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Mother Baby Discharge Process

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Problem/Impact Statement:

MMC's 32-bed Mother Baby unit is experiencing backed up flow due to high volume and patients not being discharged quickly enough. The current average discharge time on Mother Baby and the Newborn Nursery is 1:36pm. The Mother Baby unit has 32 beds, is staffed by 8-9 nurses, and has an average discharge of 91 patients a week.

Scope:

In scope: Develop a new dashboard, create a current state process map, facilitate a quasi-Kaizen event, create a future state process map, develop a clinical care pathway and a policy for the mother-baby discharge process.

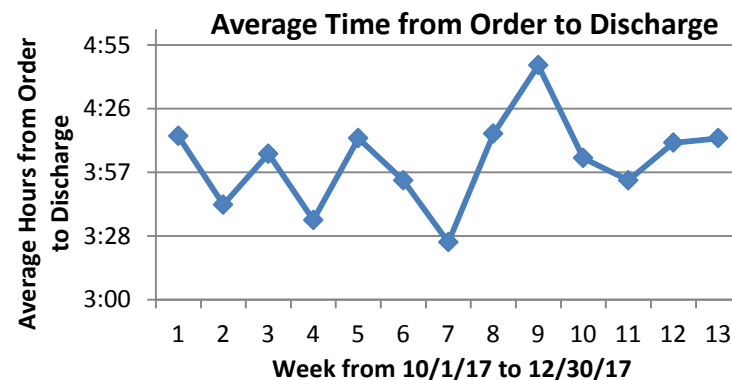
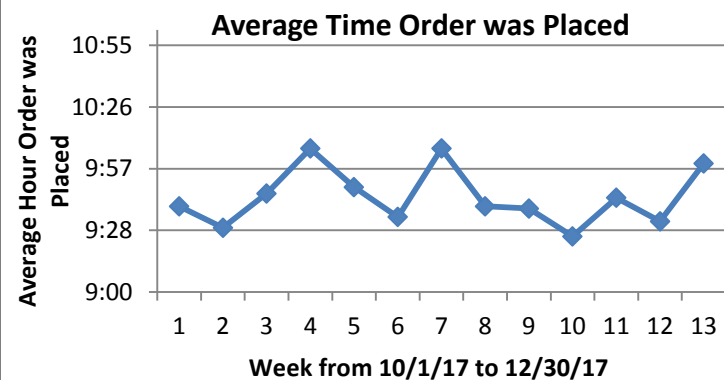
Out of scope: NICU discharge (accounts for ~30% of patients).

Goal/Objective:

The goal is to decrease the average discharge time from the Mother Baby unit from 1:36pm to 12pm without increasing the average length of stay by: date TBD.

Baseline Metrics/Current State:

Staff have been trying to improve discharge from Mother Baby for over 4 years, because the problem involves backed up flow from Labor and Delivery, but have not been able to make significant changes. We started the project with a report that gives one number for the entire unit (monthly average discharge time); it is very difficult to perform analysis on such data. That number was skewed because the unit is often used as a satellite unit, making it clear that we needed a new dashboard. KPIs: All medically eligible patients will be discharged from rooms before 1pm; 90% of NBN babies will have their car seat present in car or room by 1900 on day 1 of life; All eligible parents will watch the discharge video prior to day of discharge.

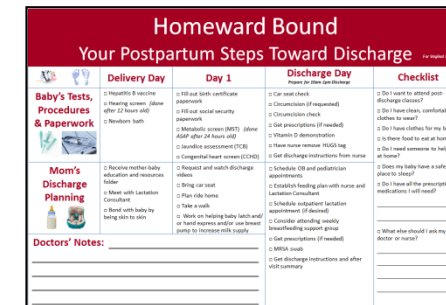


Root Cause Analysis:

70% of the provider service on the unit is private, 30% is in-house. The new dashboard, developed in August, provided us with the significant discovery that no practices, private or in-house, are meeting the institutional average discharge time goal of 12pm.

- Through interviews with staff and reviewing previous KPIs I observed the following:
- The opportunity to improve how the discharge videos are delivered to moms
 - The opportunity to improve the 'Homeward Bound' discharge checklist for moms, which may improve the frequent problem of the car seat still in the car at time of discharge
 - The opportunity to incentivize patients to strive for an earlier discharge
 - The opportunity to improve patients' engagement in their care
 - The opportunity to improve communication between providers, which may improve the frequent problem of discharge orders being placed late

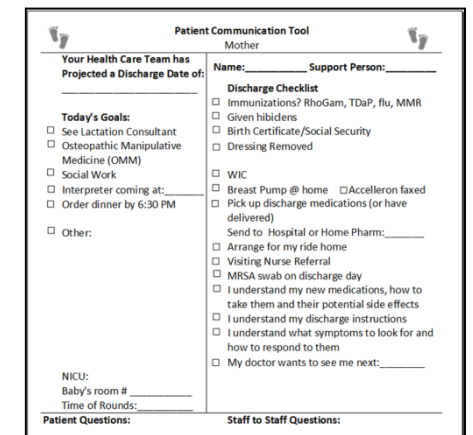
Countermeasures



- Collaborating with two nurses in the spring resulted in a new checklist discharge tool (top left), one for vaginal and one for C-section patients, that imitates a care pathway to spur dialogue between the patient and the care team and within the care team.

Do

- The project's focus changed this summer and the checklist was not implemented. Leadership would like to adopt other units' interdisciplinary rounding initiatives to the East Tower and have formed a new team. The document on the right is an interdisciplinary discharge planning tool (draft) developed by Jen Johnson, RN as the first deliverable of the new team, one for mom and one for baby.



Study

Outcomes

- Consider assessing the following potential pilots through KPIs:
- Measuring the utilization of the new checklist by patients, nurses and physicians.
 - Measuring the impact of implementation and changes to interdisciplinary rounding on discharge time
 - Acceptance of offering moms the option to opt out of seeing the attending on the day of discharge, or administering a survey assessing whether they would be interested in the option
 - Returning ownership of providing patients the discharge videos from CNAs to RNs

Act

Next Steps

- With the new team, hold a Kaizen event or series of meetings to review the current state process map, observations from shadowing, fishbone diagram, issues identified by team members; then conduct a root cause analysis on each significant problem, review potential solutions, and design a new solution / care pathway to implement.
 - Regular meetings with new team members began this fall. The new team began with developing a list of pain points and barriers, which will lead to creating a new fishbone. I plan to shadow the work of the team throughout their process.

Plan