

INTRODUCTION

- 24.6% of all admitted patients stay in the ED for over 6 hours waiting for a bed (Hernandez et al., 2014).
- Emergency Department boarding of admitted patients causes inefficiency within the department, leading to lost revenues from walkouts and diversions, increased length of stay, and loss of revenue from emergency admissions.
- Costs related to delayed discharges is around \$130 million a year (Laneiro et al., 2019).
- Hernandez et al. (2014) found that the percent of patients boarding in the emergency department decreased by 9% with use of discharge lounge.
- Barriers to use of a discharge lounge include inability to get staff buy-in, poor patient selection process, and competing demands on clinicians responsible for the discharge process (Franklin et al., 2020).

PURPOSE STATEMENT

- The purpose of this quality improvement (QI) project was to determine if utilization of a discharge lounge affects patient throughput to medical surgical units.
- The goal of this project was to increase patient throughput from the ED by increasing bed availability on medical surgical units.

PICOT

For patients being held in the ED for inpatient admission (P) how has moving medical surgical patients awaiting discharge to a discharge lounge (I) affected time waiting for an inpatient bed (O) during June 2020 (T)?

OBJECTIVES

1. Evaluation of the total time patients spent in the discharge lounge as an alternative to the inpatient unit
2. Evaluation of provider services using the discharge lounge
3. Evaluation of barriers to transferring patients who meet criteria to the discharge lounge

ACKNOWLEDGEMENTS

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MATERIALS AND METHODS

Baseline

- **Setting:** Community non-profit hospital located in an urban environment
- **Sample:** Purposive convenience sample of patients meeting inclusion criteria to transfer to the discharge lounge ($n = 89$)
- **Inclusion criteria:** patients age 18 and older, transferred to the discharge lounge
- **Exclusion criteria:** age 17 and younger, not transferred to the discharge lounge
- **Primary variable:** total time patients spent in the discharge lounge
- **Secondary variables:** barriers to transfer; provider group; time and day of week for patient transfer

Implementation

- Education provided to medical-surgical unit staff regarding process for transferring patients and transfer criteria.
- Policy developed to outline specific inclusion and exclusion criteria, process, and roles and responsibilities of sending and receiving units.
- Discharge lounge opened June 1, 2020

Evaluation

- Using a confidence interval of 95%, a maximum margin of error of 5%, a population size of 200, with a 50% response distribution, a minimum of 132 charts were required at baseline and follow-up (Raosoft, n.d.). 89 charts were available for review.
- Data was only available from June 1-30.
- Demographic data and discharge lounge stay were analyzed using the descriptive statistics.
- Provider group, diagnosis, day of the week, and barriers to discharge are reported as percentages
- IBM SPSS Statistic version 24 (Chicago, IL) was used for statistical analysis. Statistical significance was defined as $p \leq .05$

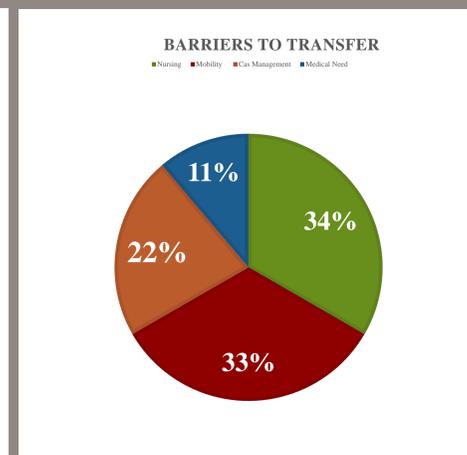
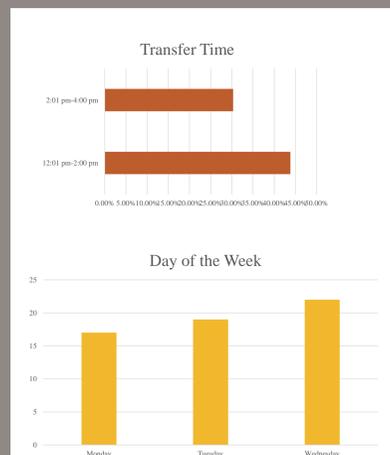
RESULTS

Total Time. Patients transferred to the discharge lounge stayed an average of 51.15 minutes ($SD = 47.263$). A total of 74 hours and 24 minutes was spent in the discharge lounge.

Time of Day/Week. The most common time of day for transfer was between 12:01 pm and 2:00 pm (34.8%, $n = 31$) with 30.3% between 2:01 pm to 4:00 pm ($n = 31$). The most frequent day of the week for patient transfers to the discharge lounge were Wednesday (24.7%; $n = 22$), Tuesday (21.3%, $n = 19$), Monday (19.1%, $n = 17$)

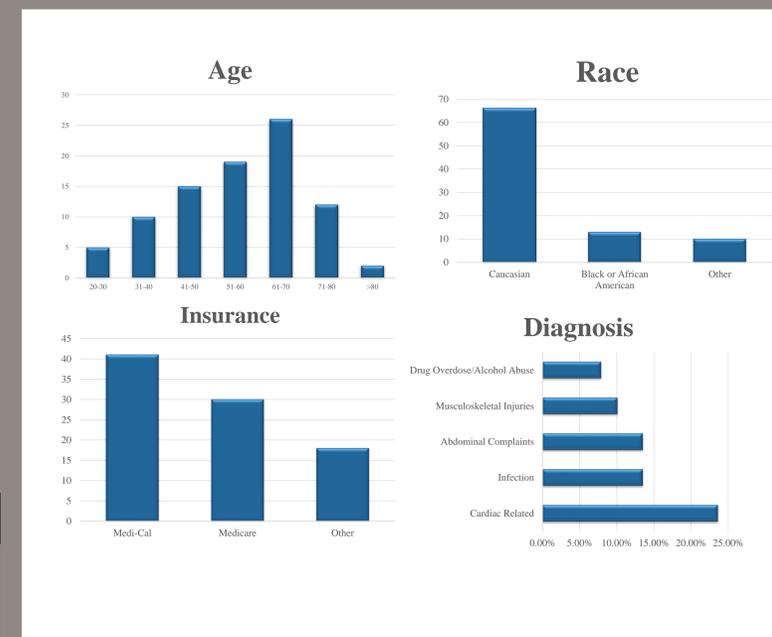
Frequent Barriers. The most common barriers to transfer to the discharge lounge included nursing issues (27.3%, $n = 6$), patient mobility issues (27.3%, $n = 6$), Case Management issues (18.2%, $n = 4$), and continued medical need (9.1%, $n = 2$).

Providers. The majority of patients' primary care provider during their hospital stay was the Internal Medicine service (69.7%, $n = 62$), General Surgery (12.4%, $n = 11$), Orthopedic Surgery (3.4%, $n = 3$), Cardiology (3.4%, $n = 3$), and Family Medicine (3.4%, $n = 3$)



RESULTS

- **Predominant Age:** 61-70 years (29.2%, $n = 26$)
- **Predominant Race:** Caucasian (74.2%, $n = 66$)
- **Marital status:** single (50.6%, $n = 45$)
- **Gender:** Male (55.1%, $n = 49$), Female (44.9%, $n = 40$)
- **Payor:** Medi-Cal (46.1%, $n = 41$)
- **Diagnosis:** Cardiac related (23.6%, $n = 21$)



CONCLUSIONS

- 1) **Objective met** – At total of 74 hours and 24 minutes were spent in the discharge lounge, saving an average of 51 minutes on the unit per patient.
- 2) **Objective met** – The primary provider group utilizing the discharge lounge was internal medicine.
- 3) **Objective met** – Primary barriers to transfer to the discharge lounge was nursing related.

Incorporation of a Discharge Lounge to free up medical surgical patient beds sooner demonstrates promise as over 74 hours were saved by transferring patients with delayed discharge. Better education of staff to help identify patients appropriate for transfer and management follow-up is needed to improve the appropriate use of the discharge lounge.

REFERENCES

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