

Title: Prioritizing AM Lab Draws for Patients Pending Discharge on an Inpatient Ward Service

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Introduction:

Quality inpatient care and optimal streamlined hospital workflow both depend on timely patient discharges [1]. The University of Mississippi Medical Center (UMMC) prioritizes inpatient discharges by 10:00 AM the day of discharge to aid in hospital throughput. We found that AM labs played a role in delaying hospital discharge and developed a multidisciplinary workflow to facilitate communication amongst the care team to prioritize AM lab draws for pending discharges on a busy inpatient ward service.

Methods:

We implemented a quality improvement project at an academic medical center in Jackson, Mississippi. We obtained data from patients discharged from the cardiology inpatient service in February and March of 2016 (n=149). We compared discharges delayed past the hospital target of 10:00 due to late return of AM lab results before and after intervention; 61 patients were included in the pre-intervention group and 88 in the post-intervention group. We used Fisher exact probability testing to compare the percentage of discharges delayed due to late return of AM labs pre- and post-intervention. Multidisciplinary intervention, developed by a team of internal medicine residents and laboratory personnel, involved implementation of a communication system notifying the phlebotomy team of those patients who were planned discharges, prioritizing these labs to be drawn first and delivered to the core lab prior to collection of any other patients' labs during the morning draw.

Results:

Five of 61 (8.2%) pre-intervention patients had their discharge delayed due to late AM lab results, whereas only one of 88 (1.1%) post-intervention patients had their discharge delayed ($p=0.042$).

Discussion:

Timely AM discharges are a vital part of hospital workflow at UMMC. Multidisciplinary intervention and implementation of a communication system to notify the phlebotomy team of planned AM discharges allowed for a significant reduction in discharge delays due to late lab draws. While small sample size was apparent, it did not limit our ability to obtain a significant result between pre- and post-intervention groups. Subsequent implementation of this communication workflow into the electronic health record is a promising step towards hospital-wide reduction in AM discharge delays and will allow for larger sample sizes to be monitored and further improvements in timely discharges to be made.

References:

1. Hendy P, Patel J., Kordbacheh T, Laskar L, & Harbord M. In-depth analysis of delays to patient discharge: a metropolitan teaching hospital experience. *Journal of the Royal College of Physicians* 2012 Aug; 12(4):320-3.