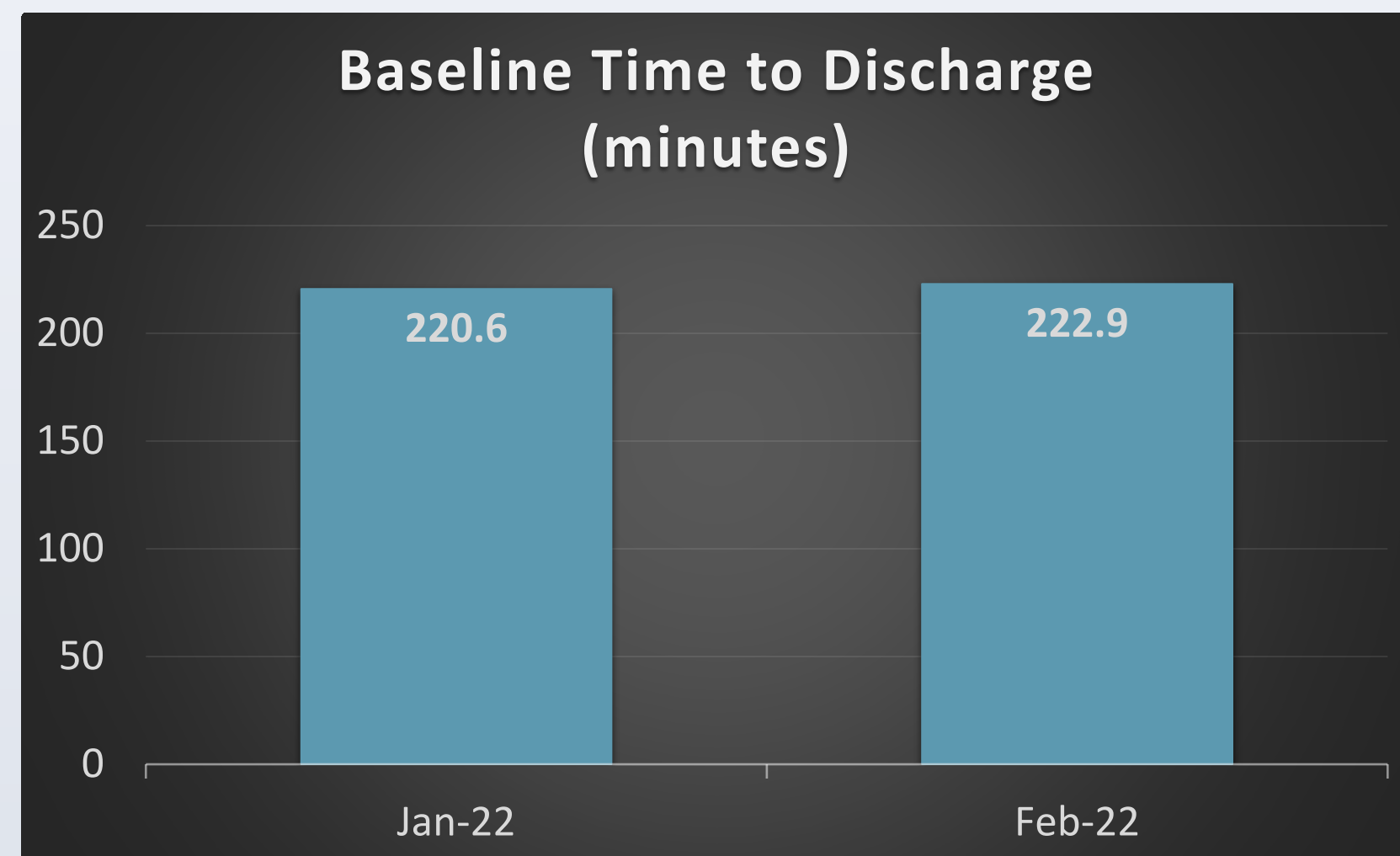# ADT RN

The Impact of a Dedicated ADT RN on Discharge Outcomes
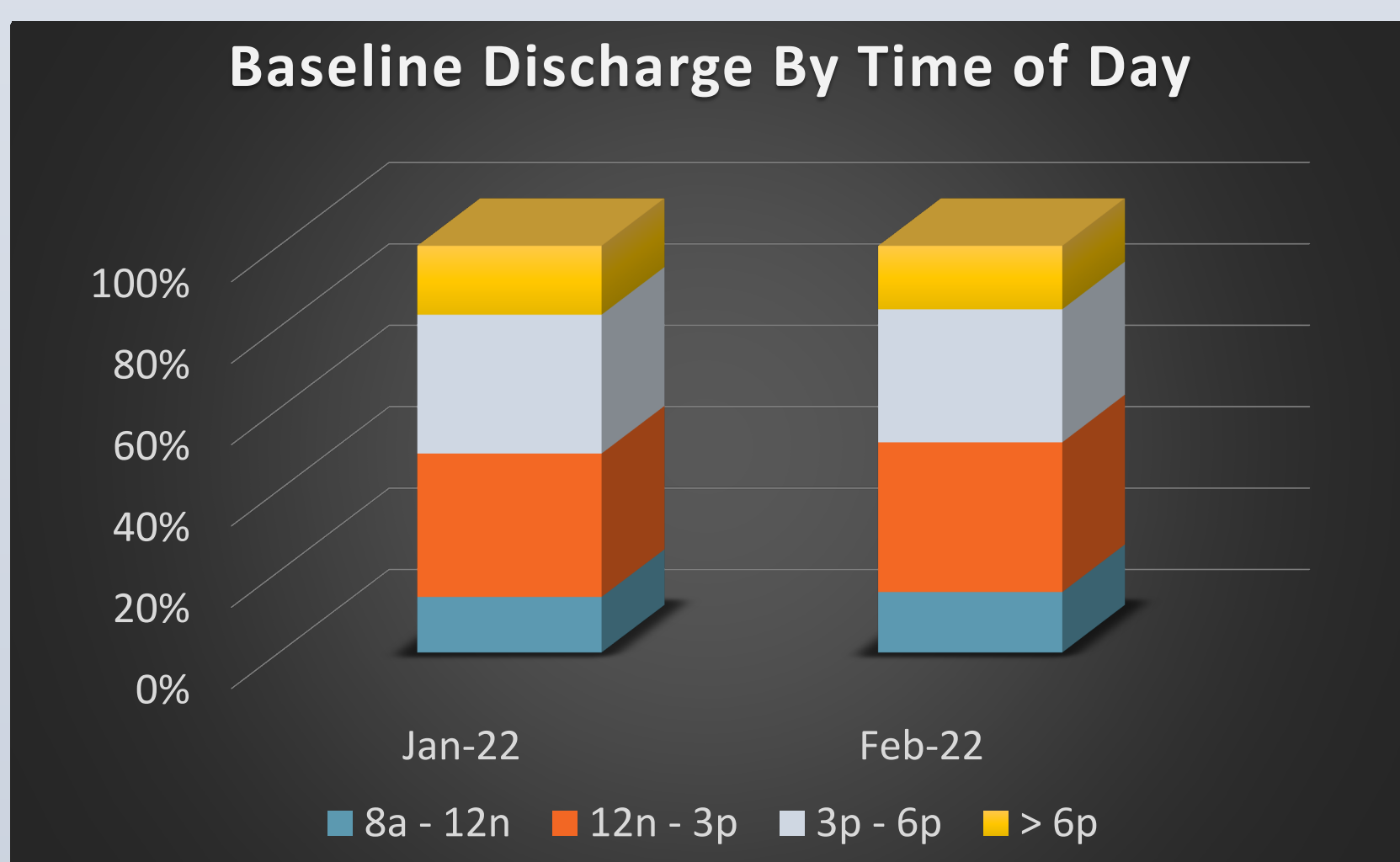
Northeast Georgia Health System

BACKGROUND/PURPOSE

➤ GMLOS & time from discharge order to discharge is longer than expected

Baseline Time to Discharge (minutes)

- Jan-22: 220.6
- Feb-22: 222.9

➤ Large percentage of discharges occur later than our anticipated admissions creating capacity mismatch

Baseline Discharge By Time of Day

(Jan-22, Feb-22)
Legend: 8a - 12n | 12n - 3p | 3p - 6p | > 6p

➤ Early & quick discharge prioritization at the unit level conflicts with patient care priorities

PILOT DESIGN

ADT RN Pilot (March 15, 2022 – present)

➤ NGMC - GSV

  ➤ South Tower: S1B, S4D/E, S5D
  ➤ North Tower: N4, N6 (ended 8/15)
  ➤ PCCU: S3E

➤ NGMC – Braselton

  ➤ Medical/Surgical: B4E/W (ended 6/30)

Pilot Goals

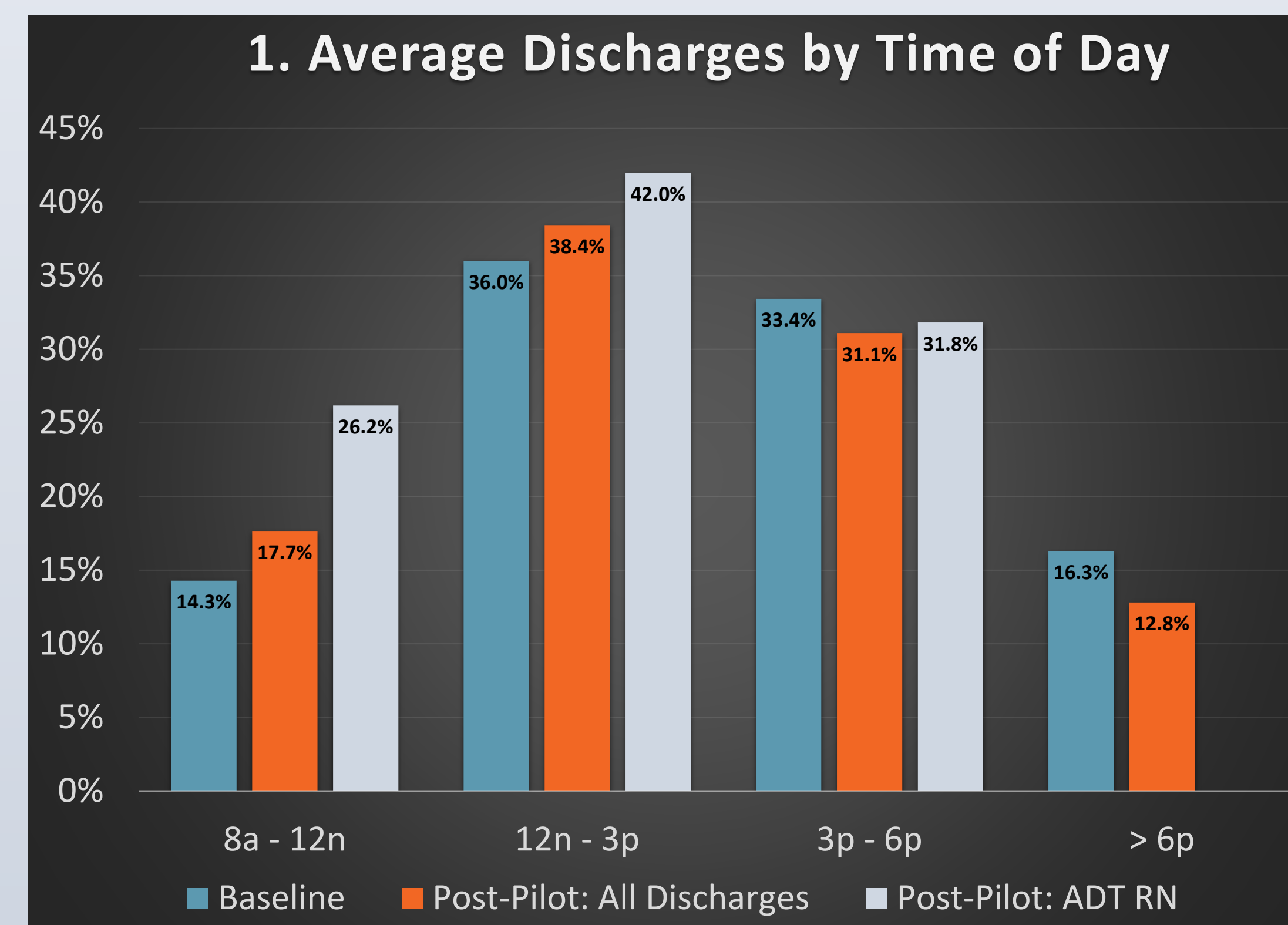➤ Time to Discharge from Discharge Order ≤ 120 minutes

PILOT OBJECTIVES

➤ Prioritize the Admission/Discharge process

  ➤ Decrease Time to Discharge
  ➤ Provide Thorough Discharge with Teach back
  ➤ Increase Discharge Lounge Optimization
  ➤ Standardize Discharge Workflow across Units and Care Sites

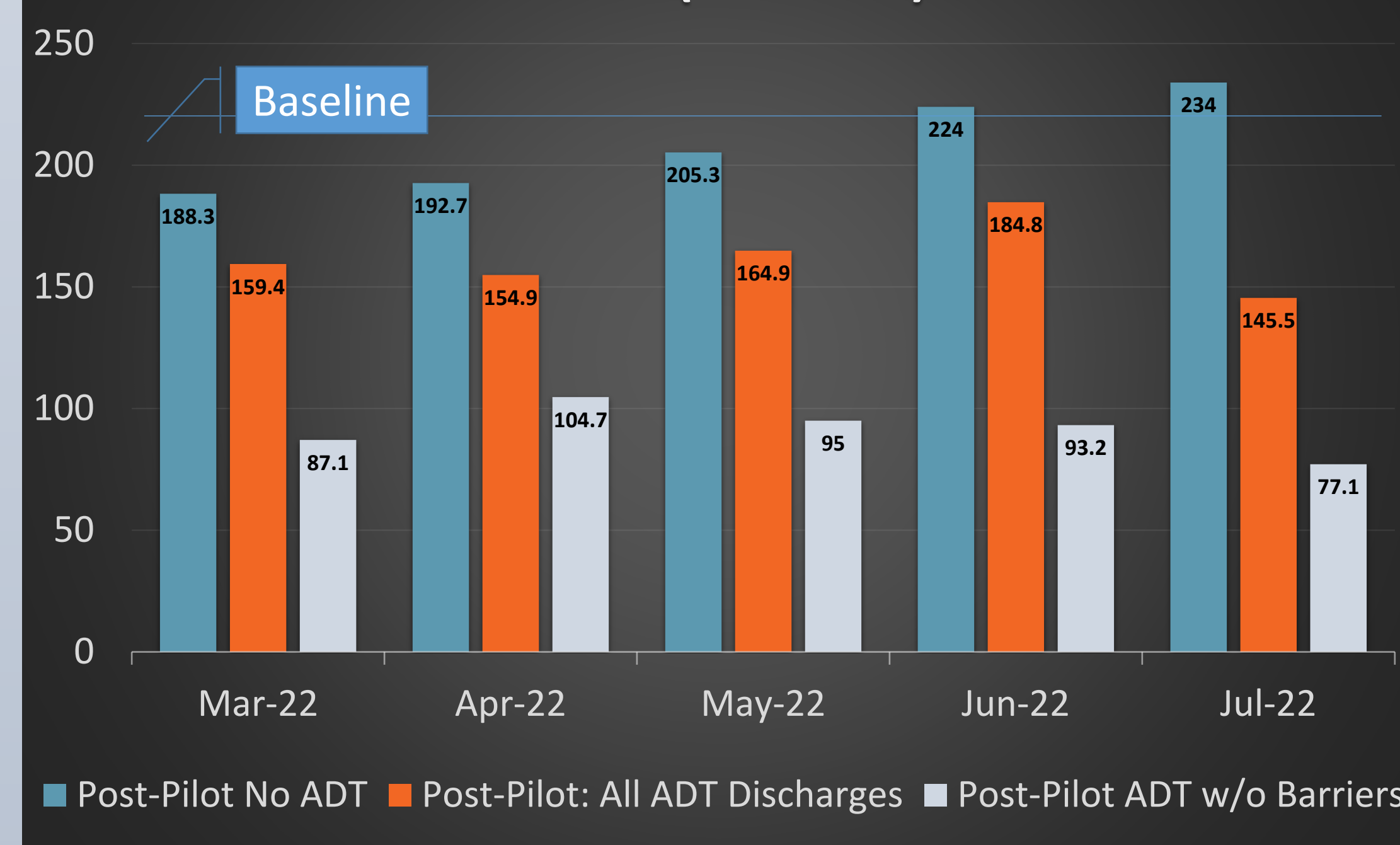➤ Provide Last Touchpoint for Patient Experience

Objectives

RESULTS

1. The ADT RN role did affect discharge by time of day.

  ➤ 26% of discharges occurred before 12 noon as compared to 14% at baseline.

  ➤ In addition, the percentage of discharges between 12 noon and 3pm also increased from baseline of 36% to 42%.
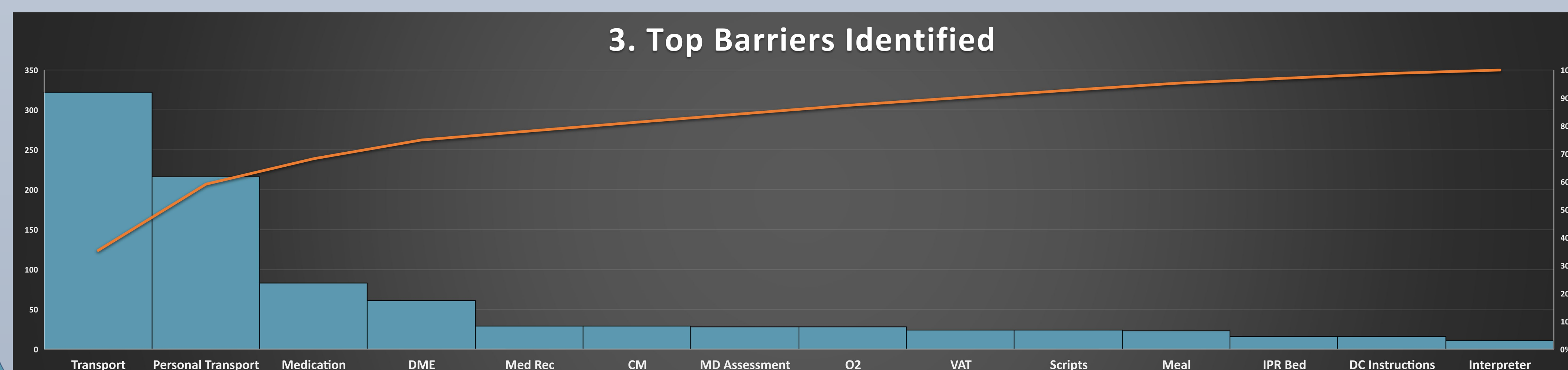
1. Average Discharges by Time of Day

Time	Baseline	Post-Pilot: All Discharges	Post-Pilot: ADT RN
8a - 12n	14.3%	17.7%	26.2%
12n - 3p	36.0%	38.4%	42.0%
3p - 6p	33.4%	31.1%	31.8%
> 6p	16.3%	12.8%	

2. Time to Discharge from Discharge Order (minutes)

Baseline

Month	Post-Pilot No ADT	Post-Pilot: All ADT Discharges	Post-Pilot ADT w/o Barriers
Mar-22	188.3	159.4	87.1
Apr-22	192.7	154.9	104.7
May-22	205.3	164.9	95
Jun-22	224	184.8	93.2
Jul-22	234	145.5	77.1

2. The ADT RN role did affect how quickly patients were discharged after a discharge order was written

  ➤ When barriers were not present, discharges far exceeded the 120 minute target with an average of 92 minutes.

  ➤ The time to discharge was also reduced from baseline from 221 minutes to 162 minutes on average

3. Transport remains the largest opportunity in terms of discharge barriers.

3. Top Barriers Identified

(Transport, Personal Transport, Medication, DME, Med Rec, CM, MD Assessment, O2, VAT, Scripts, Meal, IPR Bed, DC Instructions, Interpreter)

IMPLICATIONS

➤ Allows Unit-Based Care Staff to prioritize patient needs and safety on their department

➤ Optimizes bed capacity to ensure our patients have the a bed available at the right time in the preferred nursing unit

➤ Ensures discharge/discharge teaching is standard across units and care sites.

LESSONS LEARNED

➤ Criteria for Discharge Lounge Utilization Remains an Opportunity

Transitional Bed Usage (number in transition bed)

Month	Total
Mar	~33
Apr	~62
May	~61
Jun	~24
Jul	~29
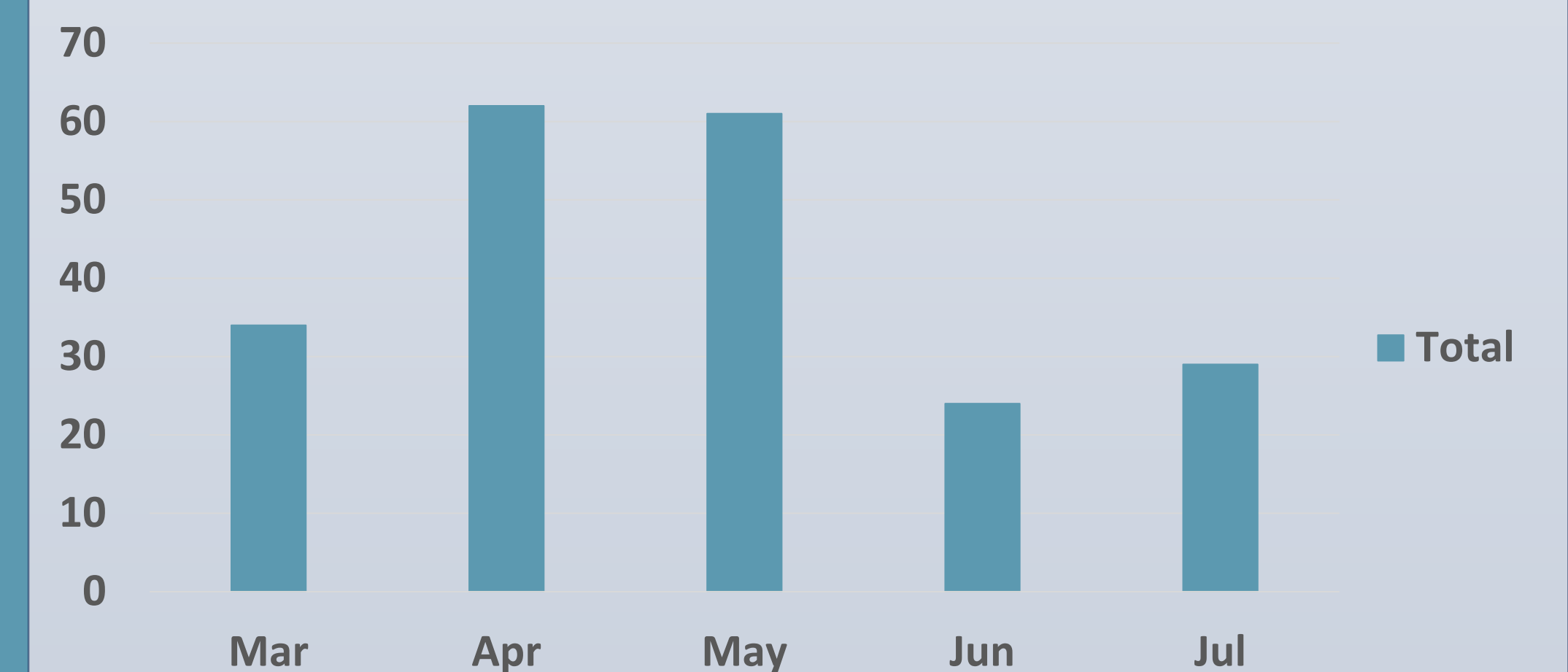
➤ Cultural Influences around Discharge Responsibilities were Identified as An Ongoing Opportunity

➤ The Importance of an Interdisciplinary Team Approach was Identified as Paramount In the Future

➤ Information Technology Support in Epic was Identified as an Essential Component of the Process in the Future

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