Discharge Rounds to Improve Discharge Orders Before Noon within an Internal Medicine Residency Service

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Background

Early discharges has been linked to decreased ED boarding times, walkout rates and decreasing length of stay[1,2]. Discharge before noon has been used as a goal for improving discharge efficiency.

We proposed "Discharge Rounds" as a way for residency programs to increase the proportion of discharge orders placed before noon (DCOBN). During Discharge Rounds, the attending and senior resident would see patients slated for discharge on that day. Discharge orders and medication reconciliation would be finalized, and the patient will be discharged prior to standard teaching rounds.

Methods

This is a retrospective pre- and post-intervention analysis. To adjust for factors affecting discharge efficiency related to the start of new interns and transition of upper-level residents, we made the comparison based on the academic year. We used 2018-2019 as pre-intervention data. The intervention was carried out in October 2019.

Results

The average percentage of DCOBN increased from 40% (pre intervention) to 59.8% during the intervention period (Table 1). As in Figure 1, there was overall increase in cumulative average DCOBN as the academic year progressed.

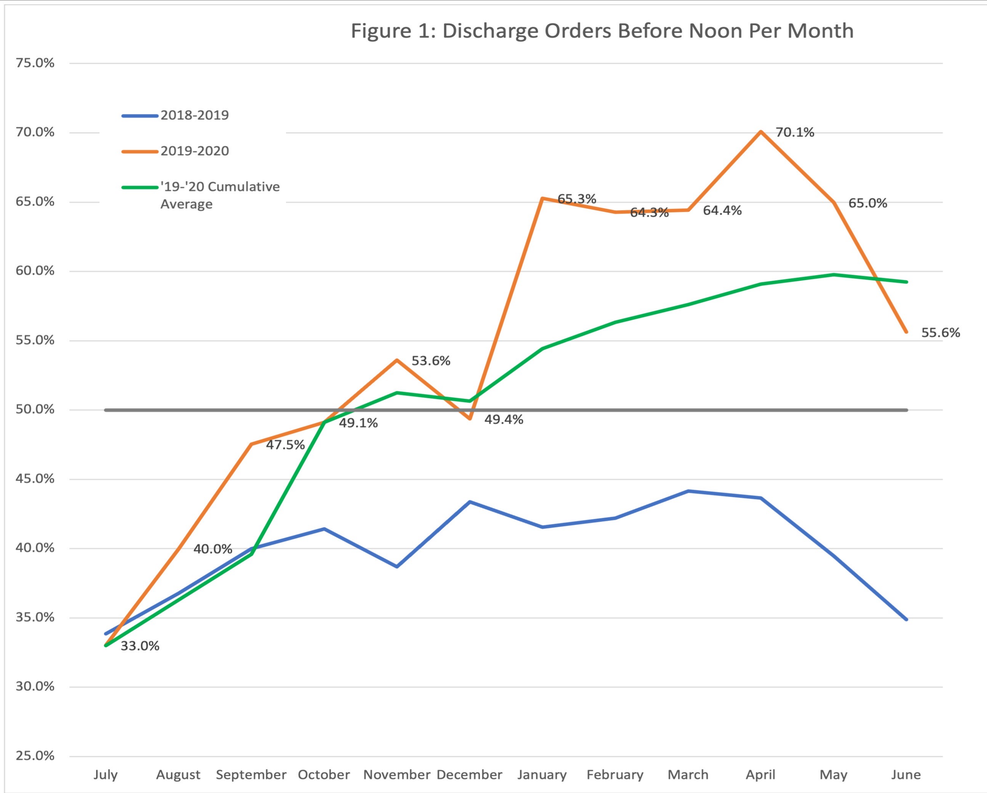

Table 1: percentage DCOBN

Period	DCOBN (%)
2018/19	40.0
Oct 2019-June 2020	59.8

References
1. Artenstein AW, Rathlev NK, Neal D, et al. Decreasing emergency department walkout rate and boarding hours by improving inpatient length of stay. West J Emerg Med. 2017 Oct 18(6): 982-992.
2. Werthelmer, B, Jacobs R, Bailey M, et al. Discharge before noon: An achievable hospital goal. J Hosp Med. 2014 Apr; 9(4):210-214.

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Discussion

Discharge rounds was effective in increasing percentage DCOBN. The pattern of increase in cumulative average demonstrate that it was an acceptable and sustainable measure incorporated by the attendings and residents. Further studies need to be done to evaluate overall impact on ED boarding, overall length of hospital stay, and rate of readmission. It is important to note that Discharge Rounds are meant to be a shortened version of traditional rounds, and preparation for discharge should ideally be done the day prior to facilitate this.

Conclusion

Discharge Rounds can be incorporated into the daily internal medicine workflow, especially in residency programs. It can help facilitate early discharges without compromising on bedside teaching.