**Initiative Title:** North Carolina Children’s Hospital Discharge Time

**Team Members**
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**Initiative Specific Aims**

**Global Aim:** Increase the % of hospital discharges by 1 PM on the General Pediatric Medical Service (PMA) to 50%

**Specific Aim:** To improve the mean discharge time of (PMA) patients

**Key Improvement Steps**
- Implement 0830 discharge huddle
- Day team completes tasks for next day’s discharges
- Patients discharged before or during rounds if clinically ready
- Night team rounds on next day’s anticipated discharges and completes any discharge tasks
- Nursing and CCM at 1500 rounds
- Discharge Kaizen event February 23-27, 2015: focused on reducing time between discharge order and actual discharge. New interventions included
- 1. Scripting for nursing and medical team for anticipated discharges
- 2. “Steps to home” education sheet for families
- 3. Staff education on importance of early discharges
- 4. Use of anticipate discharge order for next day’s anticipated discharges
- 5. Record attendance at morning discharge huddles and changed time to encourage participation
- 6. Expansion of the Discharge Huddle to include CAPP rounds (Communication About Patient Plan)

Cwk 8-25-16
Insights and Future Directions

Analysis
As of 1/1/16, since the start of the project, the PMA discharge time has decreased by > 1 hour and almost double the number of patients are leaving before 1PM.

Next Steps
• Continue to educate staff
• Continue to communicate discharge goals and plan with entire team
• Monitor compliance with process measures such as family education and discharge huddle
• Weekly report of the PMA and PMB discharge times for the previous week to PMA, PMB, and GPHI Attendings, Ward Team Coordinators, and other nursing, social work and hospital leadership
• CHOC conducted systematic review of factors leading to delay in discharge to establish priorities for interventions (Jan 2016)

Insights from Kaizen Event
• Need buy-in from all levels about why early discharges are important!
• Ongoing staff education is vital!

Key Driver Diagram

Results

Discharge Time Improvement Project (DTP)

INTerventions
• Implement 6:30 AM Discharge Huddle
  *physicians, charge nurses, RNs, Clinical care coordinator
  *Determine patients medically ready for discharge before AM rounds.
• Develop and use discharge run charts to identify timely readiness
• Clearly define roles in discharge process, hold all team members accountable
• Conduct Kaizen event to decrease time between discharge order and physical discharge from NICU
• Continue to identify discharge barriers and establish plans to mitigate these barriers

Key Drivers
• Systematic review of factors leading to delay in discharge to establish priorities for interventions
• Ongoing staff education is vital!

GLOBAL AIM
• Improve the discharge process and improve overall patient flow through NICU

SMART AIM
• Increase the percentage of PMA patients who are discharged before 1PM once they are identified as medically ready for discharge (NCH)
• Empower the entire medical team and families in the discharge process
• Create a system and culture in which patients ready for discharge are prioritized.

Phase 2 interventions
• Development of standard Discharge Criteria for high impact pediatric diseases
• Physician, nurses, and ancillary services record completion of discharge goals
• Develop a Discharge stamp when medical goals met