**INITIATING DISCHARGE PLANNING PRIOR TO ADMISSION**

**Strategic Alignment:**
- **Finance** - Reductions and lengths of stay potentially reduced
- **People** - Utilizes Social Work expertise earlier in the discharge process
- **Quality** - Patient satisfaction increased by addressing discharge needs before admission

**Aim Statement**
- Initiate the hospital discharge process for elective UH surgery inpatients requiring Social Work intervention by implementing a discharge planning screen administered in the pre-surgery clinic. Those who are identified as potentially requiring Social Work intervention will receive a pre-admission phone call from a Social Worker. Based on the call, patients identified as having discharge needs will be seen by the service Social Worker within 24 hours of their post-surgical event. This will result in potentially decreased lengths of stay and readmissions, and increased patient and staff satisfaction.

**Specific Measures**
- Number of Patients seen by Social Work
- Time of arrival to unit to Patient seen by Social Work
- Patient Length of Stay
- Number of Readmissions
- Patient Satisfaction
  - Staff Satisfaction

**What problem is being addressed?**
- Currently the patient discharge planning process for elective admissions may not begin until after the patient has been admitted on day of the planned surgery.
- The result may be potentially unavoidable delays in discharging patients, patient dissatisfaction, patients less well prepared for discharge, and potentially avoidable readmissions.

**Project Description**
- Develop, implement, evaluate, and refine to initiate discharge planning process in the surgery clinic prior to the patients’ scheduled day of surgery.

**Potential Solution**
- Develop patient discharge screening tool to be administered in the surgery clinic to evaluate and educate patients regarding their discharge needs.
- Goal is to move the discharge planning process from the surgery visit to the pre-surgery visit.

**Implementation Strategy**
- Implement the discharge tool in the UH Surgery Clinic and educate staff on how to administer to patients who qualify for the pilot.
- Upon completion, a Social Worker will review form and assess the patient’s potential needs. Based on patient’s responses, a Social Work call may be warranted.
- Based on the screening tool and the Social Worker call, the patient may require Social Work visit within 24 hours to review and complete discharge plan.

**Discharge Planning Tool**
- Form contains 10 questions to help Social Work assess potential need areas including:
  - Help after hospital stay
  - Medical equipment
  - Home health
  - Medications
  - Insurance
  - Transportation
  - After surgery planning

**Clinic Screening**
- Screen all of the elective pre-surgery patients, IP, OBS, SS, etc.
- Minimal impact to nursing workflow and workload
- Easy to read and complete by most patients
- Patients have responded positively and appreciate planning ahead

**Social Work Calls**
- Many patients solicit the SW call even if no real needs are identified
- Patients have responded very positively to the calls
- Social Work value added:
  - Assessed started earlier
  - Patients provided with education earlier
  - Medicaid authorizations for hotels and transportation have been arranged ahead
- Preferences for services are obtained

**Hospital Stay**
- No current standardization for Social Work workflow and accountability
- Tasks are not always answered within 24 hours of a consult
- Social Work departmental task policy is being modified and will result in earlier responses to consults
- Staffing pattern may need to be adjusted to fully implement process

**Post Discharge Calls**
- 5 multi-part questions were added to the post dc calls for inpatients
- Calls could add approximately 2 minutes to the current discharge survey call
- Average discharge call is 5 minutes with additional questions
- Follow up survey results show patients are highly satisfied with the pre-assessment tool, the pre-admission Social Work call and the in-house discharge process

**Outcomes**

<table>
<thead>
<tr>
<th>Pre-Pilot Data from Oct 1, 2011 to Oct 31, 2012*</th>
<th>Pilot from Nov 14, 2012 to March 31, 2013**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urology</strong></td>
<td><strong>Urology</strong></td>
</tr>
<tr>
<td># of Elective Surgeries</td>
<td># of Elective Surgeries</td>
</tr>
<tr>
<td># Seen by SW</td>
<td># Seen by SW</td>
</tr>
<tr>
<td>% Seen</td>
<td>% Seen</td>
</tr>
<tr>
<td>Seen in 24 hrs</td>
<td>Seen in 24 hrs</td>
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<tr>
<td><strong>Total</strong></td>
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<td>143</td>
<td>33</td>
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<td>23</td>
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<tr>
<td>16%</td>
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<td>13</td>
<td>6</td>
</tr>
<tr>
<td>57%</td>
<td>75%</td>
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</tbody>
</table>

*Elective inpatients that have been admitted to DSIU, went through holding, and had surgery on admit day
**Elective inpatients that have been screened, hospitalized, and discharged

**Recommendations**
1. All UH elective surgery patients should receive a discharge planning assessment before hospitalization
2. The assessment tool become electronic in PowerChart and task lists generated
3. Patients identified with possible discharge needs called prior to admission if possible
4. Patients with discharge needs (based on call) be seen within 24 hours of post-surgical event
5. After UH, it should be expanded to MOI and WCH

**Next Steps**
- Expand pilot to additional surgery populations
- Evaluate discharge tool impact on length of stay
- Determine IT requirements and time frame to add discharge tool to EMR
- Determine how to allocate Social Work resources

**Intervention**

<table>
<thead>
<tr>
<th>Clinic Screening</th>
<th>SW Calls</th>
<th>Hospital Stay</th>
<th>Post Discharge Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen offered to all pre-surgery elective patients</td>
<td>Obtains and reviews screens</td>
<td>Based on trigger criteria, makes calls to appropriate patients</td>
<td>If possible, obtains discharge agency/facility preferences</td>
</tr>
<tr>
<td>SW visit within 24 hours of post-surgical event</td>
<td>Referrals to agencies and facilities sent after visit</td>
<td>Discharge arrangements completed</td>
<td>Patient discharges</td>
</tr>
<tr>
<td>具有额外的附加问题在post dc follow-up call</td>
<td>Feedback obtained regarding survey tool and patient satisfaction with hospital stay</td>
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**Graphics / Data**

**Study**

<table>
<thead>
<tr>
<th>Lessons Learned</th>
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<td>Clinic Screening</td>
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<tr>
<td>Number of readmissions</td>
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<td>Patient satisfaction increased by addressing discharge needs before admission</td>
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| Social Work value added:
  - Assessed started earlier
  - Patients provided with education earlier |
| Preferences for services are obtained |

**Act**

**Intervention Begins**

**Intervention Ends**

**Outcome:**

- Pre-Pilot Data from Oct 1, 2011 to Oct 31, 2012*
- Pilot from Nov 14, 2012 to March 31, 2013**

**Opportunity for improvement**

Dec 1, 2012 – Dec 31, 2012
Feb 1, 2013 – Feb 28, 2013

**Outcomes**

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<td>17%</td>
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