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)
  7. Systematic review of factors leading to delay in discharge conducted by the Children’s Hospital Operations Council to establish priorities for interventions (Jan 2016)

Initiative Title: North Carolina Children’s Hospital Discharge Time
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 numbers of patients are leaving before 1PM.

Next Steps
- Continue to educate staff. Resident education and feedback about discharge time to be incorporated into morning report
- 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
- Workstations on Wheels for residents for rounds implemented as part of a “resident bundle” PDSA cycle that started 8 weeks ago. This included getting updated COWS with big screens for the residents to use on rounds, weekly reminders to the residents about the previous weeks discharge time and a previous resident educational roll out on discharge times.
- Update-January 2018. No active work in progress; currently monitoring only.

Key Driver Diagram

Results

Key Driver Diagram

Discharge Time Improvement Project (DIP)

SMART AIM
- Increase the percentage of PMA patients who are discharged before 1PM once they are identified as medically ready for discharge from NCCH.

GLOBAL AIM
- Improve the discharge process and improve overall patient flow through NCCH

KEY DRIVERS
- Create a system and culture in which patients ready for discharge are prioritized.
- Empower the entire medical team and families in the discharge process.
- Continue to identify discharge barriers and establish plans to mitigate these barriers.

INTERVENTIONS
- Discharge patients medically ready for discharge during AM huddle or on exit rounds.
- Clearly define roles in discharge process hold all team members accountable.
- Develop Discharge plan
- Feedback discharge run charts to medical team
- Kaiser event to decrease time between discharge order and physical discharge from NCCH
- Charge nurse to script “Discharge Home” with families, after AM huddle
- Identification and mitigation of process failures

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