**OBJECTIVES**

Throughout the pandemic and with ongoing staffing challenges, Mayo Clinic set out to optimize postoperative patient flow and to optimize hospital capacity day. **Discharge delays were identified as a significant bottleneck.** Initial assessments placed much of the delay on staffing shortages throughout the hospital, which in fact there are multiple steps in the process that can cause delayed discharge for certain patients. Some of these challenges include extensive services and patient practices regarding communication and prioritization of patients eligible for discharge.

**METHODS**

The project group focused on clinically diverse patient populations that represented a comprehensive sample of practices at two adult acute care campuses. This group included five pilot surgical groups (gastrointestinal and general, thoracic, breast, endocrine and metabolic) with patient populations distributed across both hospitals. A goal of 75% of patient discharges completed by 12:00 PM. A goal was established on the observation that patients discharged after the noon hour post-implant procedures that are beginning to arrive at 11:00 AM, and require a bed. The current population that is planned for discharge does not leave until after 12:00 PM, there is a natural delay and bottleneck for the admisions from the operating room.

**RESULTS**

Initial baseline data showed 24% discharge by noon daily, with an average time of dismissal of 1:04 PM. Within the data set, only patients located in the dedicated inpatient unit and for the services included. Post implementation, the average discharge by noon is now 42%, with a median discharge of 12:44 PM. Time of order discharge order placement was also determined to not be a factor in discharge time. The project aimed to improve discharge by noon rates through the implementation of a pilot project with a 27% discharge by noon average. Median discharge time improved to 12:13 PM and the percentage of patients discharged by noon was increased to 75% of patient discharges. Specific components were included to support discharge and admission milestones.

**DISCUSSION**

Feedback from units that performed well was that high engagement at all levels of the organization was the primary driver of success. For example:

- Early and consistent communication with the family was very important so the family is present and transportation is available.
- Active participation in discharge planning was important, including nurses, care teams, and ancillary services.
- Communication with the discharge navigator within the hospital to ensure the patient and family know what to expect.
- Consistent communication with the patient regarding discharge date and time expectations is critical.
- Discharge orders should be placed as close to or before 8 AM to allow for the pharmacy to expedite the filling of prescriptions.
- Use of the white board with discharge time expectations and transportation plans was helpful.
- Early and consistent communication with the patient and their family about discharge date and time expectations is important as the family is present and transportation is available early in the day.

**CONCLUSIONS**

This project has led to key learning outcomes:

- Communication and patient discharge is improved.
- Leveraging tools in the EMR.
- Encouraging prioritization of discharge with care teams and practice performance.
- Ensuring appropriate data analysis.

**FUTURE CONSIDERATIONS**

In future work, the organization should consider development of a "discharge dashboard" to allow patients and their caregivers to plan discharge in the morning. The dashboard should include:

- Communication with the discharged patient and their family.
- Discharge checklist to ensure all steps are completed.
- Transportation arrangements.

Discharge planning has to be an organizational priority, with accountability for all resources. Communication changes must be made early so that all teams are aware and prepared. Discharge planning must include all members of the care team. This project provided feedback and process improvement suggestions.

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