Discharge Time-out
South Pointe Hospital | Ohio | 2013

Problem
Accurate and complete information at a patient's discharge is key for continuing care in the post-hospital setting and for decreasing the chances of readmission. The Quality Management department at South Pointe Hospital identified the need for improvement in discharge planning process due to an inconsistent, inefficient processes and a lack of coordination with the disciplines required to affect a durable discharge.

Solution
A multi-disciplinary group convened in August 2012 to identify and analyze current discharge planning processes. The following interventions were successfully implemented.

- Physician leaders championed efforts with physician peers to:
  - Eliminate consult related delays
  - Encourage discharge order entry prior to 5 p.m.
  - Encourage physicians to document anticipated discharge date at the time of admission
- Nurses committed to SBAR bedside hand-off report to improve communication
- Pharmacy, Nutrition and Respiratory and Rehab Therapy dedicate one hour of staff time, including time to discuss preparation for discharge
- A daily roundtable discussion facilitated by Care Manager, during which staff RN provides report following the SBAR template
- Other disciplines contribute as appropriate to the patient’s needs
- Core Measure and Discharge Checklists are addressed as needed
- On the day of discharge, the Discharge Checklist circulates around the table for final recommendations and sign off
- Staff RNs use the Discharge Checklist to further prepare patients for an efficient departure

Multiple positive impacts were experienced upon implementation. Improvement was noted in the time elapsed between order and departure of the patient. A slight improvement was noted in the percentage of discharge orders occurring after 5 pm. Discussion regarding discharge needs occurred earlier in hospital stay making post-hospital needs apparent and allowing pre-planning to arrange services. Based on the success of the pilot, this process has now been implemented process house-wide.

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Outcomes
Outcomes Time Out for Care Coordination Time between order and discharge decreased from 11.73 hours pre pilot to 5.48 hours post pilot.
Press Ganey HCAHPS Discharge Domain increased from 79.2% top box to 87.7% top box.