

# Discharge by 11:00 AM and the Effects on Throughput

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## What we are trying to accomplish

**Global Aim:** To improve patient safety and improve operational efficiency in the hospital by increasing the number of patients discharged by 11:00 AM on the progressive care unit (PCU) by 20% over the baseline of 4.5% by September 30, 2018.

**Project Aim:** To improve the discharge process to increase the percentage of patients discharged before 11:00 AM on the PCU.

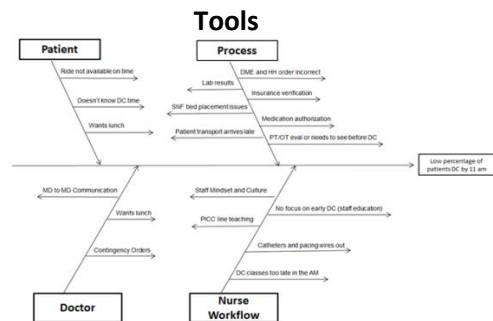
### Background:

- Currently, the Progressive Care Unit (PCU) discharges the majority of patients in the afternoon
- The baseline discharge data shows that about 4.5% of patients are discharged from the facility by 11:00 AM.
- National benchmarks show that it is possible to have 20-30% of patients discharged by 11:00 AM (Gray, 2016).
- ED and PACU consistently holds patients.

*Setting an early discharge target time assists in alleviating the throughput dilemma by opening up beds for early afternoon admissions (Katz, 2013).*

## How we will know there is Improvement

Measure	Definition	Data Source	Goal
<b>Outcome Measures:</b>			
Increase % of patients discharged before 11:00 AM	$N = \# \text{ patients discharged before 11:00 AM}$ $D = \text{total } \# \text{ patients discharged}$	Teletracker	20% increase over baseline
<b>Process Measures:</b>			
Increase pending discharge in Teletracker compliance	$N = \# \text{ pending discharges in Teletracker}$ $D = \text{total } \# \text{ patients discharged}$	Teletracker	100% compliance
<b>Balancing Measures:</b>			
Reduction in ED holds	Total hold minutes	Cerner	10% reduction over baseline
Reduction in PACU holds	Total hold minutes	Surginet	10% reduction over baseline
0% increase in 30 days all-cause readmission rates	# 30 days all-cause readmission rates after process implementation	Midas	0% increase
Increase in the discharge composite of the HCAHPS score	Discharge composite HCAHPS score	Press Ganey	10% improvement over baseline



Labor	First Year Costs
Meeting Time Monthly	4hr x 12 people x 6mth x \$55 = \$15,840
Staff Education	10hr x 1 educator x 3mths x \$55 = \$1,650
Data Collection	3hr x 12mth x \$55 = \$1,980
<b>TOTAL COSTS</b>	<b>\$19,470</b>

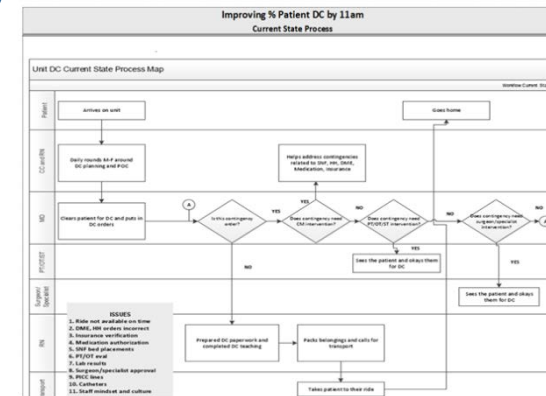
Holding Unit	Savings
PACU/OR	8749min x \$47 = \$6,889 x 12mth
ED	7928min x \$47 = \$6,210 x 12mth
<b>TOTAL SAVINGS</b>	<b>\$157,188</b>

## What changes can we make

### List Changes:

1. Task force met and developed an education piece
2. Initial goal was to focus on “easy” discharges for 2-3 patients each day
3. Strategies focused on designated roles and responsibilities around the discharge workflow.
4. Chief strategy was alignment between the front line nursing staff and care coordination
5. Data from the previous day was automatically sent to PCU each morning for review
6. Information was huddled by the staff, and small changes were made based on the data (Institute for Healthcare Improvement [IHI], 2017).

### Kotter 8 Steps for Managing Change



## Results

