



Clinical Safety & Effectiveness Session # 6

A PILOT TO EXPEDITE DISCHARGES IN A PEDIATRIC UNIT



CENTER FOR PATIENT SAFETY & HEALTH POLICY

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Educating for Quality Improvement & Patient Safety

UNIVERSITY OF TEXAS
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CANCER CENTER

Making Cancer History®

The Team

- Division

- Noemi Adame, MD Pediatric Hospitalist (CSE participant)
- MaryEllen Michaelidis, M.S.N.—Administrative Director-Pediatrics, University Hospital (CSE participant)
- Patty Vega-Fernandez, MD—Chief Resident
- Vanessa Hill, MD—Pediatric Hospitalist
- Lisa Dodge, RN—Director, Transfer Center
- Jennifer Camacho, RN—Nursing staff, Research/Data Assistant
- Ryan VanRamhorst, MD—Pediatric Resident
- Shawn Ralston, MD—Physician Mentor

- Sponsor Department

- Department of Pediatrics, UTHSCSA
- University Health System, University Hospital, Pediatric Transition Unit, Janey Briscoe Children's Center

What We Are Trying to Accomplish?

OUR AIM STATEMENT

Within four months, we aim to decrease the time interval between when the discharge order is written and the time the patient is out the door by 25%, for patients admitted to the Inpatient Pediatric Service in the University Hospital Pediatric Transition Unit (UH PTU).

Project Milestones

- Team Created 09/2010
- AIM statement created 09/2010
- Weekly Team Meetings 10/1-12/20/10
- Background Data, Brainstorm Sessions,
Workflow and Fishbone Analyses 9/29 -10/12/10
- Interventions Implemented 11/1/2010
- Data Analysis 1/5/2011
- CS&E Presentation 1/20/2011

Background

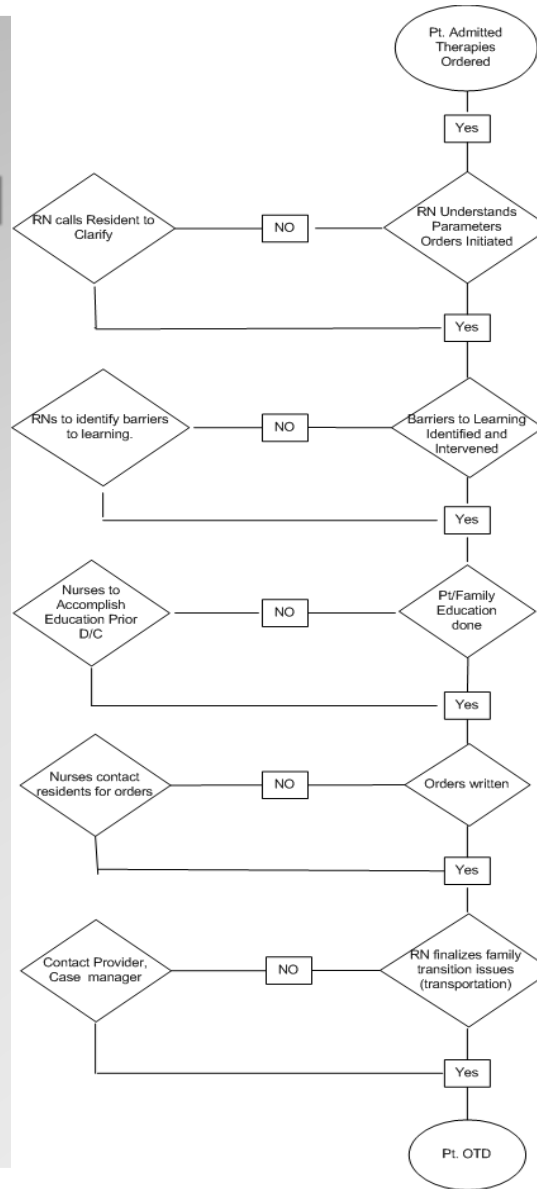
- The #1 question from parents:
 “When will my child go home?”
- Issue: No standard and consistent discharge protocol, resulting in delays and increase in length of stay
- The process begins on admission and ends when the patient walks out of the hospital.
- Timeliness of discharge impacts the patient experience and delivery of family-centered, cost-effective, high-quality care.

Process Map

Bumps in the Road

Fully Define Barriers

Timely D/C Orders



Need to clarify order

Complete Family Ed.
D/C Criteria/Goals

Transportation Arranged

History of Current State

Prior Implementation, Compliance Rates were:

- 50% for the recommended “< noon” discharge target time
- 60% for discharge patients within two hours from the written order.
- The average LOS for the Inpatient Pediatrics service in the PTU is 4 days.
- Readmission rate to the PTU is 0.57% all services and 0% for pediatric service – 4th quarter, 2010.

Hospital Bed
Demands

>

Capacity

Cancelled
surgical
procedures

Delay and
cancelled
admissions

Patients diverted

Increased ED
boarding time

Patient and
family
dissatisfaction

Patient Satisfaction and the Discharge Process

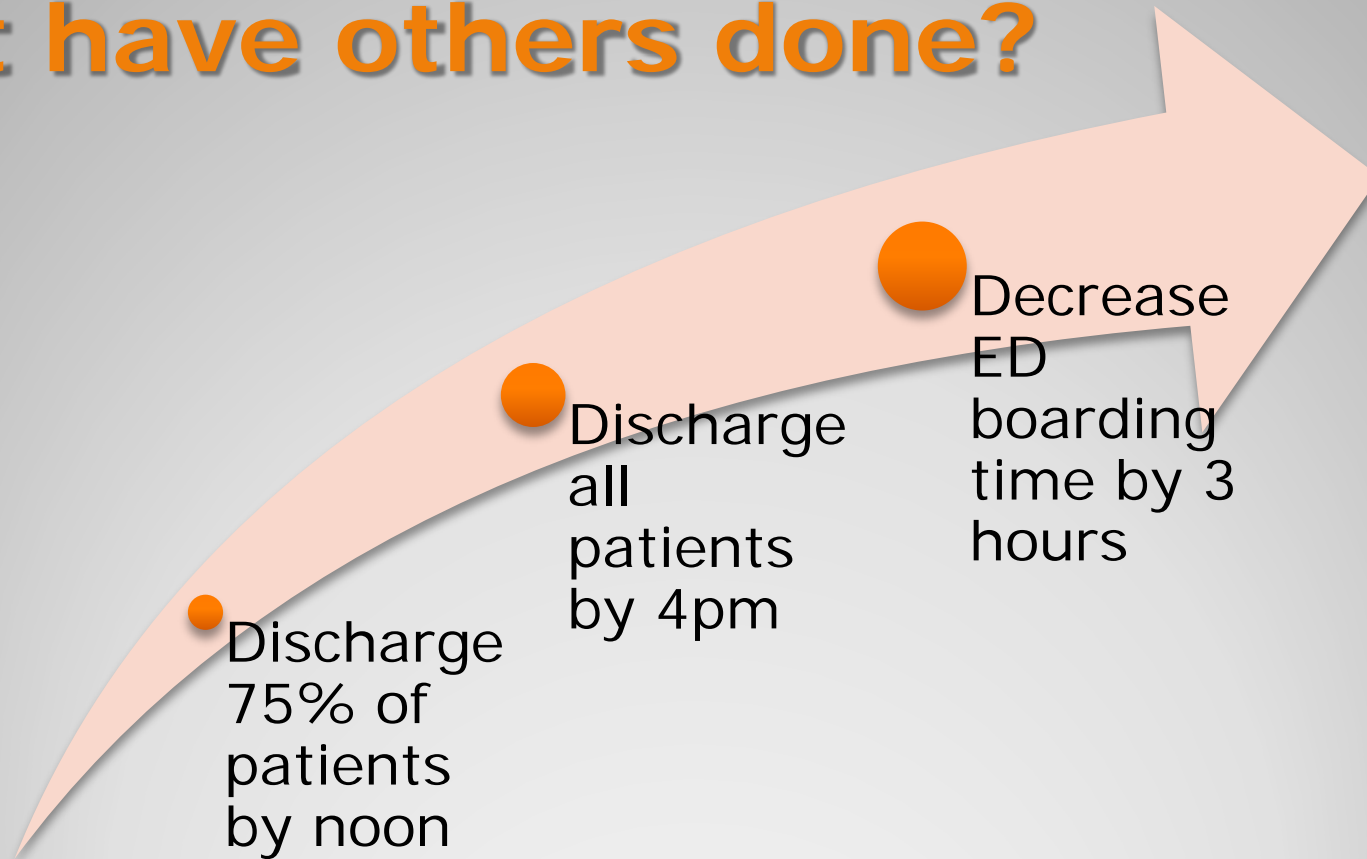
Patient and family
understand the
patient's condition

Patient and family
feel prepared to
manage after
discharge

Patient and family
feel involved in
the discharge
decision-making

Maramba et al. Discharge planning process: Applying a model for evidence-based practice. *Journal of Nursing Care Quality*. 19 (2) 2004: 123-129

What have others done?

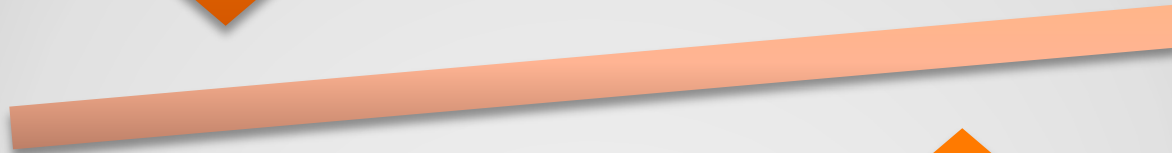


The Relationship between Inpatient Discharge Timing and Emergency Department Boarding. Powell ES, Khare RK, Venkatesh AK, Van Roo BD, Adams JG, Reinhardt G.J *Emerg Med*. 2010 Sep 29. [Epub ahead of print]

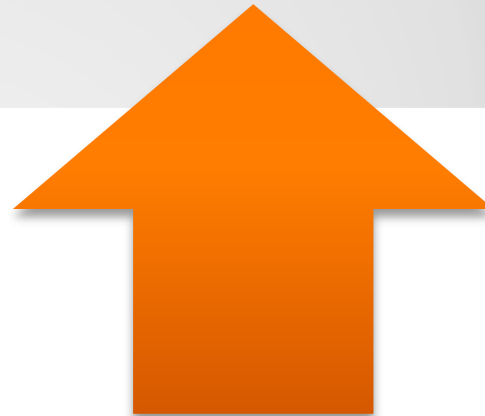
What Can We Do?



**Discharge
patients in a
safe and timely
manner**



**Maintain patient
and family
satisfaction with
the discharge
process**



How Will We Know That a Change is an Improvement?

- Decrease time interval between time the discharge order is written and patient is out the door.
- Decrease in Length of Stay (LOS)
- Increase % of discharges that occur before noon
- Increase with Patient satisfaction rating of discharge process (NCR Picker Survey).
- Readmission rate remains minimal.

Selected Decision Making Tools

- **Process Map**

- Documents the current state of the discharge process
- To understand the discharge process flow
- To search improvement opportunities in the process

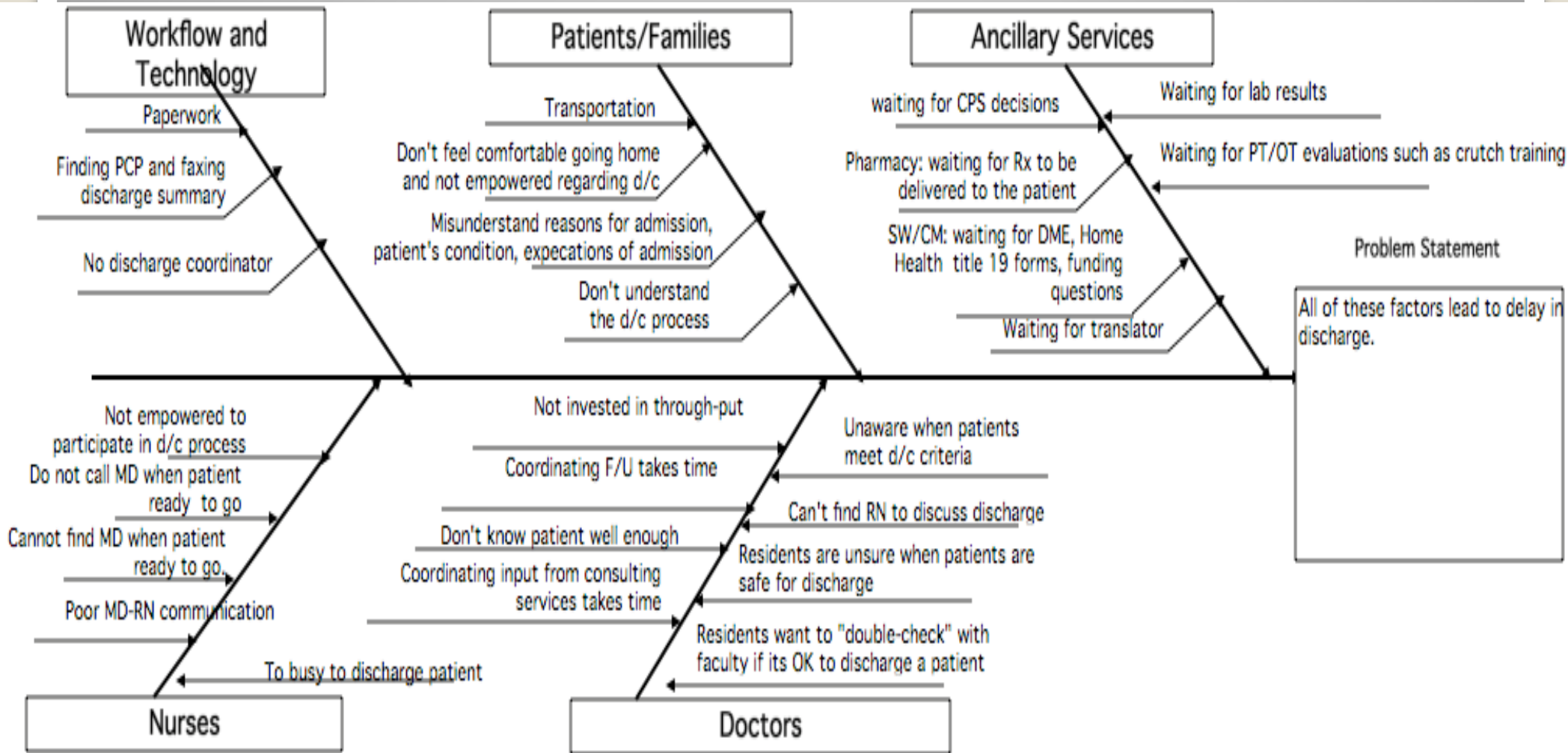
- **Fishbone Diagram**

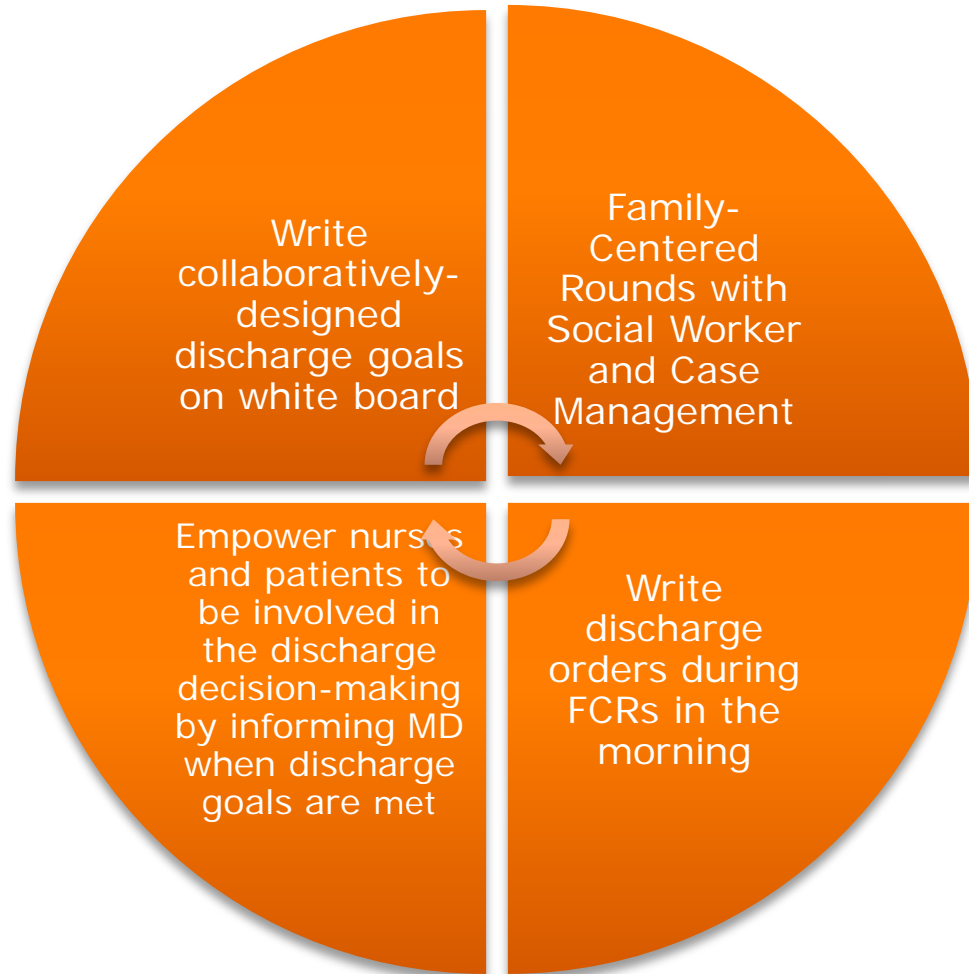
- Identifies all the possible causes of delays in process
- To obtain input from all stake-holders

- **Brainstorming Session**

- Obtain quick input from key stake-holders
- Elicit creative ideas from the entire group

Fishbone Diagram





Ideas from
Brainstorming
Session

**What Changes Can Be Made That Will
Result in an Improvement?**

Intervention

Plan

- **Family-Centered (Multidisciplinary) Rounds**
- **Write Discharge Goals on White Board**
- **Discharge Patients as soon as they meet Discharge Criteria/Goals**
- **Write Discharge Orders During Rounds**

Implementing the Change

Do

- 11/1/2010 FCRs daily with Pediatric team, nursing staff, case management, & child life.
- 11/1/2010 Nurses Carry Dry-Erase Markers.
- 01/5/2011 Distribute Green Badge Cards to Team
- 01/18/2011 Distribute Markers to Physicians
- Post Weekly Results of Discharge Data in the Unit

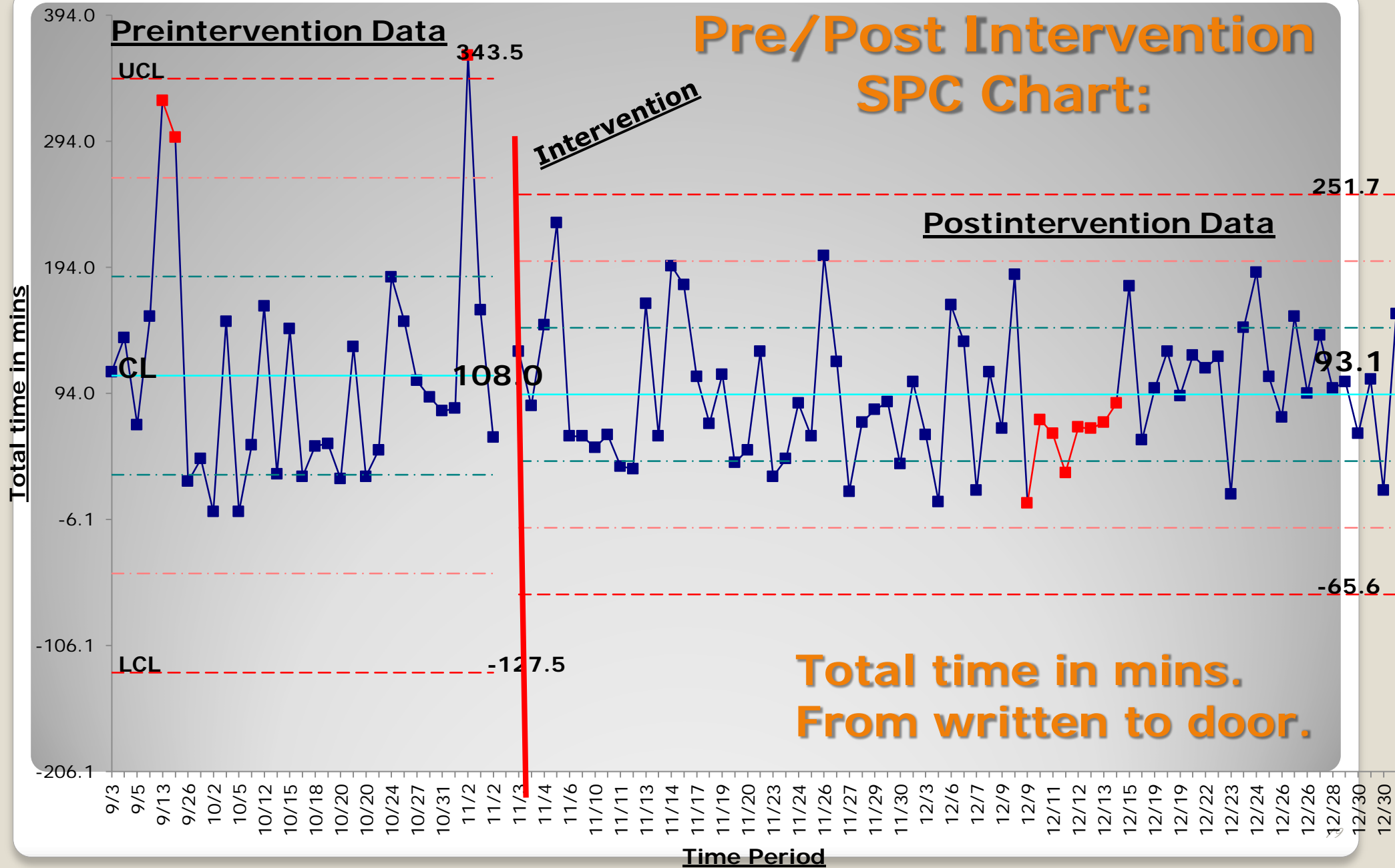
Results/Impact

Check

Impact Validation Sources include and not limited to:

Data Aggregation: Run Charts

NCR Picker Patient Satisfaction Scores,
CMS HCAHPS



Patient Satisfaction Scores

Key Driver Questions		Top 25%	Rolling 3 mth. Ave.	4 th Qtr 2010	3 rd Qtr 2010	2 nd Qtr 2010
1. Enough attention paid to your suggestions of care?		86.2	90.3%	90.9%	85.5%	76%
2. Were you comfortable speaking w/ physicians?		93	83.9%	90.9%	87.3%	78%
3. Confidence & trust in physicians?		89.9	83.9%	88.4%	87.5%	76.5%

Expansion of Our Implementation

Act

- Share Protocol with other Teams/Services who admit and follow patients in the PTU.
- Continue measuring metrics Ultimate goal is to decrease LOS and increase bed capacity.

Return on Investment

- Increased Participation in FCRs
- Improved Physician-Nurse Communication
- Improved Communication with Families and Staff
- Families and Nurses are Empowered to Participate in Medical Decision-Making
- Timely Discharges Improves Through-put and Increases Bed Availability

Conclusion/What's Next

- Family-Centered Rounds and addressing discharge goals lead to decrease time interval between the time the discharge order is written and the patient is actually discharged
- Family-Centered Rounds and addressing discharge goals lead to discharge orders written in a timely fashion
- Implement protocol across the entire unit

Thank you!



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