Clinical Safety & Effectiveness
Session # 1

Reducing discharge times: From Order to Door

CENTER FOR PATIENT SAFETY & HEALTH POLICY
UT HEALTH SCIENCE CENTER™
SAN ANTONIO

Educating for Quality Improvement & Patient Safety

The Team

Course Participants:

University Health System

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Team Members:

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Nursing staff

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Ward Clerks

Geri Friedland,

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What We Are Trying to Accomplish?

OUR AIM STATEMENT

Reduce the time taken to discharge a patient, from the **12th floor at UHS**, once a discharge order is written, by **10%** by **August** 2009.

Project Milestones

• Team Created	March 2009
• AIM statement created	April 2009
• Weekly Team Meetings	Started April 200
• Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses	Jan 2009-April 2009
• Interventions Implemented	June, 1 2009
• Data Analysis	Mar 2009-Aug 2009
• CS&E Presentation	August 28, 2009

Background

- Emergency Center diversion times and Emergency Center waiting room times are great across the country.

- Part of the responsibility for “decompressing” the Emergency Center relies on the hospital to be efficient in admitting and discharging patients in a timely manner

How Will We Know That a Change is an Improvement?

- We tracked the time required to discharge a patient from the floor after a physician had written a discharge order as part of our assessment of inpatient “hospital flow.”
- Discharge orders recorded in our electronic medical record noted time “zero” for a discharge encounter. Release of the hospital bed to housekeeping noted the end time for this discharge encounter.

What Changes Can We Make That Will Result in an Improvement?

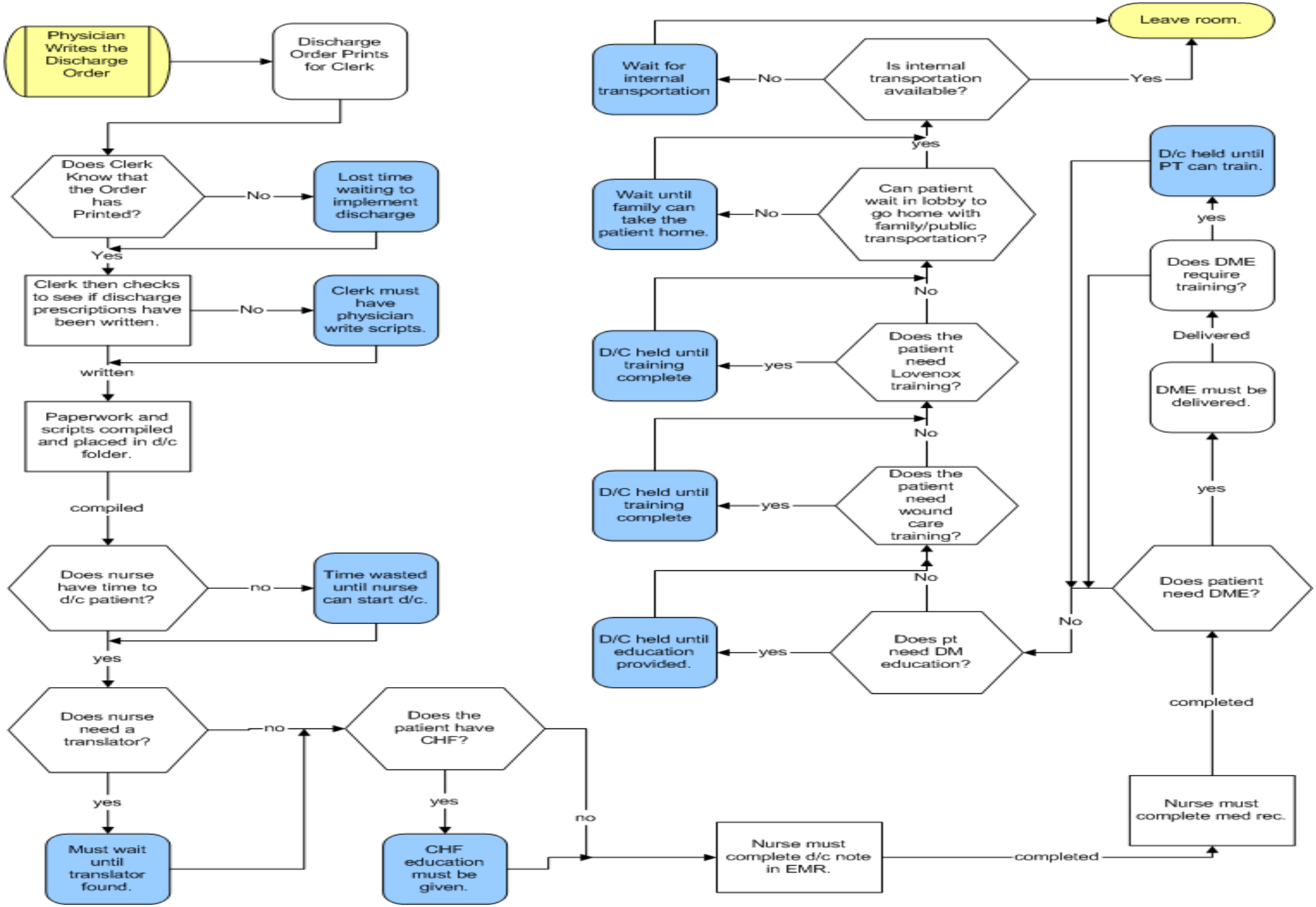
1. Design a system where the clerk checks the printer every 10 minutes for discharge orders and then prioritizes processing these orders over other daily work.

2. Simplify the Nursing Discharge Note and Medicine Reconcilliation Note so that the note is pre-populated with data already entered into the electronic medical record.

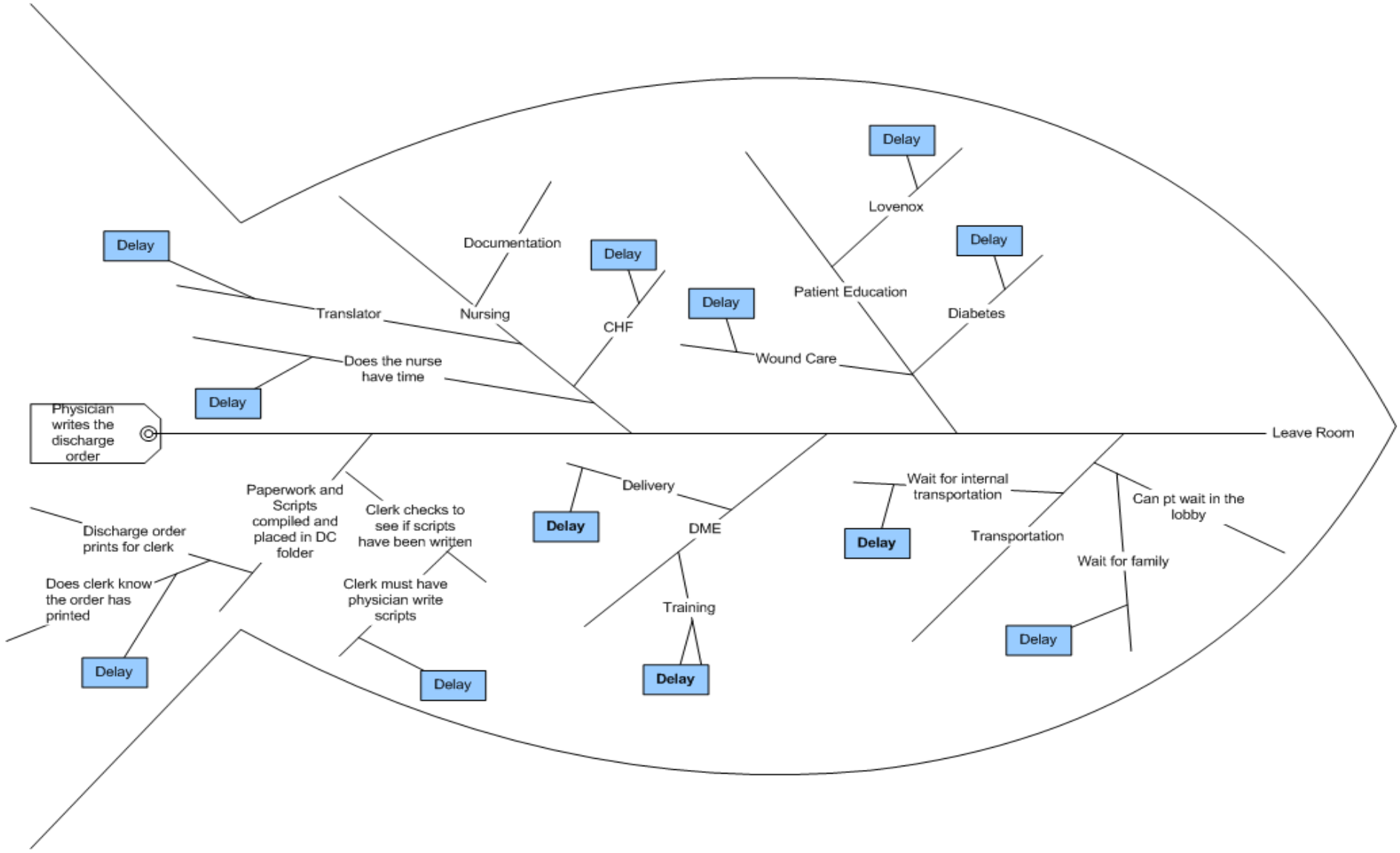
3. Create a templated note that will allow nursing to document patient education they provided earlier in the hospital stay so that it is not all completed and recorded at the time of discharge.

Selected Process Analysis Tools

- Brainstorming
- Flowchart
- Fishbone
- Check sheet (Nursing Questionnaire)


Physician Writes the Discharge Order
Discharge Order Prints for Clerk
Does Clerk Know that the Order has Printed?
No
Lost time waiting to implement discharge
Yes
Clerk then checks to see if discharge prescriptions have been written.
No
Clerk must have physician write scripts.
written
Paperwork and scripts compiled and placed in d/c folder.
compiled
Does nurse have time to d/c patient?
no
Time wasted until nurse can start d/c.
yes
Does nurse need a translator?
no
Does the patient have CHF?
yes
Must wait until translator found.
yes
CHF education must be given.
no
Nurse must complete d/c note in EMR.
completed
Nurse must complete med rec.
completed
Does patient need DME?
yes
Does DME require training?
yes
D/c held until PT can train.
yes
Delivered
DME must be delivered.
No
Does pt need DM education?
yes
D/C held until education provided.
No
Does the patient need wound care training?
yes
D/C held until training complete
No
Does the patient need Lovenox training?
yes
D/C held until training complete
No
Can patient wait in lobby to go home with family/public transportation?
No
Wait until family can take the patient home.
yes
Is internal transportation available?
No
Wait for internal transportation
Yes
Leave room.

Cause & Effect Diagram



Nursing Survey

1. How long did it take to print the discharge orders, obtain physician prescriptions, and compile the paperwork in the discharge folder?

2. How long did it take you to find time to begin the discharge process once you received the discharge folder?

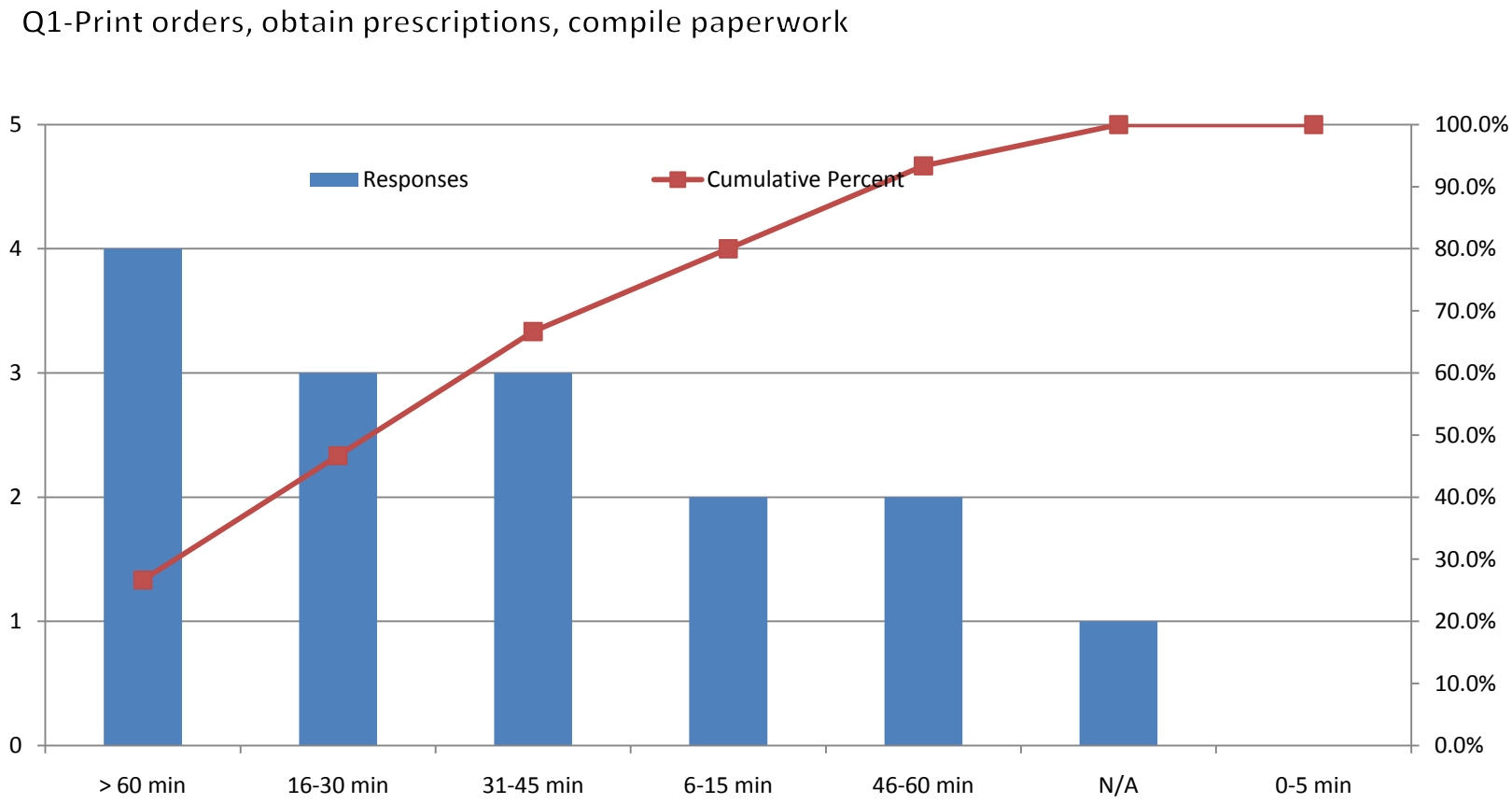
3. How long did it take you to complete the discharge note?

4. How long did it take you to enter the medicine reconciliation note?

5. How long did it take you to provide patient education?

6. Once the patient was ready to leave the room, how long did it take for either transportation to take the patient to the lobby or for a designated worker on the floor to take the patient to the lobby?

Pareto Chart



Background Data

Prior to our intervention, the time required to discharge a patient from the moment the physician order was placed to the time the bed was released to be cleaned by housekeeping, was 3.10 hours.

Intervention

Plan

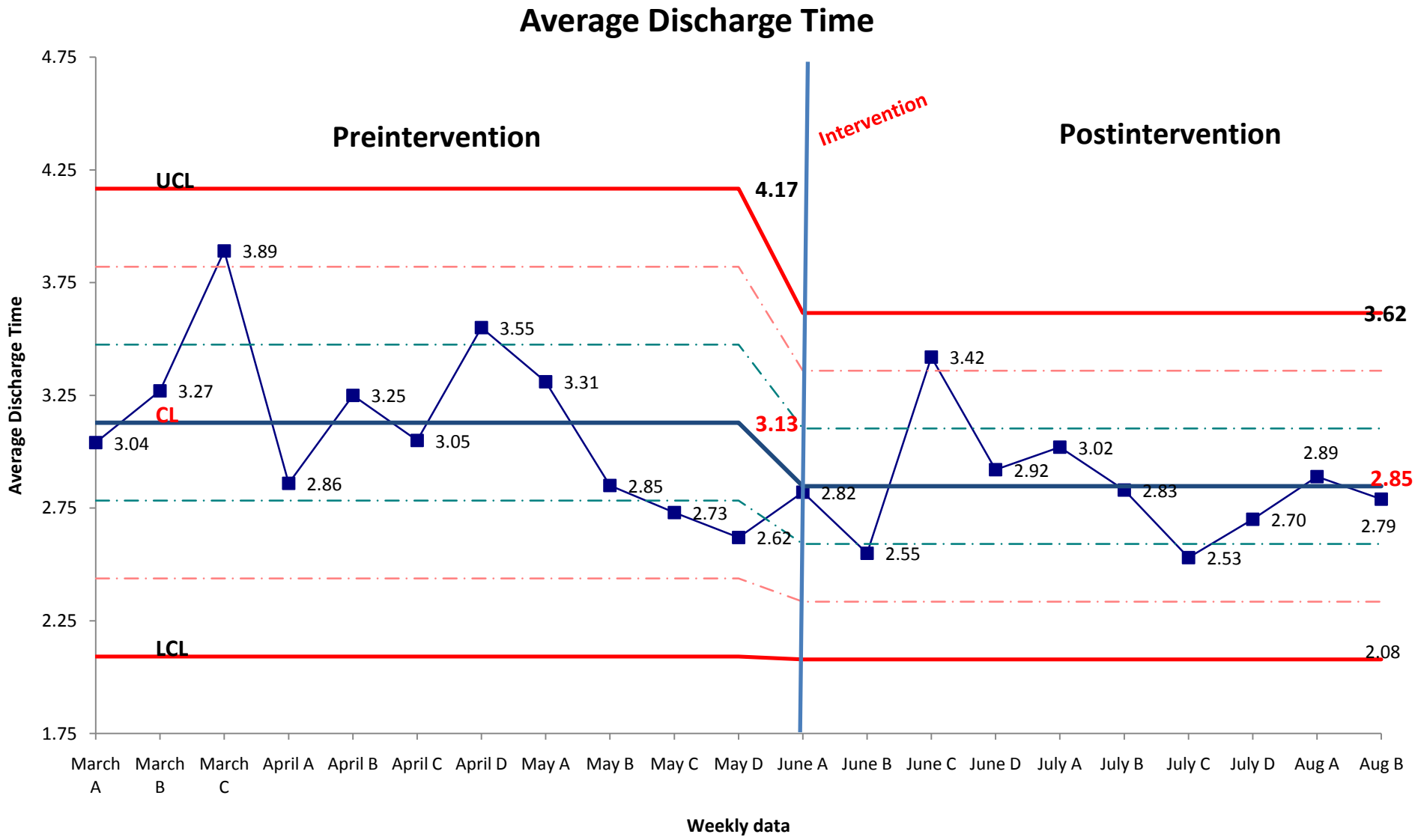
Decrease Patient Discharge times on the 12th floor to under 3.10 hours.

Implementing the Change

Do

After brainstorming with nursing, reviewing the nursing discharge process questionnaire (check sheet), and studying our flowcharts and fishbone diagrams, we implemented the aforementioned three changes in the discharge process on June 1, 2009.

Pre and Post Intervention data



Avg d/c time from June 1 is 2.85 hours

Act

We hope to distribute our automated discharge note, clerical discharge protocol, and nursing patient education protocol to the entire hospital.

Once implemented, we hope to show improvement in patient discharge times throughout the entire hospital that will result in decreased wait times for admitted patients in the EC and ultimately, decreased waiting room and diversion times in the EC.

Conclusion

Process improvement is possible using the systematic methods taught in this course along with rigorous data collection of pre and post interventions.

To maintain these improvements, we must equip our healthcare leaders with the knowledge to adequately track and analyze our discharge data in real time. This will be accomplished using daily run charts for each floor that will be monitored by the Nurse Manager for each floor.

Thank you!

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