Strategies to Increase Early Discharges to Decrease Hospital Length of Stay and Avoidable Patient Days for Neuro-Spine Patients

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Strategies to Increase Early Discharges to Decrease Hospital Length of Stay and Avoidable Patient Days for Neuro-Spine Patients

Last Updated: 9/6/2018

Executive Sponsor: Joy Moody, Mark Parker  Facilitator: Corey Fravert, Suneeal Nayak, Stephen Tyzik, Ruth Hanselman, Amy Sparks

Team Members: R6 Staff, Care Managers (R6 and Trauma), Rehab, Neurosurgery (Director, Neuro Navigator and Data Analyst)

Countermeasures

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Due Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of 2 Neuro Spine patients to be discharged by R6</td>
<td>R6 Nurses</td>
<td>8/14/2017</td>
<td>Completed</td>
</tr>
<tr>
<td>Improvement Plan #1 - Change nurses, case managers, neuro navigators, and rehab to huddle early afternoon to determine two potential patients (this huddle is in addition to the morning IDCR and is specific to identifying patients who can be discharged by 11 AM the following day). Charge nurse then notifies the on call APP to give them the patient's name. Charge nurse notifies the bedside nurse caring for the targeted patients to assure that they are teed up for a pre-11 AM discharge. Care Managers notify the patient/family to coordinate discharge plan. Lobster placed on white board as a visual cue to the multidisciplinary team.</td>
<td>R6 Charge Nurses, Neuros Navigator, Care Managers, Rehab, and APPs</td>
<td>8/14/2017</td>
<td>Completed</td>
</tr>
<tr>
<td>Improvement Plan #2 - Changed spine population to any neuro population (need more patients).</td>
<td>R6 Charge Nurses, Neuros Navigator, Care Managers, Rehab, and APPs</td>
<td>8/18/2017</td>
<td>Completed</td>
</tr>
<tr>
<td>Improvement Plan #3 - Rehab no longer to attend huddle and will check with charge nurse for updates</td>
<td>R6 Charge Nurses, Neuros Navigator, Care Managers, and APPs</td>
<td>11/15/2017</td>
<td>Completed</td>
</tr>
<tr>
<td>Improvement Plan # 4 - Changed patient population to include Trauma patients.</td>
<td>R6 Charge Nurses, Neuros Navigator, Care Managers, and APPs</td>
<td>12/1/2017</td>
<td>Completed</td>
</tr>
</tbody>
</table>

Outcomes

Cumulative Discharge % by hour of day

- Baseline (March 2017): 13%
- July 2017: 23%
- December 2017: 28%

Quantitative Outcomes
1. RNs all attend IDCR
2. DRGs Utilized for all Patients to drive anticipated date of discharge
3. RNs believe their opinion on D/C is valued and needed
4. Decrease in ancillary calls to ancillary teams and Providers

Next Steps
We will continue to have our afternoon huddle with Charge Nurse, Care Coordination, and Neuro navigator. We will continue to do our red caps survey to measure our early discharges for the next 4 months. We will continue to identify targeted patients with the lobster boat and discussion at morning IDCR. We will continue to meet monthly at our length of stay committee.