Transition Lounge, the New Discharge Method to Improve Quality and Patient Satisfaction

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Introduction

Transition lounge is an area where patients who have a planned discharge arranged can be transferred to complete the discharge process. The notion to develop implement a transition lounge within a hospital is mainly to free up acute beds quicker for incoming patients but also improve patient satisfaction. Hospital overcrowding has become a major factor in reducing quality of care and patient satisfaction. Implementing a Transition Lounge coupled with a continuum of care flow process plan, telehealth, and patient education ensures efficient use of existing beds. A Transition Lounge is an essential tool that improves the discharge process. Involving a diverse council of patients to participate in the planning phase, affirms the Transitions Lounge to be received favorably by the community.

Problem

This initiative was developed after performing a retrospective analysis and a root-cause analysis identifying the issues within the discharge process. A prospective study interviewing patients discharged from a neuroscience service was also performed. We sought their opinion of the current discharge process, as well as their input on how to improve the experience. We also asked their preference on which model (current, or new) they preferred. The design of this presentation will illustrate the importance of conducting a needs assessment within a service to identify challenges patients face during their discharge. The study emphasizes the strengths in identifying and examining patient’s concerns as a quantifiable measures, which can be used to conduct a root-cause analysis with within a council of diverse healthcare professionals and patients. By allowing patients and healthcare professionals to collaborate, facility/units can develop a customized Transition Lounge that will exceed all stakeholders' expectations. Furthermore, accentuate the importance of conducting follow-up focus groups among healthcare professionals and patients to ensure the transition lounge discharge process is continuously working seamlessly.

Results: Prospective Analysis

Based on the retrospective analysis, we conducted a prospective analysis surveying and interviewing patients to investigate alternative forms of follow-up communication and discharge process to improve patient satisfaction with hospital care and post-hospitalization care. Stroke patients (n=54) were asked their preference how on various discharge process and how to receive post-hospitalization communications with their attending physician. Patients were presented with various models and surveyed using a Likert scale. Patients were presented two models. One was the current model (wait in the room until discharge and receive a phone call within 48-hour of post-discharge) or the new model (discharged to a transition lounge to wait for transportation and receive medication support and education on video conferencing within 48-hour of post-discharge). The data illustrated that 40.7% (n=22) preferred the current model with majority of the patients being under the age of 76. While, 59.3% (n=32) preferred the new model with majority of the patients being under the age of 65.

Results: Retrospective Analysis

A retrospective analysis was conducted on 1,647 inpatients discharged from North Shore University Hospital Neurosciences’ inpatients unit over 3-month study period. Of the 1,647 inpatients, 82.3% (n=1,355) patients were discharged home, 13.1% (n=215) were discharged to an inpatient rehabilitation facility, 3.7% (n=61) were discharged to a long-term care facility or skilled nursing facility, and the remaining 1.0% (n=16) were discharged to other type facility/hospital. With majority of the patients discharged home, we further investigated the time of discharge. The results illustrated 1.1% (n=18) of the population were discharged before 10am, while 98.9% (n=1,629) were discharged after 10am. In addition, when examining by nursing shift, 87.1% (n=1,434) patients were discharged during the morning shift (7am-7pm), while, 12.9% (n=213) patients were discharged during the evening shift (7pm-7am). Through further analysis, 68.0% (n=1,120) of the population were discharged between 4pm-7pm. The high discharge volume towards the end of the morning shift illustrates nurses at the units work towards discharging patients prior to shift change.

Conclusion

There is evidence of a demand for a new discharge/transition process within the Neurosciences Inpatient unit. The results indicate a need to develop and implement the new model (discharging patients to the transition lounge with a video conferencing as a method of follow-up communication among the stroke population post-hospitalization). Although age appears to influence the demand, majority of patients expressed greater enthusiasm with the new concept if implemented seamlessly within the unit. It was noted that patients over the age of 65 liked the new concept, but preferred the current model due to familiarity. Increased patient satisfaction with the discharge process and follow-up communication could improve patient medication and treatment compliance, and ultimately reduce readmissions.

References