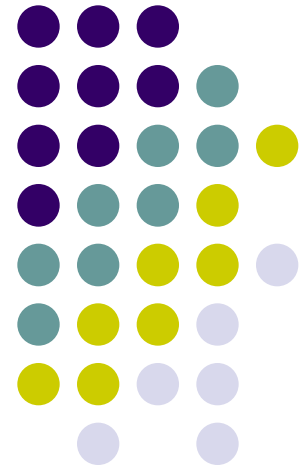
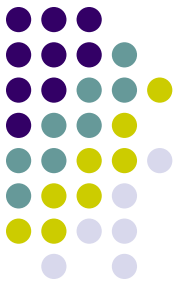


IMPROVING HOSPITAL DISCHARGE TIME: **A SUCCESSFUL IMPLEMENTATION OF** **NURSE DRIVEN CLINICIAN LED** **INITIATIVE**

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INTRODUCTION



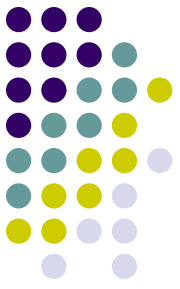
- The discharge process is a **critical bottleneck** for **efficient patient flow**; this process is complex and involves setting specific challenges that limits generalisability of solutions.
- Lourdes hospital offers comprehensive services including **acute, emergency and wide range of outpatient services** & programs to around 35,000 in patients annually.



NEED FOR THE STUDY

- Across the hospital there was a **wide variation in the discharge time process**: suggests- **areas of improvements** -to ensure that patients are discharged -no longer need acute care.
- **Patient satisfaction surveys** revealed that fewer than half (**42.6 %**) of discharged patients rated the **timeliness of the discharge process** as ‘ very good’.

AN IMPROVEMENT IN THE DISCHARGE PROCESS WILL RESULT IN:



- **Nursing staff:** less time spent on the discharge process, **more hands on time** with patients ensuring **quality & patient safety**.
- **Finance:** **cost saving** for the patient/ as well as **revenue** for the institution
- **Patients:** improved satisfaction with timeliness of discharge process; **less wait time in ED** for bed availability.

OBJECTIVES



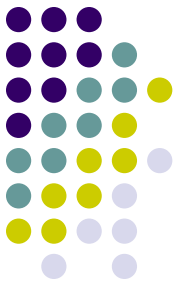
- To find the **average time taken** for discharge in selected departments
- To find the **effect of health care driven intervention** in improving the average time taken for discharge in selected departments.

METHODOGY



- **Study design:** Quasi experimental pre-test, post-test interventional study
- **Sampling method:** Purposive sampling

DATA COLLECTION



- Lourdes hospital is tertiary care teaching hospital with 600 bed.
- Two months of pre intervention data (August 2016 to September 2016), were compared with 2 months of post intervention (dec.2016 to Jan 2017).
- The study population was a total of 100 discharged patients equally distributed among 4 departments such as OBG, Orthopedics, paediatrics & general surgery.

STUDY TOOL:

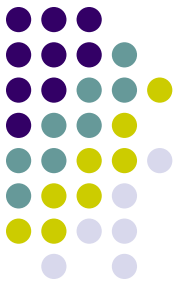
- A structured data collection format along with unstructured interview to uncover root causes of the problem using a small Plan – Do- Study – Act Cycle.

PLAN



- Meeting the selected clinical heads – presenting the pre intervention data series & review the existing system
- The expected date for discharge is displayed in the nurses station on the day of admission-setting a deadline.
- Discharge nurse is identified from each department.
- Intimation to the patient/bystander about treatment plan & expected date for discharge

PLAN



- Introduced the **nurse driven physician led simple** discharge concept.
- An **educational class to discharge nurse** on clinical stability parameters.
- **Smart companion initiative**: customer care + Billing coordinator –keep a track on progress.
- Introduce the ‘**Discharge Mittags**’ including discharge checklist
- Nurse initiated discharges proforma: dept wise developed.

DISCHARGE 'MITTAGS' CHALLENGE



Dear Lourdeans,
The best part for a patient in the hospital is when the treating Doctor comes into the room and says those wonderful words, "You can go home today". But to keep a patient and relatives smile till they leave the Hospital is not that easy. At Lourdes it takes 2 to 5 hours to complete a normal discharge process. It demands consorted effort from doctors, nurses, paramedics, billing and customer service staff for a happy discharge process. Let us systematise our present discharge pattern under the slogan MITTAGS which in German means 'by noon'. MITTAGS anticipates Four Steps:

01

PLAN

- ◆ Doctors Plan for the discharge on arriving at a Diagnosis.
- ◆ Nurses Plan to co-ordinate the entire discharge activities.
- ◆ Ward and Billing/Credit Clerks Plan for timely entry of service data.
- ◆ Patient is given adequate time to Plan their exit and finance.

02

COMMUNICATE

- ◆ Doctors Communicate the date of discharge to patient and the Nurses.
- ◆ Nurses Communicate the same to other team members for better co-ordination.
- ◆ Billing Clerks Communicate bill amount and claim status to the Head Nurse.
- ◆ Head Nurses Communicate on pending bills to the concerned on the previous day

03

PREPARE

- ◆ Doctors Prepare the Discharge Summary on the previous day of discharge ready for signing
- ◆ Nurses Prepare and Complete the Service details, Billing data, Medicine returns on previous day.
- ◆ Billing Clerks Prepare the final bill and issue it to the patient through the Head Nurse.
- ◆ Ward Clerks Prepare Documents and see to vehicle arrangements for patient.

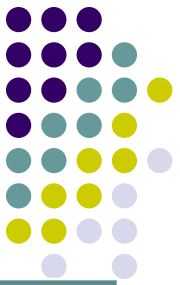
04

ACT

- ◆ Doctors Sign the Discharge Summary, give Discharge Advice and a review date.
- ◆ Nurses hand over the Discharge Documents and give clear instructions to patient.
- ◆ Billing Clerks ensure that all the bills, invoices and reports are signed.
- ◆ Ward Clerks/Customer Service Assistant collect Patient feedback on Hospital Stay.

Our Challenge is MITTAGS i.e. to ensure a happy discharge of patient BY NOON.

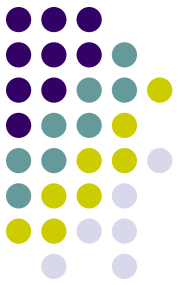
NURSE LED DISCHARGE PROFORMA: SURGICAL SERVICES



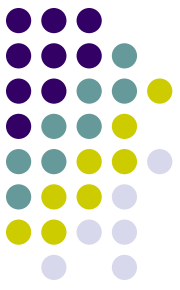
CIRCLE CORRECT ANSWER AND INSERT DETAILS WHERE INDICATED

TPR AND BP WITHIN PATIENT'S NORMAL LIMITS	YES/ NO
URINE OUTPUT SATISFACTORY (WITHIN PATIENT'S NORMAL LIMITS)	DEFINE
BOWELS OPENED	YES/ NO DATE
SURGICAL WOUND CLEAN AND HEALING : (WITHOUT ANY DISCHARGE , GAPING & SIGNS OF INFLAMMATION)	YES/ NO
DRAIN NOT INSITU	YES/ NO

CONTD:



NO SIGNS OF DISTAL NEUROVASCULAR DEFICITS	YES/ NO
PAIN SCORE	0-3 / PATIENT STATES AS 'PAINFREE'
EATING / DRINKING	YES / NO
FREE OF CHEST PAIN / CALF PAIN	YES / NO
PATIENT IS MOBILIZED WITH ASSISTANCE/ ASSISTIVE DEVICES	YES / NO / NA
VERBAL INFORMATION ON POST OP ADVICES / SIGNS FOR EMERGENCY RETURN	YES/ NO
PATIENT'S STANDARD OF ACTIVITIES OF DAILY LIVING ATTAINED	YES / NO OR NORMALLY DEPENDENT
BLOOD RESULTS WITHIN ACCEPTABLE LIMITS	YES / NO



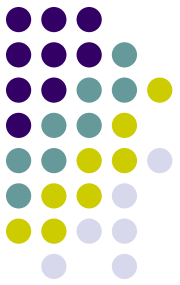
DISCHARGE CHECKLIST

SL. N	PARAMETER	CHECKLIST
1	Patient	Understand your discharge medications.
		Understand the follow up details explained by the doctor.
2	Doctors	Plan for the discharge on arriving at the Diagnosis.
		Communicate the expected date of discharge to the patient party and the staff as soon as it is determined or at least on the previous day if not earlier.
		Prepare and complete the Discharge Summary on the previous day/ get it typed.
		Sign the Discharge Summary immediately after the rounds by the consultants and hand it over to the patient through the Ward Nurse.
		Notify the patient about follow up call as well as indications for emergency contact.

SL. N	PARAMETER	CHECKLIST
3	Nurse	<p>Ask the doctors about the Discharge plan.</p> <p>Ensure the completeness of the chart, billing sheet and service entry before 4 pm on the previous day of discharge.</p> <p>Ensure that the concerned unit doctors have handed over the signed Discharge summary.</p> <p>Communicate to the patient party about the Discharge process: the balance amount, they need to leave the hospital by 12 noon on the day of discharge.</p> <p>Verify the clearance seal placed on the pass leaf.</p> <p>Ensure that discharge medicines to take home are supplied as well as any patient's own drugs are returned.</p> <p>Explain the discharge medications as well as give health education as recommended.</p> <p>Review the discharge checklist for completeness of the process.</p>

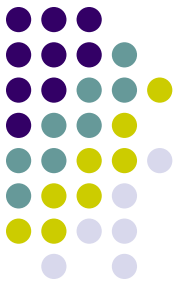
SL. N	PARAMETER	CHECKLIST
4	Billing / Credit:	<p data-bbox="498 161 1792 275">Ensure the completeness of the service entry on the previous day of Discharge.</p> <p data-bbox="498 304 1576 354">Make sure all the bills, invoices and reports are signed.</p> <p data-bbox="498 382 1804 496">Communicate to the ward nurse about the due amount and credit sanctioned amount to be conveyed to the patient party.</p> <p data-bbox="498 525 1798 639">On the day of discharge, prepare the final bill of the credit patient first and then the cash patients.</p>
5	Customer Service :	<p data-bbox="498 679 1721 793">Get information about the discharges of the patients from the Ward nurses on the previous day.</p> <p data-bbox="498 822 1740 936">Discuss with the patient party about the conveyance and other assistance needed on the day of discharge.</p> <p data-bbox="498 965 1644 1079">Communicate the status of the diet cancellation to clinical nutrition.</p> <p data-bbox="498 1108 1669 1222">Distribute Feedback form to the patient party on the day of discharge.</p> <p data-bbox="498 1250 1823 1300">On the day of Discharge, assist the patient to leave before 12 noon.</p>

DO



- Revised the process as decided in the planning phase.
- Identify the training needs & skills required.
- Identify the competent staff as discharge nurse
- The nurse driven discharges are given priority in the ward rounds.
- DNB residents utilized for proactive discharge summary preparation
- The bill status is intimated as message.

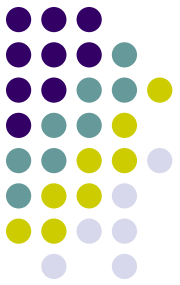
STUDY

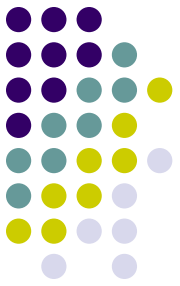


- Proactive approach : PDCA cycle evaluation
- Phase 2 evaluation

ACT

- Patient feedback evaluation
- Discharge satisfaction survey
- Comparison with bench mark

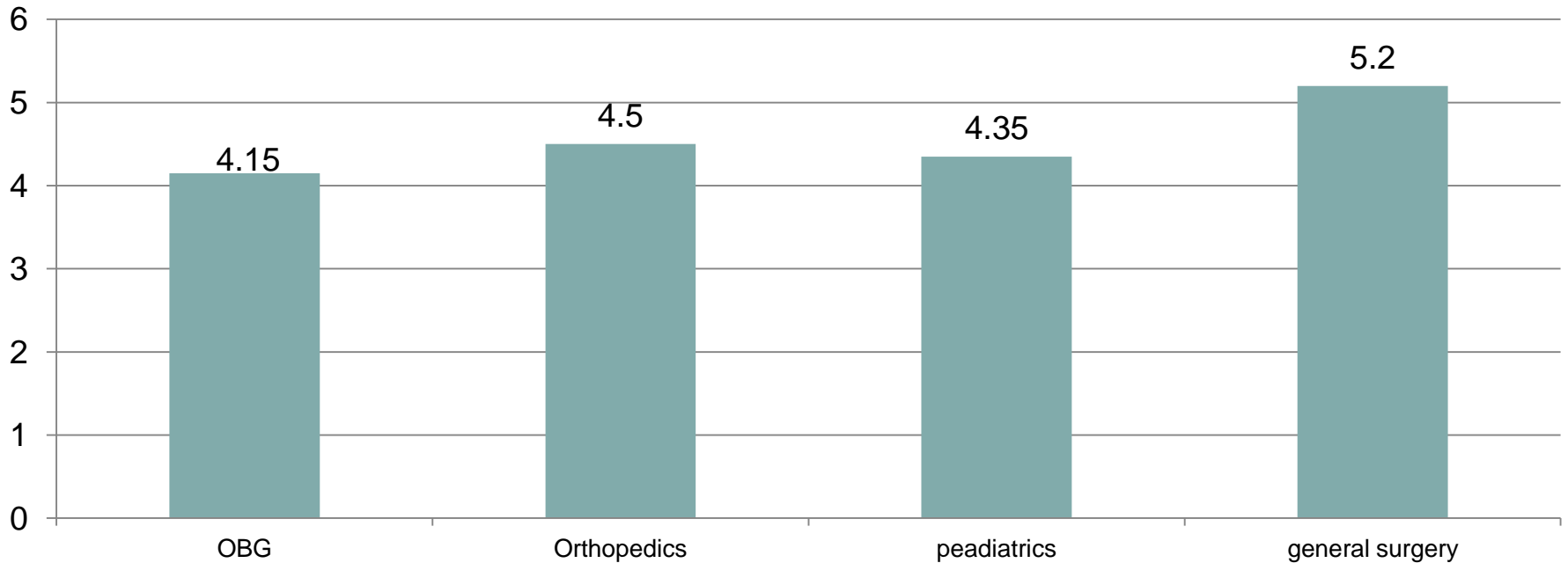


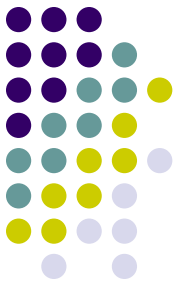


FINDINGS

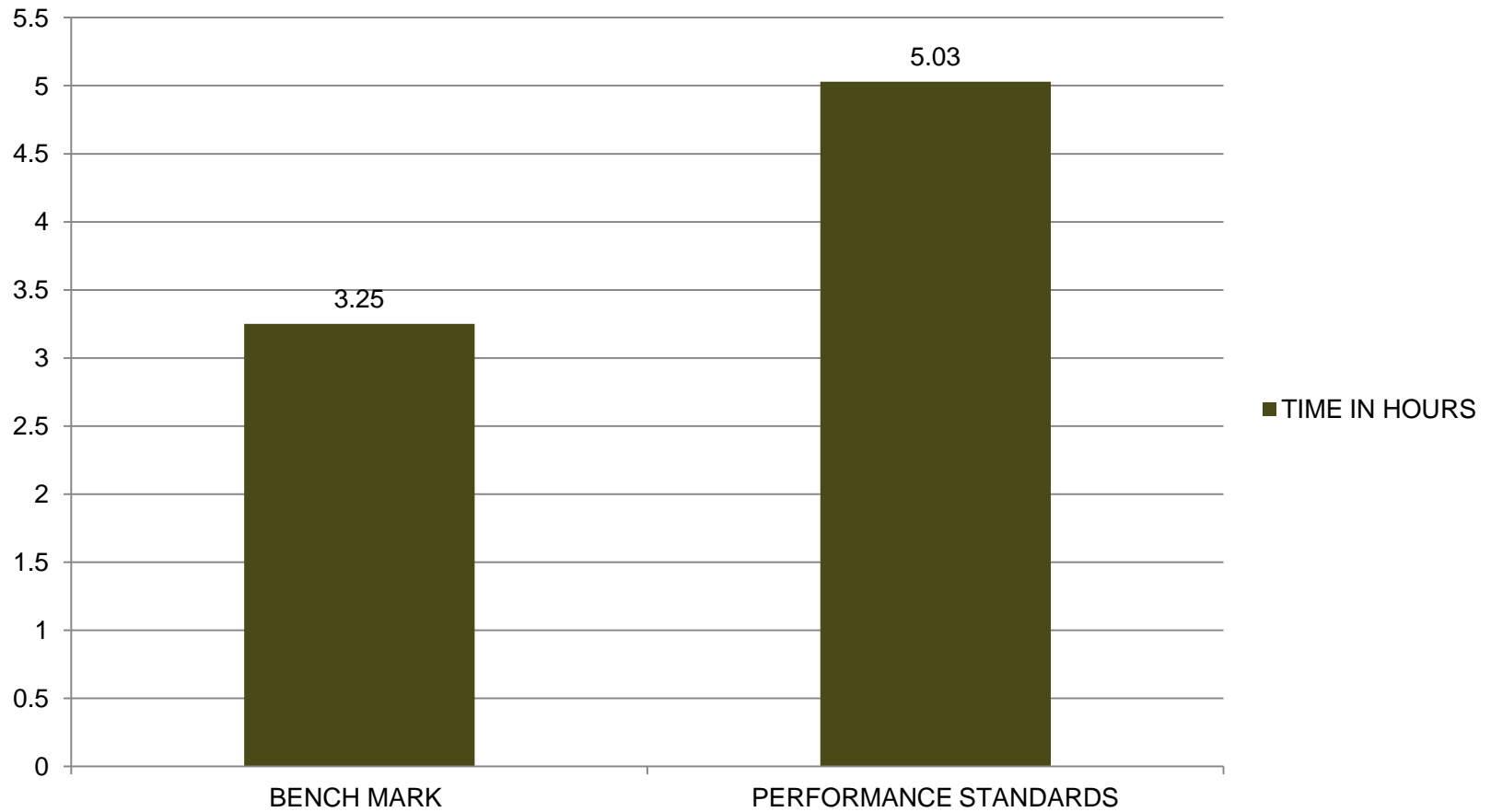
● PRE INTERVENTION PHASE:

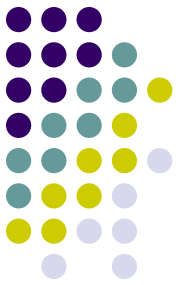
AVERAGE TIME TAKEN FOR THE DISCHARGE PROCESS





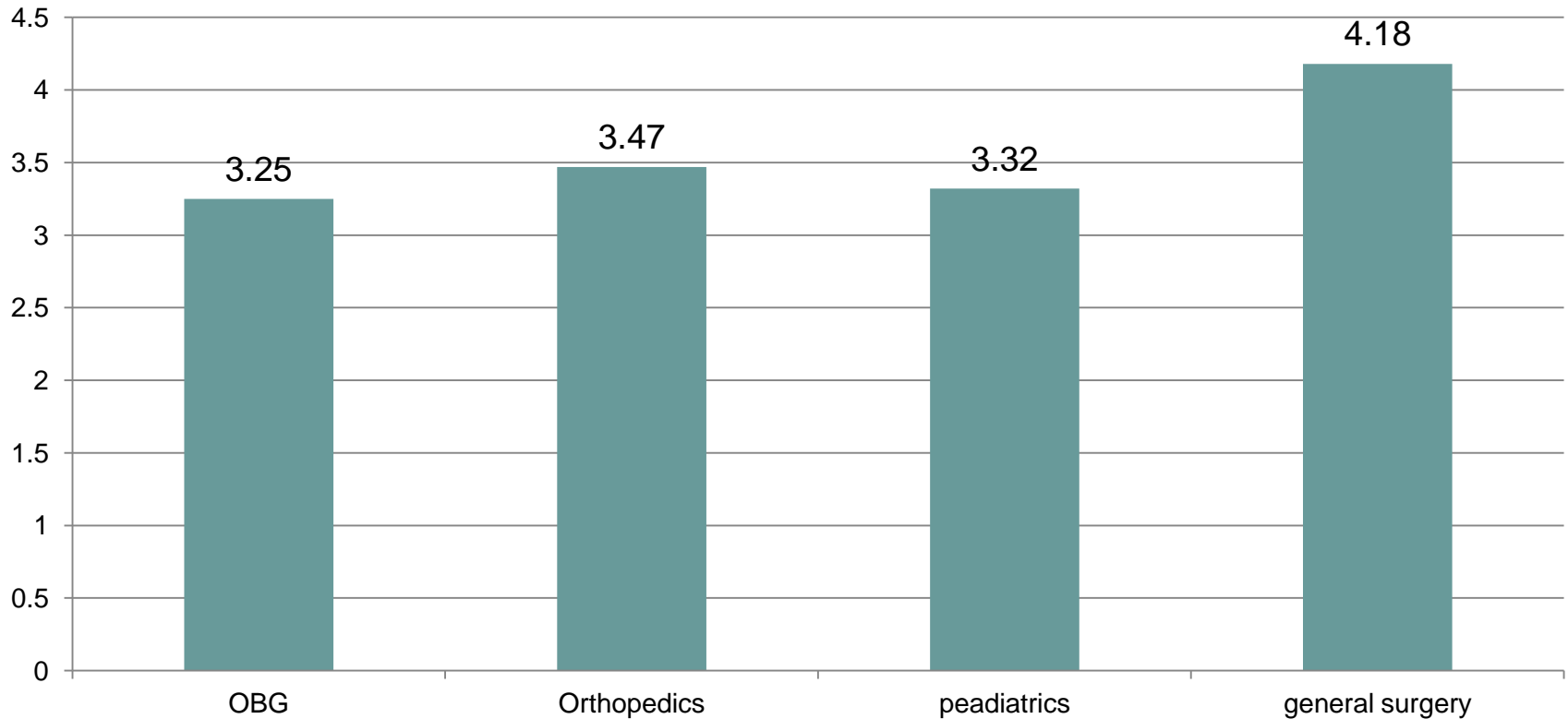
QUALITY PERFORMANCE OF THE DISCHARGE PROCESS

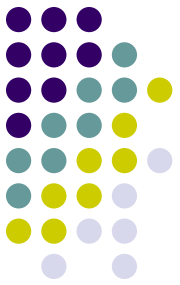




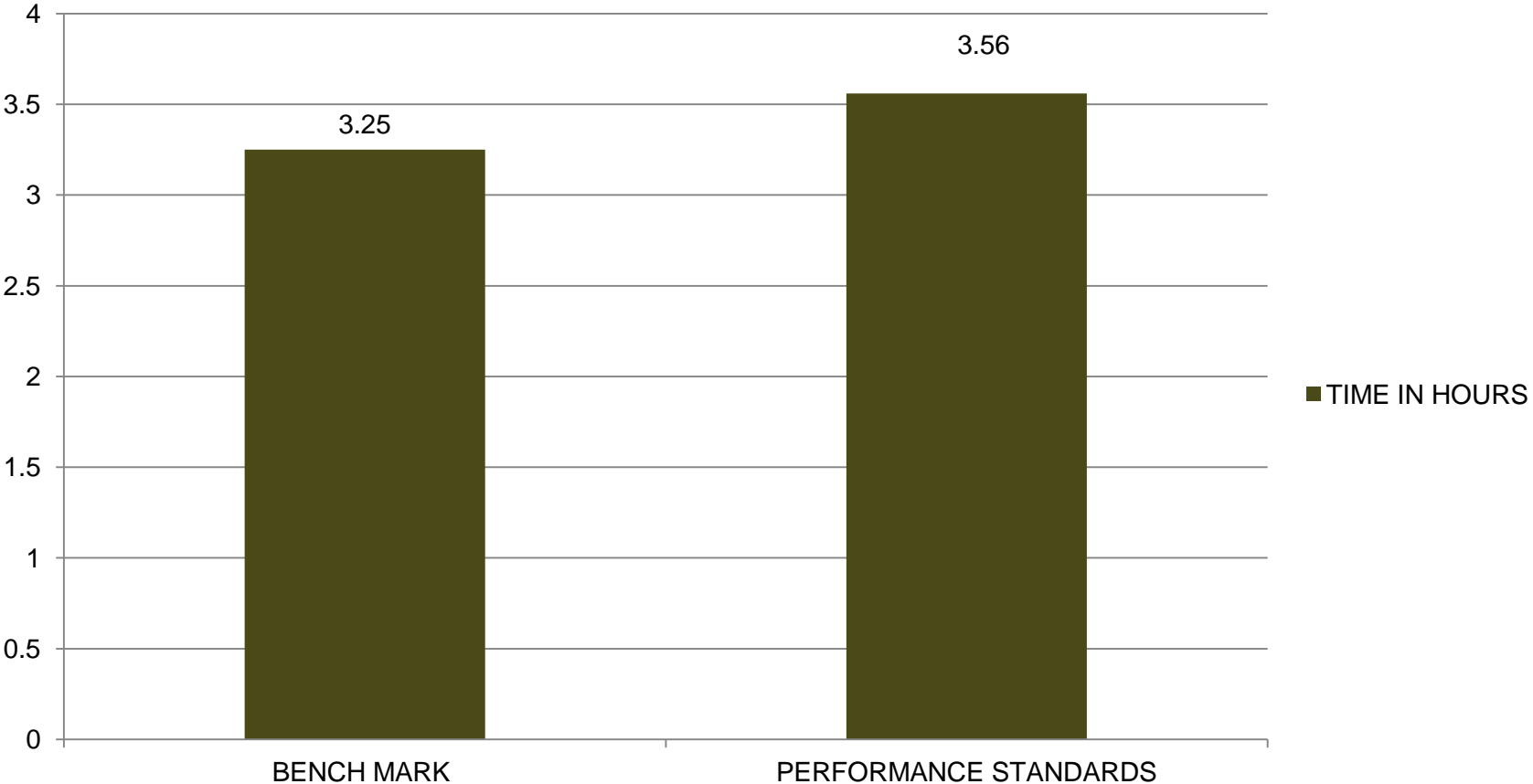
POST INTERVENTION PHASE

AVERAGE TIME TAKEN FOR THE DISCHARGE PROCESS





QUALITY PERFORMANCE OF THE DISCHARGE PROCESS

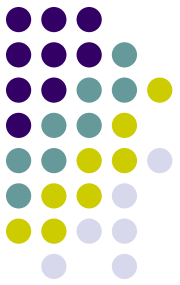




RESULTS

- The implemented measures showed a significant improvement in performance standards: ie : 3.56 hours & there by improved overall patient discharge satisfaction by 74.6%.

CONCLUSION



The health care driven interventions have provided a valuable support in improving hospital discharge time & patient satisfaction. It has also contributed a platform for empowerment of nurses, changing the ward from reactionary to proactive culture.

