



Q +, What's all the buzz about? "Morning Discharge/Ready Bed"



As you all-too-well know, Memorial has experienced a significant increase in patient census over the past few years. This has at times made it difficult to admit a patient to our services. We have had to delay an admission, held patients in the Emergency Room or even sent a patient to another medical facility for care.

Q plus has given Memorial the tools to understand where some of the bottle necks occur and to implement quick tests to see if making a small change can make a big difference in our bed turn around time.

We currently have two teams working on process changes as a shared partnership with the hospital staff and physician staff to improve bed availability. Here are some of the process changes that have all ready occurred that have shown improved ability to admit a patient timely.

Admission team

- May 7, 2008 New housekeeping model on 3E/W (bedmaker/housekeeper all in one, one person on 3E, one on 3W)
- May 14, 2008 Caregivers entering bedtracking at time of patient discharge instead of unit secretary
- May 21, 2008 Rolled out housekeeping model to 5E/W
- June 4, 2008 Rolled out housekeeping model to 2N & 2E
- June 6, 2008 Started data collection in Emergency Department to obtain " Bed hold info"
- June 9, 2008 Improve obtaining proper Patient bed placement. New Emergency Department admit form that will be evaluated by the Shift Coordinator before giving it to the Unit Secretary.

Discharge Team

- May 5, 2008 "Memorial Inpatient Physician Services" Implemented writing house wide "Anticipate Discharge" orders the day before discharge.
- May 19, 2008 3E/3W implemented ordering labs the night before as "timed" for the morning of anticipated discharge.
- May 26, 2008 3E/3W implemented "priority discharge processing". These charts are given priority over routine orders.
- May 26, 2008 Clinical resource management on 3E/3W began talking to all new admits about the day of discharge. They ask if they will have a ride home and the name of the person providing ride. Clinical Resource Management notifies patient and or family of discharge time before Noon on the day of discharge.
- June 2, 2008 2E/2W began ordering labs the night before as "timed" for the morning of anticipated discharge.

This is a house wide project with all staff participation a necessary component. We are asking for your help in the following ways with our Q+ project.

- Participate, when asked, in the first round or subsequent process changes (Rapid Cycle testing).
- Understand the changes that are going on around you so if asked by another coworker or physician you can talk about the Culture changes that are occurring.
- Give us your feedback of what works well.
- Give us your feedback on areas that still have opportunities for improvement.

If you have any questions please contact:

- Randy Cline Project coordinator at 5373
- Tammy Smeback Discharge team leader Ext. 8806
- Jackie Guadette Admission team leader Ext. 5978
- Russ Myers, Executive team leader Ext 8144

We appreciate your help with the "Morning Discharge/Ready Bed" goal.

The Pursuit of World-class Quality