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

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R4 leaders
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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 flow, 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

**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 discharged home with or without services.

**Baseline Metrics/Current State:**

- Patient churn by hour of day: 2019-01-01
- Discharged by 11:00 a.m.: 6%
- Discharged by 2:00 p.m.: 13%
- Discharged by 5:00 p.m.: 48%
- Discharged by 9:00 p.m.: 92%
- % Needing DC Ed consumption: 63%
- Avg Pending DC to DC Ed (Hour): 28
- Avg Confirmed DC to DC Ed (Hour): 155

**Root Cause Analysis:**

- **Struggles:**
  - Limited understanding of the problem in a patient safety and flow issue
  - Inconsistencies in documentation
  - Leadership attribution
  - Frequent feedback communication and discussion about patient flow, plans, & project necessity

- **Weaknesses:**
  - Minimal application of multidisciplinary process (MTP)
  - Informational voids between wards and implemented discharge processes & recommendations
  - Inconsistent communication
  - Inconsistencies in discharge processes
  - Inconsistencies in discharge prioritization

- **Opportunities:**
  - Emerging need for non-traditional innovative solutions for problem solving
  - “Alerts” will help avoid hospitalization
  - Involvement of nurses in discharge management

**Next Steps**

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/Discharge Algorithm utilized 75% of the time

**Resources:**
