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Discharge Improvement Process

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Discharge Improvement Process

Medeina O'Neal

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Improving Clinical Effectiveness

Abstract

The focal point of the project takes account of the CNL educational program component of the Care Environment. The purpose of the CNL role would reflect the Team Managers functionality. “Care Environment identifies clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and the degree to which they are client-centered“ (AACN, 2013). The unit provides care to patients who require constant cardiac monitoring for reasons that may include sepsis, pneumonia, recent surgeries, advanced congestive heart failure, renal failure and COPD. Having a standardized discharge process could hopefully reduce the number of delays, so that the desired goals would show improvements in patient outcomes, efficient utilization scores, increase in productivity and an increase in patient satisfaction scores. The global aim statement is to improve the discharge process on the Medical Surgical Telemetry Units. The process begins and ends with the staff on Dept 335. As a result of working on the discharge process, I expect to improve patient satisfaction scores, improve throughput, increase productivity and decrease waste. It is imperative to work on this now because patients are waiting extensive hours in the emergency room for a bed and the organization is losing revenue. This additional revenue can be put back into the facility for additional staffing or improvements.
Reference


Dhillon, S. K., Tawil, J., Goldstein, B., Eslava-Manchego, D., Singh, J., Hanon, S., &


Census By Hour 1-24 to 2-6

Prior To Test Of Change: 6:00 am to 11am slight change, greater at noon

Census By Hour 2-7 to 2-20

INPAT

INPAT
Small Test Of Change: Significant Increase In The Census 6:00 am to 11 am