

'Improving communication within the medical in-patient population resulting in improved discharge flow'

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Background:

The discharge process can be a chaotic experience for patients and staff if collaboration amongst hospital team members is not present. Information can be missed and opportunities for patient success may be interrupted. During a discussion with the executive leadership team, the question was raised "Is there opportunity to improve the discharge process?" That question ultimately led to the development of a Lean Six Sigma Green Belt Project. The scope was defined by our executive leadership team to specifically focus on the Medical/Surgical inpatient population at Duke Raleigh Hospital.

Methods:

The project incorporated the Lean Six Sigma DMAIC methodology. We defined the scope of the project utilizing six sigma tools to include developing a project charter, obtaining the voice of the customer (VOC), translation of VOC to critical to quality measures, etc. Randomly selected discharges were chosen for evaluation of satisfaction both pre and post implementation of the interdisciplinary rounding. This also included shadowing patients with follow-up questions related to their satisfaction level of the discharge process. Daily interdisciplinary rounding was conducted with the registered nurse, case manager, and hospitalist physician.

A template was developed for nurses to help guide and streamline the dialogue with physicians. The following approaches to each patient were taken: Nurse: Announce patient name, attending name, primary diagnosis, overnight issues and concerns for the day; MD: Discuss brief medical plan, discharge plan; CM: Focus on same day and predicted next day discharges to determine what is needed to expedite discharge. The control phase of this project is managed through sporadic shadowing of rounds to ensure efficiency and consistency. A follow up email and official hand off to unit leadership with guidelines on how to handle any defects from the defined rounding template was established and successfully transitioned.

Results/Outcomes/Improvements:

Patient satisfaction of the discharge process increased from 46% to 97% of patients that were satisfied with the discharge process. Nursing staff satisfaction of the discharge process increased from 77% to 94% satisfied with the discharge process. (Note: cycle time and the consistency of cycle time of discharges improved after the implementation of interdisciplinary rounds.) Analyses also concluded that there was a reduction in the variation of the average cycle time for a discharge.

Significance/Implications/Relevance:

Implementing and sustaining daily interdisciplinary rounds amongst the in-patient teams (RN, MD, CM) improves patient and staff satisfaction with the discharge process. Through daily rounds, increased collaboration and communication amongst all disciplines proved to allow for a more effective and efficient process. The most important lesson learned was that effective communication among the various disciplines truly improves the patient and staff experience. This communication has implications on the continuity of care, patient outcomes, readmissions, and ultimately the safe transition back to their respective home or to a designated facility of care.