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A Quality Improvement Initiative to Improve Discharge Times for Pediatric Patients at an Urban Academic Hospital

Background: Morning discharge rates are increasingly becoming a safety and quality of care measure in hospitals. We implemented a resident-directed quality improvement project to improve the rates of early discharges from the pediatric inpatient service.

Aim: Our objective was to increase the percentage of pediatric patients discharged before noon to 25% in 6 months, measured by time of "Discharge" order placement of general pediatric service patients admitted for more than 24 hours at time of discharge.

Methods: We used PDSA cycles. We tracked "Discharge" order placement time and actual discharge time from the unit. Interventions included educating residents on discharge criteria and estimated discharge date, creating checklists, and creating smartphrases for commonly seen diagnoses in the EMR and training residents to create and share their own smartphrases. We addressed discharge criteria for each patient during multidisciplinary evening huddles. We encouraged use of the hospital's outpatient pharmacy to fulfill prescriptions prior to discharge.

Results: At the start, the pediatric floor service had an average before-noon discharge rate of ~5%. Results of our project are pending due to unforeseen delays in data collection. Anecdotal evidence suggests an improvement in "Discharge" order placement before noon. There remain delays in final discharge time from unit. We will have results by presentation.

Conclusion: Patient and staff satisfaction increased. Using "SMART" discharge criteria and estimating discharge dates encourages residents to understand the pathology and clinical course of a disease. Optimizing EMR features boosted efficiency, reducing repetitive tasks. We'll share our handbook and smartphrases during resident orientation. Consult services remain a barrier due to late rounds. We will collaborate to streamline discharge planning. We will identify social needs and non-medical barriers to discharge on admission.