

Discharge Focus Group: A Process Improvement Project

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Background

- The R Adams Cowley Shock Trauma Center at University of Maryland Medical Center in Baltimore, Maryland was the first clinical shock trauma unit in the nation. Today, the University of Maryland Shock Trauma Center is the State's primary adult resource center and treats over 8,000 patients annually.
- The Department of Care Management at UMMC created the Discharge Focus Group (DFG), to brainstorm solutions to barriers to difficult discharges. DFG has representation from case management, social work, utilization management, physicians, pharmacists, rehabilitation services, finance, ethics, legal, palliative, and several community partners.

Project Goal

- The goals of DFG are to identify barriers to discharge early in the patient's admission, identify or create solutions, and drive community partnerships to address barriers in order to improve patient flow by decreasing the average length of stay, the total number of long length of stay patients and patient readmissions.

Results

- See table 1 for identified discharge barriers
- Solutions to discharge barriers have included contracting for post-acute skilled nursing facilities, assisted living facilities, dialysis services, medical flights and acute hospital admissions in home countries, and court ordered discharges
- See table 2 for 30-day outlier rate reduction

Implementation

- Department of Care Management staff identify patients with discharge barriers and refer those cases to DFG. The managers for Care Management review the referred cases for presentation at the weekly DFG meeting.
- DFG members create or identify solutions which are posted on a shared drive for staff to follow up on the following day.
- Data is collected on identified barriers, solutions, length of stay, avoidable days, and return on investment.

Table 1--Discharge Barriers

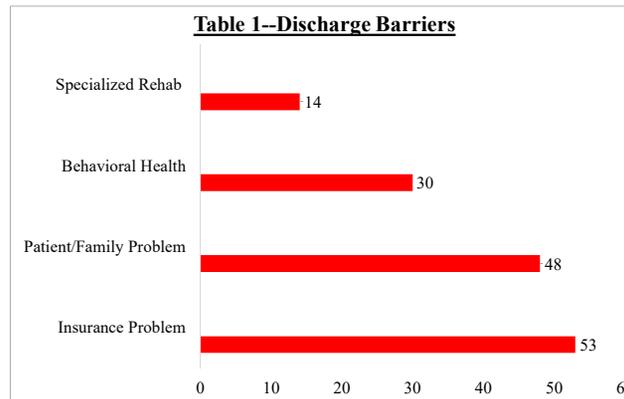
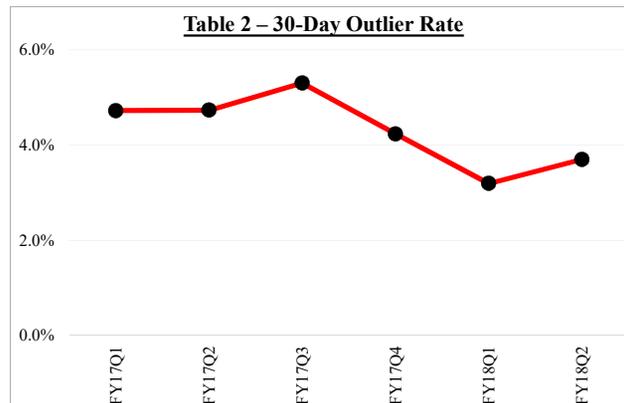


Table 2 - 30-Day Outlier Rate



Discussion

- A Discharge Focus Group is an effective way to:
 - Identify discharge barriers, propose solutions, and implement solutions to ensure a safe and efficient discharge
 - Decrease the length of stay and number of long length of stay patients
 - Identify cost savings with post-acute contracts

Next Steps

- Increase front-line staff involvement in DFG for learning purposes
- Create learning tools for front line staff
- Create standards for early referral
- Enhance partnerships for community stakeholders to identify and fill gaps in care
- Create a complex discharge team of social workers and case managers
- Encourage other disciplines to refer to DFG

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