Improving Discharge Times: A Systematic Multidisciplinary Approach to Addressing Discharge Barriers
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Aim

- **Background:** Many studies have shown that late afternoon discharges contribute to increased length of stay, overcrowding in the ED, and dissatisfaction for both patients and staff. Our multidisciplinary group set out to improve this metric on our two general medical/surgical adult units. Hackensack University Medical Center (HUMC), is a 700+ bed academic medical center with 23 adult units, two of which are dedicated general medical/surgical units. These two particular units, 4SJ and 5SJ had the lowest percentage of discharges before 1pm for all 23 units. They each had a baseline rate of 8% discharges before 1pm. This was well below the adult inpatient unit average of 16.6%.

- **Goal:** Our goal was to improve the rate of discharges before 1pm by 25%. We approached this by developing a systematic discussion on potential discharges for the next two days in conjunction with identifying discharge barriers and “barrier owners”.

Description

- **Design:** The Plan-Do-Study-Act framework was adopted for this project.

- **Intervention:** In February 2019 a paper tool was developed to highlight patients that were potentially going to be discharged within the next 48 hours. This tool identified discharge barriers and the team member responsible for removing the barrier, which was identified during the morning multidisciplinary rounds. The tool also prompted the team to further identify patients that had the potential to be an “early discharge”. A process was developed where this tool was then given to the Physician Advisor, the charge RN, the Unit Manager, the unit’s Care Coordinators, the Capacity Management team and the Performance Improvement Advisor after MDR. These barriers were then communicated to the appropriate individual for resolution. This group would then reconvene at 3pm to review the discharge list to discuss the status of the discharge and barrier. The updated list is then passed on to the night staff to help prepare the staff for the next day’s discharges.

Results

There was a positive relationship between the intervention and the outcome. While the average for all adult patient units stayed relatively unchanged; there was statistically significant improvement for both units that implemented the intervention. We also found that the additional huddles decrease asymmetry of information between team members and fosters closed loop communication.

- **Main outcome measures:** A chi-square test of independence was calculated comparing the frequency of early discharges in patients pre and post intervention.

- **Analysis:** A statistically significant relationship was found. For 4 SJ The chi-square statistic is 3.1089. The p-value is .077866. This result is significant at p < .10.

  - For 5 SJ The chi-square statistic is 4.7286. The p-value is .029665. This result is significant at p < .10.

Conclusions

Our pilot was successful in achieving and sustaining more discharges prior to 1pm. This process also improved communication between team members.

Next Steps

We plan to implement this process on additional units. In future studies, we would like to quantify the perception of improved communication and determine if this process impacts length of stay.

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