

Turning Back the Clock on Discharges

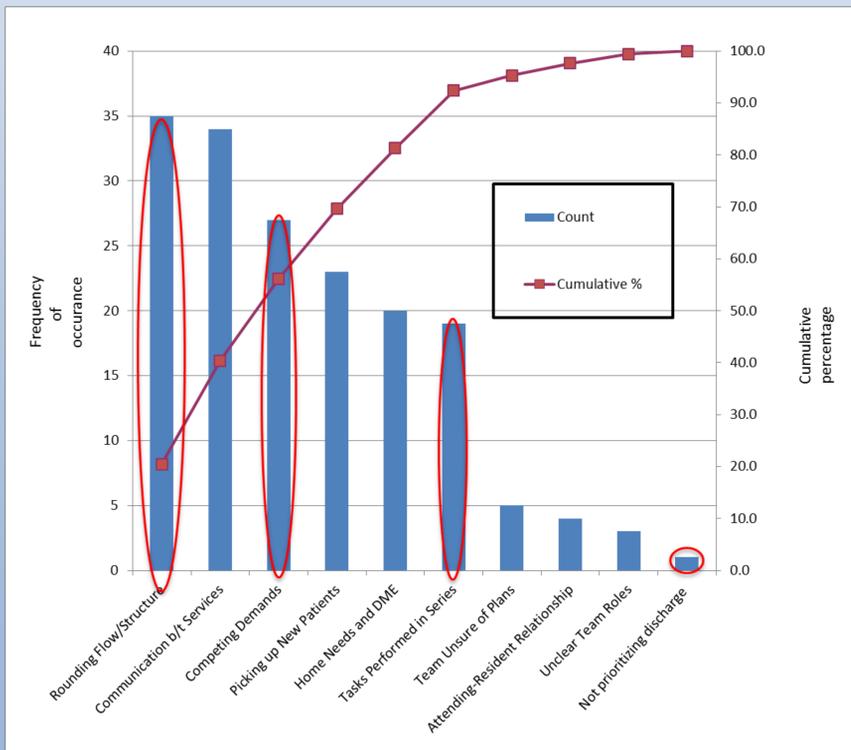
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Background

- Average wait time from emergency department (ED) care to hospital bed at the University of Kentucky is 10 hrs & 44 min¹
 - Longest wait time in the state of Kentucky
 - Roughly 4.5 hours longer than the national average
- Limited bed availability contributes significantly to patients boarding in the ED
 - Average discharge order entry time 14:59
- ED boarding contributes to poor patient satisfaction²
- Discharge order before noon may allow patients to leave the hospital earlier, thus improving bed availability

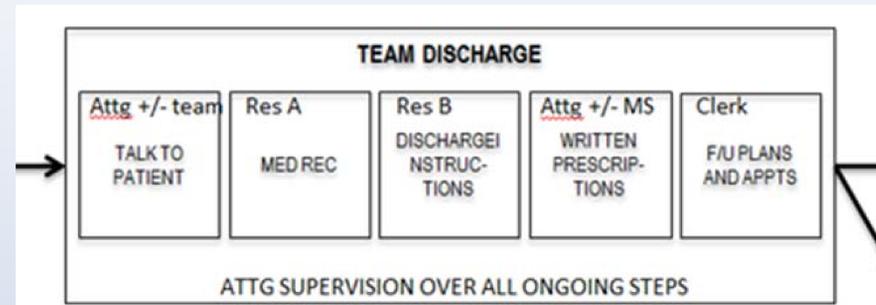
Methods

- Process improvement tools, including provider surveys and process mapping identified attending team rounds as inefficient in expediting discharge



Intervention

- Attending rounds restructured to include all discharge work on rounds, rather than after rounds
- Tasks completed collaboratively by team members in parallel rather than in series
- Rolled out on 1 of 3 housestaff ward teams



Results

Pilot initiative of intervention for 5 weeks in autumn 2014

- Intervention team average discharge time: **1:11pm**
 - **39.2% discharged before noon**
- Control team average discharge time : **2:59 pm**
 - **9.4% discharged before noon**

Ongoing intervention started December 2014 with data through February 25

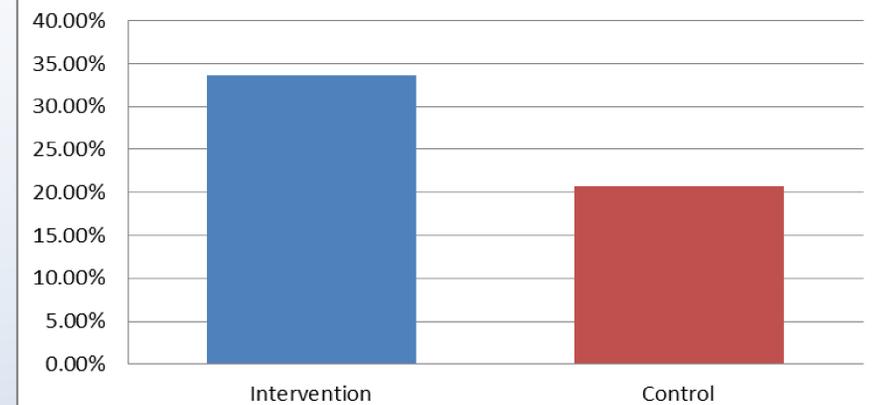
- Intervention team average discharge time: **1:10pm**
 - **34% discharged before noon**
- Control team average discharge time: **1:54pm**
 - **21% discharged before noon**

REFERENCES

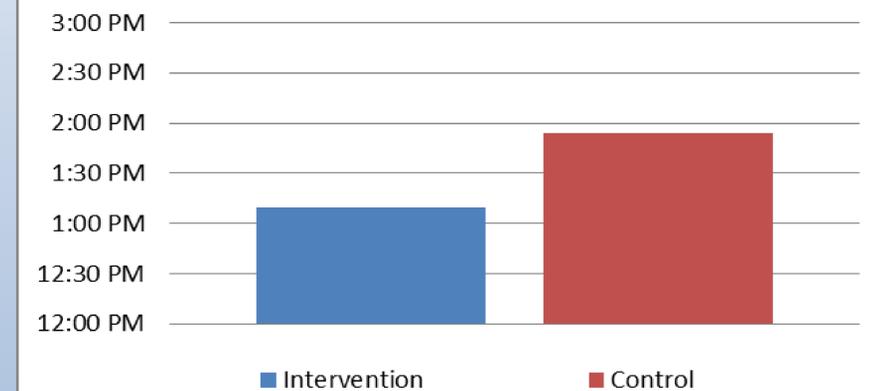
1. <http://www.kentucky.com/2014/08/23/3393067/uks-ferrari-of-an-emergency-room.html#storylink=cpy>
2. Peter Viccellio, Joseph A. Zito, Valerie Sayage, Jasmine Chohan, Gregory Garra, Carolyn Santora, Adam J. Singer, Patients Overwhelmingly Prefer Inpatient Boarding to Emergency Department Boarding, The Journal of Emergency Medicine, Volume 45, Issue 6, December 2013, Pages 942-946

Ongoing Intervention

Discharge Before Noon



Average Discharge Time



Discussion

- The team discharge results in earlier discharge orders
- Improvement in control arms in the actual intervention may be due to informal dissemination of intervention after the pilot test or to other factors
- This is one component of optimizing patient flow in the hospital setting
- Further research is needed to determine impact on bed availability, ED wait times, and patient satisfaction