Discharge from the hospital is a complex process, requiring effective and timely communication between patients, families and caregivers, and multiple inpatient providers and staff.

Inaccuracy or suboptimal communication regarding patients’ estimated discharge date (EDD) may contribute to delays in discharge. This may in turn cause patient dissatisfaction, care team frustration, increased potential for iatrogenic harm, and inefficient use of resources.

Checklists and standardization are employed in quality improvement efforts and may also improve communication in the discharge process.

PURPOSE

1. To create standardized roles and a clear process to enhance care team communication around the discharge planning process for an inpatient medical service at a large academic medical center.

2. Analyze the accuracy of patient EDD when recorded during provider charting, bedside rounds, and interdisciplinary discharge rounds.

PROJECT DESIGN

QI Team: 8 medical students participating in the Health Innovations Scholars Program at the University of Colorado.

Quality Improvement Interventions

Over Three PDSA cycles team roles and responsibilities were created centered around soliciting and articulating EDD during discharge rounds, as well as visually displaying it in the patient’s room.

RESULTS

1) Prompting providers to articulate the EDD during multidisciplinary discharge rounds
2) Rigorous definition of roles and responsibilities within the discharge planning and communication process
3) Recording the current EDD within the patient’s Electronic Health Record (EHR) visible to the entire care team
4) Use of a visual EDD indicator in patient rooms to foster visibility and communication around discharge planning

CONCLUSION and ADDITIONAL RESULTS

1. Formalizing team roles in discharge communication can improve the efficiency and effectiveness of discharge planning.

   Audits of adherence (n = 53) to prescribed roles during discharge rounds were 96% (soliciting and articulating EDD), 92% (EDD entered in EHR), and 77% (use of VID).

2. The accuracy of EDD is highest in the setting of multidisciplinary teams.

   Compared to an equivalent non-intervention cohort:
   - Average LOS decreased by 0.4 days
   - Percentage of discharges by 2pm increased from 20% to 35%