

Children's Health Medical Center Dallas

Children's Health Scholarly Collection

2023

Nurse Residents

10-1-2024

Homebound: The Road to Faster and Safer Discharges

Olivia Crum

Children's Health

Alexcia Davis

Children's Health

Lily Lawrence

Children's Health

Mi Min Lee

Children's Health

Brianna Lipovetsky

Children's Health

See next page for additional authors

Follow this and additional works at: <https://scholarlycollection.childrens.com/nursing-nr2023>



Part of the [Pediatric Nursing Commons](#)

Recommended Citation

Crum, Olivia; Davis, Alexcia; Lawrence, Lily; Lee, Mi Min; Lipovetsky, Brianna; Mata, Christina; Rodriguez, Catalina; Straub, Georgia; and Waldroup, Olivia, "Homebound: The Road to Faster and Safer Discharges" (2024). 2023. 35.

<https://scholarlycollection.childrens.com/nursing-nr2023/35>

This Book is brought to you for free and open access by the Nurse Residents at Children's Health Scholarly Collection. It has been accepted for inclusion in 2023 by an authorized administrator of Children's Health Scholarly Collection. For more information, please contact amy.six-means@childrens.com.

Authors

Olivia Crum, Alexcia Davis, Lily Lawrence, Mi Min Lee, Brianna Lipovetsky, Christina Mata, Catalina Rodriguez, Georgia Straub, and Olivia Waldroup

Homebound: The Road to Faster and Safer Discharges

By: Olivia Crum RN-BSN, Alexcia Davis RN-BSN, Lily Lawrence RN-BSN, Mi Min Lee RN-BSN, Brianna Lipovetsky RN-BSN, Christina Mata RN-BSN, Catalina Rodriguez RN-BSN, Georgia Straub RN-BSN, and Olivia Waldroup RN-BSN

Background & Significance

Effective and timely discharge ensures:

- continuity of care
- optimize patient outcomes
- improve healthcare efficiency

Barriers can lead to:

- prolonged hospital stays
- increased healthcare costs
- strain on resources

Children's Health Goal:

Discharge in 60 minutes or less.

How can we meet this and ensure safety for our patients?

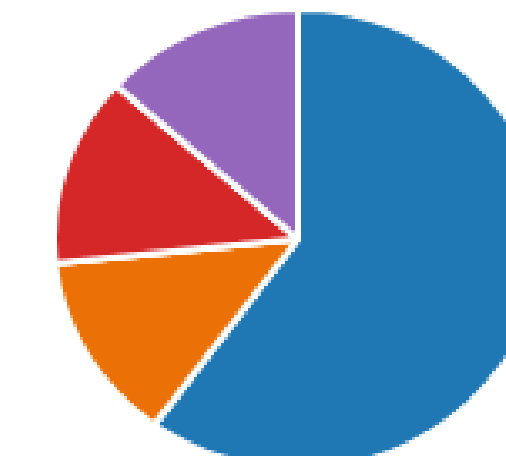
PICOT Question

In the ACS pediatric population, does utilizing a discharge survey result in faster and safer discharges as opposed to no survey?

Outcomes and Measurements

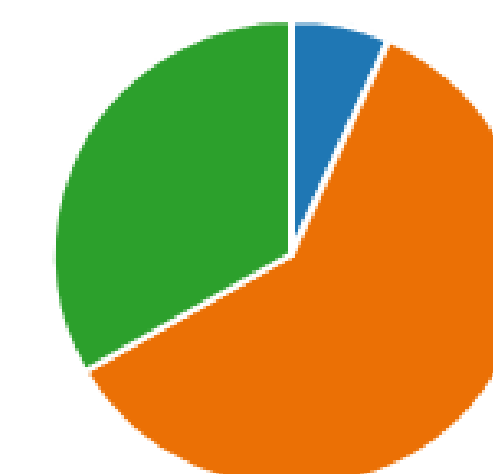
Which barriers to discharge are most commonly dealt with?

Transportation	9
Pharmacy	2
Insurance	0
Family Communication	2
Communication between disci...	2



How often do you discharge within the 60-minute window?

Sometimes	1
Often	9
Very often	5
Always	0
Never	0



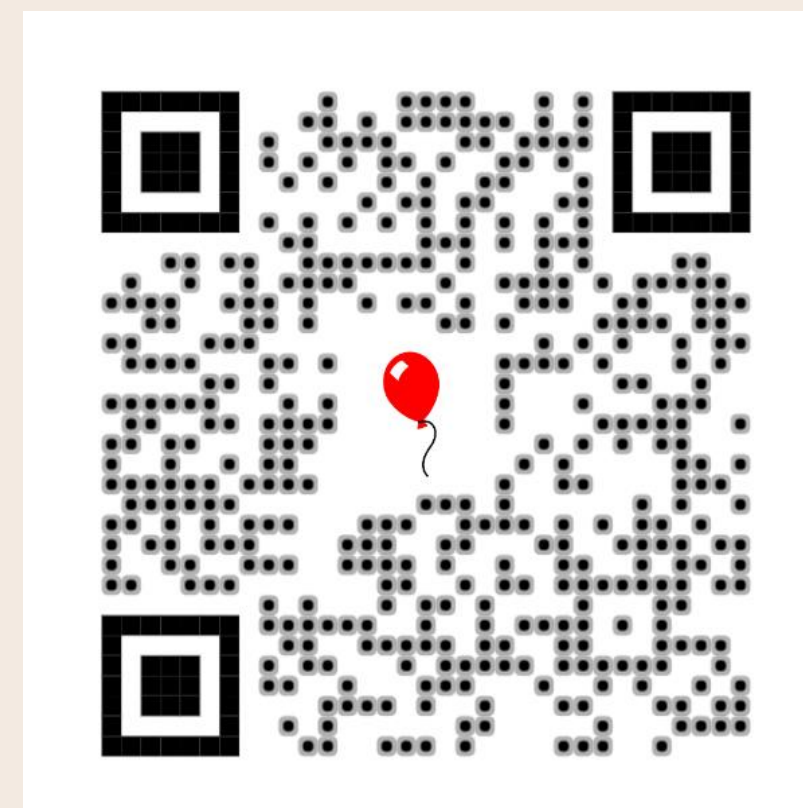
EBP Recommendations

- Resurvey parents about transportation availability 24 hours after admission
- Serve as the communicator between parents and physicians to relay discharge time frame
- Assess and reassess car seat availability upon admission and throughout patient stay

Recognition

Thank you to Sara Moore and Janelle Heygster for their time and effort into helping our group with this evidence-based practice project.

Evidence Table & Resources



Findings

- Most common barrier for discharge: Transportation (60%)
- Other mentions for barriers:
 - Communication with providers of when orders will be put it
 - Knowing when discharge orders are placed, since there are no notifications on the Rover to notify when these new orders are placed unless at a computer

Internal and External Dissemination Plan

- Graduation
- Unit Practice Council
- Children's Health Fair

Evidence Table

Evidence Synthesis Table				
Alexcia Davis, Catalina Rodriguez, Christina Mata, Georgia Straub, Lily Lawrence, Mi Min Lee, Olivia Crum, Olivia Waldroup, and Brianna Lipovetsky				
Citation (author, date, title, year)	Evidence Type (i.e guideline, benchmark, research)	Sample, size, participants, setting (If applicable)	Findings that help answer the EBP topic/ question	Limitations
Gledhill, K., Bucknall, T. K., Lannin, N. A., & Hanna, L. (2023). The role of collaborative decision-making in discharge planning: Perspectives from patients, family members and health professionals. Journal of Clinical Nursing, 32, 7519–7529. https://doi.org/10.1111/jocn.16820	Research, qualitative	16 patients in an adult rehabilitation unit, 16 of their family members, 12 unit managers and 17 clinicians	Common themes for "enabling effective patient discharge planning from subacute care" collaborative communication b/ nurses/docs/etc., Having DC discussions early in admit. Involving pts family in the dc discussion (how they can provide care,etc.) Setting goals and providing education	Pts with cognitive deficits and non-english speaking participants were excluded from the study. Study's lead author was a clinician at the facility where the study was ran. This clinician's own pts were also excluded from the study.
Karube T, Goins T, Karsies TJ, Gee SW. Reducing Avoidable Transfer Delays in the Pediatric Intensive Care Unit for Status Asthmaticus Patients. Pediatr Qual Saf 2022;7:e527	Research, qualitative	623 PICU Statius Asthmaticus pts	Standardizing transfer criteria and implementing multidisciplinary strategies can reduce avoidable PICU discharge delays for patients with status asthmaticus. With Interventions they were able to reduce DC times by 30.6%	The study's transfer criteria was not necessarily "correct or all-inclusive" due to provider discretion. The study was dependent on open inpatient beds. It was affected by understaffing, overcrowding of the hospital and increased respiratory admissions.
De Lisser-Howarth, T., Maxwell, H., & Cummings, E. (2023). Optimising patients’ discharge processes to enhance patient experience. Australian Nursing & Midwifery Journal, 27(11).	Research, qualitative	Patient's, families, MD, RN, and other resources	States that communication is key to have an effective route of DC. Intercommunication with all parties can be vital and provide a smooth trend to DC.	It didn't have a clear set of comparison of the discharge efficiency of having that clear interpersonal communication versus not having that full sense of communication. If it had that more detailed analytical perspective, it could make a stronger case.
Veronica Lee, Jaclyn K, Michael L, & Bailey T. (July 2022). Impact of Discharge Medication Reconciliation Across a Five Hospital Health System. Volume 44, Number 4.	Research, qualitative	Pts that have at least one chronic disease that puts them at risk for readmission.	Discharge medication reconciliation can reduce the amount of patients getting readmitted to the hospital which will have a postive impact on their lives.	This article is not painting a full picture for the process of discharging per say. However the research done is impacting their qualty of life by implmenting DMR that can be done at the time of discharge. Making it more likley for the paitent to not get readmitted.
Harrison, G., O’Malia, A., & Napier, S. (2019). Addressing Psychosocial Barriers to Hospital Discharge: A Social Work Led Model of Care. Australian Social Work, 72(3), 366–374. https://doi.org/10.1080/0312407X.2019.1593469	Research, qualitative	Long-stay patients who have psychosocial barries to discharge in an Australlian hospital	Implementation of a computer database that allows social workers to virtualoly follow the care of a long term stay patient helps to anticipate needs at discharge. It emails daily updates to key compenents of a patients care (such as nursing leaders). They also implemented a screening tool at admission to see if patients were likely to require residential care or substitute decision makers	The article provides evidence from Australian hospitals. We are unsure of their workflow in comparison to ours. It also focuses more on social work than nurses.
Schefft, M., Lee, C., & Munoz, J. (April 2020). Discharge Criteria Decrease Variability and Improve Efficiency.	Research, qualitative	A children’s hospital with 49 acute care pediatric beds.	A discharge checklist was created with common tasks such as ensuring transportation is available, medications are filled, and follow up appointments are arranged. Also, communicating the discharge criteria to nurses, house-staff, and families improved the transparency and communication between these groups.	This article presents discharged criteria for common diagnosis. The diagnosis used in this article include patients with asthma, pneumonia, and bronchiolitis. Later it was expanded to more diagnoses such at UTI's, pneumonia, skin and soft tissue infection, croup, hyperbilirubinemia, gastroenteritis, and constipation. There was significant time spent educating staff about the importance in communication between interdisciplinary teams to increase efficacy and meet discharge criteria.
Fon K, Elsabrout K, Piken N, Wood D, Dusseldorp E, McMahon LA. (2021). An Interprofessional Length of Stay Reduction: A Process Improvement Project. Volume 39, Number 1.	Research, qualitative	White Plains Hospital in New York; 3 different work groups: inpatient; ED; and hospitalist	LOS steering committee: comprised of senior clinical + nonclinical leaders, led by the chief medical + nursing officer. To address the broad scope of initiatives, the committee created 3 work groups: inpatient, ED, and hospitalist - these groups aimed to collaborate, examine, and redesign each group's workflows with an ultimate goal of collectively reducing length of stay (LOS), increasing earlier-day discharges, + improving ED throughput.	With this article being a multidimensional collection of initiatives, it still showed a broad aspect of overall the process of discharge. Although the article points out great perspectives to look into for reducing LOS, it did not go too in depth on the details of what initiatives they implemented in order to achieve their goals.

Gledhill, K., Bucknall, T. K., Lannin, N. A., & Hanna, L. (2023). The role of collaborative decision-making in discharge planning: Perspectives from patients, family members and health professionals. *Journal of Clinical Nursing*, 32, 7519–7529.

Harrison, G., O'Malia, A., & Napier, S. (2019). Addressing Psychosocial Barriers to Hospital Discharge: A Social Work Led Model of Care. *Australian Social Work*, 72(3), 366–374.

Schefft, M., Lee, C., & Munoz, J. (April 2020). Discharge Criteria Decrease Variability and Improve Efficiency.

Veronica Lee, Jaclyn K, Michael L, & Bailey T. (July 2022). Impact of Discharge Medication Reconciliation Across a Five Hospital Health System. Volume 44, Number 4.