

### BACKGROUND

- Commonly discharge planning relies on one-way communication and static EHR data entry.
- We developed a novel EHR tool to facilitate communication in real-time between hospitalists and other clinicians and care team members about discharge readiness and barriers to discharge.

### PURPOSE

To evaluate the effectiveness of a novel EHR discharge communication tool.

### HYPOTHESIS

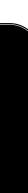
- Providers and frontline staff will use the Discharge Today tool.
- Use of this tool will remove barriers to discharge, and improve patient flow and provider efficiency.

### REFERENCES

- Kravet SJ, Levine RB, Rubin HR, Wright SM. Discharging patients earlier in the day: a concept worth evaluating. Health Care Manag (Frederick). 2007;26(2):142-146. Khanna S, Boyle J, Good N, Lind J. Impact of admission and discharge peak times on hospital overcrowding. Stud Health Technol Inform. 2011;168:82-88. Zoucha J, Hull M, Keniston A, et al. Barriers to Early Hospital Discharge: A Cross-Sectional Study at Five Academic Hospitals. J Hosp Med. 2018;13(12):816-822. Kane M, Weinacker A, Arthofer R, et al. A Multidisciplinary Initiative to Increase Inpatient Discharges Before Noon. J Nurs Adm. 2016;46(12):630-635 Patel H, Yirdaw E, Yu A, et al. Improving Early Discharge Using a Team-Based Structure for Discharge Multidisciplinary Rounds. Prof Case Manag. 2019;24(2):83-89. Durvasula R, Kayihan A, Del Bene S, et al. A multidisciplinary care pathway significantly increases the
  - number of early morning discharges in a large academic medical center. Qual Manag Health Care. 2015;24(1):45-51.

# **DISCHARGE TODAY: THE EFFECTIVENESS OF A** MULTIDISCIPLINARY ELECTRONIC DISCHARGE **READINESS TOOL**

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## **STUDY DESIGN**

- Prospective, single center, pre-post design: ✓ Pre-implementation period: 10/1/18 - 5/4/19✓ Pilot implementation period: 5/5/19 - 7/31/19
- Primary outcomes:  $\checkmark$  time of day the discharge order was entered into the EHR by the discharging physician  $\checkmark$  time of day the patient leaves the hospital hospital length of stay
- Linear mixed modeling, adjusted for type of patient, Charlson Comorbidity Index, teaching acute care, starting morning census per team, team starting morning census, interaction between intervention time period and staffed with an APP, team, physician.

## RESULTS

- Large uptake and utilization of the Discharge Today tool (Table 1).
- When teams are staffed with an APP, this tool resulted in earlier discharges (19.1 minute decrease; 95% CI: -37.2, -0.9; p=0.0393) and lower lengths of stay (21% decrease; 95% CI: -30%, -11%; p=0.0002).
- For every one-patient increase in the morning census, there was a reduction in the time of day the discharge order was entered (2.9 minute decrease; 95% CI: -5.9, 0.2; p=0.0686).

service, staffed with an APP, discharge to postinteraction between intervention time period and

## TABLE

## Table 1. Discharge Today Tool Utilization

**Discharging Hospi** Utilized tool eve Utilized tool nev Utilized always

Patients Discharge Patients Ever Assi Ever Definite

Ever Possible

Ever In 24-48 h

Ever >48 hours Patients with Barri

### Discharge Today to

Physician

**Advanced Pract** 

Resident

**Registered Nurs** 

Case Manager

Other clinical sta

## CONCLUSIONS

- status.



# **Division of Hospital Medicine**

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## • Pre-implementation: 4,558 discharges • Pilot implementation: 4,707 discharges

oital Medicine Physician	N = 56
er	46 (82.1%)
ver	10 (17.9%)
	16 (28.6%)
ged from a Hospital Medicine Service	N = 4,707
signed a Discharge Status	3,994 (84.9%)
	2,087 (52.3%)
	2,209 (55.3%)
nours	1,607 (40.2%)
5	2,771 (69.4%)
riers Identified	2,133 (53.4%)
tool Users	N = 352
	56 (15.9%)
ctice Provider (APP)	42 (11.9%)
	67 (19.0%)
rse	71 (20.2%)
	18 (5.1%)
taff	98 (27.8%)

### • The Discharge Today tool allows for real-time documentation and sharing of discharge

• Our results suggest that the tool may be useful for improving discharge time and length of stay, particularly if a team is staffed with advanced practice provider (APP) or in higher census situations.