

## 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.

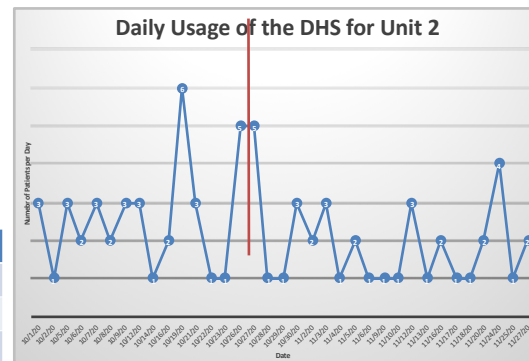
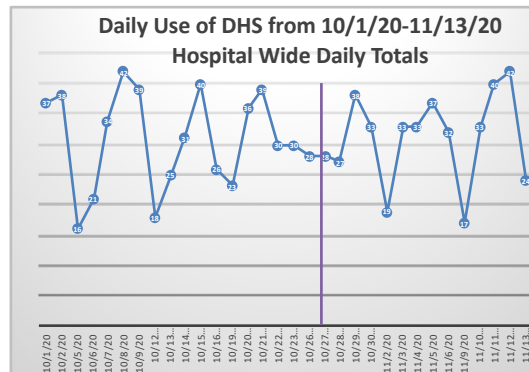
## Objectives

- 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.

Region	Hospital Wait Times
U.S.	139 min.
N.J.	160 min.
Project Site	185 min.

## Methods

- Quality Improvement Project Evaluation
- Establishment of an average of how many patients use of 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.

**RUTGERS**  
School of Nursing

Advanced Nursing Practice Division  
Rutgers, The State University of New Jersey  
88 George Street - Room 1126  
Newark, NJ 07102-3201

**DISCHARGE HOSPITALITY SUITE PATIENT INTAKE FORM**

DATE: \_\_\_\_\_ UNIT: \_\_\_\_\_ RN: \_\_\_\_\_ MR: \_\_\_\_\_

TIME D/C UNIT NOTIFIED: \_\_\_\_\_ NAME: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_

**1. CRITERIA TO DETERMINE ELIGIBILITY OF DISCHARGE HOSPITALITY SUITE:**

<b>INCLUSIONS:</b>	<b>EXCLUSIONS:</b>
PATIENT IS AN ADULT	ISOLATION PRECAUTIONS
PATIENT IS AAO +3	ALTERED MENTAL STATUS
AMBULATORY WITH ASSISTANCE (1 adult member/family)	RECEIVING ACTIVE CHEMOTHERAPY
ABILITY TO PERFORM SELF ADLs	WOUNDS
OXYGEN THERAPY	NEUTROPENIC PRECAUTIONS

(If patient meets any of the above exclusion criteria, the patient is not eligible for the discharge hospitality suite. There is no need to complete the rest of this form.)

**2. PREPARATION OF PATIENT FOR DISCHARGE HOSPITALITY SUITE:**

<input type="checkbox"/> IV REMOVED	<input type="checkbox"/> PATIENT IN PERSONAL CLOTHING
<input type="checkbox"/> TELEMETRY REMOVED	<input type="checkbox"/> MEDICATION RECONCILIATION COMPLETED
<input type="checkbox"/> OUTPATIENT PRESCRIPTION COMPLETED	<input type="checkbox"/> D/C TO HOME ORDERED
<input type="checkbox"/> PRESCRIPTIONS FAXED	<input type="checkbox"/> DISCHARGE SUMMARY FAXED TO PCP/CONSULT
<input type="checkbox"/> VITAL SIGNS	

**3. DETAILS**

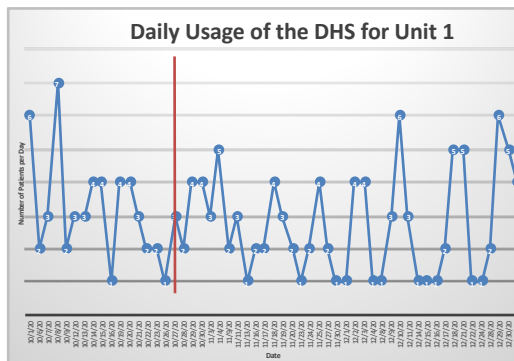
DISCHARGE NEEDS:

<input type="checkbox"/> EQUIPMENT
<input type="checkbox"/> EDUCATION
<input type="checkbox"/> MEDICATIONS
<input type="checkbox"/> APPOINTMENTS
<input type="checkbox"/> OTHER

TRANSPORTATION: \_\_\_\_\_

PERSONAL PHARMACY: \_\_\_\_\_

V3. 09.21.2020  
Rutgers, The State University of New Jersey



## 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

## Contact Information

Swapnil Shah, BSN, RN  
Rutgers School of Nursing  
ss3098@sn.Rutgers.edu

## Citations/References

Bravo, G. (2017). Discharge by 11:00AM and the effects on throughput. *Master's Projects and Capstones*. 65:1-35

Calloway, S.D. (2012). The Joint Commission's new patient flow standards. *GW School of Medicine & Health Sciences*. <https://smbh.wvu.edu/urgentmatters/news/joint-commissions-new-patient-flow-standards>

Franklin, B.J., Vakil, S., Huckman, R.S., Hosein, S., Falk, N., Cheng, K., Murray, M., Harris, S., Morris, C.A., & Goraliuk, E. (2019). The inpatient discharge lounge as a potential mechanism to mitigate emergency department boarding and crowding. *The Practice of Emergency Medicine/Concepts*. 1-11

Hernandez, N., Dinesh, J., & Mitchell, J. (2014). A reimagined discharge lounge as a way to an efficient discharge process. *BWJ Quality Improvement Reports*. Doi: 10.1136/bmjquality.2014.02090

Hostetter, M., & Klein, S. (2020). In focus: Improving patient flow – in and out of hospitals and beyond. *The Commonwealth Fund*. 1-9

Institute of Healthcare Improvement. (2020). *Plan-Do-Study-Act (PDSA) Worksheet*. <https://www.ihi.org/resources/Pages/Tools/PDSAWorksheet.aspx>

Swapani, M.N., Deyari, F., Azizbani, R., & Rezhani, M. (2020). Decreased emergency department overcrowding by discharge lounge: A computer simulation study. *International Journal of Preventative Medicine*. 11(13):1-6.

Mace, S. (2017). Transitional care gets a room of its own. *Patient Safety & Quality Healthcare*. <https://www.spsbh.com/analysis/transitional-care-sets-room/>

Medicare. (2020). Hospital Compare. [https://www.medicare.gov/hospitalcompare/ncrfile.html?profTab2&Di=3100388&Dist=0\\_98&id=7551&loc=NEWS20BRI1NSWIK%2C%20N8&int=40\\_4862157&int=74\\_4518188&name=ROBERT%20WOOD%20UNIVERSITY%20HOSPITAL](https://www.medicare.gov/hospitalcompare/ncrfile.html?profTab2&Di=3100388&Dist=0_98&id=7551&loc=NEWS20BRI1NSWIK%2C%20N8&int=40_4862157&int=74_4518188&name=ROBERT%20WOOD%20UNIVERSITY%20HOSPITAL)

Rutherford, P.A., Provost, L.P., Kotagal, U.R., Luther, K., & Anderson, A. (2017). Achieving hospital-wide patient flow. *IHI White Paper*. 1-54

Saltzman, R., Roeder, T., Lambton, J., Param, L., Frost, B., & Fernandes, R. (2017). The impact of a discharge holding area on the throughput of a pediatric unit. *Service Science*. 9(2):121-135

University of Rochester Medical Center. (2015). Patient discharge lounge sparks connections, frees up beds. <https://www.urmc.rochester.edu/quality/ever-better/january-2015/patient-discharge-lounge-sparks-connections-frees-up-beds>

Woods, R., Sandoval, R., Vermillion, G., Bates-Jackson, B., Nwankwo, A., Canamar, C.P., & Sarff, L. (2020). The discharge lounge: A patient flow process solution. *Journal of Nursing Care Quality*. Doi: 10.1097/NCO.0000000000000469

Zocchi, M.S., McClelland, M.S., & Pines, J.M. (2015). Increasing throughput: Results from a 42-hospital collaborative to improve emergency department flow. *The Joint Commission Journal on Quality and Patient Safety*. 41(12):532-541