

Reducing Barriers to Discharge Among Complex Pediatric Cardiac Patients: A Quality Improvement Initiative

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Problem Statement

- Non-medical barriers to hospital discharge can lead to unnecessary days spent inpatient for complex pediatric cardiac patients who have otherwise achieved “**medical discharge readiness**” (MDR) appropriate for outpatient management.
- This can lead to avoidable harm towards the patient, the patient's family members, and the hospital itself.

SMART Aim

Among patients on a single Acute Care Cardiology Unit (ACCU) who were hospitalized for ≥ 72 hours AND either:

- underwent surgery,
- underwent a cardiac catheter-based palliation,
- require three or more medications for discharge home, OR
- require DME for discharge home,

We aim to reduce the frequency of of patients being discharged from the hospital ≥ 24 hours after meeting MDR by 20% within 6 months of the intervention period.

Measurement

Outcome Measure	Rate of hospital discharges ≥ 24 hours after meeting MDR over consecutive two-week periods
Process Measure	Rate of ACCU Discharge Checklist utilization (below)
Balance Measure	30-day readmission rate

Discharge Tracking Tool

Discharge Checklist

Education

Date of Most Recent Update to Checklist

Education Needed

☐ CPR Teaching ☐ CWOV Teaching ☐ Dietician Discharge Teaching ☐ G-Tube Teaching

☐ Heart Rate Teaching ☐ Hematology Teaching (for anticoagulation)

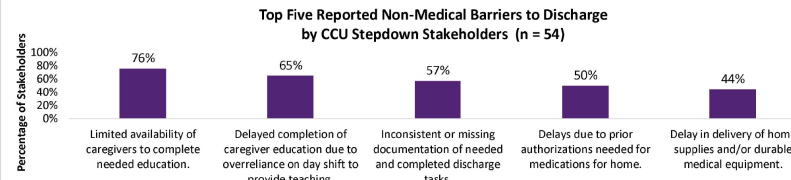
☐ Incision care, including home dressing, if applicable ☐ LovenoX Teaching

☐ NG Tube Teaching ☐ Pharmacy Discharge Teaching ☐ Single Ventricle Teaching

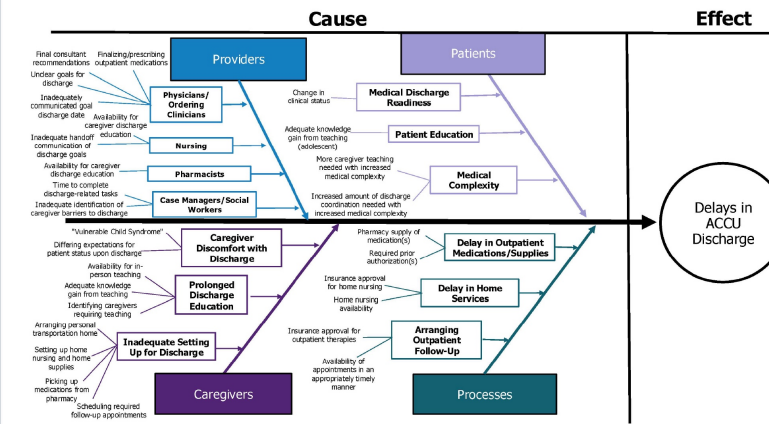
Is this patient medically ready to be discharged and only pending planning for home, caregiver education, and/or other non-medical issues?

Yes (please unselect if patient develops medical complications that prevent discharge)

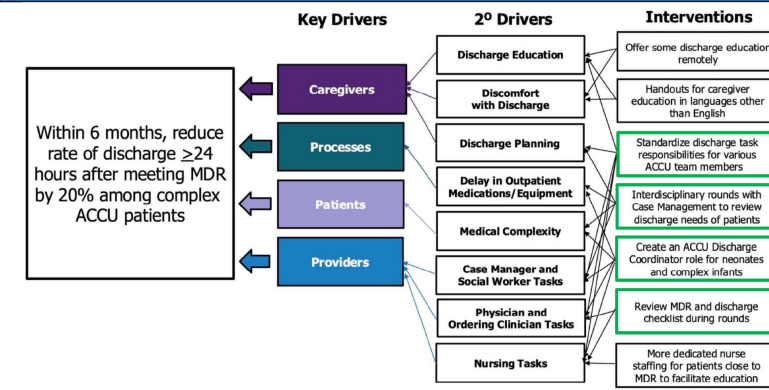
Needs Assessment



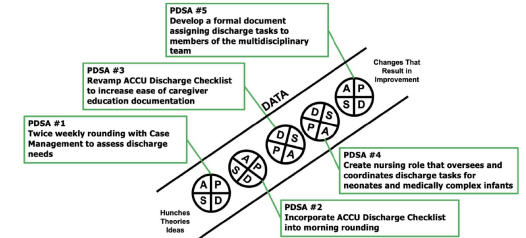
Current State Analysis



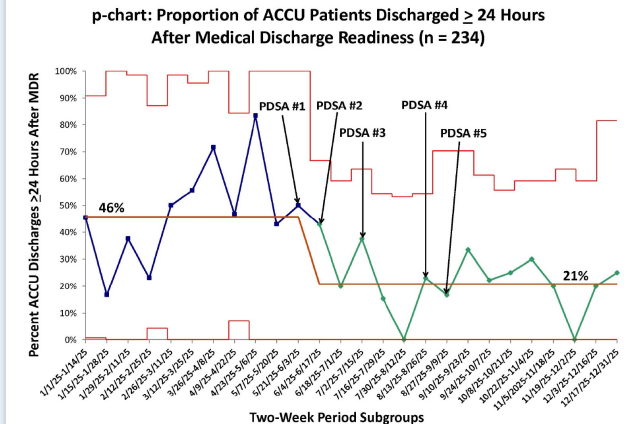
Future State Design



Testing and Implementation



Results



Conclusions

- The frequency of non-medical discharge delays among medically complex ACCU patients was successfully reduced using Quality Improvement methodology.
- Multidisciplinary discussion and coordination of discharge tasks for each ACCU patient led to fewer discharge barriers.
- Future interventions could include:
 - Improving access to discharge education for caregivers with limited availability, possibly with more virtual methods,
 - Empowering night shift nurses to provide discharge education to reduce the burden on daytime nursing, and
 - Incorporating the ACCU Discharge Checklist as a part of the handoff process for cardiac intensive care unit transfers.