

Standardizing Inpatient Pediatric Handoffs to Improve Percentage of Safe Morning Discharges

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Background/Introduction

- Inefficient transitions of care unnecessarily occupy hospital beds, place additional financial strain on healthcare systems, and waste the valuable time of patients and their families, underscoring the need for streamlined processes to ensure timely and effective handovers

Study Aim: Optimize transition of care

- **between Inpatient Pediatric Medical teams on the General Pediatrics floor to increase discharges before noon by 10%**

- Many standardized handoff practices that allow for a more efficient transition of care (I-PASS, SBAR, SIGNOUT)
- At ECU Health Inpatient Pediatrics → lack of standardized communication of care between Day & Night medical services → inefficient use of time overnight → the need to begin the discharge process in the morning rather than working towards discharge throughout the evening



Methods

- Inpatient General Pediatric Medicine floor – ECU Health Maynard Children’s Hospital
- 3-month baseline data collection, 3-month PDSA cycles
- Primary Outcome Measures:
 - Percentage of safe discharges completed by noon
 - Discharge orders signed by 10 am
- Process Measure
 - Time from discharge order placed to successful discharge
- Balancing Measures
 - 7-day readmission rate
 - 48-hour Emergency Department visit rate



Results

Baseline Data

- EHR Data for all discharges on Inpatient Pediatrics for February, March & April of 2023

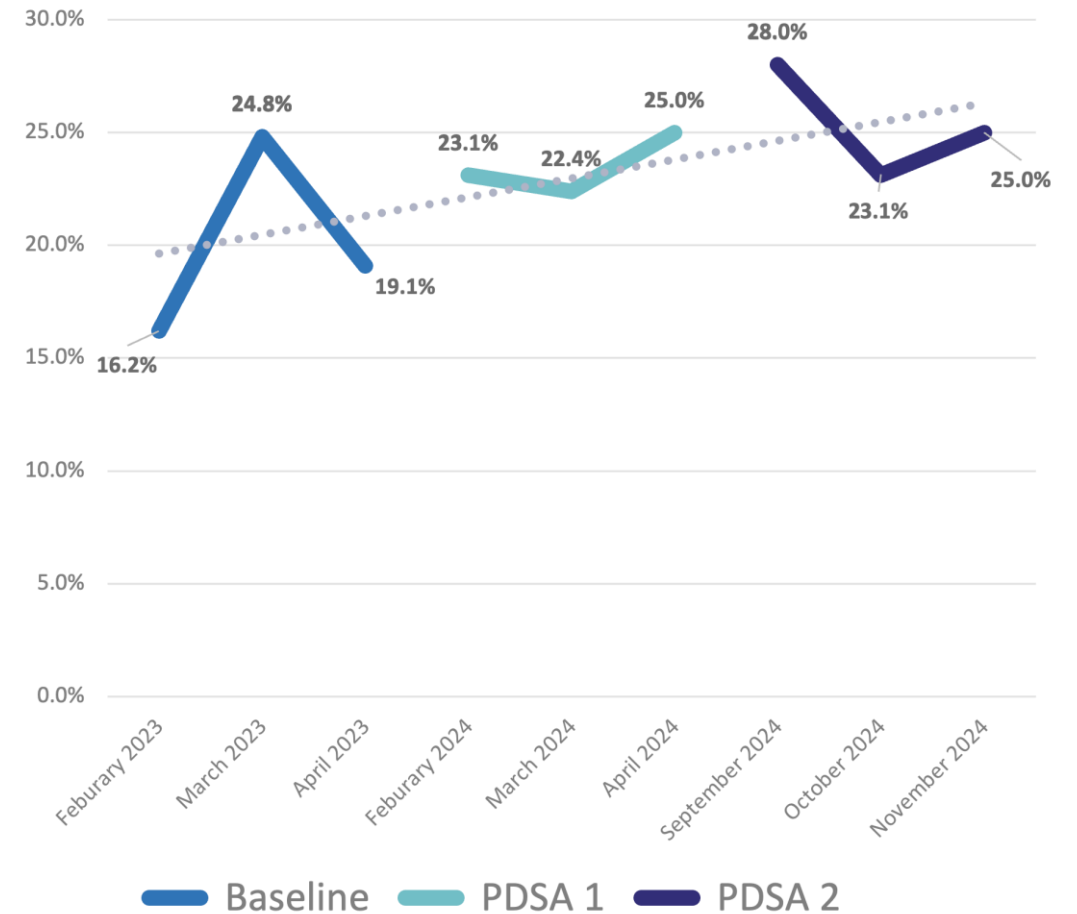
PDSA 1

- Implemented I-PASS standardized transition of care between Night & Day Resident teams
- Aim of enhancing morning efficiency while decreasing unnecessary delays

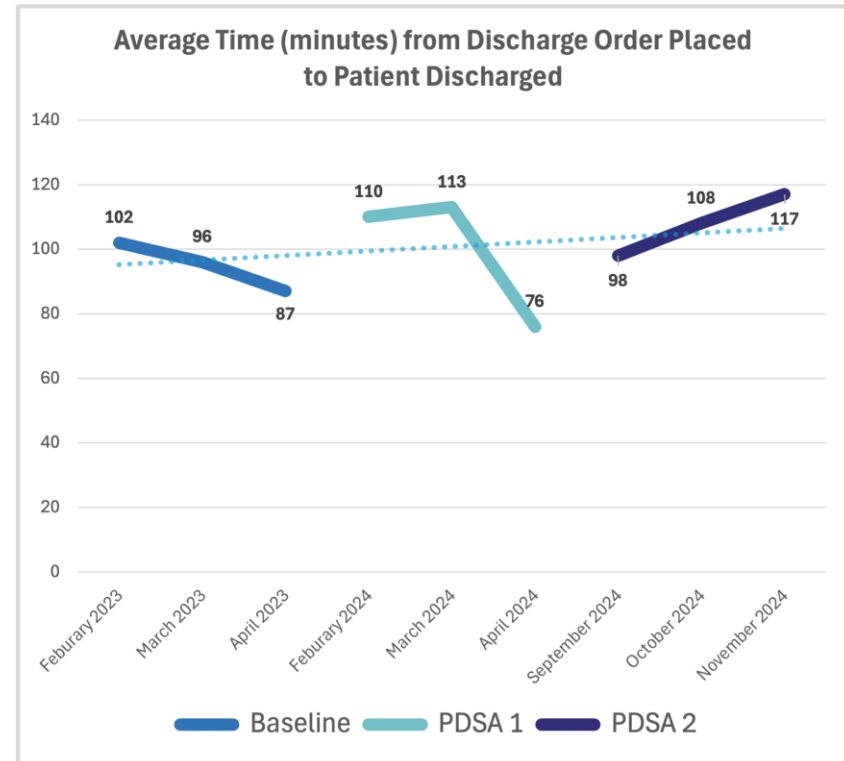
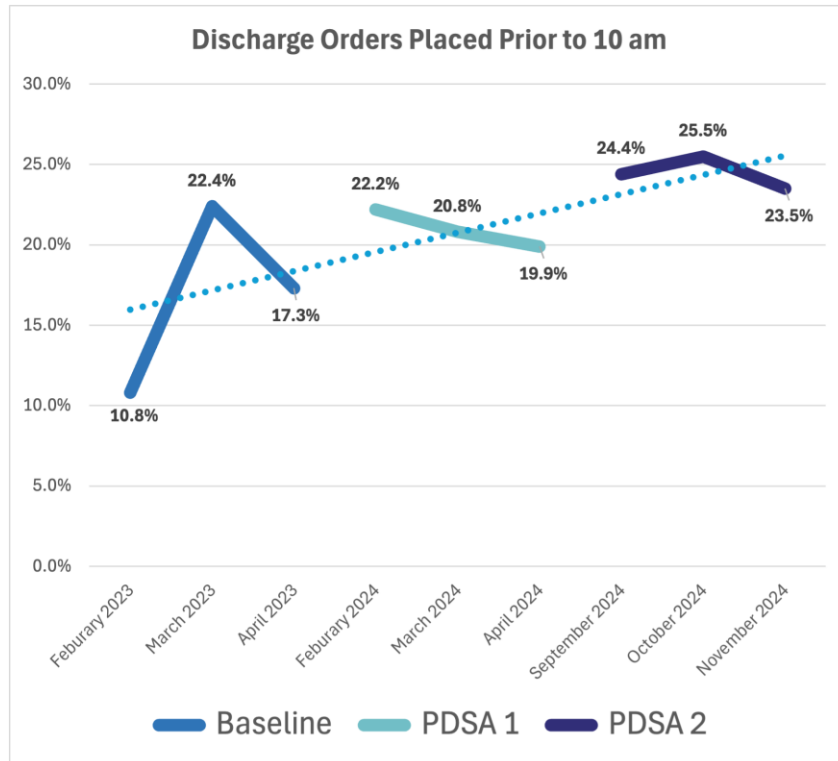
PDSA 2

- Implemented changes at the Attending, Resident, Charge Nurse, Nursing & Case Manager level
- Aim of utilizing interdisciplinary cohesiveness to safely discharge patients earlier in the morning

Discharges Prior to Noon



Results



PDSA 1:
Implementation of I-PASS Handoff in Resident Teams

PDSA 2:
Interdisciplinary standardization and improvements

PDSA 3:
Pending Implementation

Conclusion

- **We have implemented standardized transitions of care and are optimizing interdisciplinary collaboration. This has shown promising results in improving early morning discharges in inpatient pediatrics**
- **After two PDSA cycles, we achieved a 45% increase in discharge orders signed before 10 am & a 26% increase in safe discharges completed prior to noon compared to baseline**
- **These findings highlight the potential for structured processes to enhance patient flow and reduce unnecessary delays, supporting both patient safety and operational efficiency**

Future Direction:

- **Continue to optimize implemented changes while identifying additional opportunities for improvement**
- **Assess patient and staff satisfaction to ensure the changes meet their needs and expectations**
- **Explore ways to minimize the time between discharge orders being placed and the actual discharge occurring**
- **Continue monitoring data post-implementation to sustain progress and identify areas for further refinement**