Improving Timeliness of Early Hospital Discharges: A Quality Improvement Project

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METHODS

PROBLEM/BACKGROUND

• Delayed hospital discharges create bottlenecks in health care systems, increases health care costs, backlogs emergency departments, and leaves hospitalized patients susceptible to infections and emotional distress.1,2

• Several studies have identified barriers to and interventions for early discharge to improve health outcomes and reduce hospital re-admissions. Barriers include:
  - Lack of unified perceptions among doctors and nurses on specific barriers3
  - Poor health outcomes from prolonged hospitalization such as delirium and infection2
  - Backflow in emergency department secondary to less bed availability4

OBJECTIVE

Our quality improvement project aimed to explore and identify barriers to early discharge for patients from a single teaching service within a family medicine residency program.

METHODS

Part 1: Literature search and data compilation

Part 2: Identification of discharge barriers and environment

• An online survey for residents only was distributed; basic descriptive statistics were employed to analyze pre-intervention survey responses (questions based on 5-point Likert scale).
• Semi-structured interviews with family medicine faculty, residents, and hospital floor nurses were audio-recorded over 3 months to further explore barriers to early (before noon) discharges within one tertiary academic hospital in urban Milwaukee, WI.
  - Audio recordings of interviews were transcribed
  - Transcribed interviews were reviewed using a specific coding system through qualitative software Dedoose 8.3.17 for thematic inductive analysis.

RESULTS

Part 2: Resident pre-survey results

• A total of 20 residents completed it.
• Results from initial survey to residents displayed in Figure 1.
• Most residents answered completing med rec the day before, completing med rec before 9 AM, and placing discharge order before 9 AM.

Part 3: Analysis, reflection, and action

• Analyzed data will then be shared with all faculty and residents with Aurora Family Medicine Teaching Service (FMTS).

• Findings from this study will help us create a work flow to potentially discharge patients more efficiently and in a more timely sensitive manner. (TO BE COMPLETED).

• In addition, faculty and residents working on the FMTS will receive a weekly report of DBN (discharge by noon) rate which will be posted on a designated area in the resident workroom to help weekly track the number of discharges by noon accomplished. (TO BE COMPLETED)

Part 4: Dissemination of collected data

• Closely following data collection and analysis, as well as dissemination of results as above stated, the same online survey will be administered to all family medicine residents initially surveyed. (TO BE COMPLETED)

CONCLUSIONS

Our findings highlighted the following:
• Importance of communication between all teams to improve early discharge.
• Need for standardization of discharge workflow specifically to alleviate barriers to early discharge.

Results from this study will be used to implement interventions and educate providers on ways to optimize early hospital discharges with overall goal to reduce prolonged hospitalizations and improve health outcomes for our patients (finishing Part 3 and 4 of this project).

REFERENCES


Picture from: https://www.todayshospitalist.com/do-discharge-before-noon-initiatives-work/