Background

Hospitals have limited beds. Throughput balances admitting and discharging patients & ensures ED patients get rooms.

Inadequate throughput = patients boarding in the ED for a long time = negative outcomes, such as:
- compromised patient safety,
- decrease in quality of care,
- reduced patient satisfaction,
- reduced revenue,
- increased risk for transmission of hospital-acquired infections and complications.

Durvasula et al. (2015), Khanna et al. (2016), and McHugh et al. (2011)

Methods

2018
- Multidisciplinary group identified evidence-based tactic to increase early discharges = interdisciplinary discharge rounds
- Patient Logistics Coordinator (PLC) role created → Erin Schuette was the first PLC.
- Erin helped redesign three main tactics:
  - Discharge Readiness, and Throughput Committee
  - Discharge huddles using the Daily Bed Huddle Tool (Fig. 1)
  - Capacity Awareness Worksheet (Fig. 2)

Objective

Redesign the nursing work environment to improve hospital-wide throughput by increasing pre-11am and pre-2pm discharge rates.

Results

Pre-11am and pre-2pm discharge rates improved after the creation and implementation of the PLC role!

Conclusions

- The PLC role improves both pre-11am and pre-2pm discharges.
- Even if a site does not have PLC, use of PLC tactics can help improve pre-11am and pre-2pm discharges.
- PLC coordinates interdisciplinary care = increased throughput.
- PLC can be implemented system-wide.

Implications for Practice

- Even if a site does not have PLC, use of PLC tactics can help improve pre-11am and pre-1pm discharges.
- PLC can be implemented system-wide, leading to improved system-wide throughput.
- PLC candidates = good communication, time management, leadership skills.

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References

