



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

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Date: September 16, 2024

Subject: Optimizing Hospital Discharge Processes to Improve Patient Flow, Week 3 Update Memo – Observation and Interview

In the third week of our project, we returned to Johns Hopkins Bayview Medical Center for a more in-depth exploration of the issue from your perspective. During this visit, we had the opportunity to accompany you to the inpatient floor, where we observed the day-to-day procedures firsthand. This allowed us to gain a clearer understanding of the challenges involved. By engaging with key stakeholders, including the medical staff and nurses working on the inpatient floor, we gathered valuable insights that will significantly contribute to advancing our efforts towards finding a solution.

Weeks in Review (9/9-9/13)

- Internal Group Meetings (9/11, 9/12, 9/13)
 - Framed interview questions for upcoming stakeholder meetings, assigned interview roles.
 - Had an in-person meeting with Riyaa and Yuchen for weekly updates on the project.
 - Discussed Situation, Observation and Resolution Analysis of the problem statement with Professor Sheff to gauge progress.
- Observation at Johns Hopkins Bayview Medical Campus (9/13)
 - Conducted a hospital visit including In-patient floor observation.
 - Interviewed key stakeholders- Dr. Venkat Gundareddy, Dr. Che M. Harris, Dr. Shahida Khan.
 - Shadowed nurses Paul and Lee to identify challenges related to the nursing aspects of the discharge process.
 - Arranged meetings with additional stakeholders for the following week.

Week Upcoming (9/16-9/20)

- Internal Group Meetings (9/16, 9/19, 9/20)
 - Analyze the factors that may cause prolonged discharge times one by one and prioritize them based on impact and feasibility.
 - Prepare for upcoming interviews and observation.
 - Process data and information we gathered through observation and meetings.
- Hospital Meetings (9/19, 9/20)
 - Attend Multi-D meeting to learn how hospital departments cooperate.
 - Attend JBASH meeting to learn about real issues facing hospital departments.
 - Topic: patients' needs, safety issue, bottlenecks in admission/discharge procedure.
- Stakeholder Interviews (9/20)
 - Have a meeting with Dr. Amy Knight (CMIO & hospitalist), dive deeper into med reconciliation and related IT platforms.



- Observation at Johns Hopkins Bayview Medical Campus (9/20)
 - Further focus on the inpatient floor and discharge process.
 - Observe what happens and collect data, try to identify potential causes and targeted solutions in prolonged discharge process.

Research & Brainstorm

Based on our walkthrough with the in-patient department, we observed the type of delays in discharge caused on both ends- hospital's and patient's. The essential factors to consider before discharging a patient are:

- Morning Vital Checks: Ensuring that patient vitals are checked in the morning is crucial. If additional tests are needed, they should be documented promptly.
- Waiting for Test Results: A significant part of the discharge process involves waiting for the results of any required tests to ensure the patient is stable for discharge.
- Doctor's Assessment and Discharge Note: The doctor must conduct a thorough assessment of the patient's condition before signing the discharge note.
- Medication Reconciliation: During the assessment and other preparatory activities, the doctor should perform a medication reconciliation to ensure the patient's medications are correctly documented.
- Prescription of Equipment/Drugs: The doctor should also prescribe any necessary equipment or drugs that the patient will need after discharge.
- Nurse Coordination: Nurses play a vital role in coordinating the arrival of prescribed drugs before they can hand over the discharge papers to the patient.
- Ambulance Scheduling: In certain cases, an ambulance needs to be scheduled for transporting the patient to a rehabilitation facility or their home.
- Social Case Worker Involvement: For patients without insurance, social case workers may need to be involved to assist with discharge planning and post-discharge care.

Conclusion

Our team successfully completed the initial visit to the inpatient floor to gain insights into the patient discharge process. In the coming weeks, we plan to study the data collected and re-interview stakeholders as required to bring out a possible solution.

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/>