

Targeting Length of Stay at BIDMC – The Discharge Package

The Problem

- Length of stay (LOS) for admitted patients across departments at BIDMC has been steadily increasing despite adjusting for case-mix.
- LOS impacts the efficiency, timeliness, and effectiveness of patient care, and allocation of scarce resources, such as bed availability.
- Housestaff are at the front-line of care processes, yet workflow standardization and education about the discharge process is lacking.

Aim/Goal

To enhance the ability of the housestaff to recognize and intervene upon barriers to patient discharge by providing education, workflow improvements, and electronic discharge tools, thereby decreasing the total LOS of admitted patients at BIDMC.

The Team – HSQIC Members

- **Project Leaders** –Ali Linsk, Tovy Kamine, David Lucier, Gene Quinn
- **HSQIC Length of Stay Workgroup** – Seema Anandalwar, Gabe Cohen, Alimer Gonzalez, Andrew Locke, Mousumi Sircar, Luisa Solis-Cohen
- **Faculty Sponsor** – Julius Yang MD, Director of Inpatient Quality

The Interventions (The Discharge Package)

- 1) Create an inpatient rounding model that emphasizes making patient discharge decisions prior to morning case-management rounds
 - a) Important to assure that case management workflow progresses efficiently
- 2) Educate residents regarding discharge readiness, LOS issues, and ways in which housestaff can influence these issues
- 3) Standardization of resident-led discussion on case management rounds
 - a) Residents should provide organized and relevant information about each patient and their discharge needs
- 4) Utilization of an electronic **Discharge Throughput Tool** as a way to keep patients' discharge needs organized within the resident team structure

The Results/Progress to Date

- A **feasibility pilot** was tested for one week on a single inpatient medicine team
 - Workflow was not adversely impacted
 - Use of the discharge package subjectively improved ability to plan ahead
- The **Discharge Throughput Tool** was restructured to improve accessibility and make the tool content more relevant and usable
- A **second pilot** will be undertaken on the inpatient medicine services located on CC7
 - Larger and longer than the original feasibility pilot
 - Will assess workflow integration and overall utility of **The Discharge Package**
 - Planned for March 2015

The Results/Progress to Date (cont'd)

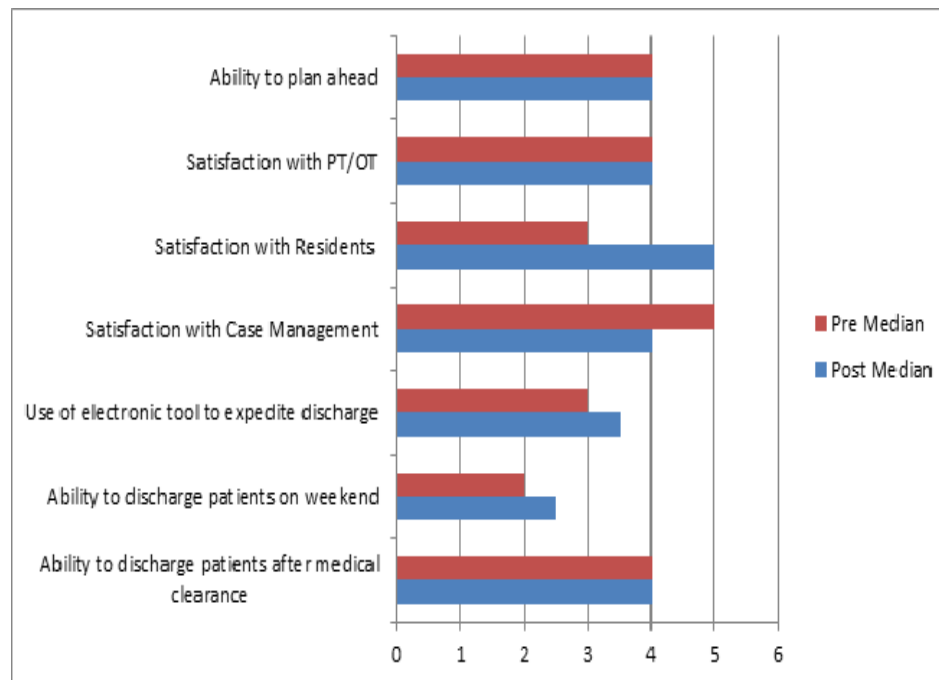


Figure: Median satisfaction scores (ranked from 1-5 using a Likert scale) for residents and case managers pre- and post- intervention

Lessons Learned

- It is important to educate housestaff about the need for coordinated and organized discharge planning as part of a multidisciplinary team.
- The **Discharge Throughput Tool** used during our feasibility pilot was well received, but its integration with workflow was poor; understanding the barriers to tool utilization is crucial in order to develop meaningful interventions with high adoption rates

Next Steps/What Should Happen Next

- Submit the proposal for **Discharge Throughput Tool** revisions with the goal to facilitate adoption of the tool and improve value for users
- Analyze the second larger pilot of **The Discharge Package** with multiple resident teams, assess barriers to adoption, and make further revisions
- Finalize the educational materials and plans for implementation

