PROVIDER ACCURACY OF ESTIMATED PATIENT DISCHARGE DATE IS IMPROVED BY INTERDISCIPLINARY TEAMS

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BACKGROUND
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.

PURPOSE

1) Analyze the accuracy of patient EDD when recorded in various contexts:
   • During provider charting
   • During bedside rounds
   • During interdisciplinary discharge rounds

2) Formalize communication around EDD and discharge planning

PROJECT DESIGN

Over five weeks, the QI team performed a detailed discharge communication current state analysis. We then formalized workflows intended to address the most common discharge communication failure modes encountered on a medical/surgical floor in an academic quaternary care hospital.

INTERVENTION VARIABLE: During three PDSA cycles, the team varied the setting in which providers were asked to estimate each patient’s EDD.

CHANGES MADE

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 all members of the care team
4) Use of a visual EDD indicator in patient rooms

RESULTS

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

Over the month-long project:
• 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).

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

CONCLUSION and ADDITIONAL RESULTS

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

Your path to leaving the hospital:

- More than two days.
- Two days.
- Less than 24 hours.

Accuracy: Patient’s Estimated Date of Discharge

- Accuracy
- Goal
- Median

PDSA Cycle

% of time providers accurately predicted date of discharge

Estimate provided during multidisciplinary rounds

Estimate provided during provider charting

Estimate provided during bedside rounds