Discharge
Improvement Project
April 2015
Box 1: Reason for Action

• **Problem Statement:** The current discharge process takes from the time the order is written until the patient is discharged. The time ranges 4:03 hours to 22:36 hours (excluding mother baby) unit. This has resulted in delays, rework, and decreased patient and staff satisfaction and a left without being seen rate in the Emergency Department over a 3 month period of 3.7% of patients. The Diversion rate in 2014 5.5% which is higher than last year, 2013 which was .2%.

• **Aim/Goal:** To develop a process where patients are discharged timely resulting in a 50% reduction in time from order to the time the patient leaves the unit on one identified pilot unit. (Medical Telemetry Unit).

• **Scope:** In patient nursing units except Mother Baby-PILOT on Med Tele starts 4/29/15

• **Trigger:** Discharge order written.

• **Done:** Patient Discharged and EVS notified for room cleaning.
### 3. Confirmed State

<table>
<thead>
<tr>
<th>Metric</th>
<th>Baseline (Current State)</th>
<th>Opportunity Target (Future State)</th>
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<tbody>
<tr>
<td>Discharge (all units except MBU)</td>
<td>4:03-22:36</td>
<td>2:00-11:00</td>
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<tr>
<td>Medical Telemetry</td>
<td>8:09</td>
<td>2:00-4:04</td>
</tr>
<tr>
<td>LWBS</td>
<td>3.7%</td>
<td>2.7% (National Benchmark)</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td></td>
<td>TBD</td>
</tr>
<tr>
<td>Bed TAT</td>
<td>1hr 35 min</td>
<td>1 hr</td>
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*From the time the request to clean is entered in Teletracking to the time the clean is complete on Medical Telemetry*
Attributes (Key Requirements)

**Box 2: Current State Barriers**
- Inconsistent understanding of discharge process
- Incomplete paper work
- No standard process for discharge
- No clear expectations for roles
- Fragmented
- Patient dissatisfaction

**Box 3: Target State**
- Complete/no defects
- Efficient
- Collaborative
- Timely
- Safety
- Problem focused
- User Friendly
- Patient Friendly
- Accountability
- Compliant
- Communication
- Adequately trained staff
Box 4: Gap Analysis

- Unclear expectations of discharge process
- Dedicated DT is inconsistent for each unit
- Admission order not signed
- No ride home for patient
- Bedside RN not feeling comfortable with discharge process
- Multiple follow up calls
- Admission reconciliation not complete
- Bedside nurses waiting for ADT nurses causing delay
- MD do not always respond
- Lack of completion of perfect care checklist
- Missing information DME Labs Insurance
Renewed DC Process in Pilot Unit

- RNs will no longer need to complete Perfect Care checklist in house
- CMS measures will be addressed during hospital stay in charge nurse report and by the daily emails from quality
- Emails regarding unsigned admission orders will be sent to ensure smoother discharge
- Pharmacy Technician in the ED/and ED admit Nurse (Sonomi) to assist with completing med rec prior to coming to the unit
- The “finalize button” will NOT be done by the MD-nursing will push this button to assure that all meds on DC med list are correct and not hand written in after the fact
- We will identify patients that will use the Pavilion pharmacy on admission (and update the “Leaving the Hospital Board” in the room) to facilitate smoother process at discharge and prevent delays (fax scripts sooner/get pre-auths sooner)
We will no longer use the perfect care checklist. During the hospital stay-CMS measures will be reviewed by the pt care nurse and charge nurse in daily report.
NEW-Discharge checklist
BEFORE putting the pt on the ADT list...the first 4 boxes on the discharge checklist must be complete

**COMPLETE FIRST:**

- Signed Admission Order
- Completed Admission Med Rec
- Completed Discharge Med Rec (new scripts in chart)
- Discharge Order (CM/DME needs addressed and complete)

**Instructions:**

1. Registry and Floats: Review with Charge Nurse prior to Discharge
2. When this form is complete, place patient’s name on the ADT list or call 17600
3. Give this form in to Admit/DC RN on their arrival
New Discharge checklist only addresses discharge meds of CMS measures – make sure that the printed DC med list has required meds if HF, AMI, Stroke etc

**DC CHECKLIST FOR INPATIENTS ONLY**

**COMPLETE FIRST:**

1. □ Signed Admission Order
2. □ Completed Admission Med Rec
3. □ Completed Discharge Med Rec (new scripts in chart and pavilion meds delivered)
4. □ Discharge Order (CM/DME needs addressed and complete)

**Instructions:**

1. Registry and Floats: Review with Charge Nurse prior to Discharge
2. When this form is complete, place patient’s name on the ADT list or call 17600
3. Give this form in to Admit/DC RN on their arrival

**Pneumonia Vaccine Status**

- □ Given this hospitalization
- □ Not given: refused or contraindicated

**Influenza Vaccine Status**

- □ Given this hospitalization
- □ Not given: refused or contraindicated

**Home meds from pharmacy/DC meds/relabeled in house meds**

- □ Yes
- □ No

**Acute Coronary Syndrome (ACS), R/O MI, Acute MI**

- □ Not Applicable

**Beta Blocker**

- □ Yes
- □ No, physician has documented reason to withhold in DC Summary or PDOC
- □ No, patient comfort measures only / Hospice / Palliative Care for end of life

**ACE I/ARB**

- □ Yes
- □ No, EF ≥ 40% (diastolic dysfunction)
- □ No, EF < 40% (systolic dysfunction)
- □ No, no EF documented
- □ No, physician has documented reason to withhold both ACE I and ARB in DC Summary or PDOC
- □ No, patient comfort measures only / Hospice / Palliative Care for end of life

**Heart Failure, History of Heart Failure: Consider HF Booklet**

- □ Not Applicable

**Left ventricular (LV) assessment documented or signed by physician in this hospitalization**

- □ Yes (can be quantitative-EF% or qualitative-systolic or diastolic HF/dysfunction)
- □ No, physician has documented plan to perform LV assessment after discharge
- □ No, patient comfort measures only / Hospice / Palliative Care for end of life

**Ischemic Stroke**

- □ Yes
- □ No, allergy/sensitivity to a statin medication
- □ No, physician has documented reason to withhold in DC Summary or PDOC
- □ No, patient comfort measures only / Hospice / Palliative Care for end of life

**Anticoagulation therapy prescribed at discharge for Ischemic Stroke**

- □ Yes (i.e. Coumadin, Lovenox, Eliquis, Pradaxa, Xarelto)
- □ No, no history of AFib
- □ No, physician has documented reason to withhold in DC Summary or PDOC
- □ No, patient comfort measures only / Hospice / Palliative Care for end of life

**Antithrombotic therapy prescribed at discharge for Ischemic Stroke**

- □ Yes
- □ No, no history of AFib
- □ No, physician has documented reason to withhold in DC Summary or PDOC
- □ No, patient comfort measures only / Hospice / Palliative Care for end of life

**Resources:**

Carla Peeples x17189 pgr 2158, Diana Feres x12665 pgr 0606, Tanya Leach x18230 pgr 1857, Trish Cruz x18208 pgr 1486, NP: Blythe Huang x54589 pgr 1190

***NOT A PERMANENT PART OF MEDICAL RECORD***
DISCHARGE GOAL-2 HOURS!!

• To discharge the pt within 2 hrs of written discharge order
• Case Managers will be asked to assist with arranging ambulances/transfers within 2 hrs of discharge order
• Staff and ADT team will enter data regarding barriers to discharge in teletracking via the “Discharge Tab”
• ADT team will collect data regarding barriers
To access “Discharge tab” in tele tracking click on patient tracking portal:
Click on “Pending/confirmed Discharge” then click on the “milestones” bar
The time it takes to discharge a pt will be tracked in the “Discharge Tab” of teletracking. ADT RN will be notified of the need to discharge a patient through the teletracking system.

- Floor RN may delegate to US or CN to check the first 4 selections as complete and send notification to DC team
If there are any barriers to the first 4 actions being completed they should be entered for tracking purposes.
The ADT RN will update in teletracking when they start and complete the discharge. Or the RN will do this if the floor nurse is completing discharge (may delegate to US/CC (ADT may also delegate to US).
ADT Nurse/Floor Nurse to type their name in the “notes section” when they start admission to help with data collection
Reminders

• If the ADT nurse does not arrive within 30 minutes of pt being placed on ADT list, the floor nurse should start the discharge.

• Remember the ADT team purpose is to assist with admits and discharges with an 80/20 rule-(them 80% and us 20%) We are a team working to discharge the patients safely and efficiently within 2 hours of discharge order to improve flow and patient satisfaction
“Leaving the Hospital” Board will be posted in the pt room so that the pt is updated of the things that need to happen prior to DC (RN to update)

**Leaving the Hospital CHECKLIST**

For Anticipated Discharge Date____________

- [ ] Education for Discharge
- [ ] Equipment(s)
- [ ] Referral(s)
- [ ] Vaccine(s)
- [ ] Discharge Medication(s)*/Pt. own Meds
- [ ] Transportation Home

- [ ] Yes  Do you want DC meds from Pavillion pharmacy?
- [ ] No
CN standard Work

• In the morning, write the assigned ADT RN name and extension on the white board at the station. Indicate the time they will arrive. If there is not an assigned ADT RN, write “ADT help only today”

• Educate floats.registry of the new Discharge pilot process

• Assist with entering data in the “milestones” section of teletracking if ADT/floor RN requests

• Review CMS measures with RNs in report

• Follow up on Quality emails regarding core measures and VTE. Follow up on unsigned admission orders with patient care RNs (will be emailed daily)

• If Pavilion calls and indicates meds are ready for pick up and it is not at the usual delivery time, delegate to CCE or available staff member to pick up
US standard Work

• Send group page to all staff when an MD arrives on the unit to facilitate communication

• When you see a DC order, give a copy of the DC letter to the RN. Also ask the RN if the pt wants to use the Pavillion and assist with faxing prescriptions to Pavillion

• Pavillion will call when the medications are ready if it is not near a regular delivery time-if they are non narcotic meds, delegate to CCE to pick up

• Assist RNs/ADT RNs with entering “milestone” data in teletracking

• Once the first four milestone tasks are complete, add the pt name to the ADT list and notify assigned ADT staff or HUB
RN standard Work

- Daily review core measures/VTE in report with charge RN
- On admit, update the “Leaving the hospital board” in the pt room with whether or not the pt would like to use the Pavillion pharmacy. Be sure to enter the pt’s preferred pharmacy and the Pavillion pharmacy in Meditech
- Complete first four tasks on the discharge checklist and enter the data and if any delays in the “milestones” section of the teletracking discharge tab
- Add pt name to the ADT discharge list and notify the ADT RN or HUB
- If ADT RN does not arrive in 30 minutes, begin discharge. Indicate the time that you started and completed the discharge in tele tracking and remember to add your name in the “notes” section
- Update the “Leaving the Hospital Board” for the pt as needed to communicate progress
CM standard Work

• Arrange transfer transportation within 2 hrs of DC order-notify the charge RN if the pt care RN is not in agreement with the plan

• When visiting the pts, update the “Leaving the Hospital” board with Pavillion pharmacy preference information

• Review unsigned admit orders daily and follow up with pt care RN
Celebrate!

• Data will be displayed so that we can see our progress
• Gift cards will be given monthly during the 90 day pilot (starts April 28) to the RNs that achieve the goal of discharge within 2 hrs most often
• Incentive prizes will be given to US, CN,CM, EVS that are seen assisting the process effectively
• Unit level “no float pass” to staff that are achieving goals
Questions?
<table>
<thead>
<tr>
<th>Alderson, Jennifer</th>
<th>Berakovich, Natalie C</th>
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<tbody>
<tr>
<td>Brimmer, Jennifer K</td>
<td>Cairney, Jennifer L</td>
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<td>Warren, Traci</td>
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Plus -7 RNs who were on a leave of absence or missed session.