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Optimizing Discharges for the Technology-Dependent Pediatric Population

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Background

As medical technology advances, many pediatric patients are discharged home with multiple life-sustaining medical devices and medications

The omission of any one key piece of technology, education, or medication can result in poor patient outcomes.

- Review of the inpatient pulmonary unit's discharge process and family feedback revealed optimization opportunities:
 - Missed medications and gaps in medication education
 - Multidisciplinary needs with need to better coordinate and collaborate
 - Shift culture from education at discharge to education from admission through discharge
 - Provide a shared understanding of education needs from shift to shift
 - Clarifying discharge goals early in admissions
 - Patient readmissions due to incomplete resources at discharge
- Discharge delays cost ~\$7,500 per patient day

Pulmonary staff pre-intervention survey

How often do you think there are discharge delays for our patients?

[More Details](#)

Daily	6
Weekly	7
Monthly	1
Never	0
Other	0



AIM Statement

The aim of this project is to improve patient/family education and reduce post-discharge complications of technology-dependent pediatric patients.



Methodology

- Gap analysis completed by reviewing event reports, end-of-shift reports, staff, and patient/family surveys
- Benchmarked with other units with complex patient populations to determine existing discharge processes
- Multidisciplinary workgroup created with key stakeholders- respiratory therapy, nursing, case management, and providers
- Restarted discharge huddles in January of 2023 to focus on patients discharging in the next 3-4 days and discuss ongoing needs
- Electronic discharge checklist added to electronic medical record March 2023
- Series of Plan Do Study Act (PDSA) cycles have revealed additional areas for improvement work.

Outcomes

The patient/Family Educator role was established June 2023 to address education coordination

Ongoing data collection:

- Monitor checklist usage at twice-weekly discharge huddles
- Time from discharge order to discharge from the unit
- Hours per week spent on post-discharge care coordination needs
- Continue to collect data on discharge delay causes and solutions

Expect decreased discharge delays and cost savings



Next steps

- Evaluate effectiveness of discharge checklist in shifting culture to track ongoing needs
- Change in discharge preparation- preparing after-visit summary, discharge medications, and any teaching needs 12-24 hours before discharge
- Track length of stay for complex medical needs patients for sustained improvements
- Shift multidisciplinary disciplines culture to planning for discharge from the day of admission
- Evaluate the impact on patient/family satisfaction
- Expand usage to additional hospital specialty areas