ECU General Internal Medicine Service Discharge before Noon Challenge

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Introduction

We aim to expedite the discharge time of patients discharged by ECU general internal medicine service, aiming for discharge in the morning. This will facilitate an efficient and safe patient transition from the Vidant Medical Center (VMC) emergency room and from the regional hospitals. We also hope to improve patient safety and cost by decreasing the length of stay and opportunity to develop a hospital acquired complication, such as infection. Patients are better able to access services on the day of discharge, including their local pharmacy, home services and outpatient appointments if discharged in the morning hours. Patient's primary care physician offices are more likely to be open for questions or concerns if patients are home earlier. Morning discharge may also serve as marker for efficiency, team communication and quality care, with opportunity to improve patient satisfaction.
Currently, the teaching nature of our service leads to discharges around 2 PM, following morning didactics and bedside rounding. At baseline only 1% of patients were discharged before noon in August and 3% in October 2016.

Aim Statement

To increase the number of patients discharged by ECU General Internal Medicine service before noon to 20% within 6 months.

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Methods

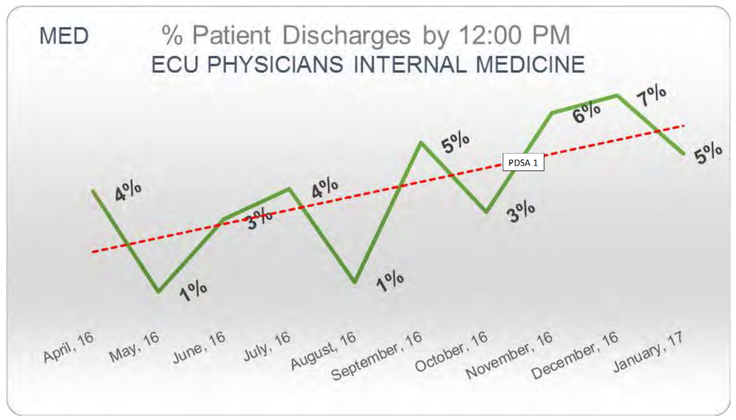
For our first Plan Do Study Act (PDSA) cycle we met with the faculty and the chief residents to bring awareness about the importance of early discharges in the month of November, 2016. We aimed to utilize education and peer pressure to motivate the team to perform discharges before rounds.

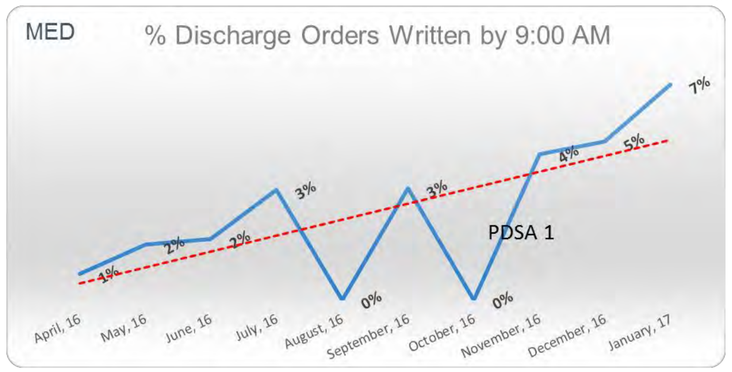
In PDSA cycle two, we backed up the process to start identifying patients for early discharge on the day prior. This permits creation of discharge plan in advance for discharge before starting the morning rounds on the subsequent day. We saw a small increase in our discharge before noon rate.

We started our third PDSA cycle in February 2017; we educated the residents about the importance of early discharges, put up posters in the team rounding rooms as visual reminders, and created the expectation that the senior resident update the patient communication board every day with possible date of discharge along with the time 10:00AM to ensure all the team members and the patient are aware of the discharge plans.

PDSA cycle four began on Feb 13, 2017 and included pre-emptive communication with Case management to expedite the time of transfer to Nursing homes to 11AM whenever possible.

Results





Discussion

We noticed a slight increase in number of patients discharged before noon and also an improvement in our average discharge order time. Initially when we started the project, the aim was to improve the percentage of discharge orders being placed before 9 AM, but we quickly realized that there is a significant lag time between order being placed and the patient actually leaving the hospital. Focus shifted to achieving an actual discharge time of 12PM. As a teaching service, discharge work is typically done after morning didactics and bedside rounds (around 2PM) and patients used to leave 2-3 hours after that. This is one of the barrier we identified before starting the project and education must remain a core focus of your service. However, we started identifying potential patients that can be discharged early, on the day prior to make sure discharge plan is in place and permitting discharge before starting the morning rounds at 9AM on the day of discharge.
Interestingly, we have noticed that having patients scattered in multiple different units throughout the hospital is delaying our discharge times. As discharge of a patient involves significant face time with the unit staff to make sure a safe disposition is in place, the presence of patients in 5-6 different units delays the discharge times. We also realized that it is important to make sure that the patients themselves know their discharge time and date, so they can prepare for transportation and family support. These two restrictions to project success will be addressed through further PDSA cycles. We understand that it is a change in the work flow and behavior and takes some time to make significant gains.

Conclusion

After our first PDSA cycle which includes educating the faculty, peer pressure through data transparency we have slightly improved our discharges before noon. Subsequent PDSA cycles include visual reminders in the team rounding rooms, updating the patient communication boards, and involvement of case management.