Improving Timeliness of Early Hospital Discharges: A Quality Improvement Project

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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.

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 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 work-room 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)

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.

Figure 1. Resident pre-survey responses.

Part 3: Analysis, reflection, and action

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Figure 2. Common words throughout interviews for future recommendations.

Figure 3. Common themes identified.

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<th>Barriers to Early Discharge</th>
<th>Discharge Planning Process</th>
<th>Systemic Implications</th>
<th>Suggestions for Improvement</th>
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<td>“Waiting Lounge” or “Ride Shares” (4)</td>
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REFERENCES


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).