



**To:** Dr. Renee Blanding, Suvin Seal, Johns Hopkins Hospital

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**Date:** September 9, 2024

**Subject:** Optimizing Hospital Discharge Processes to Improve Patient Flow, Week 2 Update Memo – Observation and Interview

In the second week of our project, we made a follow-up visit to Johns Hopkins Bayview Medical Center to gain deeper insights from your perspective on the issue we're addressing. During this visit, we accompanied you to the emergency room, where we observed on-the-ground procedures to better understand the situation. Engaging with various stakeholders in the emergency department provided us with critical insights that will help us refine our approach to solving the problem.

### **Weeks in Review (9/2, 9/6)**

- Internal Group Meetings (9/4, 9/5, 9/6)
  - Framed interview questions for upcoming stakeholder meetings, assigned interview roles and defined our problem statement.
  - Had an in-person meeting with Riyaa and Yuchen for weekly updates on the project.
  - Discussed and defined the problem statement with Professor Sheff.
- Revisited Provided Literature (9/5)
  - Reviewed the articles and literature provided about the medication reconciliation process and hospital capacity meetings.
- Observation at Johns Hopkins Bayview Medical Campus (9/6)
  - Conducted a hospital visit including Emergency Department observation with you.
  - Observed the medical reconciliation process, interviewed key stakeholders- Ken Barnes, Kathleen Duffy, Dr. Edward Bessman and Nicole Johnson, and arranged meetings with additional stakeholders for the following week.
  - Completed a debriefing session with you.

### **Week Upcoming (9/9-9/13)**

- Internal Group Meetings (9/11, 9/12, 9/13)
  - Jointly define our problem statement and analyze possible influencing factors.
  - prepare for upcoming interviews and observation.
  - process information we got through observation and documents.
- Hospital Capacity Meeting (9/9~)
  - Watch recording of capacity meeting and understand the hospital system.
- Medication Match Procedure (9/9~)
  - Review med match procedure documents provided by Nicole Johnson to systematically understand Med Match Team and their responsibility.



- Stakeholder Interviews (9/11)
  - Have a meeting with Dr. Marla Tanski (chair of the Medication Match Team) and Dr. Amy Knight (CMIO & hospitalist), dive deeper into med reconciliation and related IT platforms.
- Observation at Johns Hopkins Bayview Medical Campus (9/13)
  - Focus on the inpatient floor.
  - Observe what happens and the time it takes in each link and try to find out what causes the discharge process to be prolonged.

### **Research & Brainstorm**

Based on our meeting with the emergency department, our team structured a brainstorming session to identify the different stages and protocols followed before a patient is admitted through the ED department. The essential factors to consider before administering a patient in the ED are:

- Acuity level 1 and 2 patients are given a priority on their treatment. Acuity levels 3-5 usually have to wait for hours to get them administered by a doctor.
- We observed that the hospital has several areas to treat the patients in the ED: Triage area, orange bay, purple bay, trauma bay, decon room. Our discussion resulted in the conclusion that the long patient discharge process is hampering the patient administration process in the ED.
- Our team also noted that 70% of patients are discharged straight away from the ED and about 30% are shifted to primary care of the hospital.
- Verifying patient history from various sources, such as pharmacies and software systems, can be a lengthy process, often delayed by repeated reconfirmations and involvement from multiple parties.
- Based on the literature our team has brainstormed to map an issue tree to identify the factors leading to the long lead times at the discharge floor.
- For our research we deduced that our next steps must conduct an observation of the entire throughput process especially at the discharge floor.

### **Conclusion**

Our team successfully completed the initial visit to the emergency room to gain insights into the patient admission process. In the coming weeks, we plan to focus on the inpatient floor to identify the root causes of patient bottlenecks through direct observation.

### **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/>