## Discharge Resource Room The Regional Medical Center, Memphis



Urgent Matters
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#### **Mission Statement**

 Discharge Resource Room provides discharge instructions and resources in a comfortable setting for patients to assist in preparation for their home care after discharge



### Scope of Service

- Discharge Resource Room (DRR) is an eight-bed discharge area located on the ground floor of the Adams Pavilion. This location provides easy access to a circular drive for patient pickup. Staffing for the DRR consists of a:
  - registered nurse s/he provides reinforcement of inpatient patient education, homecare instructions and follow-up phone calls to discharged patients
  - nursing assistant s/he transports patients from the inpatient floor to the D/C Room, assists with wheelchair transportation to the patient's vehicle and delivers pharmaceuticals and other discharge materials to patients as needed

### **Scope of Service**

- Occasionally, volunteers and transportation staff assist with transporting patients at peak times.
- The Discharge Resource Room is open from 8:00a.m. to 10:00p.m. and provides care to the mobile adolescent, adult, and geriatric discharged patient.(see admission criteria)
- Upon presentation to the Discharge Resource Room, the patient is considered discharged from the hospital. Therefore, if an emergency should arise, the patient is transported to the Emergency Department.

### Scope of Service

 Approximately, 60% of all M/S patients are discharged from the Discharge Resource Room each day. (Total hospital = 45/day --- OB = 15/day; M/S =25/day other = 5 day)

Avg. # of D/C Room pts	15 per day
Avg. # of Callbacks	17 per day
% of Callbacks to discharged patients not using D/C Room	10%
% of D/C Room callbacks	100%



#### **Goals and Objectives**

- To provide a comfortable, aesthetically pleasing environment for patients as they wait for family members.
- To provide homecare instructions and access to discharge prescriptions as needed.
- To maintain adequate medical records to afford continuity of patient care.
- To collect and maintain data in order to continuously improve the quality of patient care delivery.

#### **Admission Criteria**

- <u>Discharge Resource Room admission requirements</u>:
  - Discharge orders written by a physician
  - The patient is able to sit in a recliner
  - The patient is physiologically stable for 8 or more hours
  - The patient achieves independence from therapeutic measures performed by nursing or support services, ie. IV therapy, foley catheter; unless continued at home with proper assistance

#### **Admission Criteria**

- Patients with the following complications are excluded from admission to the Discharge Resource Room:
  - Large prosthesis such as external fixators
  - Nursing home placement
  - Patients unable to sit in a chair

## Discharge Resource Room Utilization

- All patients discharged from the Medical/Surgical or Progressive Care units are candidates for utilizing the Discharge Resource Room
- There are (2) additional discharge rooms located on the Post-Trauma and Post Partum units.

# Discharge Resource Room Patient Centered Care



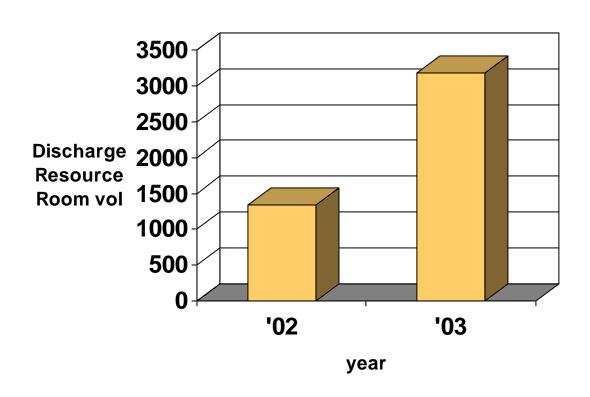
- The following are considered satisfiers and provided for patients in the Discharge Resource Room:
  - Enhanced/individualized discharge teaching
  - Discharge medications available at discharge
  - No parking demands on family members
  - Provider contact identified after discharge
  - 24 48 hour callbacks

# Discharge Resource Room Patient Centered Care



- Faster discharge process (discharge orders completed in DRR)
- Television and/or magazines
- Sandwiches and juice
- A letter expressing gratitude for utilizing the services along with a patient satisfaction survey in order to obtain feedback on the care given by RMC staff

### **Discharge Room Utilization**





- Strategies for successful implementation of a Discharge Resource Room :
  - Top-down support from Executive Staff
    - Belief that the Discharge Resource Room concept is essential to enhance discharge instructions, thereby decreasing return hospital visits
    - Belief that the Discharge Resource Room expedites the discharge process
    - Belief that the Discharge Resource Room positively impacts ED throughput



- VP Patient Care Services, CFO, VP Support Services,
   Medical Staff collaboration
  - Belief that the Discharge Resource Room positively impacts ED throughput
    - Include ancillary staff i.e. Case Management,
       Pharmacy, and Medical Records staff in the developing stages of the area



- Obtain staff nurse buy-in
  - Belief that an "empty" bed is a "bad" bed
    - allow staff nurses to rotate through the discharge area
    - display discharge room satisfaction results
    - display ED throughput results
    - display average discharge time
    - management expectation
    - ongoing monitoring of use by bed control



- Heighten awareness of Discharge Resource Room
  - Belief in the success of the Discharge Resource Room is essential in addressing hospital throughput
    - Grand opening ceremony to allow ancillary staff, executives and nursing staff to become familiar with discharge resource room amenities
    - Announce opening in all internal communication mediums

#### **Standardization**

- Development of a Discharge Resource Room requires:
  - A registered nurse to coordinate activities and be available in the event of an emergency
  - Dedicated transportation staff to improve efficiency and timeliness of discharge
  - Aesthetically pleasing environment
  - Physically comfortable environment
  - Easy access for family members

#### **Standardization**

- Follow-up phone calls
- Privacy area adjacent to discharge room for patient instruction
- High visibility Discharge Resource Room
- Expectation of use is clearly communicated by management
- Bed Control support and monitoring of use
- Consistent reporting of utilization