Discharge Resource Room
The Regional Medical Center, Memphis

Urgent Matters
December 11, 2003
Mission Statement

- **Discharge Resource Room provides discharge instructions and resources in a comfortable setting for patients to assist in preparation for their home care after discharge**
Scope of Service

- Discharge Resource Room (DRR) is an eight-bed discharge area located on the ground floor of the Adams Pavilion. This location provides easy access to a circular drive for patient pickup. Staffing for the DRR consists of a:
  - registered nurse – s/he provides reinforcement of inpatient patient education, homecare instructions and follow-up phone calls to discharged patients
  - nursing assistant – s/he transports patients from the inpatient floor to the D/C Room, assists with wheelchair transportation to the patient’s vehicle and delivers pharmaceuticals and other discharge materials to patients as needed
Scope of Service

- Occasionally, volunteers and transportation staff assist with transporting patients at peak times.
- The Discharge Resource Room is open from 8:00 a.m. to 10:00 p.m. and provides care to the mobile adolescent, adult, and geriatric discharged patient. (see admission criteria)
- Upon presentation to the Discharge Resource Room, the patient is considered discharged from the hospital. Therefore, if an emergency should arise, the patient is transported to the Emergency Department.
Scope of Service

- Approximately, 60% of all M/S patients are discharged from the Discharge Resource Room each day. (Total hospital = 45/day --- OB = 15/day; M/S = 25/day other = 5 day)

<table>
<thead>
<tr>
<th>Avg. # of D/C Room pts</th>
<th>15 per day</th>
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<tbody>
<tr>
<td>Avg. # of Callbacks</td>
<td>17 per day</td>
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<tr>
<td>% of Callbacks to discharged patients not using D/C Room</td>
<td>10%</td>
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<tr>
<td>% of D/C Room callbacks</td>
<td>100%</td>
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Goals and Objectives

- To provide a comfortable, aesthetically pleasing environment for patients as they wait for family members.
- To provide homecare instructions and access to discharge prescriptions as needed.
- To maintain adequate medical records to afford continuity of patient care.
- To collect and maintain data in order to continuously improve the quality of patient care delivery.
Admission Criteria

- Discharge Resource Room admission requirements:
  - Discharge orders written by a physician
  - The patient is able to sit in a recliner
  - The patient is physiologically stable for 8 or more hours
  - The patient achieves independence from therapeutic measures performed by nursing or support services, ie. IV therapy, foley catheter; unless continued at home with proper assistance
Admission Criteria

- Patients with the following complications are excluded from admission to the Discharge Resource Room:
  - Large prosthesis such as external fixators
  - Nursing home placement
  - Patients unable to sit in a chair
Discharge Resource Room Utilization

- All patients discharged from the Medical/Surgical or Progressive Care units are candidates for utilizing the Discharge Resource Room.
- There are (2) additional discharge rooms located on the Post-Trauma and Post Partum units.
The following are considered satisfiers and provided for patients in the Discharge Resource Room:
- Enhanced/individualized discharge teaching
- Discharge medications available at discharge
- No parking demands on family members
- Provider contact identified after discharge
- 24 - 48 hour callbacks
Discharge Resource Room
Patient Centered Care

- Faster discharge process (discharge orders completed in DRR)
- Television and/or magazines
- Sandwiches and juice
- A letter expressing gratitude for utilizing the services along with a patient satisfaction survey in order to obtain feedback on the care given by RMC staff
Discharge Room Utilization

![Bar Chart](chart.png)

- Discharge Resource Room vol
- Year: '02, '03
- Number of Discharge Room Utilization:
  - '02: 1500
  - '03: 3500

The bar chart shows an increase in discharge resource room utilization from '02 to '03.
“Tips” for Successful IMPLEMENTATION

- Strategies for successful implementation of a Discharge Resource Room:
  - Top-down support from Executive Staff
    - Belief that the Discharge Resource Room concept is essential to enhance discharge instructions, thereby decreasing return hospital visits
    - Belief that the Discharge Resource Room expedites the discharge process
    - Belief that the Discharge Resource Room positively impacts ED throughput
“Tips” for Successful IMPLEMENTATION

- VP Patient Care Services, CFO, VP Support Services, Medical Staff collaboration
  
  - Belief that the Discharge Resource Room positively impacts ED throughput
    
    - Include ancillary staff i.e. Case Management, Pharmacy, and Medical Records staff in the developing stages of the area
“Tips” for Successful IMPLEMENTATION

- Obtain staff nurse buy-in
  - Belief that an “empty” bed is a “bad” bed
    - allow staff nurses to rotate through the discharge area
    - display discharge room satisfaction results
    - display ED throughput results
    - display average discharge time
    - management expectation
    - ongoing monitoring of use by bed control
“Tips” for Successful IMPLEMENTATION

- **Heighten awareness of Discharge Resource Room**
  - Belief in the success of the Discharge Resource Room is essential in addressing hospital throughput
    - Grand opening ceremony to allow ancillary staff, executives and nursing staff to become familiar with discharge resource room amenities
    - Announce opening in all internal communication mediums
Standardization

- Development of a Discharge Resource Room requires:
  - A registered nurse to coordinate activities and be available in the event of an emergency
  - Dedicated transportation staff to improve efficiency and timeliness of discharge
  - Aesthetically pleasing environment
  - Physically comfortable environment
  - Easy access for family members
Standardization

- Follow-up phone calls
- Privacy area adjacent to discharge room for patient instruction
- High visibility Discharge Resource Room
- Expectation of use is clearly communicated by management
- Bed Control support and monitoring of use
- Consistent reporting of utilization