Improving Accuracy of Discharge Predictions: Engaging the Patient and Team in a Medical Readiness Transition Pathway

“Discharge When”

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Background
• UPMC Mercy hospital had 20% of all discharges that were a Surprise Discharge (Patient & Team not aware of discharge 24 hours in advance) from October 2014 to December 2014.
• Communication failures were 70% of the cause for Surprise Discharges.
• Lack of communication causes rushed discharges which lead to an unprepared patient and team. This negatively impacts the patient experience.

12T Average Surprise Discharges (Surprises over Discharges) = 27.6% (May 2014-Dec 2014)
• Smart Aim: Decrease Surprise Discharges on 12T by 10%
  27.6%               24.8% by June 2015
• Surpassed Smart Aim June 2015 = 16.1%

Global Aim: Improve overall discharge prediction accuracy throughout the hospital by improving communication.
• Team planning with the patient for transition date 24 hours in advance.

Methods
Phase One
Raised House Awareness
• Raised awareness of Surprise Discharges: April 2014
• Discharge prediction accuracy sent to CM daily
• Monthly staff meetings, team meetings & UM Committee meetings to report performance opportunities
• Script CM to request transition date
• Bucket & trend reasons for the Surprise Discharges
• Revision of morning huddle with CM to lead huddle & enter discharges in tele-tracking: Feb 2015

Phase Two
12T “Discharge When” Pilot
• Team developed “Discharge When” (Medical Readiness White Board Transition Pathways) for 12T Pilot (CHF,PNA,COPD & Generic): March 2015
• CM enter cardiopulmonary teaching as a nursing measure
• Pilot Transition Pathways with Hospitalist Group GM6 on 12T
• Team updates patient daily on medical readiness & anticipated discharge date using whiteboard transition pathway
• Patient Experience Interviews
• CM coordinate with patient/family & schedule MD apt. within 5-7days
• Call patient 24hrs post discharge - troubleshoot
• Shared Surprise Discharge data with team & department monthly
• Process Replication of pilot with GM7 on 10T: May 2015
• Process Replication of pilot with GM5 & GM8 on 10T & 12T: July 2015

“Discharge When” Outcomes
12T April-June 2015
Patient experience:
• 76% patients report pathway helpful

Surprise Discharges:
• Non-pilot = 18.1%
• Pilot = 9.7%

Readmission Rate of Surprise Discharges:
• Non-pilot = 39%
• Pilot = 14.3%

Patient experience:
• 79% patients report pathway helpful

Surprise Discharges:
• Non-pilot = 16.3%
• Pilot = 6.2%

Readmission Rate of Surprise Discharges:
• Non-pilot = 6.3%
• Pilot = 0%

Cardiopulmonary Consults on pilot floors increased from 16 in March to 43 in June.

Next Steps
• Discharge Appointment with Discharge Partner 02/02/16
• Roll Discharge When to 10T Feb 2016
• Continue Roll out of Discharge When House wide

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Horowitz, Theressa; Soos Pawlowski, Jessica. Fall 2014, Volume 11, Issue 06 "Implementing and Engaging a Routine Medical Readiness Team.” Collaboration Care Management, 6-11.


Pilot CM Team Members
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**Improving Accuracy of Discharge Predictions:**

**Engaging the Patient and Team in a Medical Readiness Transition Pathway**

"Discharge When"

- Transition Pathways
  - Pneumonia
  - COPD
  - CHF
  - Generic

"Discharge When" Transition Pathways

<table>
<thead>
<tr>
<th>Discharge Reasons:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Letter arrived</td>
</tr>
<tr>
<td>Psych Bed /Rehab Bed available</td>
</tr>
<tr>
<td>Pt improved</td>
</tr>
<tr>
<td>Pt refused treatment</td>
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<tr>
<td>Acute transfer</td>
</tr>
<tr>
<td>Inpt Hospice</td>
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</tbody>
</table>

**HCAHPs Trends**

- **12T HCAHPs Trends (Discharge)**
  - 88% = 75th %-tile
  - 92% = 95th %-tile

- **10T HCAHPs Trends (Discharge)**
  - 88% = 75th %-tile
  - 92% = 95th %-tile

**Readmissions (30 day)**

- **12T Readmissions (30 day)**
  - 29.7%

- **10T Readmissions (30 Day)**
  - 17.1%