

*Jennifer Erickson, RN, MNS, MBA, CPHQ, CSSGB, Director Patient Flow Management Center, UC Davis Health*  
*Eric Gross, MD, MMM, Physician Advisor, Quality Director of Emergency Medicine, UC Davis Health*

## Learning Objectives

- Describe opportunities to improve expedited patient discharges and patient flow by leveraging a discharge reception area (DRA).
- Identify methods to increase utilization of a discharge reception area.

## Introduction

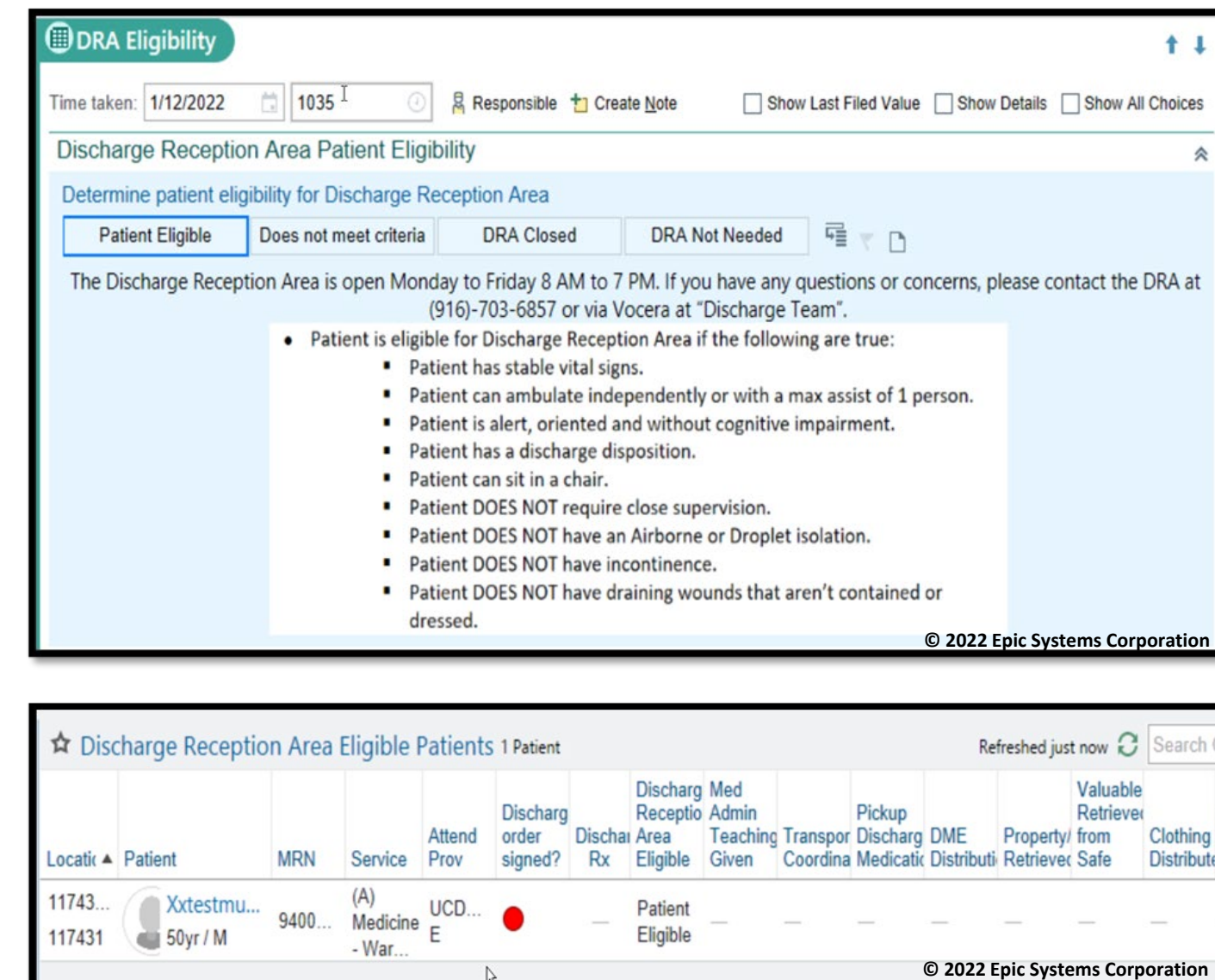
Early facilitation of discharges within the inpatient space promotes timely admission and decompression of the Emergency Department (ED) and PACU areas. Prior to the transition of the DRA to into the Patient Flow Management Center (PFMC), average daily utilization of this team was equivalent to about 13 patients per day expedited in this care area. In 2020, the PFMC embarked on several rapid cycle improvement initiatives to increase overall utilization of the DRA, patient flow, and early facilitation of discharges.

## Mission

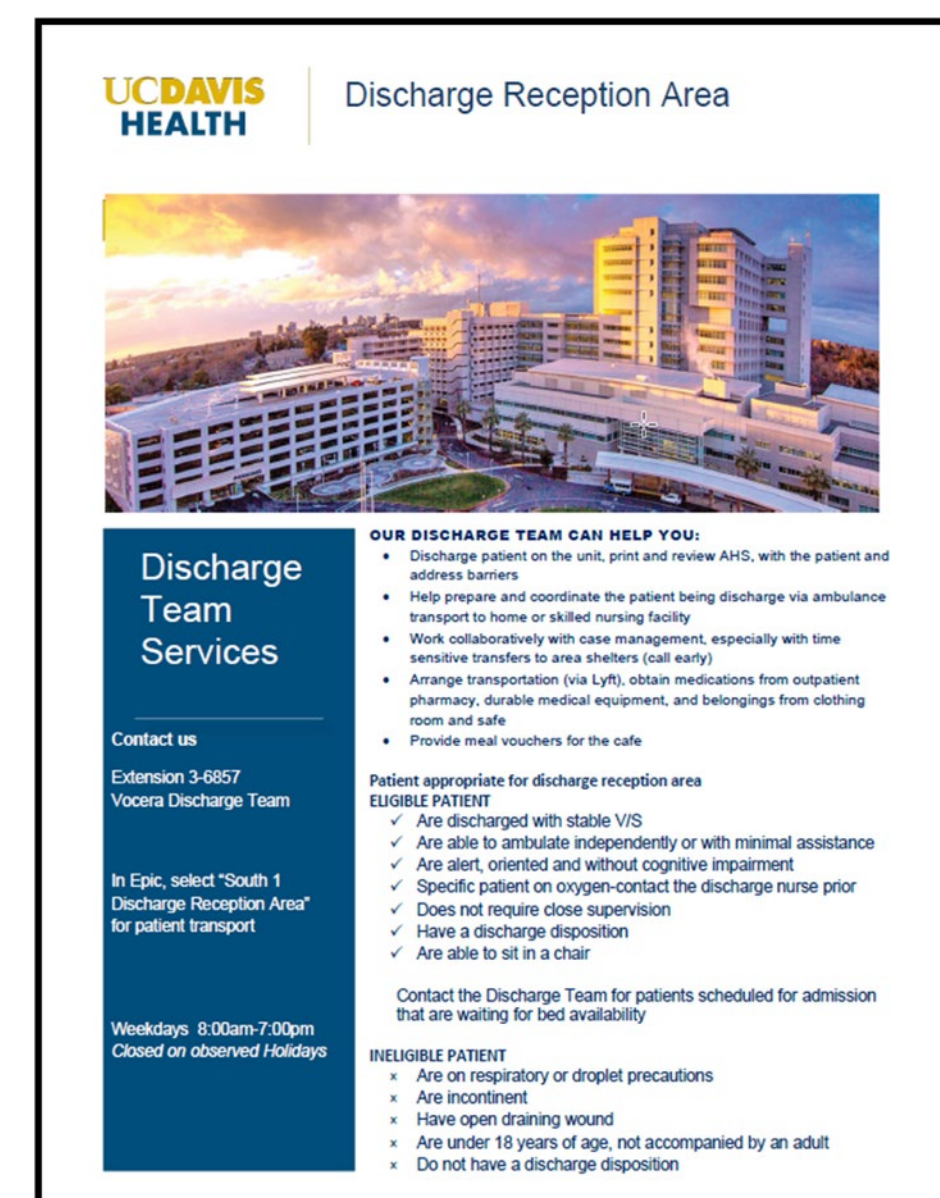
Increase the utilization of the established DRA to increase discharge by 1400 metrics thereby improving patient flow

## Interventions

Gaps	Intervention
Wayfinding	Coordinated with Parking and Transportation services. Placed highly visible flags. Worked with Lyft services to improve location identification
Data Management	Leveraged our EMR system to create DRA eligibility screening, patient lists, and flowsheet documentation, and dashboards
Patient Satisfaction	Completed a 5S project and re-imagined the DRA space to improve comfort, privacy, and social distancing
Communication	Initiated a daily virtual discharge huddle and in-person rounding
Efficiency	Created standard roles and responsibilities of the DRA RN



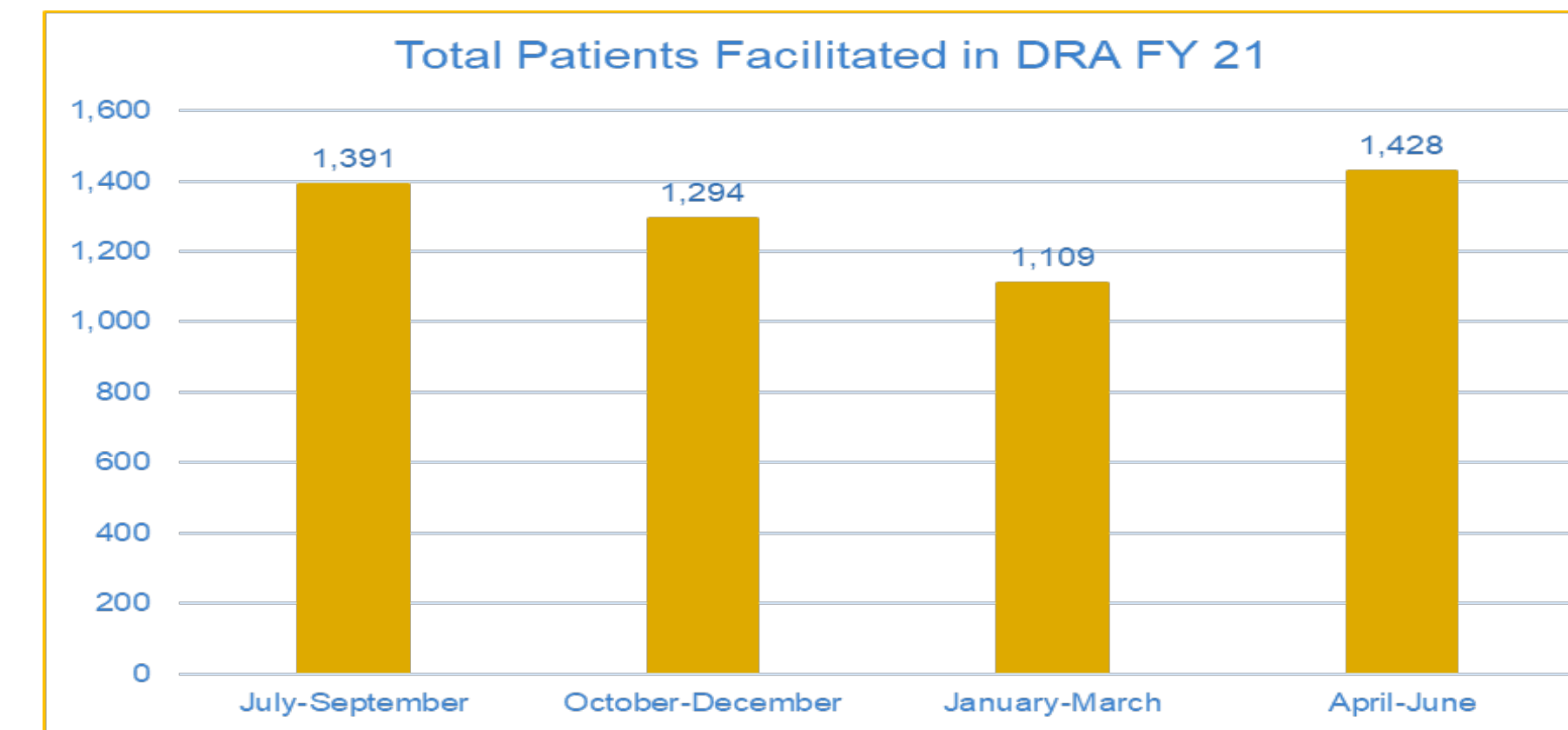
**Tool:** EHR Eligibility screening and corresponding DRA Eligible patient list.



**Education:** Focused communication to target our adult inpatient unit nursing population. Flyers were distributed during Safety and Discharge Huddles and communicated during rounding.

## Outcomes & Impact

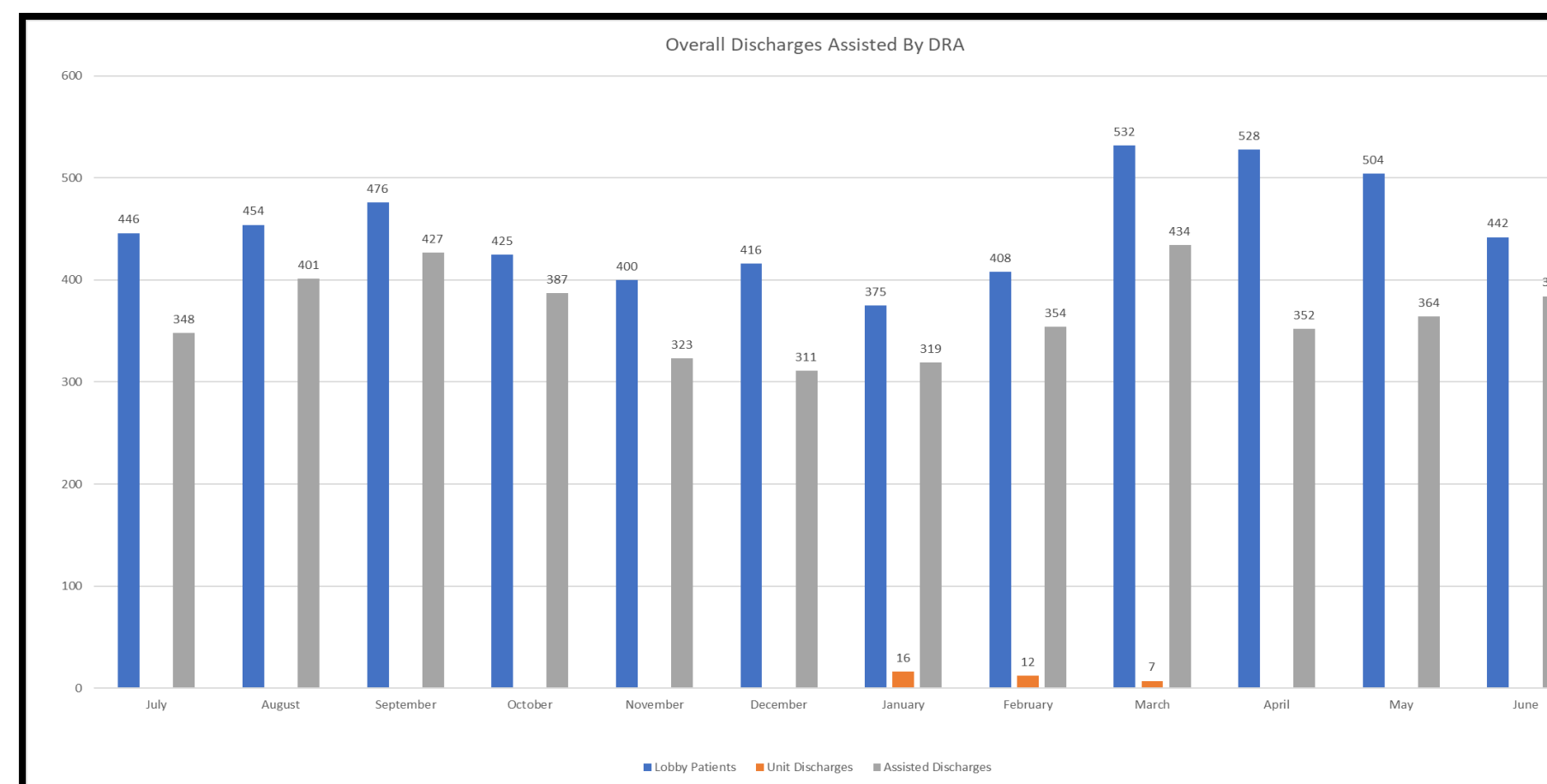
Within the first quarter, the DRA realized a 77% increase in utilization with an average daily patient census of 23 patients per day. This translated into over 1800 of saved bedtime and an increase of DC by 1400 to 39.8%



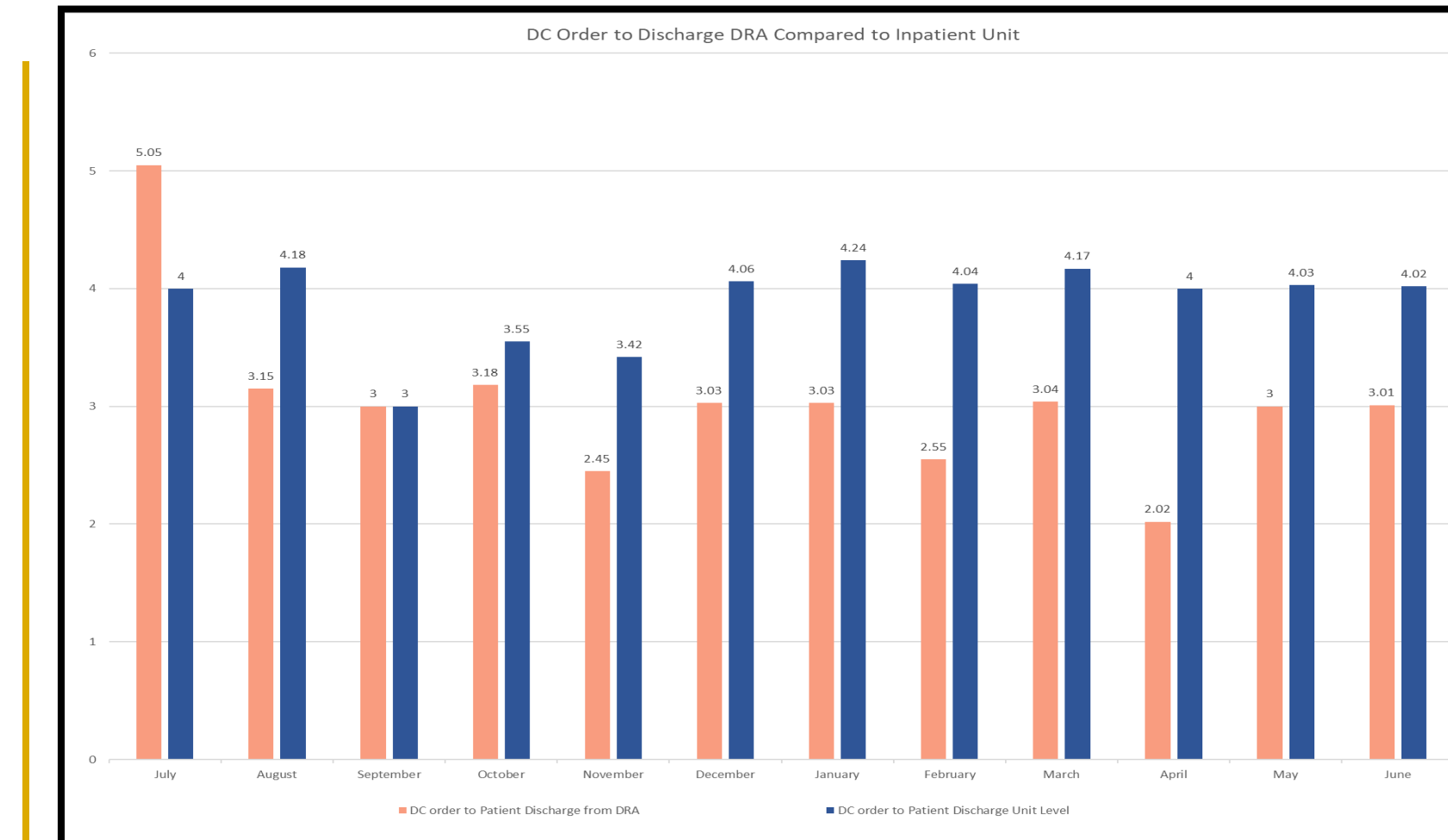
## Ongoing Impact

For Fiscal Year 2022 additional interventions included:

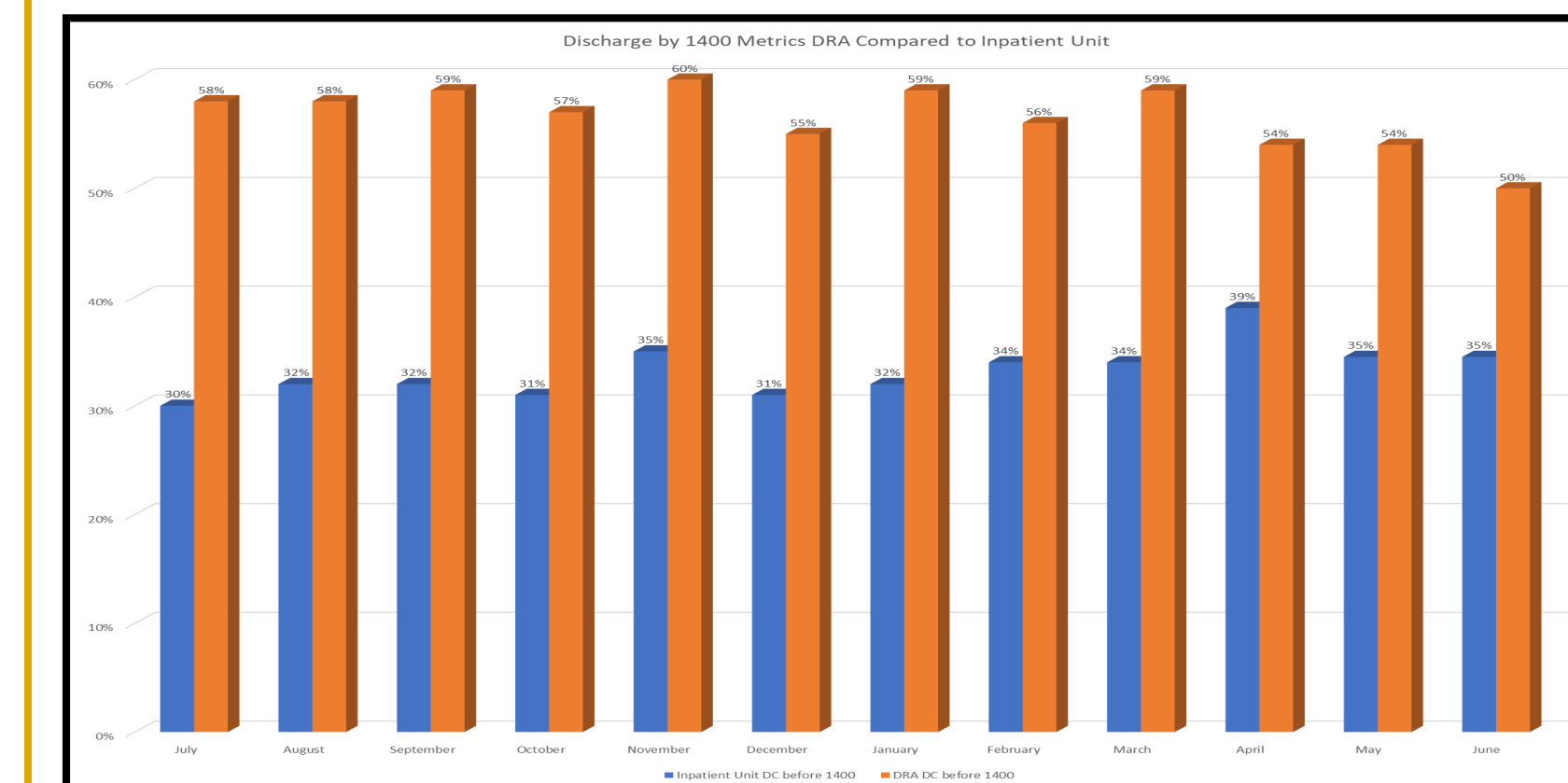
- Expanding discharge assistance to procedural areas including Interventional Radiology and Cath Lab
- Additional metric monitoring including DRA discharge by 1400 metrics and DRA discharge order time to discharge disposition time.



**Impact:** Over 9,500 patients were assisted by DRA staff in FY 2022



**Impact:** On average patients leave the facility one to two hours earlier when discharged by the DRA staff.



**Impact:** On average, 58% of patients discharged by the DRA left by 1400

## Conclusions

- Designing a robust discharge huddle improves communication between units
- Implementation of EMR based documentation improves visibility of eligible patients
- Targeted education and communication about a discharge team improves utilization and throughput

**Jennifer Erickson, [jserickson@ucdavis.edu](mailto:jserickson@ucdavis.edu), 916-734-8506**  
**Eric Gross, MD, MMM, [egross@ucdavis.edu](mailto:egross@ucdavis.edu)**



# Discharge Reception Area (DRA) Before and After

# Results

- **DRA utilization FY 22**
  - 5441 patient discharges facilitated in DRA Lobby
  - 4404 patient discharges assisted by DRA staff
    - Averaging around 40 patient discharges assisted daily
  - DRA DC by 1400 Average: 57%
  - DC order to disposition in DRA Average: 3.0 hours
  - Expanded reach: Cath Lab, PACU, IR, ED