



# Same-Day Discharges: Lower Cost & Improved Patient Satisfaction

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### Learning Objectives

- Identify the key elements necessary to create a successful same-day discharge program for procedural patients.
- Discuss the benefits & outcomes of same-day procedural discharges including patient satisfaction, provider and staff engagement & positive financial impact.

### Project Overview

As all hospitals face bed capacity challenges, our administrators were developing a deceleration plan for procedural patients requiring inpatient stays. To support our growing volume of procedural patients, we needed to explore options of sending our patients home versus admitting them to inpatient beds. We had developed post-procedural criteria for both Cardiac Cath & Electrophysiology patients. We needed to evaluate and transform our process flow to ensure we maintained quality patient care, potential cost savings, and improve patient satisfaction scores.

### Background

Our Cardiac Service line has seen a 19% growth in procedural patients over the past four years. We had 4 dedicated procedural rooms in 2018, built a 5<sup>th</sup> room in 2019, and have a proposal for a 6<sup>th</sup> dedicated procedural room to build in 2023. Over the past three years, the staff endured increased wait times securing inpatient beds or awaiting patient discharges. Procedural nurses began holding patients in our prep area or sitting in the procedural rooms. Delays impacted case start times leading to procedure cancellation. As the hospital capacity grew, the Administrative leaders implemented a deceleration plan capping elective procedures requiring inpatient admissions. In 2020, a basic framework existed for same-day discharges but only averaged six patients per year. We needed to identify the gaps in poor usage of the program and find solutions to engage our providers and patients.

Our Quality improvement team, including our leadership & our medical directors, identified the need to ignite our same-day program. Our goal for 2022 looked to improve our same-day discharges by 10%. The QI team established a process for the identification of same-day candidates, physicians & patient buy-in along with establishing protocols and resources that support this program.

### Interventional Details

The providers revised and approved the criteria for Same Day Cath & EP patients. Our schedulers triaged our patients noted by providers meeting the criteria as same-day candidates. We use scripting when scheduling patients for potential same-day discharge. The procedural nurses develop the required resources for all procedures of the patient's post-care needs and discharge instructions.

We collaborated & established process flows with the following multiple disciplines:

- Cardiac rehab: For all post-coronary interventional procedures
- Diagnostic X-ray: Scheduling of post-imaging
- Clinic: Scheduling next-day follow-up appointments
- Pharmacy: Ordering & filling any new prescriptions.
- Dietary: Provide meals post procedure

As the program grew, we needed staff to stay beyond their assigned hours. The leadership approved premium pay for staff to ensure patient care coverage. We have discharged 297 same-day procedural patients over the past 24 months. Follow-up phone calls routinely occur within 24 hours of discharge.

### Outcomes & Impacts

The success of the same-day program has exceeded our quality goals of 10% for qualifying candidates. We were able to continue scheduling elective cases by balancing our inpatient admissions with our same-day discharges. Patient satisfaction scores from FY2020 were at 80.4%. The 2022 scores were at 92.3%. Our department was recognized as "Top Performer" & "Most Improved" for customer service. Feedback from patient follow-up calls showed appreciation from the patients to be able to sleep in their own beds, not waiting for physicians to discharge them, and avoid a family member taking off work to drive them home the next day.

From a patient scheduling & staffing perspective, we were able to determine candidates upfront. This tactic allowed the completion of post-recovery in normal staffing hours. At times, extended hours were needed leading to the initiation of premium pay for staffing coverage. We also implemented 10-hour shifts to decrease overtime when possible. On the Financial end, we had 297 same-day patients thus far within the past 24 months with a savings of \$2,574,418 in inpatient charges. This also freed up inpatient beds for patients who truly needed to be in the hospital overnight. We did increase our usage of closure devices for patients, which added minimal cost to procedural costs.

### Overview of Post Care

FMLH Same Day Cath/EP Procedures		
<b>Same Day PCI</b> <ul style="list-style-type: none"> <li>Bedrest as determined by provider</li> <li>EKG post procedure as ordered</li> <li>Cardiac Rehab has seen patient or documentation by RN/APP in Epic</li> <li>Follow up appointment is scheduled as advised</li> <li>Prescription for antiplatelet therapy and ability to obtain medication prior to next dose</li> <li>Contact Care Coordinator regarding plan for next day follow up call</li> <li>AVS to include contact numbers if questions or concerns</li> </ul>	<b>Same Day Devices (ICD or PPM)</b> <ul style="list-style-type: none"> <li>Bedrest as determined by provider</li> <li>Shoulder immobilizer x 24 hrs- MD preference ( placed in EP lab)</li> <li>EKG post procedure as ordered</li> <li>Contact Care Coordinator regarding plan for next day follow up call</li> </ul> <b>DC Instructions:</b> <ul style="list-style-type: none"> <li>Weight Limit restriction of #10 pounds &amp; Range of Motion limitations of affected extremity for 6 weeks</li> <li>CXR in Radiology &amp; device clinic check the next day (Tues-Fri only) – On Saturday, the pt does only a remote transmission, no Xray</li> <li>Once initial site dressing removed, pt is not to apply creams, lotions or other occlusive dressings – leave open to air. May shower Post Op Day 2 – pt not to submerge incision under water for 7-10 days until site fully healed</li> </ul>	<b>Same Day Ablations</b> <ul style="list-style-type: none"> <li>Bedrest as determined by provider</li> <li>EKG post procedure as ordered</li> <li>Contact Care Coordinator regarding plan for next day follow up call</li> </ul> <b>DC Instructions:</b> <ul style="list-style-type: none"> <li>Dressing for 24 hours</li> <li>Able to shower next day – no tub baths / hot tub / swim in pool or lake x 7 days til puncture sites healed.</li> <li>No strenuous activity or heavy lifting to puncture sites x 7 days.</li> <li>Some Providers place pts on 81 mg ASA x30 days post ablation if not already prescribed.</li> <li>Follow-up appt usually in 30 days</li> </ul>
<b>Required Socio-demographic Profiles</b> <ul style="list-style-type: none"> <li>Reliable friend / Family with Transportation and rapid access to patient at night if lives alone</li> <li>Has working telephone and plan for communication</li> <li>Patient lives &lt; 60 minutes away</li> <li>Scheduled follow up appointment with provider or contact numbers to make appointment or contact if issues</li> <li>Ability to comply and pay for medications</li> </ul>		

### Financial Overview For Same Day Process

Same Day Financials: June 2021-May 2023			Direct Cost Savings by Case Type	
Procedure	Patients	Cost Savings	Procedure	Average Savings
Ablations	168	\$1,859,890	Ablations	\$11,071
ICD Implants	25	\$314,391	ICD Implants	\$12,576
Pacemaker Implants	36	\$146,071	Pacemaker Implants	\$4,058
Coronary Angioplasty	68	\$254,066	Coronary Angioplasty	\$3,736
<b>Grand Total</b>	<b>297</b>	<b>\$2,574,418</b>		

### Conclusions

Same-day discharge programs are not new, but our initial attempts failed. By performing a gap analysis, we identified barriers along with a lack of physician buy-in. We developed strategies to guide our program to success. With the resource tools developed, leadership support, and the dedication of staff & providers, we have transformed our approach to cardiac interventional care. Our program has decreased inpatient admissions while caring for our patients promptly. We believe our facilities had the same barriers as other hospitals & want to share our lessons learned with them to help develop a successful same-day discharge program.

### Author Disclosure & Contact Info

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