

Abstract

Reducing Discharge Delays: Decreasing Inefficiencies in the Discharge Process

Introduction

As a group of students enrolled in a five-week leadership development program, we were charged with making one of the medicine inpatient units at University of Colorado Health, an urban quaternary care academic medical center, the best unit. An area identified for improvement was length of stay reduction. Research shows that University of Colorado Health spends an estimated \$2721 for every inpatient day. Longer lengths of stay are associated with increased patient mortality and reduced hospital reimbursement, and hinder efficient patient flow through the hospital. In order to reduce length of stay, we focused on patient and provider barriers to discharge, and inefficiencies in the post-discharge room turnover time.

Methods

We surveyed over thirty patients and unit staff members, observed, documented, and timed the process of over twenty discharges, and identified three specific areas of improvement: 1) predicting time of discharge, 2) informing patients of their discharge time, and 3) enhancing the efficiency of the room turnover process. We implemented multiple interventions on the unit including: 1) Discharge Delay tracker, 2) Patient-centered Discharge Checklist, and 3) Room turnover closed-loop communication.

Results

Our team identified ways to standardize discharge delay tracking on the MHSU, improved on-time discharge by **24%** using a Discharge Checklist, and reduced the average room turnover time by **30** minutes.

Lessons Learned

There is significant reducible waste in the discharge and room turnover processes. Tracking avoidable discharge delays can identify meaningful trends and patterns. A Discharge Checklist can better prepare patients for discharge. Finally, room turnover time can be reduced by addressing communication inefficiencies.