

INTRODUCTION

- Timely discharges in inpatient setting are important for patient care
 - Allows space for incoming admissions
 - Avoids ER boarding
 - Depletes ER staff resources
 - Delays timely care
 - Compromises level of inpatient care provided
 - Makes rounding more efficient
 - Streamlines communication with nursing staff
- Hospital Acute Care ICCE Goals
 - 30% of discharge orders prior to 10am
 - 30% of patients discharged prior to 1pm
- Family Medicine Adult Inpatient Teaching service with average of 24% (range 13.7-35.4%) of discharge orders placed prior to 10am

OBJECTIVE

- To increase percent average of discharge orders placed prior to 10am to >30% and maintain success
- To maintain LOS as a countermeasure

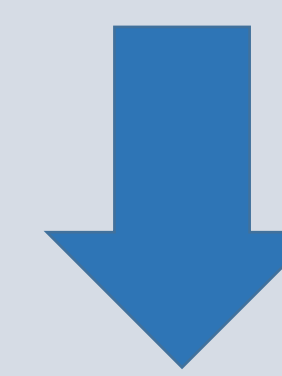
HYPOTHESIS

- By standardizing rounding procedures, percent of discharge orders prior to 10am can be consistently improved
 - Attending rounding time
 - Beginning rounds with possible discharges
 - Case management involvement

METHODS

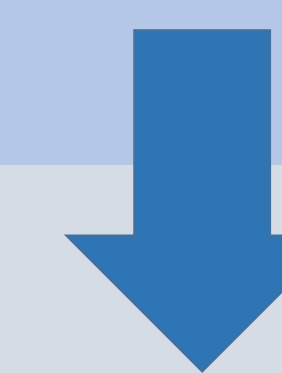
Pre-Intervention

- Each attending began rounds sometime between 7am-9am
- Patients were discussed in order of severity of illness, often leaving discharges until last
- Limited case management involvement until IDT rounds at 12:30pm



Intervention

- Faculty were encouraged to begin rounds in a more timely manner to facilitate pre-10am discharges
- Rounds were re-structured such that urgent patient care needs were discussed first, followed by any potential discharges
- Case management was encouraged to “check-in” at 8:30am to facilitate discharges



Post-Intervention

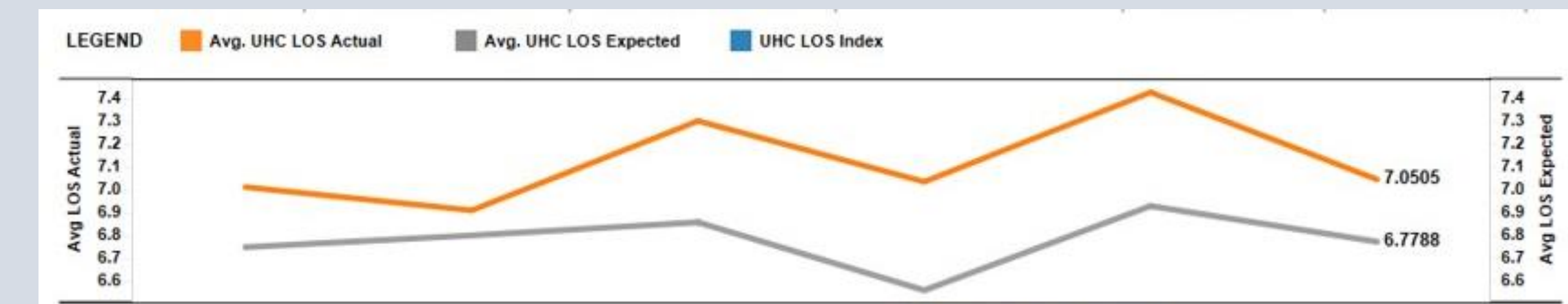
- Data was monitored quarterly and shared with both residents and faculty.
 - Aggregate data shared with residents
 - Individual data shared with faculty

RESULTS

Chart 1. Monthly Percentage of Discharge Orders Placed Prior to 10am



Chart 2. Monthly Length of Stay



CONCLUSIONS

- Standardization of inpatient rounds improves percentage of discharge orders prior to 10am without concomitant increase in length of stay

BARRIERS

- Faculty buy-in encouraging earlier rounding
 - Personal schedules
 - Competing professional demands
- Case management engagement

FUTURE DIRECTIONS

- Despite a substantial increase in discharge orders prior to 10am, patients discharged prior to 1pm only increased approximately 10%
- Further research is needed to identify opportunities to reduce discharge time