It's About Time:

Systematic Efforts to Discharge Patients by 11:00 am

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Background

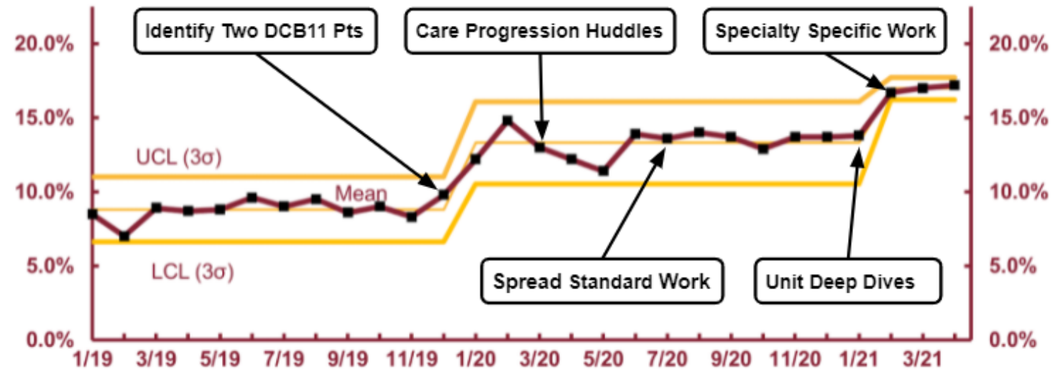
- **Setting**: an academic, tertiary care medical center with about 40,000 discharges/year.
- **Quality gap**: Our discharges (DCs) had historic peaks in the afternoon, creating bottlenecks for nursing and pharmacy, and slowing hospital throughput by delaying admissions.
- **Hypothesis**: By focusing efforts on getting out more DCs in the mornings, we could improve efficiency and timeliness, without negatively impacting Length of Stay (LOS) or readmission rates.
- **Lit support:** Reports of similar hospital-wide efforts were sparse and showed mixed results.

Objective/Aim

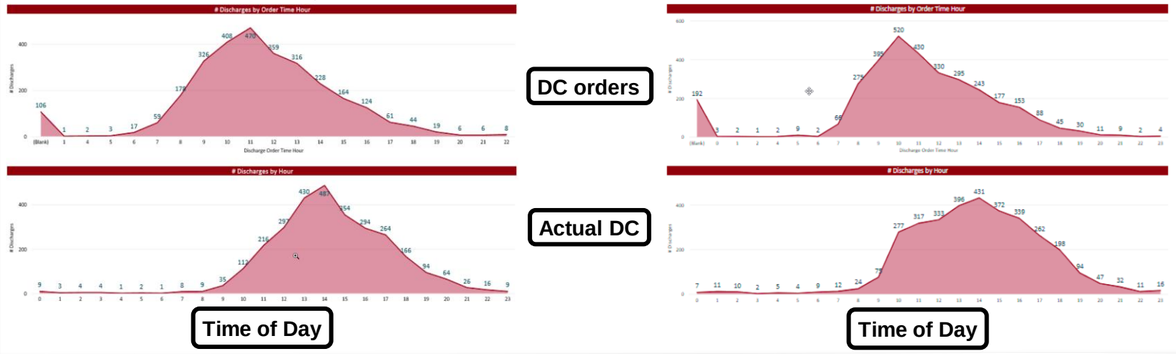
- To increase the average percent of M-Health patients DC by 11:00am (DCB11) from **8%** to **25% in one year without** increasing the 30-day readmission rate (30-DRA) or LOS.

Results

Average Percent of Patients DCB11 at UMMC



Pre-intervention (Sample: Feb 2019) vs Post-intervention (Sample: July 2021)



Time	DCB11 %	LOS/GMLOS	30-DRA
Baseline	8.8	1.54	12.32
Post-Cycle 1	13.8	1.46	12.98
Post-Cycle 2	15.9	1.46	12.09

Methods

Cycle One

- Identification of two patients on each unit that can safely DCB11.
- Care progression huddles rolled out over 6 months utilizing Qventus Pathfinder DC planning platform.
- Discharge medication reconciliation completed 1-day prior to DC, and aimed for DC orders done by 9am.

Cycle Two

- Unit deep dives completed, with spread of standard work and elimination of unit-specific barriers.

Conclusions

- We created an efficient discharge process that held high value in times of high capacity and staff strain.

Acknowledgements

- This work could not have been done without the buy-in of leadership and front-line staff across UMMC.