Executive Summary

Discharge Process Improvement at Memorial Health System

Memorial Health System in the Mid-Ohio Valley needed to improve its discharge process in order to promptly accommodate demand for beds, especially demand from its emergency department (ED). In August 2014, the hospital had a red bed-alert status for 45 percent of the month (few if any critical-care, medical-surgical, or telemetry beds available). Forty patients with admission orders were held in the ED at some time during August while they waited for a bed.

Memorial had previously attempted to improve its discharge process, but those efforts lacked the strong ownership and oversight necessary to address a hospitalwide process that involves multiple functions, roles, and responsibilities. Memorial had 9,000 admissions in fiscal year 2014, and an increase in new patients had significantly increased the need to improve the discharge process. Market forces combined with an opportunity to train at the Academy for Excellence in Healthcare (AEH) helped to refocus Memorial on the discharge problem and generate the broader support necessary to make sustainable changes.

A *cross-functional team*, which included nurses and physicians, received training at AEH. Physician participation was critical and brought credibility to the effort. The team mapped the discharge process and patient and information flow; examined the unique roles and interactions of all parties in the process; and identified six areas where kaizens could potentially impact problem causes. Their work revealed a lack of standard work (e.g., conducting rounds, communication of discharge orders, handling of discharges); lack of communication across roles and non-standard handoffs; and lack of a value-stream perspective and ownership of the discharge process.

Goals for the improvement effort were adopted at administrative and organizational levels and shared by many:

- 50 percent of patients leave the hospital after the discharge order is written in 2 hours or less.
- 60 percent of discharge orders are written by noon with no increase in patient's length of stay (LOS).
- 96 minutes or less from the time of a patient admission order in ED to having a bed ready for the patient.

The improvement team developed six countermeasures and subteams were formed to implement them:

- Work to increase the percentage of discharge orders written by noon with no increase in patient LOS
- Evaluate the use of contingency discharges (e.g., requirements for labs, consulting, imaging)
- Examine timing and approach of interdisciplinary rounds, including the communication from rounds
- Develop a method to prioritize discharges
- Expand discharge resources (mapping the role of the discharge nurse and developing and implementing job breakdown worksheets so that more nurses could take on the role of executing discharge orders)
- Increase the available capacity for discharge transportation.

By November the teams had begun to implement their countermeasures and had made some progress toward their goals. For one goal, they were working to capture the necessary data to gauge and communicate progress.

Read the full study of the Memorial Health System Discharge Process Improvement project, which illustrates the challenges of trying to change a process that runs across numerous departmental boundaries. It also shows how a complex process can be broken down into manageable, analyzable chunks and improvements applied when the right constituents — including physicians — are involved and take ownership of the process and subprocesses.

About the Academy for Excellence in Healthcare: AEH blends in-person class time with hands-on project work, interactive simulations, and recurrent coaching, all aimed at helping healthcare teams spark actionable change at their organization. To learn more about AEH, contact Margaret Pennington, Faculty Director, or Beth Miller, Program Director.

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