

2023

**INITIAL AIM:** The team had initially set out to carry out a QI intervention to increase the percentage of patients admitted to the resident teams who have clear discharge criteria included in their initial admission notes from 48% to 60%.

**RESULT:** Over the course of 9 months prior to our starting our project, this goal had not only been met, but had also been surpassed by 30%.

2024

**OBJECTIVE:** We are conducting a quality improvement initiative to improve the frequency of which nurses are included during discussions of patient discharge criteria on ward rounds.

We plan to achieve this by implementing a reminder-based intervention whereby reminders are sent to residents on the need for these discussions, which ensures that everyone involved in patients care is updated daily on what goals patients need to meet so as to ensure a safe and timely discharge of patients to home.

**AIM STATEMENT:** For patients admitted on resident teams at Children's Minneapolis, our aim is to increase the frequency of which nurses are included during discussions of patient discharge criteria on daily ward rounds from 53% to 75% (a proposed 23% increase) by May, 2025.

**METHODS:** Our team collected pre-intervention data during daily ward rounds of resident teams from October 2024 to February, 2025.

A standardized discharge criteria tool was created which included parameters (such as dates, persons present during rounds, whether discharge criteria was discussed or not). The resident teams consisted of the attending, residents, medical students and nurses.

Medical students who were on the resident teams were assigned to enter appropriate responses on the standardized tool. This was done without knowledge of the other resident team members. The patients admitted to the resident only team were excluded.

Of the over 85 patient interactions captured during the pre-intervention data collection period, patients and families were present during discharge criteria discussions 68% of the time, nurses 53% of the time and all parties 34% of the time. Based on this data, our team

work on improving the frequency of which nurses are included in discharge criteria discussions since our data showed a rather low percentage of 52.

We carried out a quick survey among nurse to determine the barriers to RNs being present during discharge criteria discussions.

Thereafter, we implemented our reminder-based intervention in February, 2025 which included posting flyers at resident workstations to remind residents to call RNs for each patient during rounds, and also to update nurses who are not present during rounds after the rounds. In addition, we included this flyer to the resident onboarding emails which was sent out to all residents at the beginning of their block rotation at Children's Minneapolis.

We then started to collect our post intervention data from February 2025 to April 2025 and captured 112 patient interactions.

**RESULTS:** Post-intervention data analysis showed that nurses were present during discharge criteria discussions 65% of the time, a 13% increase from prior 52%. However, this was not statistically significant as there was no significant shifts or trends.

**CONCLUSION:** Though we did not achieve our goal increase of 23%, a 13% increase is encouraging and shows that our reminder-based intervention provides potential opportunity for continuous improvement in the numbers. Our results were not statistically significant probably because our time frame for post intervention data collection was not adequate.

Further research needs to be done to evaluate how increasing communication translates to other quality metrics such as patient satisfaction or duration of admission.