Earlier Departure of Patients Discharged to Nursing Homes from 3 East

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Introduction

What is the problem? Delays occur in discharging patients from 3 East to a nursing home.

Delivering high quality, patient centered health care requires contributions from many. Working to reduce delays in hospital helps achieve a broader improvement in health care, including patient and staff satisfaction.

Timing is a critical issue with respect to discharge. Early discharge of patients frees a bed up for a new patient, optimizing throughput and potentially enhances the hospital's revenue stream. Working together as a multi-interdisciplinary team that includes nurses, physicians, case managers, and other medical staff can facilitate the discharge process of a patient to home, SNF, or rehab.

Aim Statement

To decrease the interval between discharge order time and actual departure time of patients to a nursing home to 2 hours or less on 25% of all nursing home patients discharged by ambulance from 3 East (Hospitalist General Medicine Floor) in the next six months. The process begins when the patient is identified as eligible for discharge in the next 24 hours and ends when the leave the floor to board the ambulance.

Acknowledgements

Methods

Following review of baseline data regarding nursing home discharges from 3 East, several barriers to discharge were discovered and enumerated.

PDSA Cycle 1 - A manual, paper database was developed for unit secretary to log discharge information to include discharge order time and time patient actually left.

PDSA Cycle 2 – Database was transitioned to case management and additional data, including ambulance time data was added to the collection process. These logs created a methodology for baseline data and data collection.

PDSA Cycle 3 - Discontinue the practice of the nurse requesting specific ambulance times by RN. Ambulance transport is arranged as soon as discharge order is written by the case manager.

PDSA Cycle 4 - Process change to have secretaries remove discharged patients from the system immediately upon departure.

PDSA Cycle 5 – Hospitalists asked to complete discharge summaries the day prior to discharge, limiting the chance of incomplete transfer paperwork delaying departure.

Results

PDSA 1- The unit secretary log was introduced and used with 100% success, capturing all nursing home discharges. However, data inadequate to identify specific issues.
PDSA 2- The case manager log was introduced and used with 100% success, capturing all nursing home discharges. Through the use of these logs, we were able to identify several barriers to discharge and begin working on these.
PDSA 3- We eliminated the nurse requesting specific ambulance times. By changing from a specific time request to one of request on placement of discharge order, we achieved a 23 minute (16%) reduction in this area of the discharge process. (Figure 1.)
PDSA 4- Patients were not being removed from the electronic medical record immediately. Workflow changes for the unit secretary immediately captures discharge times and created digital awareness of an available bed. We achieved an overall 12% decrease in time to discharge. (Figure 2)
PDSA 5- Data collection in progress.

Figure 1

Discharge Order to Time Ambulance Arranged
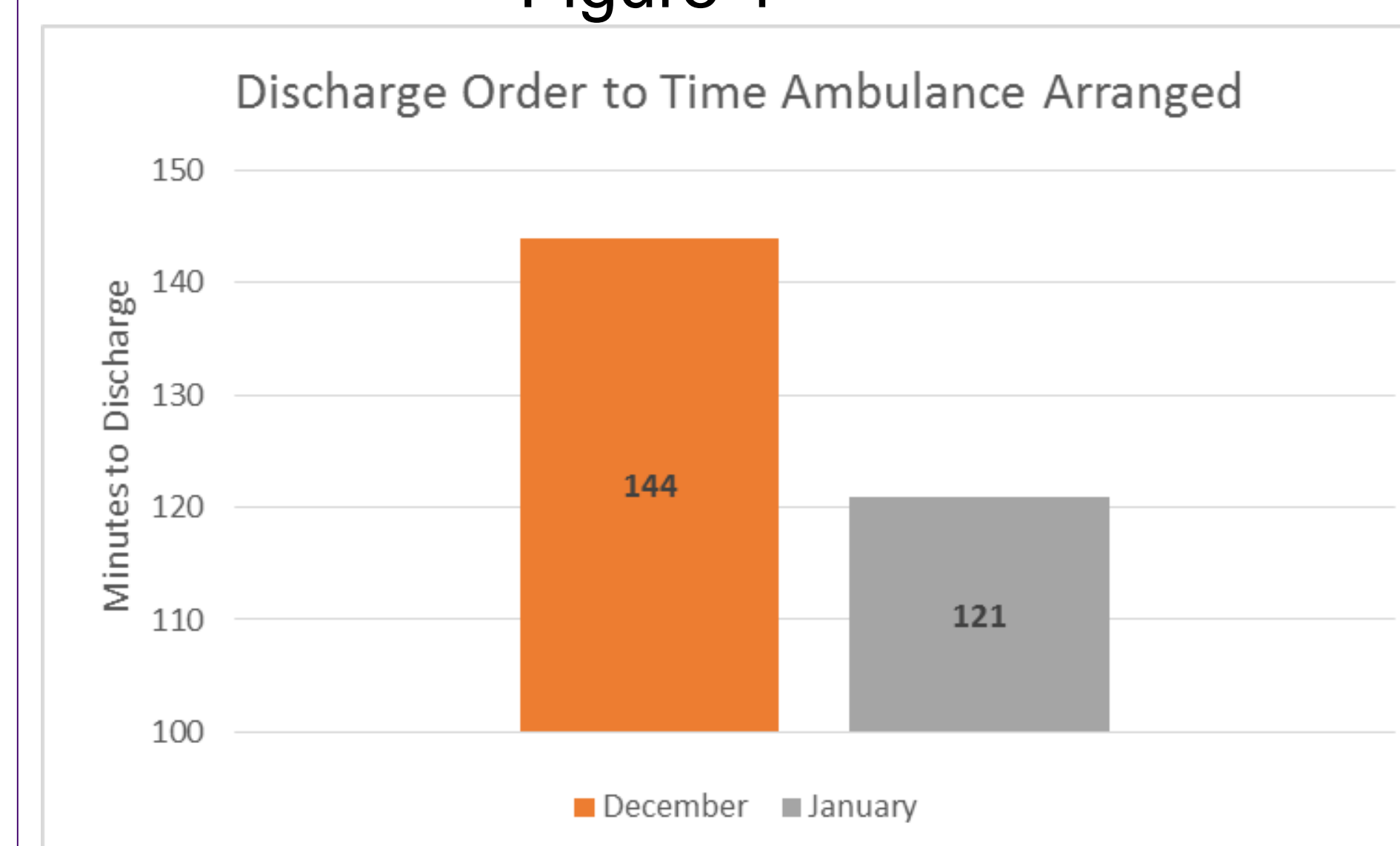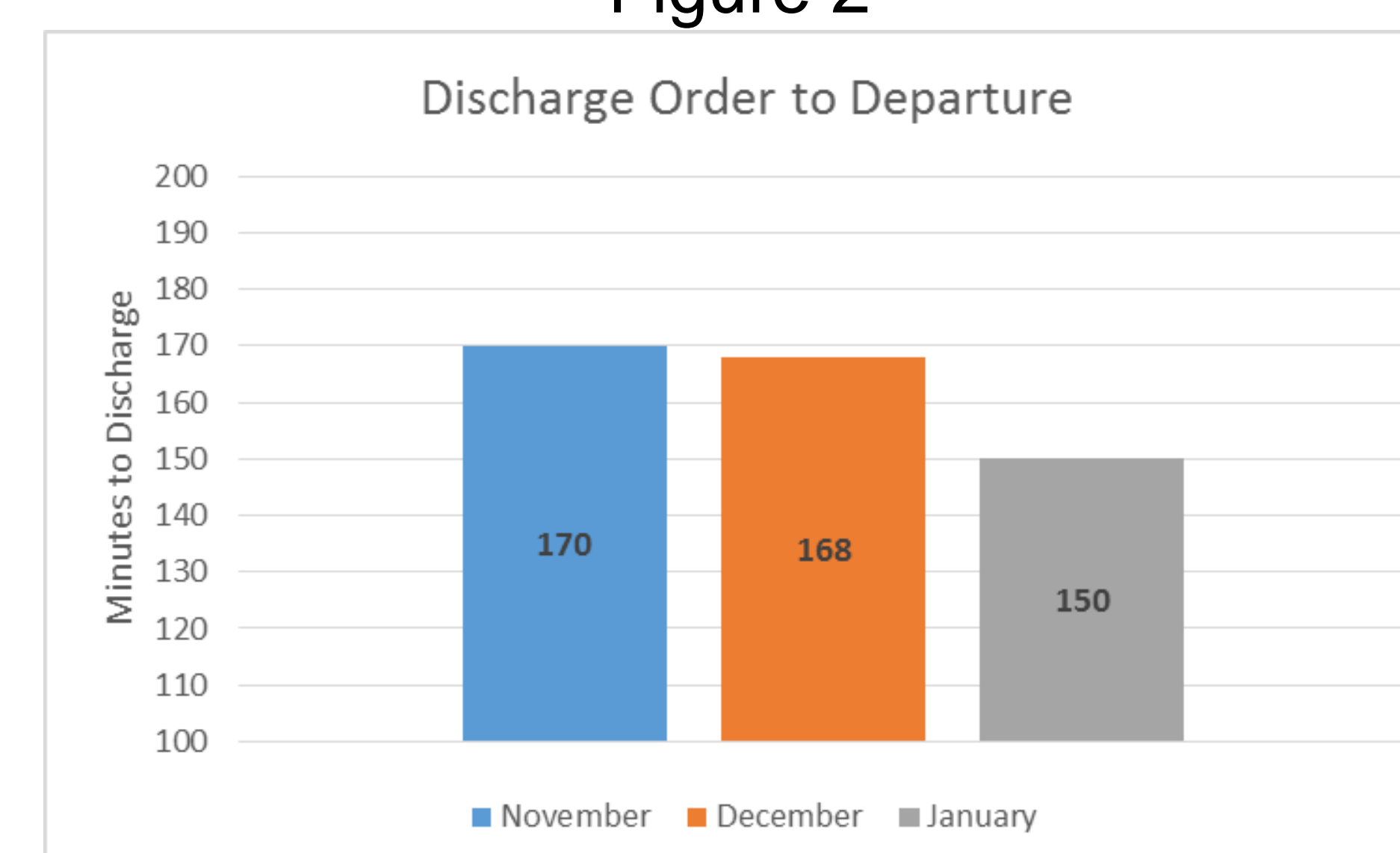
Figure 2

Discharge Order to Departure

Discussion

Times for patients discharged to nursing homes can be improved working together as an interdisciplinary team. Buy in occurred from most team members once they understood the goals of the project.

Obtaining quality data prior to beginning project was difficult. Data was available for all discharged patients, but no subset of data existed for just nursing home discharges, despite these discharges being perceived as the most time delayed. All data was obtained through manual processes requiring establishment of a system.

Identified causes of discharge delays include:

- Nursing facilities requesting specific arrival times
- Ambulance transport unavailable at requested time
- Nurses requesting specific d/c times
- Discharge summaries not ready
- Other - family decisions, treatments, cost of treatments, etc.

Future steps:

- Earlier placement and acknowledgement of discharge orders may further reduce times.
- Incorporate the expected date of discharge into interdisciplinary rounds with daily updates.
- Utilize patient whiteboards to update expected date of discharge keeping all stakeholders aware of goal.

Conclusion

The complicated nature of discharge from a hospital to a nursing home can lead to many bottlenecks that delay the process. Understanding the processes and barriers to these processes and working through each can improve discharge times and eliminate delays. Teamwork, good coordination, and early planning can successfully alleviate discharge delays and improve bed availability in the hospital setting.