

# Improved Hospital Team Utilization of Discharge Delays: An Interdisciplinary Quality Improvement Initiative

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## Background

The Medically Ready for Discharge Date (MRDD) is the date at which a patient is deemed medically stable for discharge. A Discharge Delay (DD) describes a reason why a patient remains in the hospital beyond their MRDD. In July 2021, URMC launched the Better Flow Program aimed at streamlining patient flow, including documentation of both the MRDD and DD in the EMR.

## Problem Statement

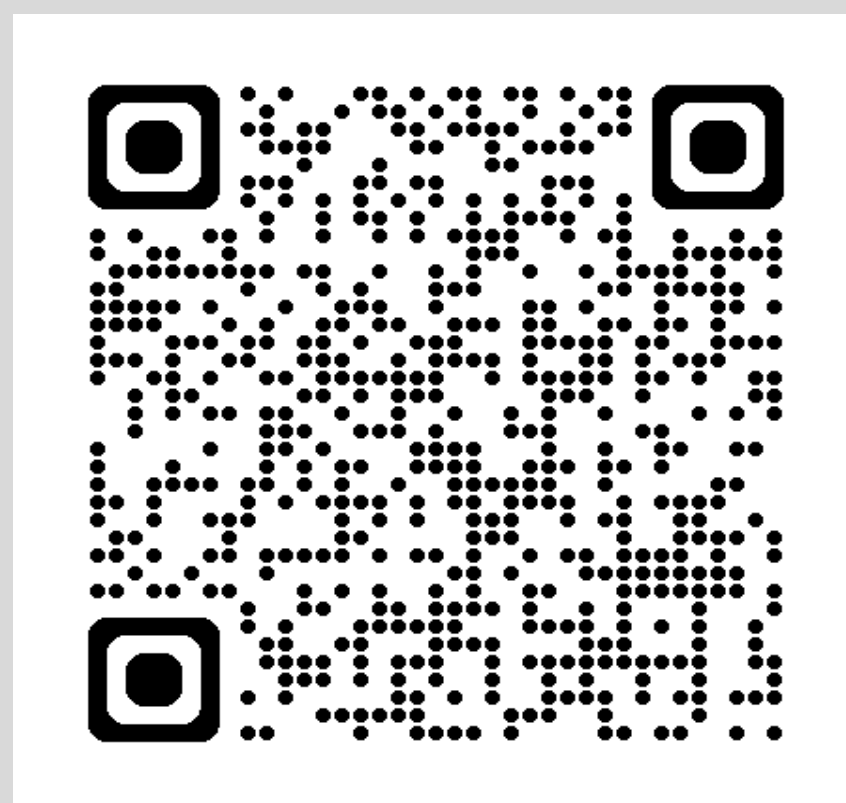
In November 2023, of all patients admitted to the resident unit 61400 at Strong Memorial Hospital, only 2.6% had an active DD entered to explain their reason for remaining in the hospital despite being designated as medically ready for discharge.

## AIM Statement

Our team aimed to increase entry of the DD on unit 61400 from 2.6% to  $\geq 10\%$  between November 2023 and September 2024.

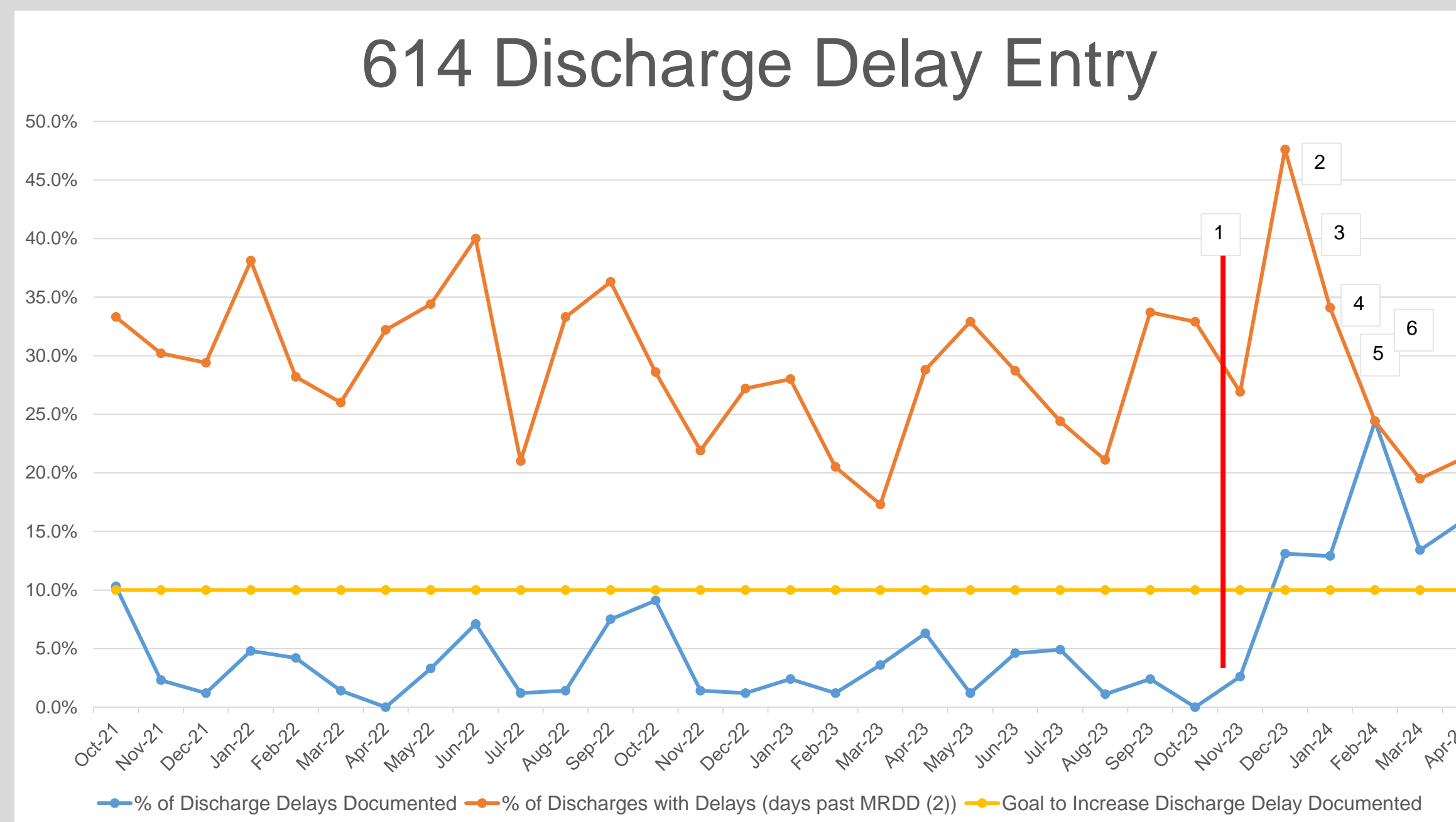
## Equity Lens Considerations

Streamlining patient flow in the hospital setting, via accurate and up to date entry of the MRDD and DD, decreases length of stay, facilitates safe discharge planning, and may impact the rate of readmission. Taken together, these goals are patient-centered in that they promote responsible use of limited resources and facilitate interdisciplinary communication.



## Changes Implemented

PDSA Cycle	Date	Intervention
1	11/03/23 to 01/12/24	Multiple messages sent to IM Senior Residents to incorporate a column listing the MRDD within their individual rounding lists. This was done via both email and discussion at interdisciplinary rounds.
2	01/19/24	In person work group with IM Senior Residents at their weekly inpatient education session.
3	01/22/24	Messaging distributed via email to IM Residents and HMD Attendings.
4	01/26/24	Messaging distributed via email to IM Residents in weekly Chief Digest.
5	02/02/24	Messaging distributed via email to IM Residents in weekly Chief Digest.
6	02/15/24	Messaging shared virtually at business meeting for all HMD Attendings.



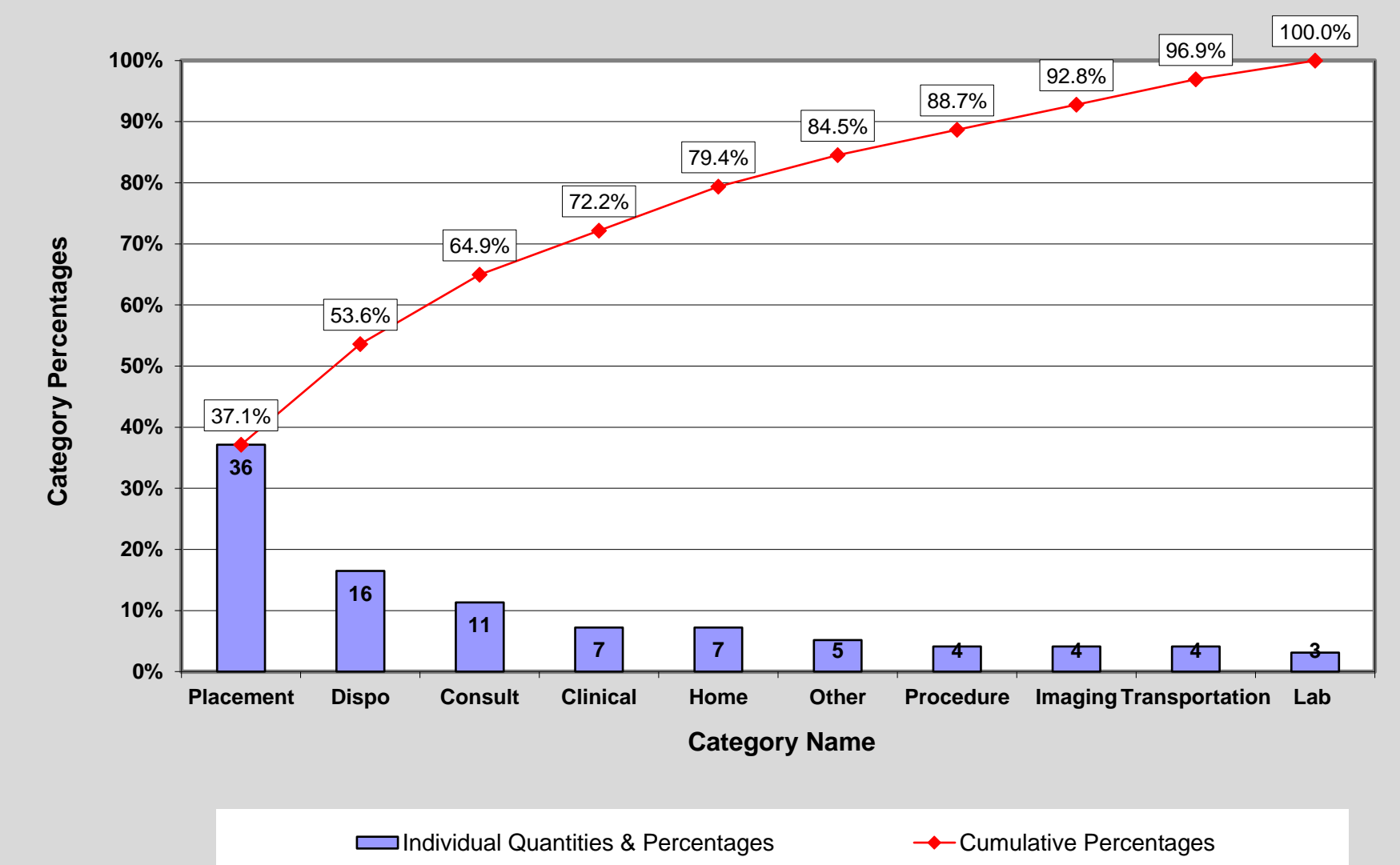
## Acknowledgements

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## Outcomes

Our two primary outcomes included whether a DD was entered for all patients within two days of reaching their MRDD, and the specific frequencies and types of DDs (examples of which can be seen below). The most common reason for a recorded DD was placement, followed by change in disposition and need for consulting services. Our secondary outcome included accurate entry of MRDDs. We observed sustainment in  $\geq 10\%$  entry of DDs.

61400 Discharge Delay Pareto Chart



## Conclusions / Next Steps

Entry of both the MRDD and the associated DDs are important steps in uncovering further opportunities to improve patient flow. Accurate entry of the MRDD is required for accurate identification of DDs, both of which rely on the coordination and initiative of providers, social workers, and care coordinators.

While DDs related to placement were the most common, there may be opportunities for improved resource management to address other types of DDs. By increasing the entry of the MRDD and the DD, we are effectively conducting a needs assessment to identify opportunities for improved utilization of resources.

