

Improve Discharge Planning: Redesigning Bullet Rounds and Implementing a Patient Manager Software



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Lessons Learned

- Staggering bullet round meeting times increased attendance and accommodated for multiple areas of coverage.
- Effective communication between charge nurses and physicians facilitated accurate discharge planning.

Description

Extended length of stay (LOS) is a concern at Humber River Hospital (HRH), as the 2019 average medicine conservable bed-days per 100 days averaged 168.7 days. To reduce LOS, discharge processes were assessed to identify barriers. Estimated Date of Discharge (EDD) entry compliance was less than 5% for medical and surgical patients. Additionally, discharge barriers were inconsistently reported during discharge planning meetings, or bullet rounds.

To improve discharge planning:

- Bullet rounds were redesigned to include relevant stakeholders and standardize content discussed.
- Information discussed at bullet rounds were then integrated into a newly implemented GE Patient Manager Software to foster transparency.

Actions Taken

- Reviewed discharge processes to identify system gaps.
- Redesigned bullet rounds to standardize script format and clarify roles of interprofessional team members. Meeting times were adjusted to allow for increased attendance.
- Configured and implemented the Patient Manager Software to streamline the capture of information discussed during bullet rounds.

Summary of Results

- Implemented in April 2022, the redesign of bullet rounds:
 - Increased Manager, Home Care Coordinator, and Allied Health attendance.
 - Improved EDD documentation compliance to 83%.
 - Facilitated timely identification of discharge barriers.
- With a 91% compliance score, consistent and accurate integration of information in the Patient Manager Software supports discharge planning.
- Additionally, there is a 0.6 day reduction in acute LOS in medicine units (7.9 to 7.3 days) between FY21/22 Q1 to Q2.

Bullet Rounds Script

Demographics
✓ Name, Room, Identification

DRG – Diagnosis Related Group
✓ Snapshot of Patient’s Clinical Condition as relate to appropriateness of discharge plan

Date of Discharge
✓ What is the Estimated Date of Discharge (EDD)?

Delays to Discharge
✓ What Barriers or Issues Would Delay the Estimated Date of Discharge (EDD)?

8 Elements of Bullet Rounds By Role	RP	Allied Health	Physician	Pharmacy	Home Care
1. LOS/Estimated Date of Discharge (EDD)	X	X	X		X
2. Follow-up Appointment	X				
3. Post Acute Placement		X			X
4. Readmission Risk		X			X
5. Changes in Clinical Status	X		X		
6. Pending Labs, Tests or Consults	X	X	X		
7. Devices to be Removed (PICC lines, Foleys, etc.)	X		X		
8. Any Other Barriers to Transition	X	X	X	X	X

Figure 1. Redesign and Standardization of Bullet Rounds. *Left:* The bullet rounds script was standardized to include the 4Ds: Demographics, Diagnosis Related Group, Date of Discharge, and Delays to Discharge. *Right:* To improve role clarity, each element of the script was further broken down and assigned to various interprofessional team members.

Patient Manager Software Entry Compliance (%)

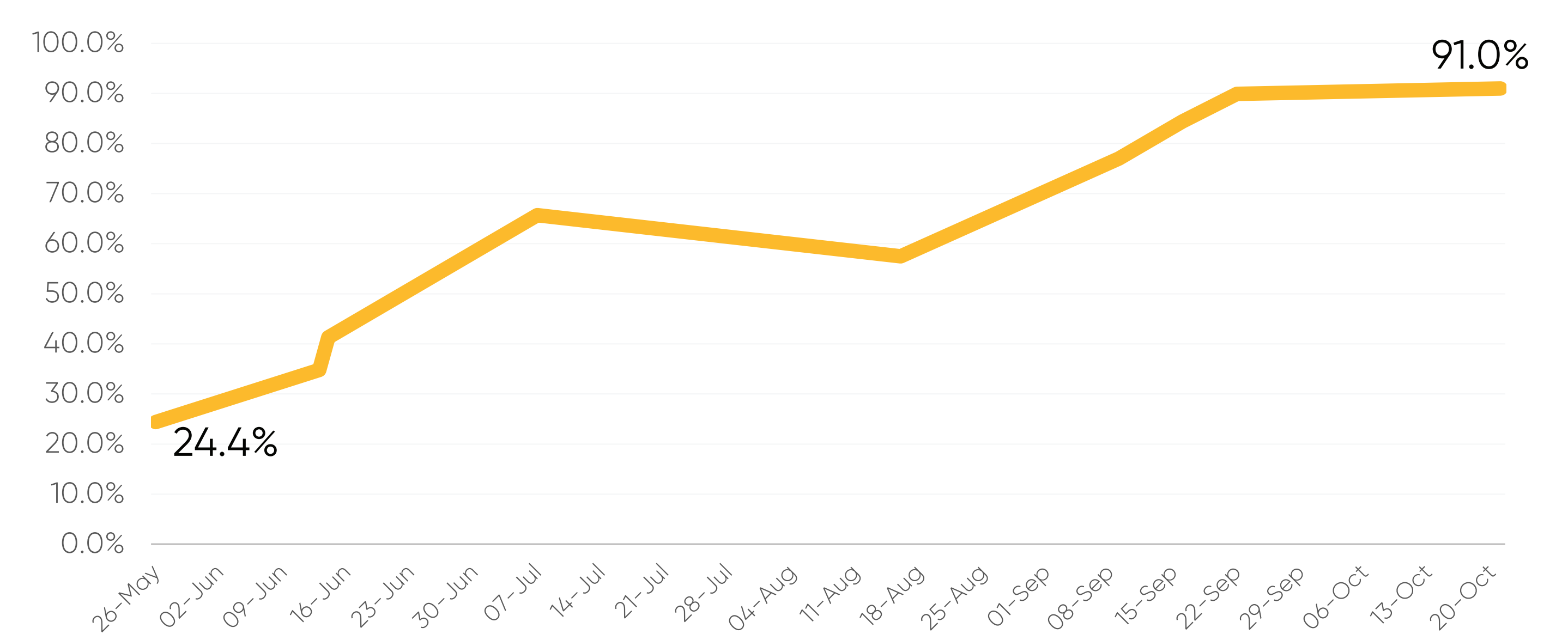


Figure 3. Patient Manager Software Entry Compliance. By October 21, Patient Manager Software Entry Compliance increased to 91.0% from 24.4%. By ensuring that all aspects of discharge planning are consistently captured in the Patient Manager Software, operational decisions can be made in a timely and effective manner

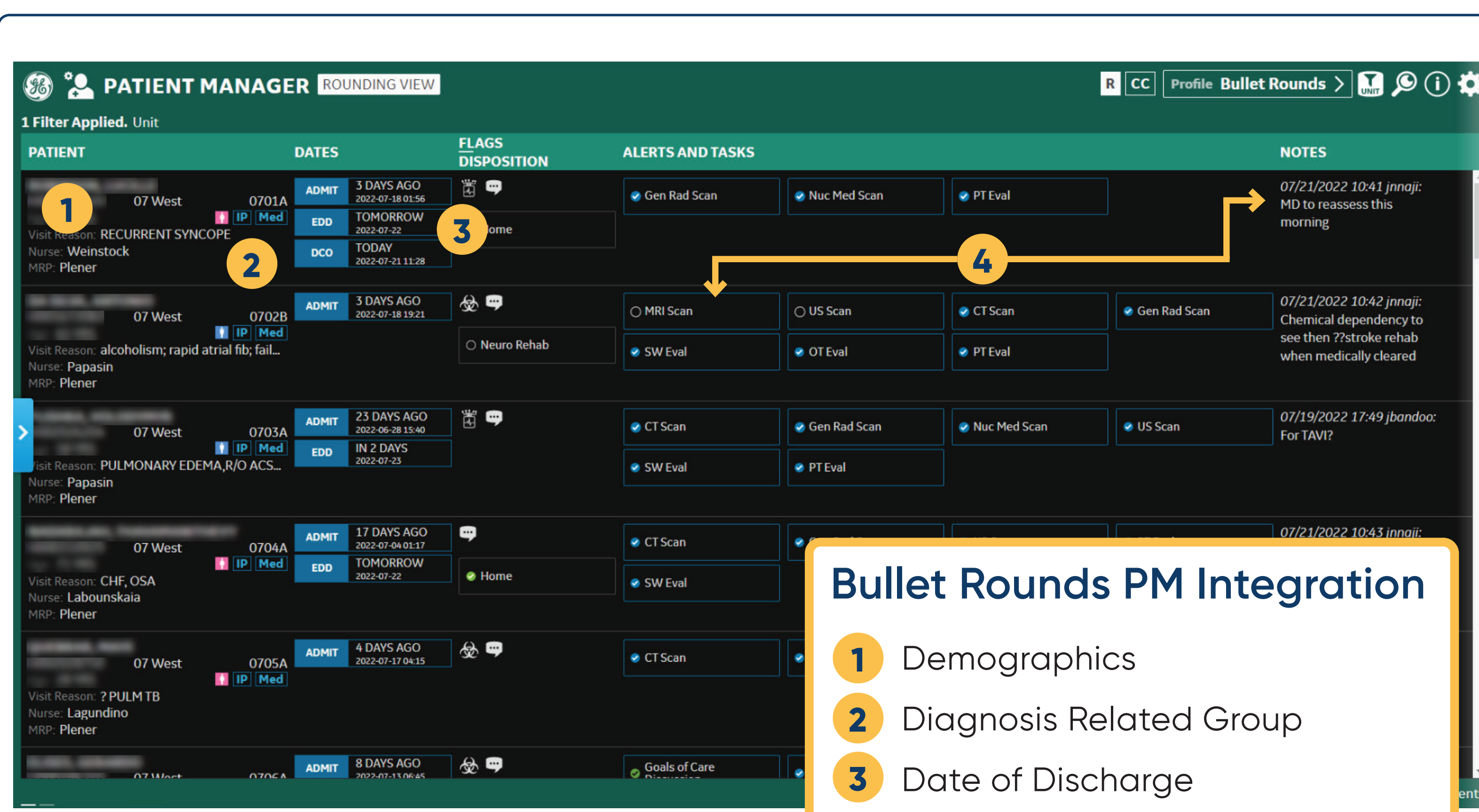


Figure 2. The Patient Manager Software. The 4Ds of the bullet rounds script was integrated into the Patient Manager Software to streamline discharge planning conversations. Information discussed in bullet rounds are documented into the Patient Manager Software in real time.

EDD Entry Compliance Rate

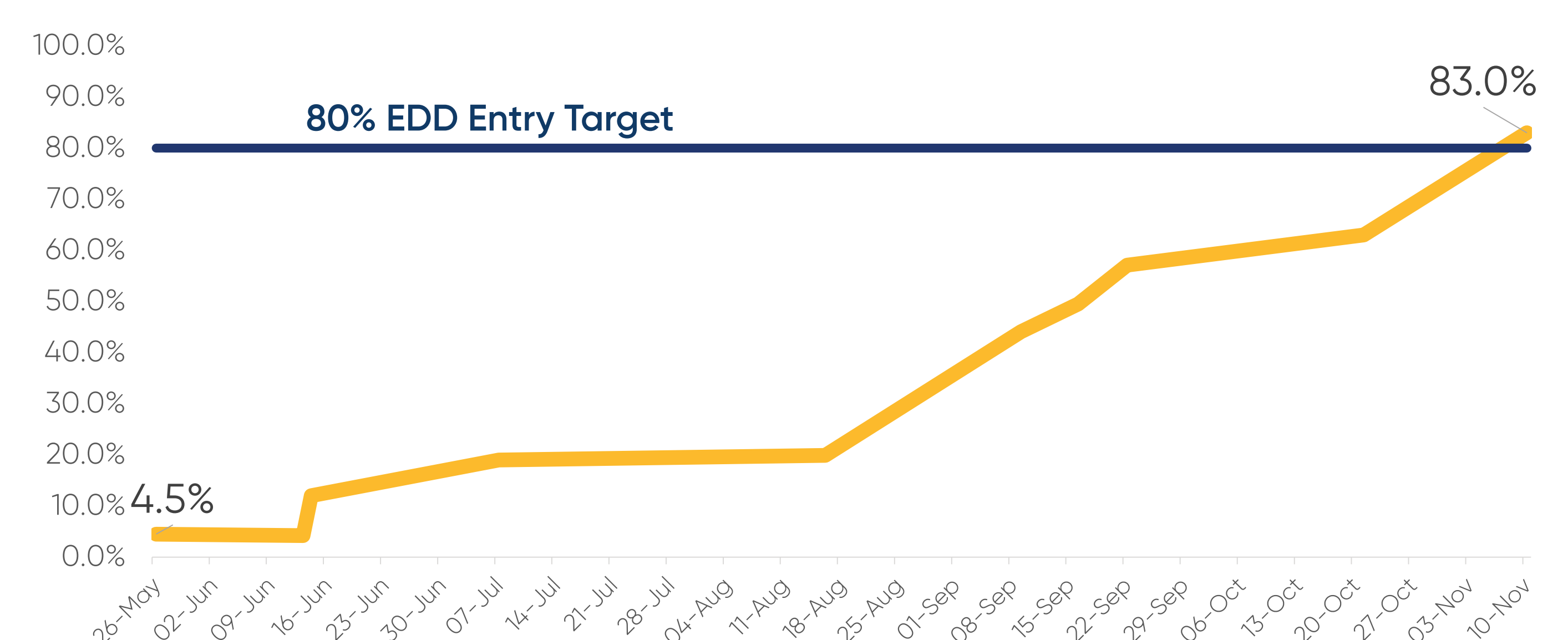


Figure 4. EDD Entry Compliance in the Patient Manager Software. EDD entry compliance rates have increased by 78.5% since the implementation of the Patient Manager Software.