California Health Improvement Project (CHIP)
Building A Better Discharge Pathway

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A Division of Contra Costa Health Services

Problem Statement and Underlying Causes

At Contra Costa Regional Medical Center, the median discharge time for our medical and surgical units is 3pm and the median order-entry time for new admissions is 3:55pm. This temporal mismatch between inpatient bed supply and demand means that beds are not clean & ready to accept new admissions until the evening. The inpatients beds available are not meeting the demand generated by new hospital admissions at the correct time of day. The current discharge time for hospitalized patients results in:

- Inability to accommodate incoming admissions
- Upstream delays in the Emergency Department
- Negative experience for patients waiting for beds

Project Description

Improve hospital flow by decreasing the time it takes for patients to be discharged and moving discharge earlier in the day. This will be accomplished through tracking and improving discharge predictions, identifying and acting on discharge needs earlier in the hospitalization, and by re-designing multidisciplinary discharge rounds in order to improve communication between all members of the care team.

Goal and Objectives

Goal: Improve hospital flow to better accommodate incoming admissions, eliminate upstream delays in the Emergency Department, and improve the experience for new patients waiting for beds by decreasing the time between discharge order to discharge and moving the median patient discharge time earlier in the day.

Output-oriented Objectives:

1. Standardize the format and timing of multidisciplinary Discharge Rounds in order to allow for better preparedness by all disciplines involved by December 2015.
2. Develop and introduce institution-specific discharge terminology by March 2016.
3. Develop EHR-based flowsheet to identify and track discharge needs by September 2016.
4. Track discharge predictions for baseline accuracy & reasons for discharge delays in order to develop escalation process by September 2016.

Outcome-oriented Objectives:

1. Move the median patient discharge time earlier in the day by 1 hour, from 3pm to 2pm, by September 2016.
2. Decrease the time between discharge order written to patient discharge from 2.4 hours to 1.5 hours by September 2016.
3. Identify patient discharge needs prior to the day of discharge in order to allow for an earlier and faster process on the day of discharge by September 2016.

Outputs & Outcomes

Outputs Achieved:

Multidisciplinary discharge rounds underwent a hospital-wide pilot in November 2015 after which the timing of rounds was permanently shifted from 9am to 10:30am and the format was changed.

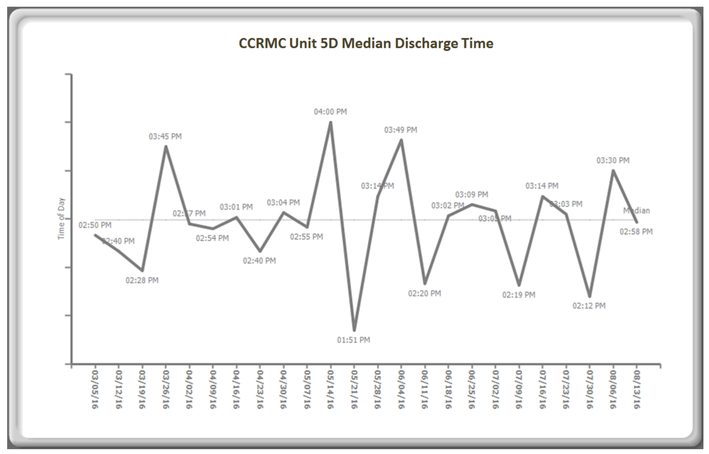
New discharge terminology was introduced to the medical and surgical wards in March 2016 in order to standardize descriptions of patients being discharged.

Discharge-specific standard work was developed for primary nurses, charge nurses, social work and discharge planners.

Baseline physician-identified predicted discharge dates were tracked and found to have an accuracy of 63% which provides a starting point for improving discharge predictions in the next phase of the project.

A prototype for a new EHR-based flowsheet for identifying and tracking patient discharge needs was developed in August 2016.

Outcomes Achieved:



While changing the format & timing of discharge rounds improved preparedness by multiple disciplines including physicians, social workers and discharge planners, the patient discharge time did not change.

Causes of discharge delays were identified as timing of the discharge order, transportation arrangements & medication reconciliation, which have provided a focus for developing new standard work and further testing.

Lessons Learned

Communicate and focus on smaller scope of the project earlier in the process

Standardizing the discharge process helps reduce readmissions which is a critical task of health care reform

Transportation and discharge medication arrangements were consistently identified as two primary barriers to timely discharges

Developing, testing, and implementing standardized discharge workflows for all hospital disciplines will ultimately improve the discharge process for our patients

About My Organization

Contra Costa Regional Medical Center (CCRMC) and its 11 health centers are part of a comprehensive county health system in the San Francisco Bay Area that serves primarily Medi-Cal patients. CCRMC was recently recognized by the *San Francisco Business Times* as one of the busiest hospitals in the area, with nearly 43,700 patient days in 2014 and a 99.7% occupancy rate for its staffed beds.

CCRMC is nationally recognized for its cancer program, Family Medicine Residency and visitor “welcoming policy.”

Contact Me

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