

Description

Patients receiving Cyclophosphamide and Ifosfamide require Mesna and post-hydration to prevent hemorrhagic cystitis. Mesna is usually completed at 9 hours. Post-hydration can be completed outpatient in selected patients. Patients need to have all discharge medications ready prior to discharge. Those completing post-hydration outpatient also need to have fluids ready and completed all necessary teaching. The discharge process requires careful planning and co-ordination between physicians, nurse practitioners, clinical pharmacists, clinical nurse specialists (educator), and patients or caretakers.

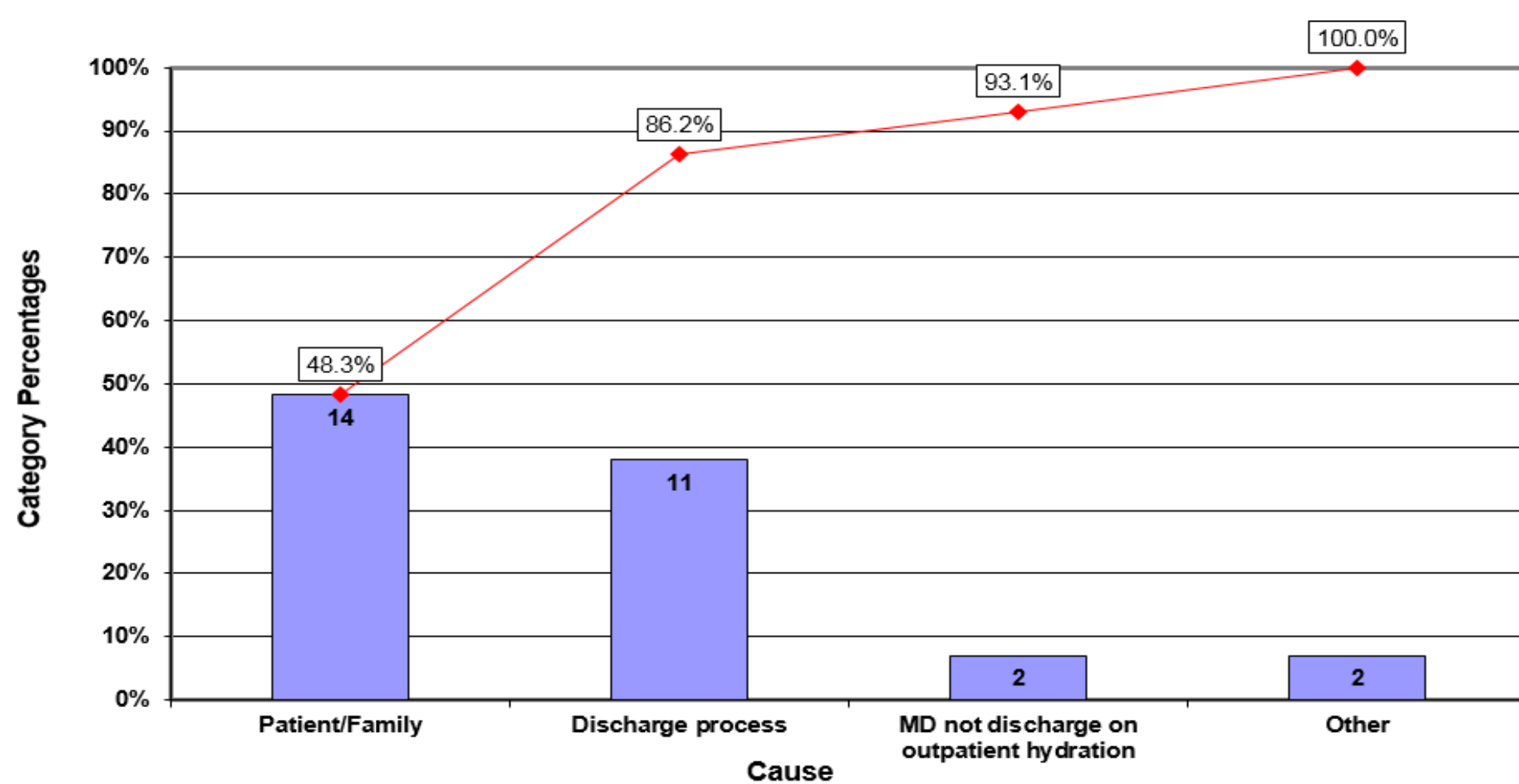
Aim

To reduce median discharge time from 8.7 hours to 2 hours by June 2018

Actions

A multidisciplinary team was formed. Discharge medication and fluid not ready on time is the most common actionable cause of delayed discharge. A new rounding work flow (discharge date identified on admission, medication reconciliation performed the day before discharge, round on discharge patients first) was tested and implemented.

Cause of Delayed discharge (before intervention)

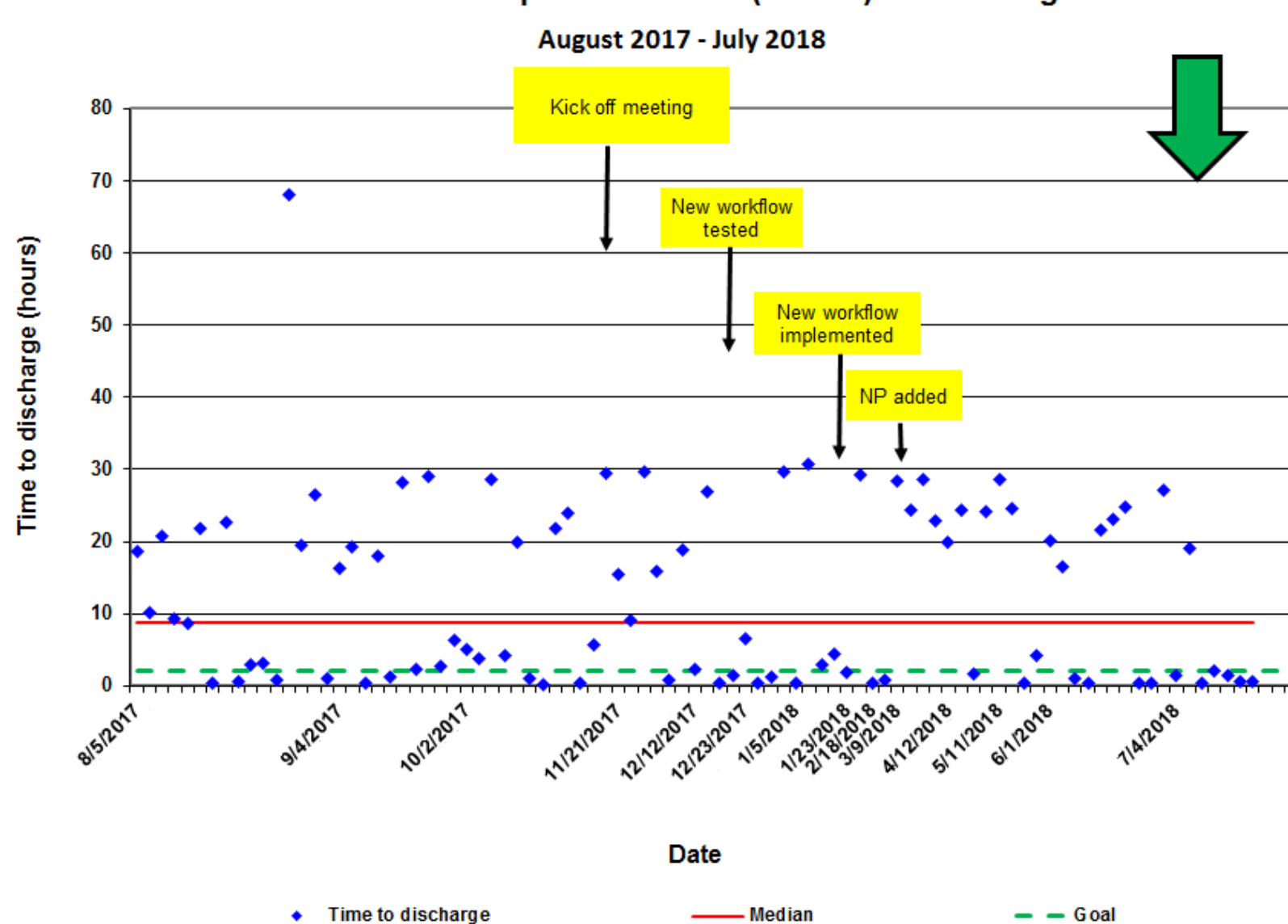


New Rounding Workflow

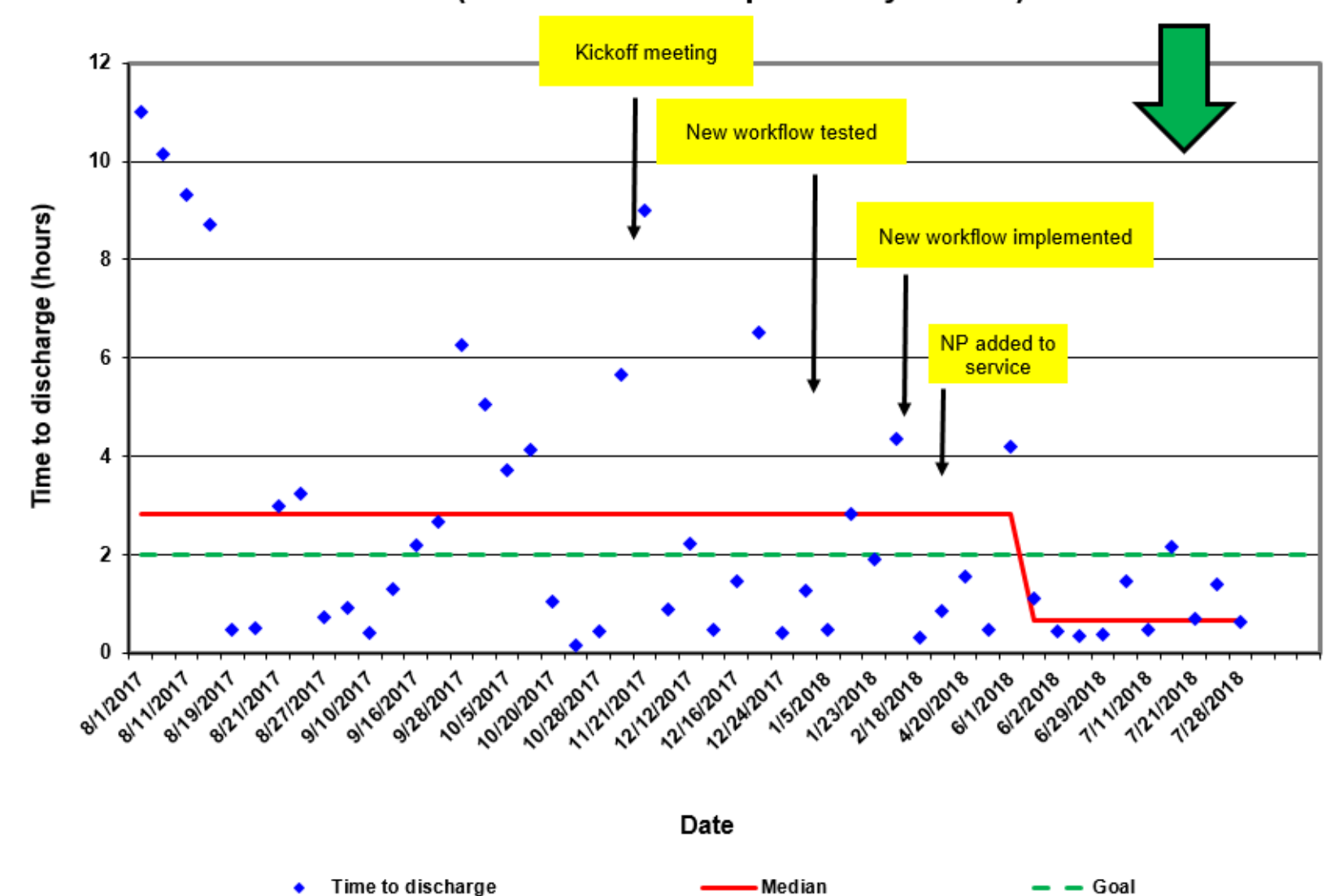
- 1 • Discharge date identified on admission
- 2 • Medication reconciliation performed the day before discharge
- 3 • Round on discharge patients first

Results

Time from completion of care (Mesna) to discharge August 2017 - July 2018



Time from completion of care (Mesna) to discharge August 2018 - July 2017 (Patient chose outpatient hydration)



There was no change in discharge time for the whole cohort. However, for patients that chose outpatient hydration (49 patients, 54.4%), median discharge time reduced from baseline of 2.82 hours to 0.66 hours (76.6% reduction). None of the patients that completed post-hydration outpatient were re-admitted within 48 hours.

Contact

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