Why Focus on Pre-11am Discharges?!

#1 Reduces congestion + increases throughput
- less time patients wait for beds after surgery

"the right bed for the right patient at the right time"  
(Adogwa & Fieldston, 2019)

#2 Reduces recovery time and improves unit flow:
- specifically for orthopedic units - early discharges create beds earlier in the day for new post-operative patients
- When new post-operative patients arrive to the unit earlier in the day, they ambulate and receive physical therapy sessions sooner
- Patients who ambulate earlier after surgeries have lower rates of complications, shorter lengths of stay, and better function after surgery

#3 Improves patient satisfaction and safety

#4 Throughput delays reduce reimbursement

Pre-11am Challenge

On the surgical orthopedic unit called "6 West" . . . . . . average pre-11am discharges was only 1.2%  
(August to November 2018)

Unit staff determined one reason they did not have more pre-11am discharges was due to lack of coordination around preparing patients for discharge.

Objective

Increase pre-11am discharges to a target goal of 20% by the end of December, 2019.

Improving Discharge Preparation

A bedside RN on 6W created a checklist (Figure 1)
The bedside RN collaborated with Clinical Nurse Leaders (charge nurses) to prioritize categories for the checklist.

Purpose of the Checklist:
Checklist is kept by the charge nurse to:
- keep track of who is expected to discharge
- by what time patients should be discharged
- what needs to happen to get the person discharged
- helps increase accountability for all aspects of discharge

How to Use the Checklist:
1. Charge nurses collaborate with bedside nurses at the 9:30 am discharge huddle to ensure that each category is fulfilled for patients expected to discharge within the next 24 hours. This also occurs at the mid-afternoon (3 pm) touchpoint huddle with care management and again on night shift at 3 am.
2. Outstanding items can be prioritized, assigned, and efficiently completed.

Data Collection:
- Checklist initiated December 1, 2018 (Figure 2)
- Total daily discharges and pre-11 discharges were collected by 6W charge nurses and given to the Quality Department.
- The Quality Department calculated monthly averages and percentages (Figure 2).

Results

1. Did not meet the pre-11am goal of 20%.*
2. Increase pre-11am discharges by about 10%.

Our Final Thoughts and Suggestions for Using a Pre-11am Checklist

- Implementing the discharge checklist helps the unit target potential discharges for the day and to not focus on patients who will not be discharged.
- At this time we do not feel that we need to improve the checklist.
- Pre-11am discharge is not always possible. Patients may often require a second physical therapy session in the day in order to be discharged home, resulting in a shorter length of stay but not necessarily a pre 11am discharge.
- Additional opportunities include:
  - Messaging the goal of pre-11am discharge to patient and ensuring patient has a ride home available and on unit by 10am
  - Improved RN to RN handoff regarding discharge plans and pending items to be completed.

References

Kane, E. R., & E. Fieldston. (2010). Discharge by noon: The time has come for more times to be the right time. Journal of Hospital Medicine. 14(1):63-64. DOI:10.12788/jhm.3122

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