EP8EOa – INTERPROFESSIONAL CARE

OPTIMIZING INTERDISCIPLINARY ROUNDS AND DISCHARGE MILESTONES TO REDUCE AVERAGE LENGTH OF STAY

Using the required empirical outcomes presentation format, provide one example of an improved outcome associated with an interprofessional quality initiative led or co-led by a nurse (exclusive of the CNO).

Problem

In the Medical (7GS-605161) [7GS] Unit at NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia), over 50 percent of discharged patients were sent home with a self-care disposition, signifying their ability to independently manage at home without complex medical and social support. Most of these patients did not require arrangements for transport, a home health aide, durable medical equipment, dialysis, or other outpatient services.

Examination of discharge time data revealed a consistent trend of discharge orders being written around 2 pm. However, actual discharges were occurring at 6 pm, coinciding with the change of shift. This practice strained the discharging system and contributed to the elevated average length of stay (ALOS) on 7GS. To address this challenge, Denise Henry, DNP, RN, CCM, AHN-BC, Manager, Care Coordination, took the initiative to lead the "Just in Time Discharge" pilot program on 7GS. The program aimed to improve real-time communication among interprofessional team members to align medical and social readiness, ensuring safe and timely patient discharges.

Pre-Intervention

April 2021:

- The 7GS ALOS was 7.60 days in April 2021.
- Dr. Henry formed the “Just in Time Discharge” 7GS core team (core team). The core team consisted of 7GS clinical nurse representatives Michael Abalos, BSN,

RN, MEDSURG-BC, and Katherine Drake, BSN, RN, MEDSURG-BC; Oluneye Oladapo, BSN, RN, Clinical Nurse Manager (clinical nurse, at the time); Alethia Pratt, MSN, RN, NE-BC, Patient Care Director (nurse manager, at the time), 7GS; Maureen Kelly, BSN, RN, patient flow specialist; Roxanne Lightbody, PA-C, hospitalist physician assistant (PA); Paul Lee, MD, Medical Director, 7GS; Myrta Haerizadeh, MD, assistant attending; and Antoinette Forrester, unit assistant. Emily Jackson, MBOE, BSN, RN, NEA-BC, Director of Nursing (at the time), served as the lean coaching support. The core team held an initial meeting and decided to focus on 7GS patients discharged home with a self-care disposition.

- Dr. Henry led the core team in conducting a root cause analysis of the delay in discharge. They identified discharge barriers, categorized as the following:
    - Process (e.g., lack of prioritization of tasks for discharge)
    - Communication (e.g., special needs not communicated therefore arrangements were not made)
    - People (e.g., delays in performing consultations or delays related to non-business hours operation)
    - Environment (e.g., patient refusal)
    - Equipment/Technology (e.g., equipment/technology downtime due to failure)
- The core team completed a SIPOC (Supplier, Input, Process, Output, Customer) diagram for all stakeholders and identified the current discharge process as follows:
    - Attending physician identifies next day discharges during attending rounds
    - Social worker and care coordinator complete outstanding items for discharge
    - Resident/intern/physician assistant (PA) places orders for clinical testing and assessments
    - Physical therapy/occupational therapy (PT/OT), respiratory, and pharmacy personnel conduct clinical testing and assessments
    - Resident/intern/PA confirms discharge, medication reconciliation, and inputs the discharge order and follow-up appointment
    - Nurse provides discharge education and instructions to patient and family and notifies the unit assistant
    - Unit assistant places transport request
    - Transport takes the patient off the unit
    - Unit assistant marks the bed “dirty” in the system

- Dr. Henry led the core team to map out the discharge process steps as a value stream map:
    - Identify and communicate the clinical and social conditions under which a patient can be discharged tomorrow
    - Place orders for clinical testing
    - Conduct clinical and social test and assessments based on discharge conditions
    - Clinical results are interpreted and uploaded in Epic, NYP's electronic medical record
    - Provider reviews results and confirms patient is medically ready for discharge
    - Team confirms patient's medical and social conditions for discharge have been met
    - Coordination of discharge needs
    - Provider completes discharge summary, medication reconciliation, and discharge order
    - RN provides discharge education to patient and family
    - Unit assistant requests internal transport
    - Patient exits room
    - Unit assistant tags the room "dirty" in the system

Goal Statement

To decrease the ALOS in days on 7GS

Participants

Name/Credentials	Discipline	Title	Department /Unit
Denise Henry, DNP, RN, CCM, AHN-BC	Nursing	Manager, Care Coordination	Care Coordination
Michael Abalos, BSN, RN, MEDSURG-BC	Nursing	Clinical Nurse	7GS
Katherine Drake, BSN, RN, MEDSURG-BC	Nursing	Clinical Nurse	7GS
Oluneye Oladapo, BSN, RN	Nursing	Clinical Nurse Manager (clinical nurse, at the time)	7GS
Alethia Pratt, MSN, RN, NE-BC	Nursing	Patient Care Director (at the time)	7GS
Emily Jackson, MBOE, BSN, RN, NEA-BC	Nursing	Director of Nursing (at the time)	Nursing Medicine

Maureen Kelly, BSN, RN	Operations	Patient Flow Specialist	Patient Placement Operations Center (PPOC)
Roxanne Lightbody, PA-C	Medicine	Hospitalist PA	Medicine
Paul Lee, MD	Medicine	Medical Director	7GS
Myrta Haerizadeh, MD	Medicine	Assistant Attending	Medicine
Antoinette Forrester	Nursing Support	Unit Assistant	7GS

Intervention

May 2021:

- Dr. Henry led the core team to leverage Epic for real-time information flow. The core team contributed to the creation of the interdisciplinary rounds (IDR) patient list and discharge milestones within Epic, which drove the interprofessional discussion during IDR. The patient was deemed ready for discharge if five out of five discharge milestones were met:

    - Patient is socially ready for discharge
    - Patient is medically ready for discharge
    - Patient and/or family in agreement with discharge plan
    - Patient's specific discharge location and transportation method have been determined
    - Discharge order has been placed

    Impact Statement: Optimizing EMR data provided the interprofessionals with concise accurate information for making decisions and prompting communication among the team. Setting milestones for discharge readiness improved efficiencies which led to timely patient discharge.

- The core team created an IDR Checklist, which consisted of the following items:

    - Case Manager/Social Worker: Room number and patient name
    - Provider: Very brief synopsis of principle diagnosis
        - Medically ready for discharge?
            - If not, what is pending and time to resolution? Who owns barrier?
        - Estimated date of medical readiness?
            - If within 24 hours: Has patient/family been informed by provider?

- Nursing: Concerns? (Lines, catheters, restraints, status, etc.)
- Case Manager/Social Worker: Destination and socially ready for discharge?
    - If not, what is pending and time to resolution? Who owns barrier?
    - Estimated date of social readiness?
- Team: Expected discharge date (EDD)?
    - If EDD is today/tomorrow:
        - Transportation plan?
        - What time do we expect the patient to leave?

Impact Statement: By standardizing IDR discussions, the team was able to prioritize medical and social conditions that impede timely discharge, develop plans, and mitigate barriers, thereby reducing the ALOS in 7GS.

June – July 2021:

- Dr. Haerizadeh and Ms. Lightbody supported provider training on marking patient "medically ready" and entering discharge delays in Epic.

  Impact Statement: Entering discharge delays in Epic ensured transparency and accountability so that patients can be deemed medically ready and discharged in a timely manner, thereby reducing the ALOS in 7GS.

August 2021:

- Dr. Henry, in collaboration with Ms. Drake, Mr. Abalos, Mr. Oladapo, Ms. Pratt, and Ms. Forrester, educated the interprofessional team, consisting of clinical nurses, providers, social workers, and care coordinators, on standardized IDR utilizing IDR patient list, IDR checklist, and discharge milestones on 7GS.

  Impact Statement: Education of the interdisciplinary team facilitated efficient and effective teamwork, and ensured accountability in the timely discharge of patients, thereby reducing the ALOS in 7GS.

September 2021:

- Dr. Henry led the interprofessionals to fully implement the "Just in Time Discharge" program inclusive of the standardized IDR program, utilizing IDR patient list, IDR checklist, and discharge milestones on 7GS by September 30, 2021.

- **Key references:**

Drake, K., McBride, M., Bergin, J., Vandeweerd, H., & Higgins, A. (2017). Ensuring safe discharge with a standardized checklist and discharge pause. *Nursing,* 47(8), 65–68. https://doi.org/10.1097/01.NURSE.0000521042.81195.86

Suddarth, K. H., Jones, R. R., O'Malley, C. W., Paje, D., Yamazaki, K., Zaas, A. K., & Meade, L. B. (2016). Implementation of Milestones-Based Assessment for a Safe and Effective Discharge. *The American Journal of Medicine*, 129(6), 640–646. https://doi.org/10.1016/j.amjmed.2016.02.005

Outcome