Improving Hospital Throughput: Can the Implementation of Interprofessional Rounds Improve Throughput Efficiency

Rebecca Howdyshell MSN, RN, CNL, DNP Student; Linda Hulton Ph.D., RN; Margaret Bagnardi EdD, MSN, RN, CCRN, CNL
James Madison University School of Nursing

Background

- Improving Communication is needed to provide safe, cost effective, and quality health care
- Poor communication can lead to patient safety concerns, poor patient satisfaction, and inefficient throughput processes
- Inefficient throughput processes lead to delayed discharges and can negatively impact patient safety
- Poor patient throughput can be caused by poor communication and poor and/or no discharge planning within 24 hours of admission
- Interprofessional rounds have been shown to improve communication among health care providers

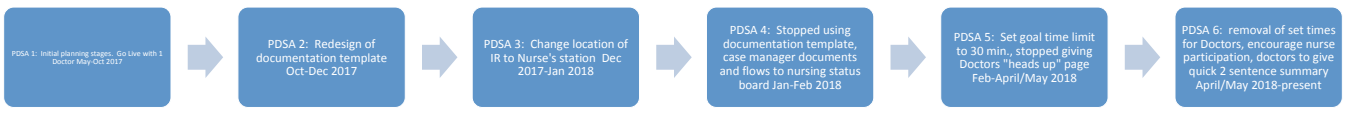
Problem

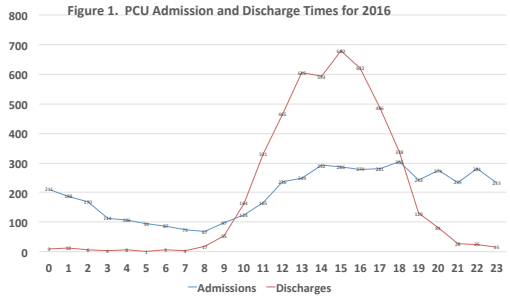
- A 255 bed not for profit community hospital in rural Virginia has an issue with inefficient throughput processes
- On the Progressive Care Unit the amount of admissions and discharges peak between 1100 and 2000 causing delays in patient throughput
- The work load on hospital staff has led to a reduction in job satisfaction and feelings of being overwhelmed
- The delays in throughput can lead to poor patient satisfaction scores, possible unsafe conditions, and a higher risk of harm

Objectives

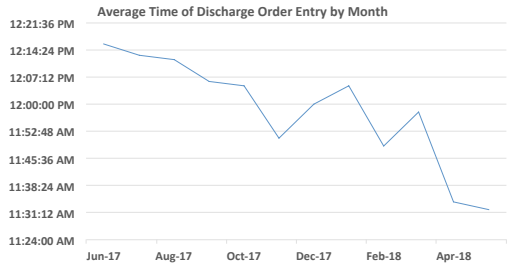
- Increase the average amount of discharge orders entered into computer system between the hours of 0700 and 1300 by ten percent.
- Decrease the average length of time between discharge order entry and actual discharge out of the hospital by ten percent.

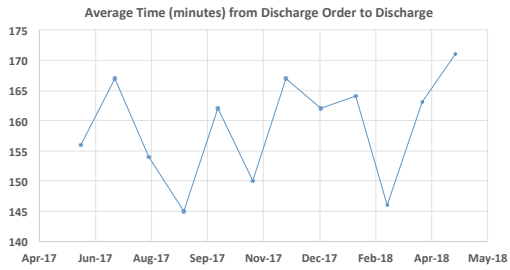
Project Time Line





Preliminary Results





Intervention

- Interprofessional Rounds are held Monday-Friday at 11am at the Nurse's Station on PCU
- Rounds are Case Management led
- Rounds are attended by the Hospitalists, Case Managers, Pharmacy, and the Charge Nurse of PCU
- All patients admitted under a hospitalist care are discussed in rounds; discussion limited to discharge plans and needs of the patient
- Goal length of Interprofessional Rounds is 20 minutes

Measures

- Retrospective chart review was used to gather data to evaluate effectiveness of Interprofessional Rounds
- Sample included all patients with an inpatient status admitted by the hospitalist group discharged home
- Data was collected from June 30, 2017 and ended June 30, 2018
- Data collected included:
  - Time Physician entered discharge order into computer system
  - Elapsed time between discharge order entry and patient discharged off the unit
  - Demographic data including: age, gender, diagnosis, and total number of admissions with inpatient status

Implications

- Data collection still in process
- Run charts and descriptive statistics will be used to analyze data collected
- Interprofessional rounds have increased communication and collaboration among professions on PCU
- Preliminary results show an earlier average discharge order entry. Further research will be required to investigate other issues with throughput efficiency