Keeping Kids in Pediatrics—Minimizing Triage and Discharge Delays


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Unit Overview

The Pediatric General Care Unit (PGCU) is a 44 bed medical-surgical intensive care unit located on the campus of Mayo Clinic's St. Mary's Hospital. The hematology/oncology/oncology/oncology/oncology units for acute and chronic disease, surgery, palliative care, and cytotoxic medication administration.

Goal/Objectives

• Reduce triage of patients from the Pediatric General Care Unit by 30% from 6.3% to 4.4% by December 31, 2016.

Objectives:

• Improve discharge process to help set expectations for family, patient, and providers, and facilitate timely discharges while maintaining patient satisfaction.
• Improve room turnover and/or prioritization of cleaning based on triage status.
• Discard beds with sufficient access later in the day, due to system design.
• Reduce time from discharge to discharge available instead of three hours.
• Decrease in PGCU at a rate of 6.3%. This was a 25% rate of 3.0% over the previous two years.

Pre-admission at a rate of 7.3%, which was a 5% increase.
• Reduce bed utilization rate remained 73% through 2015, a decrease of over the previous two years.

Background

An increasing number of pediatric patients were being triaged to adult units. Quality and safety concerns prompted a further evaluation into this issue. A root cause analysis was conducted to discern bed availability based on anticipated as well as real-time circumstances that may impact access and improve room turnover and/or prioritization of cleaning based on triage status.

Pre-admission tool and/or prioritization of cleaning based on triage status.

Process Changes

• Triage was successfully reduced without increasing bed capacity, equipment, or staff.

• A multidisciplinary team collaboratively developed and implemented new processes, tools, and technologies for improved strategies in bed management and discharge planning. The team was highly functional, and drove replicable and could be diffused to adult units.

• The bed utilization rate remained 73% through 2015, a decrease of 9% over the previous two years.

• Excessive triage of pediatric patients negatively impacts bed utilization, length of stay, and patient, family, and care team satisfaction.

• Analysis showed pediatric patients on adult units had an increased length of stay of 5.5 days.

• Improved processes surrounding preparing patients for discharge, family engagement, bed turnaround time, and predicting utilization were needed.

Results

• Decrease in discharge of pediatric patients from the PGCU to non-pediatric units from 6.3% to 3.0% (56% reduction)
• Decrease in pre-admission triage of pediatric patients to non-pediatric units from 7.3% to 4.4% (41% reduction)
• Triage was reduced even as patient acuity increased and patient census remained flat.
• Average discharge time 2 hours earlier in the day.
• Satisfaction with discharge, imaging, and surgery processes improved 43-69%
• ‘Stat team clean’ designation during triage (respond 15 minutes, clean 30 minutes) ‘Stat team clean’ developed and implemented – two housekeepers report to room for ‘stat clean’ without asking IT.
• Bed dispatchers monitor room cleaning in real-time to assist available staff.

Conclusions

1. Triage was successfully reduced without increasing bed capacity, equipment, or staff.

2. A multidisciplinary team collaboratively developed and implemented new processes, tools, and technologies for improved strategies in bed management and discharge planning. The team was highly functional, and drove replicable and could be diffused to adult units.

3. This process for bed management and triage is applicable and could be diffused to adult units.

Comments:

• Surgical patients seem to discharge better now from the line than in the past. The time they actually got ‘HUC’ was reduced from 3-4 to 1-2 hours. ‘Stat’ team clean was improved and did not cause discharging delays. Individual strategies for patients with changing medical conditions: ‘Stat’ team clean, individual strategies for patients with changing medical conditions.

• All staff are more aware of ‘taking care of the many small things that can be part of a timely discharge’ - Change PPS.

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