Implementation of the Discharge Hospitality Center to Impact Patient Throughput
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1 Background
Understanding system-wide constraints is critical to improving the efficiency and effectiveness of hospital operations. Improved inpatient flow throughout OSF Saint Francis Medical Center (OSF SFMC) will help mitigate issues such as diversions, leaving without treatment, elopements, and patient boarding in the Emergency Department (ED). When inpatient throughput is efficient, inpatient and ED beds are utilized appropriately, capacity constraints are eased, and staff workload intensity decreases. The implementation of a Discharge Hospitality Center (DHC) on December 14, 2015 at OSF SFMC is one solution in which discharged patients will be properly placed while waiting for transportation or services that can be rendered outside the acute care setting, thus expediting the transfer of acutely ill patients waiting in the ED for inpatient rooms.

2 Phase One: PCT Led
- Opened December 14, 2015 “Pull System”
- Specific patient criteria
- Communication Ticket
- Operational Guidelines
- Patient exit surveys
- Simulation prior to launching pilot

3 Phase Two: RN Led
- Started pilot May 16, 2016
- Two RNs and a PCT staffed in the DHC 0800-1730, Monday-Friday
- Target departments with capacity constraints
- Facilitate discharges on units
- Transfer patients to DHC that meet criteria

4 Phase Three: Patient Discharge in the DHC
- Started pilot January 2017
- Two RNs staffed in the DHC 0800-1730, Monday-Friday
- Identify patients that meet criteria and complete discharge in the DHC
- Target goal is 80 patients a week or 16 patients a day

5 Outcomes
Overall decrease in the number of ED boarders and diversions from FY 2015 to FY 2016.

6 Key Facilitators & Barriers
Facilitators:
- Commitment of the interdisciplinary team
- Coordination of services based on clear and consistent communication and documentation of all verbal conversations
- Development of a strong implementation plan and workflow process
- Simulation prior to Pilot One
- Support and buy-in of the OSF SFMC business leaders and project sponsor
- Data collection and analysis that led to problem statements

Barriers:
- Resistance to change
- Clinician buy-in (especially when census drops)
- Department RNs wanting to control workflows
Suboptimal patient flow has many consequences in terms of quality and safety and financial and operational performance
- The potential adverse patient consequences are compelling reasons to work toward eliminating variability in patient flow

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May 2016- June 2016: Significant increase in average daily census of approximately seven patients in the DHC

Overall DHC Weekly Numbers
February 2017-June 2017: Average daily census of approximately 13 patients or 63 patients a week in the DHC.