Facilitating Earlier Discharges to Decrease Avoidable Patient Days and Improve Flow for an Acute and Intermediate Care Unit

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Adult Inpatient Medicine Leadership  
R4 leaders  
R4 Designated Charge Nurses  
R4 Clinical Team

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One of Maine Medical Center’s annual implementation (AIP) goals is a 5% reduction in avoidable days. R4 is a 34-bed medical respiratory acute and intermediate care (IMC) unit, which has historically had low early discharge percentage rates. Delayed discharges may result in longer lengths of stay (LOS) and adverse events; three options exist to decrease overcrowding: decrease admissions, mitigate LOS, and discharge patients earlier (Molla, Warren, Stewart, Stocking, Johl, & Sinigayan, 2018). The third option is this project’s focus: without interfering with the number of “midnights” the patient stays, discharging patients earlier in the day allows for positive patient churn and an improved workflow for clinical and provider teams. To reduce admission delays and improve patient churn, many organizations are focusing on processes and quality improvement projects for early patient discharges (Patel, Morduchowicz, & Mourad, 2017).

**Problem/Impact Statement:**
All adult inpatients located on R4, regardless of primary or consulting services; exclusions: all patients on other units

**Baseline Metrics/Current State:**
- Patient Churn by Hour of Day - 3/25/18 - 12/4/19
  - Discharge % by 11:00 (30%): 6% - 12%
  - Discharge % by 14:00 (60%): 48% - 2%
  - Discharge % by 16:00 (80%): 92% - 2%
  - % Nearly Full (85%): 63% - 27%
  - Avg Pending DC to DC (in lots): 28 - 4 - 10
  - Avg Confirmed DC to DC (in lots): 155 - 35

**Root Cause Analysis:**
- Project: Facilitating Earlier Discharges to Decrease Avoidable Patient Days and Improve Flow for an Acute and Intermediate Care Unit
- Team Members: Adult Inpatient Medicine (AIM) Service Line Leaders, R4 Leadership, R4 Clinical Team, R4 Designated Charge RNs, Social Work/ Care Management, Providers/physicians, Information Systems, Nursing Supervisors
- Last Updated: July 10, 2019

**Goal/Objective:**
- The goal of discharging 25% of patients before 11:00 a.m. will improve patient churn and allow incoming patients to be admitted to R4 in a more medically appropriate and timelier fashion. In order for early discharges to occur, many tasks, workflows, and relationships must be evaluated with a systems-level approach using strategic intelligence. Planning for discharge is often an intense and complicated issue with many unforeseen challenges. Many R4 patients are discharged to facilities and a small percentage are discharge home with or without services.

**Current Goal Outcomes:**
1. 25% of discharged patients will be discharged before 11:00 a.m.
2. Patient churn will be more evenly spread throughout the day, instead of exaggerated from 2:00 p.m. until 7 p.m.

**Future Goals/Outcomes:**
1. Continue with Project Milestones
2. 60% of discharged patients will be discharged by 2:00 p.m.; 90% of discharged patients will occur by 6:00 p.m.
3. Team will demonstrate interprofessional partnerships as noted by interprofessionalism scale
4. R4 Nurses Station/Solarium Algorithm utilized 75% of the time

**Resources:**