



To: Dr. Renee Blanding, Johns Hopkins Hospital

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Subject: Optimizing Hospital Discharge Processes to Improve Patient Flow, Week 4 Update Memo – Observation and Interview

In the fourth week of our project, we revisited Johns Hopkins Bayview Medical Center for a deeper exploration of the issue from your perspective. During this visit, we had insightful conversations with Dr. Amy Knight and other key stakeholders. We also toured additional inpatient floors, observing daily procedures firsthand, which provided us with a more comprehensive understanding of the challenges involved. By engaging with both medical staff and nurses on the inpatient floors, we gathered critical insights that will play a significant role in advancing our efforts toward finding an effective solution.

Week in Review (9/16-9/20)

- Internal Group Meetings (9/16, 9/17, 9/19)
 - Had an in-person meeting with Riyaa and Yuchen for weekly updates on the project.
 - Enlisted the data needed to proceed further for our upcoming hospital visit.
 - Discussed Issue tree and possible recommendations for the problem statement with Professor Sheff.
- Observation at Johns Hopkins Bayview Medical Campus (9/20)
 - Conducted a hospital visit including Med A, Med B floor for observation.
 - Attended MultiD meeting, a daily standup at Burton Pavilion.
 - Interviewed key stakeholders- Dr. Amy Knight, case managers and nurses on the inpatient floor.
 - Talked to Mr. Gian Bonetti to obtain access to required data
 - Arranged meetings with additional stakeholders for the following week.

Week Upcoming (9/23-9/27)

- Internal Group Meetings (9/25, 9/26, 9/27)
 - Process data and information we gathered through observation and meetings.
 - Try to find possible recommendations by considering the dominant factors and stakeholders' needs.
 - Prepare for upcoming interviews and observation.
 - JBOSH Meeting (9/23, 9/24, 9/25)
 - Attend 3 consecutive days of online JBOSH meetings to collect data to improve accuracy and identify trend/pattern.
 - Topic: patients' needs, safety issue, bottlenecks and real-time data in admission/discharge procedure.
 - Stakeholder Interviews (9/27)
 - Connect with Mr. Gian Bonetti, get the hospital capacity data we need.
 - Have a meeting with Dr. Marla Tanski (the chair of Med Match Team), get insight into medication history and new prescription.
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- Observation at Johns Hopkins Bayview Medical Campus (9/27)
 - Further focus on the discharge process, especially transportation, family involvement, prescription filling.

Research & Brainstorm

Based on our walkthrough with the in-patient floor on Med A & Med B, we observed the type of delays in discharge caused on both ends- hospital's and patient's. The potential areas where we can improve the hospital efficiency are:

- Patient-End Factors: Investigate the impact of family care on discharge efficiency and develop relevant policies to address related challenges.
- Hospital-End Factors: Examine transportation bottlenecks, particularly on weekends, and plan them beforehand to improve patient discharge times.
- Pharmacy-End Factors: Analyze prescription filling delays and identify measures to expedite the process, including potential staffing increases.
- Communication Improvements: Study the communication gaps between doctors and nurses and develop a centralized system to streamline information flow.
- Technology Enhancements: Explore the implementation of automated notification systems within EPIC to ensure timely updates on new discharge orders.
- SDOH Screening Process: Review and refine the SDOH screening protocol for patients over 18 to identify if the patients require transport facilities at discharge.
- Random Delay Mitigation: Identify common causes of random delays (e.g., accidental injuries, paperwork issues) and create targeted interventions to minimize their impact on discharge times.

Conclusion

Our team successfully conducted another visit to the inpatient floor, where we gained valuable insights into the patient discharge process and interviewed additional stakeholders. In the coming weeks, we will analyze the data collected and work toward developing meaningful recommendations.

Literature References

- Chapter 3. Developing Change: Designing the Medication Reconciliation Process. Content last reviewed July 2022. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/patient-safety/settings/hospital/match/chapter-3.html>
- Barnsteiner JH. Medication Reconciliation. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 38. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK2648/>