

Decreased Length of Stay via Multidisciplinary Discharge Planning

Grace Paschall, LCSW, Transitional Care Supervisor (Email: Paschall-Kathryn@CooperHealth.edu) — Keith Kline, MSN, RN (Email: Kline-Keith@CooperHealth.edu)

Purpose

The goals of this project are to create a standardized MDR process that will be followed throughout the inpatient floors and will be consistently attended by all necessary disciplines providing for a seamless transition of care from the inpatient setting to post discharge. As a result, this will reduce LOS and potentially improve readmission rates.

Background

- Cooper University Health Care's inpatient floors lack consistent and standardized MDR.
- As a result, there is inconsistent attendance and activities related to rounds and the discharge process.
- This results in potential regulatory risk, increased length of stay (LOS), increased risk of hospital-acquired infections, and a potential negative impact on service scores.

Analysis

- Team held a workout with front-line nursing staff, medical informatics, nursing leadership, social work, physician leadership, information technology, and medical residents.
- From this workout, the team identified issues related to discharge rounds and the transition of care for our patients.

Learning Objectives

- Synthesize organizational discharge goals and evidence-based practice to develop an MDR planning process.
- Recognize the value of collaborating with multidisciplinary care teams to achieve a decreased length of stay.
- Understand how a multidisciplinary discharge planning tool streamlines the discharge process.

Outcome

Unit:	Major Metrics	Improve (Feb-Aug, 2017)	Statistically Significant (Baseline greater than post implementation)?
YEAR 1:			
LOS Baseline (Jan, 2016-Jan, 2017)			
K7	1.33 (Jan 2016 - Mar 2017)	1.18 (Apr - Aug 2017)	Yes, P Value = 0.004
K9	1.09	1.03	Yes, P Value = 0.017
K10	1.14	1.11	Yes, P Value = 0.011
P6	1.10 (Jan 2016 - Apr 2017)	1.03 (May - Aug 2017)	Yes, P Value = 0.026
P7	1.18 (Jan 2016 - Apr 2017)	1.10 (May - Aug 2017)	Yes, P Value = 0.032
MFCU	1.36 (Jan 2016 - Jun 2017)	1.18 (Jul - Aug 2017)	Yes, P Value = 0.013

Year 1 Length of Stay

LOS 9.3%

Unit:	Major Metrics	Improve (Feb-Jul, 2017)	Statistically Significant (Baseline greater than post implementation)?
YEAR 2:			
Readmissions Baseline (Jan, 2016-Jan, 2017)			
P9	1.31 (Apr 2016 - Apr 2017)	1.01 (May - Jul 2017)	Yes, P Value = 0.005
P5	1.60 (Nov 2016 - Mar 2017)	1.31 (Apr - Jul 2017)	Yes, P Value = 0.042
P8	1.48 (Jan 2016 - Apr 2017)	1.30 (May - Jul 2017)	Yes, P Value = 0.009

Year 2 Length of Stay

Process

- Each inpatient unit conducted MDR differently and at varying times of the day.**
 - Created a designated provider MDR schedule where a Systems Administrative Hospitalist (SAH) or Medical Director leads rounds for each unit at set times for each unit daily.
- Inconsistent structure, roles, and rounding process.**
 - Established consistent roles for each of the multidisciplinary team members and established a consistent rounding process to be followed at daily rounds.
- Inconsistent attendance by MDR participants and inability to efficiently track attendance.**
 - Developed an electronic attendance tracking system with responding capability within Epic.
- Current workflows were inefficient and problematic for MDR team to easily manage the discharge process for our patients.**
 - Created a daily multidisciplinary rounds discharge flowsheet
 - Identified and centralized the information needed for discharge
 - Created a discharge overview summary
 - Developed an electronic workflow for Social Work and Home Care = Transitional Navigator

Opportunity

- In conducting chart audits within the Transitional Care Department, it was noted that there was marked variation in how and what was being documented by individual staff.
- Documentation by our department lived in Epic under Ancillary Notes and was in narrative form only, making trends impossible to track.
- Due to the variation, we were at risk for regulatory violations, as timeliness of interventions and content could only be monitored by individual chart auditing

