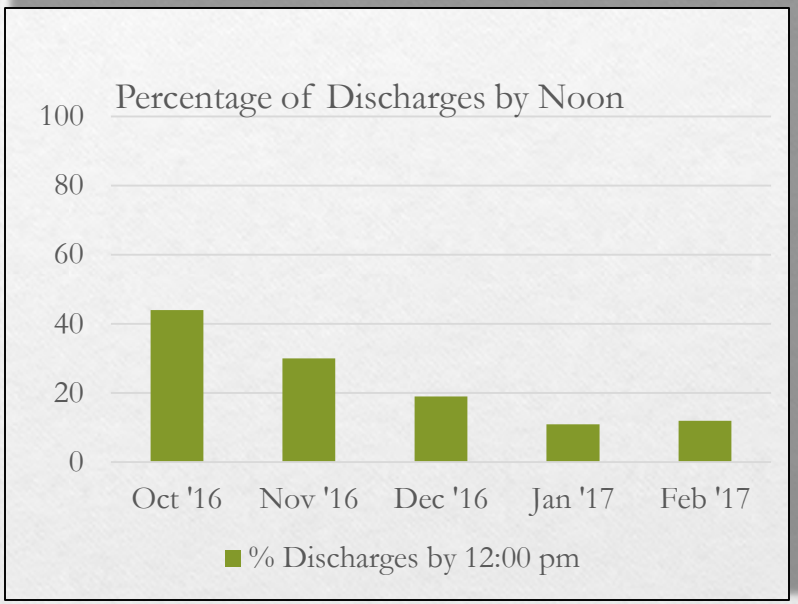
To improve efficiency of the discharge process with a goal of 70% discharges completed by noon.

Baseline Data

Oct 2016 through Feb 2017



*Avg: 46%



*Avg: 23%

The Change in Process…

Day of discharge

(sometimes day prior)

OLD

- Schedulers coordinate follow up appointments
- Allied Health and Nursing staff complete education
- Resident completes med rec, puts in D/C orders (usually after rounds in AM)
- RN: completes discharge checklist & prints AVS
- RN pages resident ✗
- Resident goes over AVS ✗
- DISCHARGE

Day prior to discharge

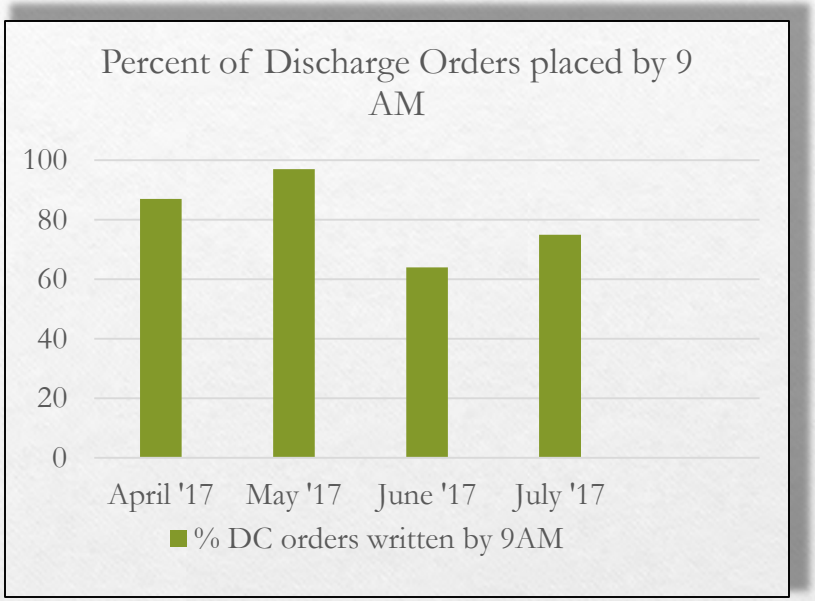
Day of discharge

NEW

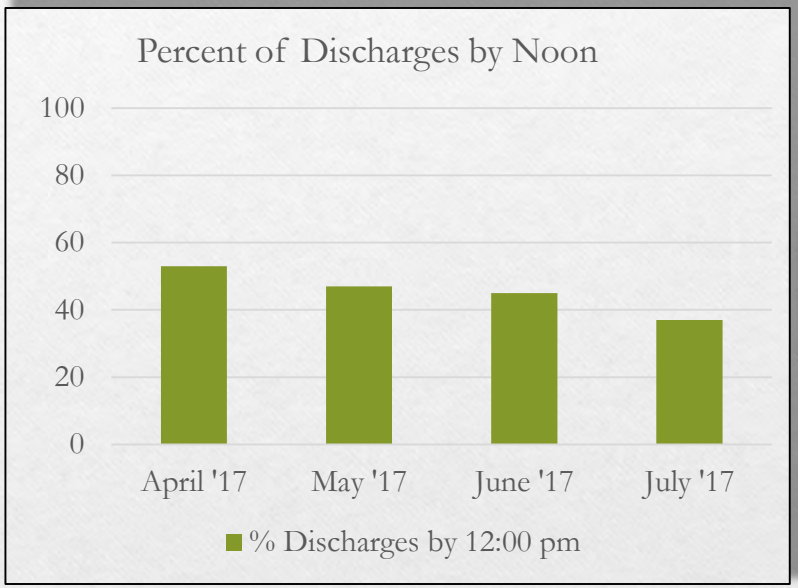
- Allied Health and Nursing staff complete education
- Schedulers coordinate follow up appointments
- Resident completes med rec
- Night RN completes discharge checklist
- Resident completes discharge orders by 7:15am
- Day RN prints AVS and reviews discharge instructions with patient and family
- DISCHARGE

Outcomes

April ‘17 through July ‘17

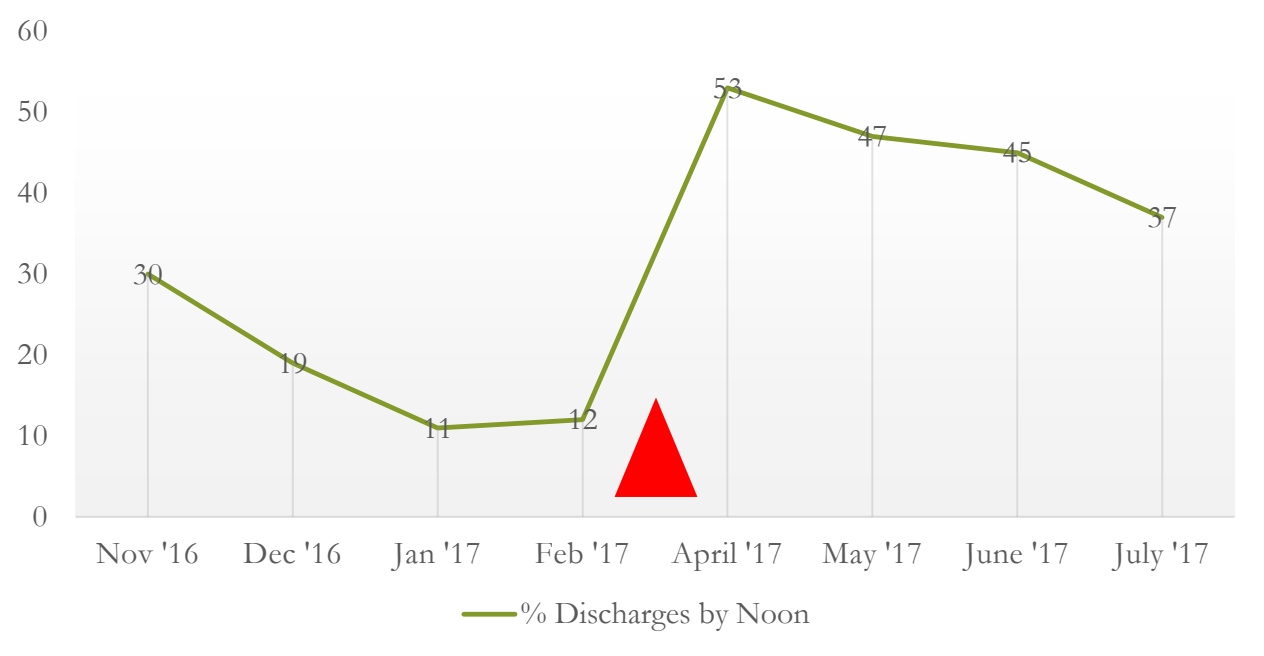


*Avg: 84% (from 46%)



*Avg: 45% (from 23%)

Outcomes



Most recent data shows change was sustainable (April 2017 - now):

Discharged by 12:00pm: 43%

Percent of orders placed by 9AM: 74%

Challenges Encountered

- practice variability with DME delivery by different companies
- availability of family for planned education sessions and transport on the day of discharge
- CMS requirements of 3 hours of therapy on patient's 7th day of rehab
- medical status changes

Lessons Learned

- in an age of technology, quality improvement still mostly relies on effective communication among an interdisciplinary team and does not always require development of a high tech software program to be successful

- simple changes to admission or discharge processes can presumably make significant downstream impacts

Next Steps

- Future plans:
  - develop a standard expectation for DME delivery with our vendors
  - establish patient and family education plans during initial patient care conference
  - complete all functional independent measure (FIM) scores day prior to discharge

- Sustainability:
  - we are continuing to measure the data points
  - re-education for staff (nursing, physicians/resident, CM, therapy) on the process must remain ongoing

Questions?