Introduction

Discharged patients occupy inpatient beds waiting for rides or completion of the discharge process.
Overcrowding in the ER and ICUs
Goal of this project = improve usage of a pre-existing discharge suite
The purpose of the discharge suite is to provide an organized area for patients to receive discharge education, wait for transportation, outpatient medications, and home equipment.
Increasing the usage of the discharge suite allowed opportunities for the ER and other areas of the hospital to transfer patients to inpatient beds and improve the flow of patients throughout the entire hospital.

Background

Use of the discharge lounge can improve issues throughout other parts of the hospital
Optimal discharge experience → reduction in readmission rates
Discharge lounges are used throughout the U.S. and internationally
Consequences of overcrowding and increased wait times: suboptimal medical care and patient outcomes, delay in care, increased in readmission and mortality rates, medical errors, and risk of diversion.
Early administration of appropriate treatment.

Objectives

Identify factors that may facilitate or be a barrier to the usage of the discharge suite
Increase the number of patients that are transferred to the discharge suite on a daily basis
Decrease the number of inpatient admissions that are holding in the ER due to lack of inpatient beds.

Methods

Quality Improvement Project Evaluation
Establishment of an average of how many patients use the discharge suite on a daily basis
Discharge Hospitality Suite Patient Intake Form was evaluated
New form clearly outlining inclusion/exclusion criteria and checklist was created
New form was distributed among two units and staff was educated on the use of the new form
Only information regarding the number of patients using the discharge suite and which units the patients were originally admitted to was collected.

Results

Data points collected: number of patients using the discharge suite each day and which unit they originate from in the hospital

Unit 1

Pre-implementation: 3.2 patients/day
Post-implementation: 2.7 patients/day

Unit 2

Pre-implementation: 2.6 patients/day
Post-implementation: 1.9 patients/day

Overall usage of the DHS decreased and no improvement was noted.

Conclusions

Daily use of the discharge suite did not increase.
Economic benefits: DHS has potential for improving patient flow and decreasing backflow of inpatient admissions in the ER and OR.
Healthcare quality implications: transfer of patients to the appropriate level of care, improved patient outcomes, ensured procedures are completed in a timely manner.
Hospital will plan to incorporate findings to other units throughout the hospital to help increase use of the discharge suite.
Future project options include repurposing DHS nurse onto the inpatient units.

Limitations

Cooperation with unit staff
Receptiveness to change
COVID 19

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Citations/References