Discussion

Substantial observational data supports worse outcomes from delays in admissions to appropriate care settings. Work flow analysis demonstrated although much pre-discharge planning occurs, it cannot be completed until an order for discharge is signed by a physician. Baseline data indicates that the time of discharge is directly related to the time an order for discharge is signed. An initial plan of change (Chair of Surgery Challenge) failed to substantially move the percentage of discharge orders signed by 9 AM.

The reason(s) for this are likely multiple. Workflows on a surgical services are complicated and prioritizing tasks can be challenging. Prioritizing discharge order signing with targeted interventions have been shown to improve the timing of discharge order signing and the percentage of early discharges but without continued re-enforcement are short lived1.

It is proposed that at the monthly Surgical Administrative Meeting the percentage of patients with discharge orders signed by 9 AM become a standing item on the agenda to emphasize the importance of this in patient care and safety.

Conclusion

An initial simple change idea (Chair Challenge) failed to improve discharge order signing by 9 AM during the initial 3 months.

A strategy to utilize feedback through a dashboard will be initiated as a second change intervention at monthly Surgery Administrative Meeting.

Overcoming resistance to change is difficult.

References