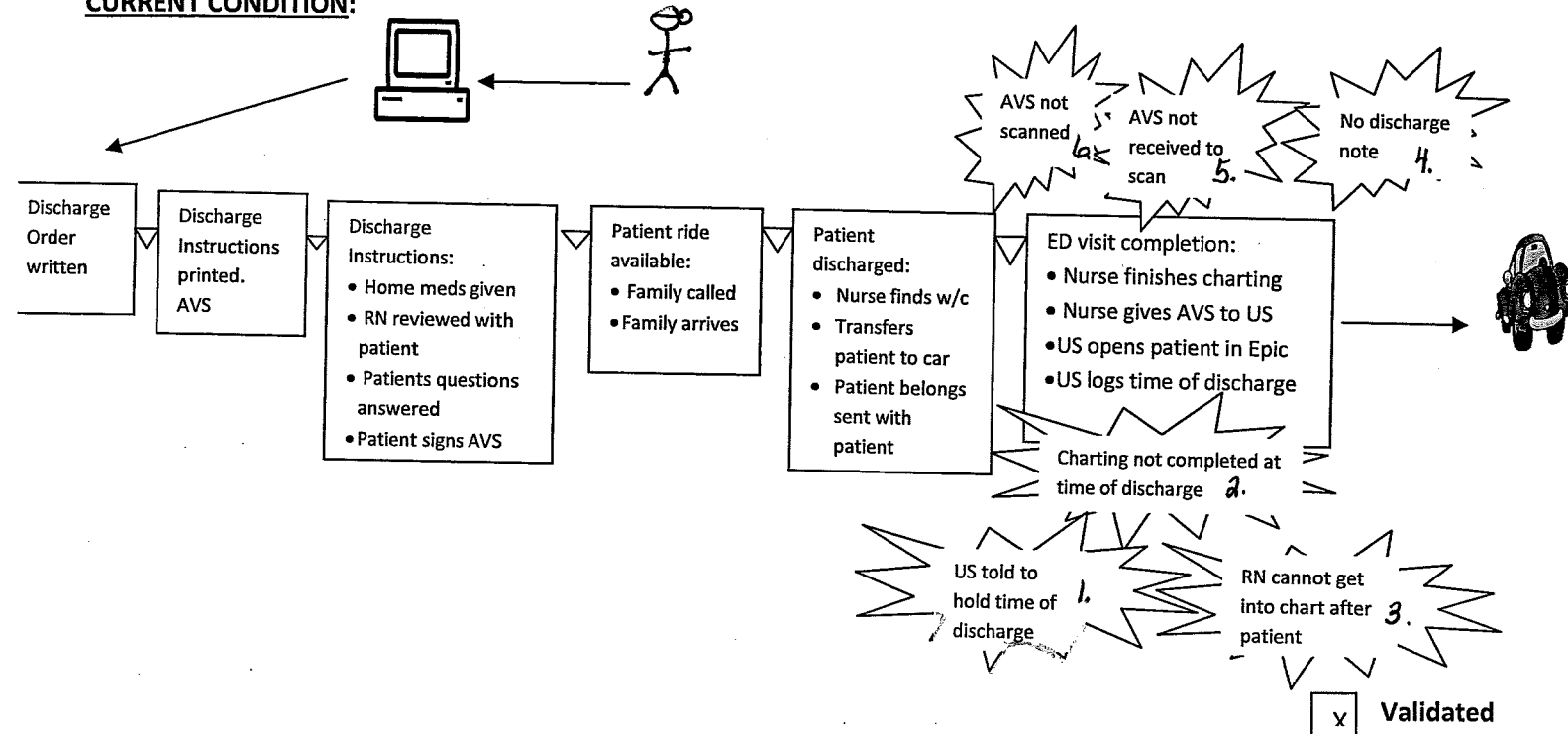


**ISSUE:** There is a delay in entering the correct and timely discharge time. Sometimes ED discharge times are Delayed & being entered into HER until nursing completes charting.

**BACKGROUND MEASUREMENT:** The actual time the patient leaves the facility and the time entered into Epic can vary for several reasons. In auditing 50 charts the average was 121 minutes; minimal was 1 minute & maximum was 213 minutes.

**CURRENT CONDITION:**



**PROBLEM ANALYSIS:**

**1&2:** Staff having Unit Secretaries delay time of discharge until nursing charting completed.

Why: they had not completed their charting before the patient left the facility.

Why: Lack of education or importance of timely charting.

Why: Conflicting priorities.

Why: Very busy with numerous ER patients.

**3.** Perception of staff that they can't chart after patient is discharged in Epic.

Why: Lack of education on workflow to do this.

Why: Changing staff and travelers.

**4, 5, & 6:** AVS (discharge instruction sheet acknowledgement) which patient signs & nurse note time of discharge on is not scanned into chart.

Why: Unit Secretary doesn't receive this to scan in patient's chart.

Why: AVS sent home with patient.

Why: Lack of education or human error.

Why: AVS lost.

Why: AVS gets mixed with other paper work.

Why: No standardized place for AVS to be placed so Unit Secretary can access to scan.

Why: AVS thrown away.

Why: No standardized place for AVS to be placed so Unit Secretary can access to scan.

Why: Put in basket for HIM who doesn't know it hasn't been scanned.

Why: Nursing staff busy

Why: Lack of education.

Why: No standardized place for AVS to be placed so Unit Secretary can access to scan.

**TARGET CONDITION:**

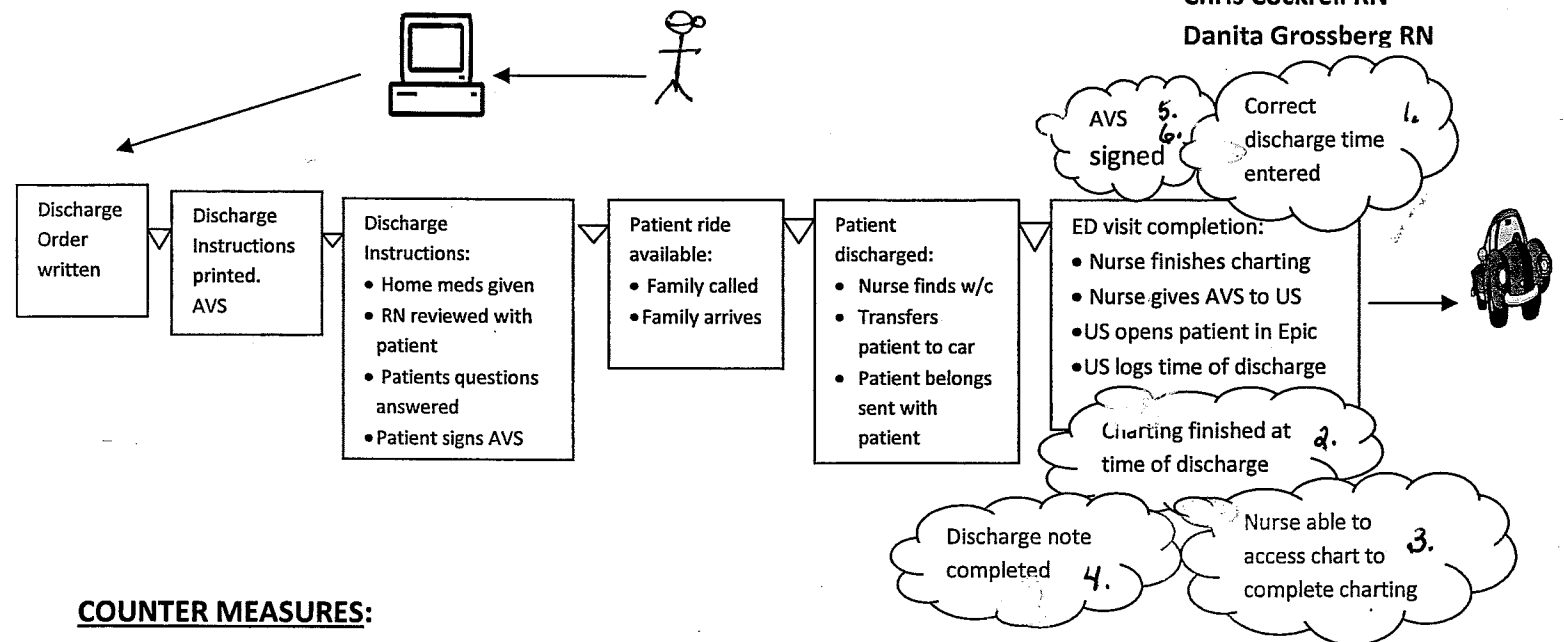
**TITLE:** ED Discharge instructions given to patient & Patient Departs

To: M2O – PIN

By: Lisa Eberhardt RN

Chris Cockrell RN

Danita Grossberg RN



**COUNTER MEASURES:**

**1, 2, 3:** Education: Inservice nursing staff, & Unit Secretaries (US) on correct process (workflow) & ability to access patient's chart after patient has been discharged.

**4, 5, 6:** AVS box/basket for AVS to be placed for scanning into chart.

**IMPLEMENTATION PLAN:**

**What**

1. Education of staff on Project.	Chris Cockrell	4/5/17	All nursing staff knows the correct work flow.
2. Education of the Unit Secretaries.	Danita Grossberg	5/15/17	US know correct workflow.
3. AVS box/basket in place.	Danita Grossberg	5/8/17	Consistent place for AVS to be placed.
4. Education of coders .	Danita Grossberg	5/15/17	All coders to know where nursing documentation can be found if entered after discharge.
5. Monitoring: Reports sent to Lisa/Chris. Sandy Chenoweth	4/1/17	1. Monthly reports on LOS for patients discharged home.	
	Reports sent to Lisa	5/1/17	2. Daily reports sent & outliers referred to Danita for further evaluation.

**COST OF IMPLEMENTATION:**

1. Approximately \$10.00 for basket.
2. Organized workflow for patients in ED.
3. Patient satisfaction.

**COST BENEFIT:**

1. Consistence place for AVS placed for scanning.
2. Efficient use of staff time.
3. A smooth discharge process for the patient.

**TEST:**

- 1, 2, 4: Education completed & evaluate effectiveness from daily & monthly reports.
- 3: AVS box/basket in place & being utilized.

**FOLLOW-UP:**

- 5/2/17: Evaluation of Monthly report for April: 1. Average LOS in minutes down to 143 from baseline of 156.
2. The percentage of patients who had less than 20 minutes from discharge order to discharge increased to 40% from the baseline of 36%.