



Summer Institute in Nursing Informatics 2019
Poster Presentation

A Systematic Approach to Facility Discharge Coordination

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Purpose: Current facility discharge planning practices contribute to delays in discharge to community skilled nursing, long term care, and sub-acute rehabilitation facilities decreasing patient outcomes and patient satisfaction, contributing to avoidable days in-house, Alternate Level of Care (ALC) Days, and result in decrease in reimbursement, or non-reimbursement of days for acute care facilities. **Synthesis of**

Evidence: Updating practices to provide a systematic, structured approach to the facility discharge planning process with active communication between the Discharge Coordinator, patient, community Intake Coordinator, floor staff, and medical team is vital to optimize timely patient discharge to facility.

Practice Change: The Discharge Coordinator (DC) will perform daily rounds to identify new patients appropriate for discharge to facility, obtain report from inpatient staff, and financial information from patient/family. Rounds will also provide brief updates as needed to patients awaiting placement. The DC will contact all in-network, level of care appropriate facilities and provide verbal report to community intake coordinators prior to sending medical records. Records will then be sent to remaining interested facilities using a secure electronic transmission method with frequent updates. The DC will meet with patient to present possible facilities to gauge patient/family preference. Decision will be made based on available bed offers. Weekly meetings with Interdisciplinary Teams regarding difficult placements will be implemented to discuss barriers to placement and coordinate services to facilitate a safe and timely discharge. Implementation strategy includes: 1) education of the Discharge Coordinator regarding practice changes and expectations; 2) immediate change by DC to secure electronic transmission of medical records; 3) notification of initiative to inpatient team and need for prompt notification of discharge date and participation in discharge planning meetings for difficult placements; 4) Regular audits of practices to ensure adherence to structure; and 5) identify practices that need improvement.

Evaluation: Anticipated outcome will show a reduction in ALC and Avoidable Days within 60-90 days.

Conclusion and Steps: Providing a structured facility discharge planning system could be vital to reducing Avoidable and ALC Days. A Facility Discharge Planning Initiative should be implemented and include coordination between Nursing, Case Management, Social Work, and Medical to discuss expectations, design a structured program, and implement a policy. The process should be frequently audited and structured data should be kept.