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### S3 Discharge Unit's Impact on Capacity, Safety, Quality and Patient Experience

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# S3 Discharge Unit's Impact on Capacity, Safety, Quality and Patient Experience

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## Problem

- During the pandemic, the Department of Public Health (DPH) guidelines mandated that any new admission or transfer to another facility required a negative SARS-CoV2 test. With this requirement, it prevented early morning movement of patients being discharged.
- Additionally, in early 2022 boarding rates in the Emergency Department (ED) had reached an all-time high of 50-75 patients a day waiting for an inpatient bed.
- With the turnover of experienced nurses and challenging patient assignments throughout the pandemic, bedside nurses and providers were challenged to perform thorough discharges and do so in a timely manner.
- With the inability to provide in depth patient teaching, complete thorough medication reconciliation, and enhance the patient experience during the pandemic a creative approach to improve discharge experiences was undertaken.

## Objectives

To create a dedicated discharge unit to improve patient flow that increases capacity and decreases ED holds. With this new model it would improve patient movement early in the day and promote patient safety, patient satisfaction, and staff satisfaction.

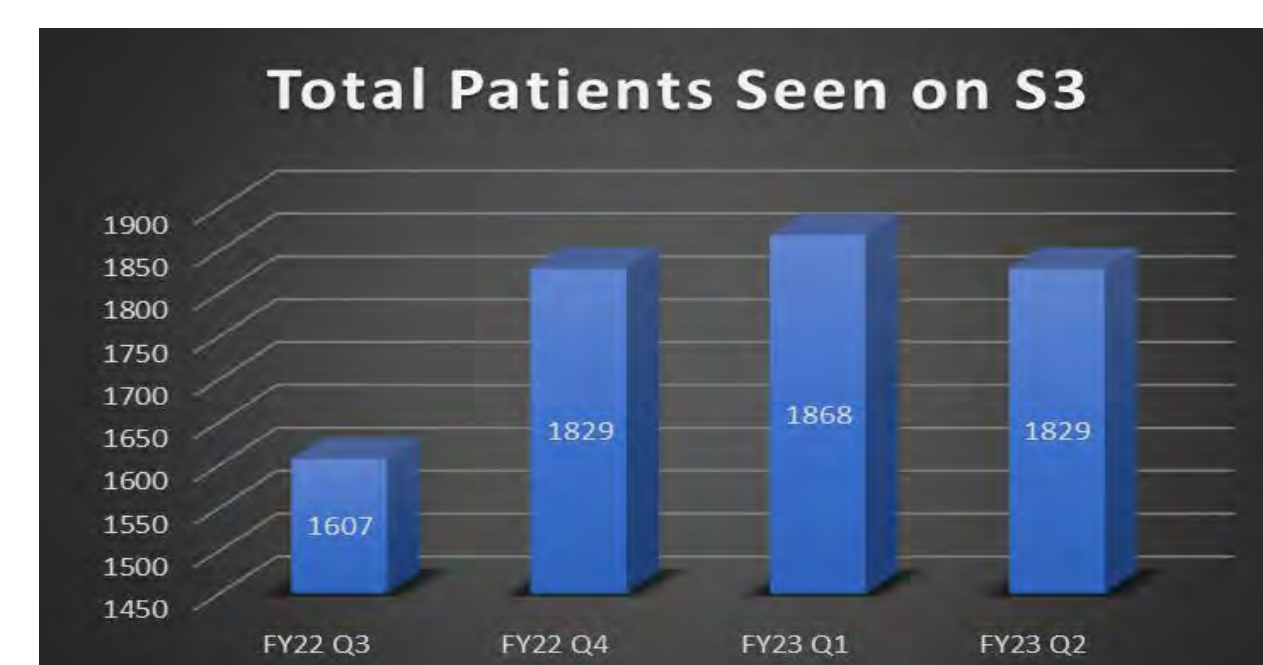
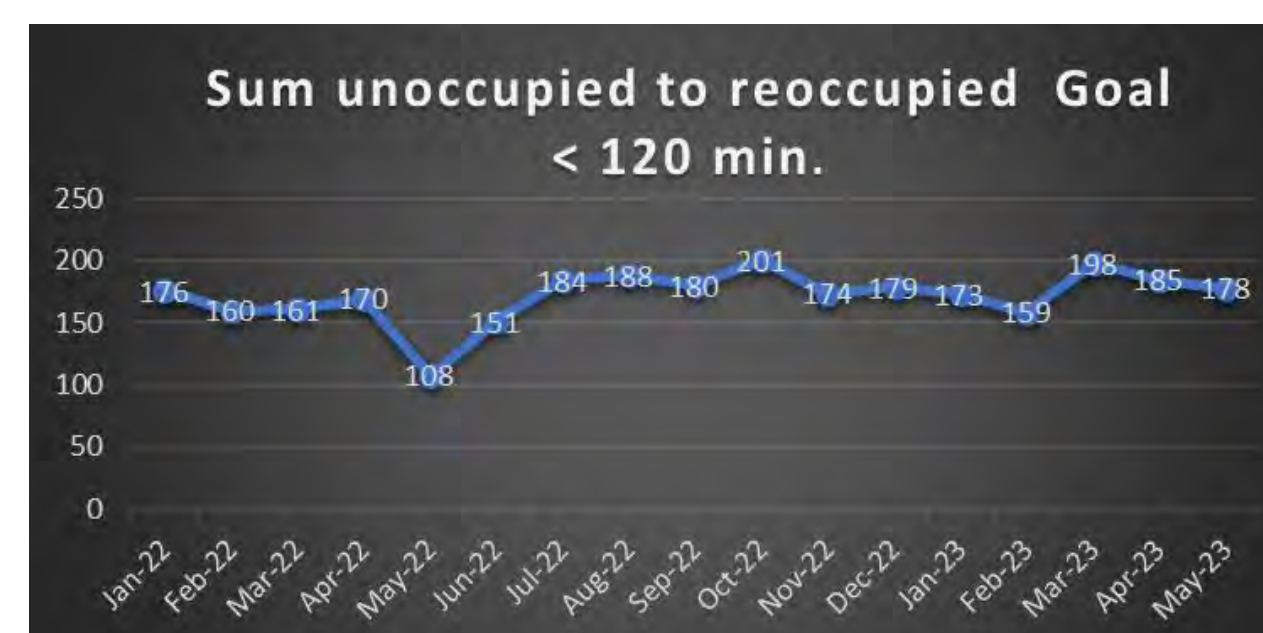
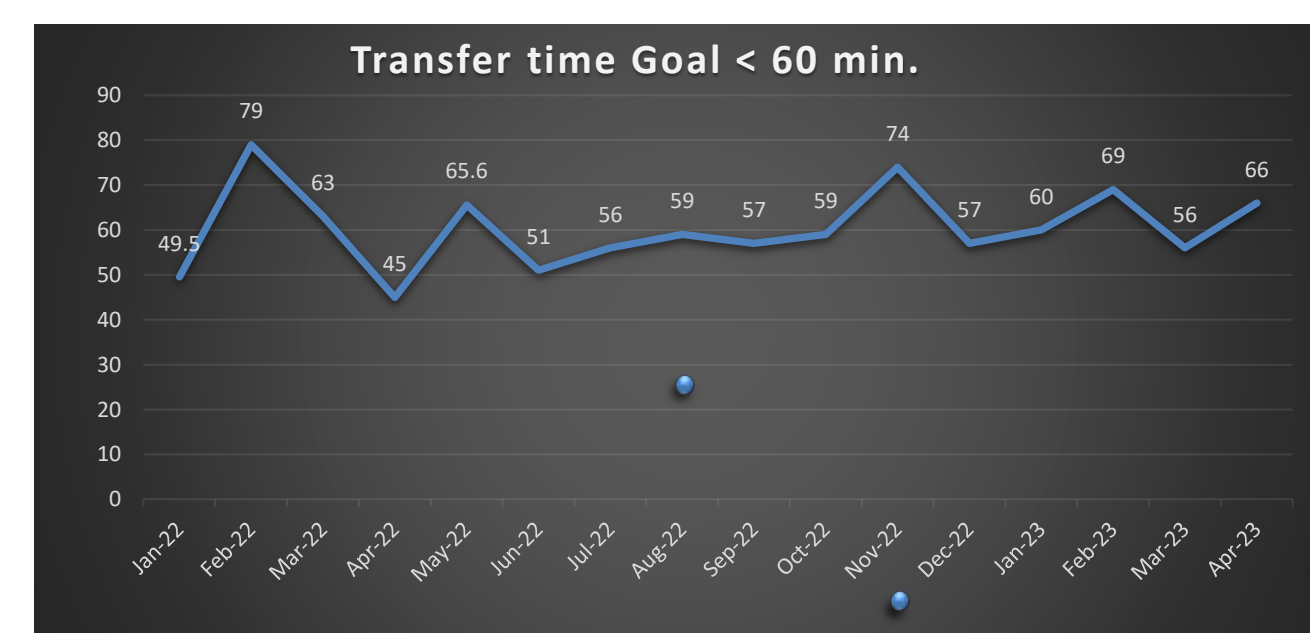
## Interventions

- A 15-bed unit was opened in March 2022. Prior to being a discharge unit, postoperative daystay patients and orthopedic preadmission patients were the main population.
- A multi-disciplinary team came together to create admission criteria for the new unit. Hours of operation are Monday-Friday 0600-1830.
- A manager was hired with a staff of 12 FTE's including 3 RN's/1 Operations Associates (OA) and an orderly.
- The multidisciplinary team developed a workflow including transfers from other floors. The team used the Daily Management System (DMS) to support education and provide awareness to the frontline staff.

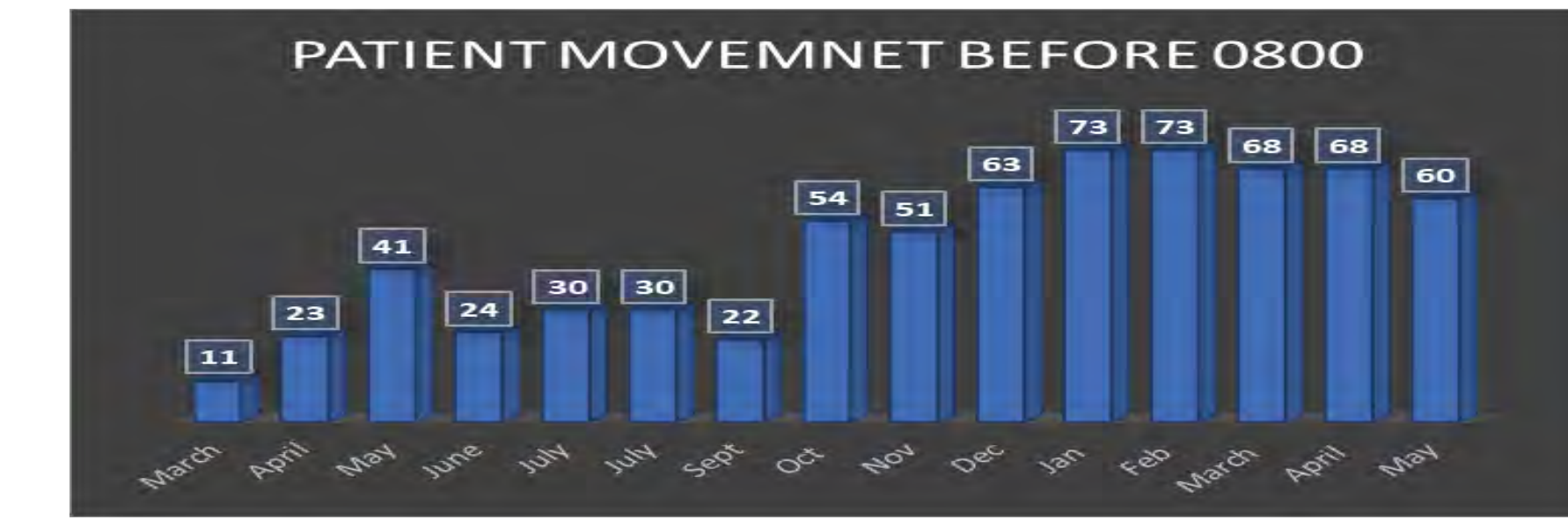
## Interventions (cont.)

- A standard workflow included daily communication between the leadership team identifying appropriate patients for admission utilizing our teletracking and Online Ordering System (OLOS). This open communication created more of a pull environment for patient flow.
- Data collected included:
  - Transfer time: goal < 1 hour
  - Sum unoccupied to reoccupied: goal < 2 hours
  - Time spent on S3
  - Total number of patients seen
  - Patient movement before 0800

## Results



## Results



- With the opening of the discharge unit, patient movement before 0800 increased over time. This created capacity for early movement to place the right patient, in right bed.
- A friendly unit competition was created to increase engagement of all staff to use the discharge unit. Monthly trophies were given to the units with highest number of patients sent to the discharge unit.
- ED holding volumes were continuously monitored and proactive admissions to the unit included patients awaiting a surgical procedure who were admitted through the ED.
- With the high volume of discharges, work groups were created to improve the patient experience including:
  - Creation of billing for copays in out ambulatory pharmacy
  - Streamlining education around medication authorization
  - Improvements and awareness of the importance of the medication reconciliation process. This is an ongoing data collection comparing nurse knowledge and confidence for one-year pre and post education.

