

Discharge Hour

The Problem

A large proportion of admissions to the Inpatient Psychiatry Service occur on the evening shift with lower staffing and often too late to be seen by an attending until the next day.

- The median discharge hour for Deaconess 4 Inpatient Psychiatry Unit has hovered in the range of 3-4 p.m.
- Thus beds are often not available for admissions until evening shift
- This may prolong ED stays and delay treatment for patients, implicating the IOM Dimension of Timeliness.

Aim/Goal

The goal was to understand the barriers to earlier discharge and to target the goal of a median time of discharge between 1 and 2 pm

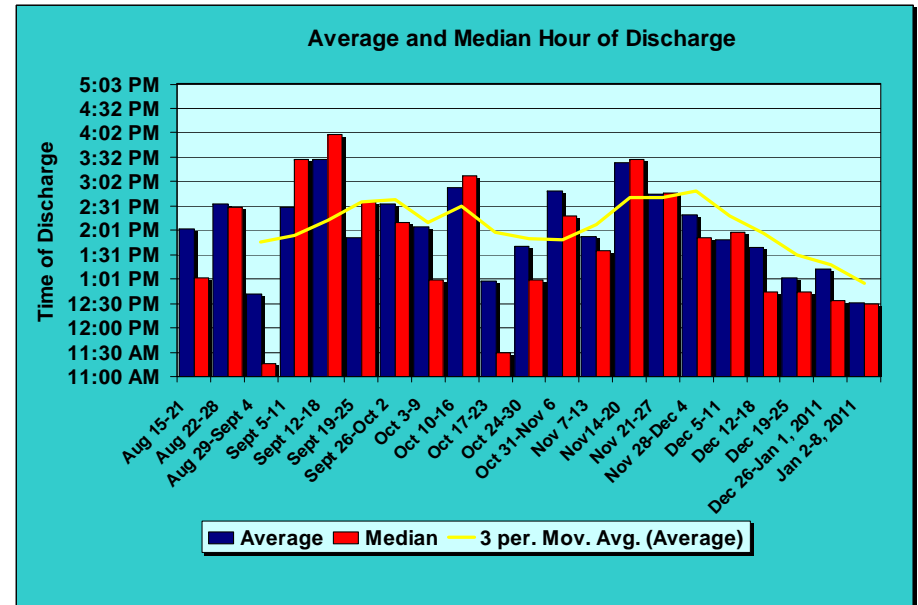
The Team

Cristinel Coconcea, MD, Medical Director, Deaconess 4
 Tina Gosselin, APRN, MSN, Nurse Manager, Deaconess 4
 Amanda Tjonahen, RN, BS, Unit-Based Educator, Deaconess 4
 Gerry Howell, RN, BS, Resource Nurse, Deaconess 4
 Bruce McWhorter, Katell Guellec, and Simone Tetrault, LICSWs, Deaconess 4
 Marie Pierson, RN, Case Manager, Deaconess 4
 Greg Ludlow, EdD, Quality Specialist, Psychiatry Department
 Stephanie Loux, MS, Data Analyst, Psychiatry Department
 Rohn Friedman, MD, Vice-Chair, Psychiatry

The Interventions

- Obtain and circulate weekly reports of hour of discharge
- Review report weekly in Unit LOS meeting with Unit Leadership to identify what were the obstacles to earlier discharge, what resources would have allowed an earlier discharge, or what facilitated early discharge
- Document discharge process to identify steps that could be simplified or addressed before day of discharge
- Discuss potential discharges in morning rounds, including identifying needed documentation and barriers to discharge
- Resource Nurse and Unit-based Educator provide support to help facilitate discharges
- Provide on-going feedback of discharge hour data

Progress to Date



Lessons Learned/Challenges

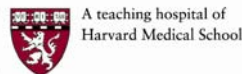
- Staff often experience a target as an implicit criticism
- There are often unanticipated trade-offs, for example if expediting discharges is prioritized, then admissions may be slowed or LOS increased
- As team meetings were moved to the afternoon to facilitate discharges and as nursing staff are tied up in morning and early afternoon discharges, it has been more difficult for nursing staff to attend team meetings

Next Steps

- Continue to provide ongoing data feedback
- Continue to try to find the obstacles to and facilitators of earlier discharge



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