**Discharge by Noon Project**

**Memo**

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| Name of InstitutionAddress**TO:** Hospital CEO**FROM:** (Insert Name)**DATE:** December 18, 2017**SUBJECT:** Discharge by Noon Project                The “Discharge by Noon” project is the pathway that will lead to success in clinical settings with large volumes of patient flow. Health care sector focuses on timely delivery of quality and safe patient care that leads to better outcomes and recovery of patients. On the other hand, discharge planning is an effective strategy to reduce the volume of patients within the various care settings (Bowles et al. 2014). This project aims at ensuring that all patients receive a discharge as early as noon once they are ready to leave the health care facility. However, large patient volumes, resource inadequacy, time limitations, and poor care coordination are the chief challenges to discharging the patients by noon. The subsequent subsections discusses these problems and their potential solutions.**Large Patient Volumes Within the Facility**        Management of large volume of patients is a challenge to early discharge of the patients by noon due to their slow inflow and outflow. Discharge planning is specific to patients according to their social and health care needs. However, the large number of patients found within hospital beds leads to a situation whereby the demand for health care services outruns the supply. This equilibrium makes it difficult for all the patients to receive the information and discharge management plan before noon.**Solution**        The organization should refocus its strategies for managing workflow using a clear operational scheduling. Operation scheduling involves sequencing of activities to complete all the tasks in a given order (Gartner & Kolisch, 2014). For example, the organization should employ the Earliest Due Date (EDD) model of operations that ensures completion of a task within a set duration regardless of other tasks. Therefore, the health care team will prepare patients for discharge and send them home regardless of the duty to provide care to the remaining patients.**Lack of Enough Health Care Resources**        Health care resources are vital components for successful patient care in all settings and phases of service delivery. However, few resources can limit the capacity of the health care organization to provide care services to all the patients scheduled for discharge. Consequently, insufficient resources can deter clinics from discharging patients by noon because the patients will have to wait and share the resources. For example, the availability of only one radiotherapy machine in the organization would imply that patients will have to queue or wait in a list to receive radiotherapy for cancer. Therefore, even the patients scheduled for discharge might under the procedure in the late hours of the day and hinder the “discharge by noon” project.**Solution**        The organization should invest in patient flow and capacity management to reach an equilibrium between supply and demand for the health care resources (McLaughlin & Olson, 2017). Implementation of advanced access scheduling strategy will enable the patients to receive care in the same day of booking their appointment. Therefore, the organization will not have long patient queues and reduced failure of patients to show up for the appointments. Ultimately, nurses, physicians, and their assistants will have more time to plan for discharging the patients before noon. **Poor Health Care Coordination**        Effective communication between health care professionals enhances care coordination and saves time for discharge planning to ensure that patients receive their discharges by noon. Patient discharge from a health care setting to the community is a complex process requiring multifaceted interactions among all the health care team members and the patients. However, the organization lacks a clear communication strategy during the formulation of individualized discharge plan to the patients. Therefore, the poor care coordination risks the lives of the patients who become prone to the dangers of adverse events and medication errors. For example, a miscommunication of the types of drugs a patient should take during discharge planning can lead to costly adverse reactions that extend the length of stay within the hospital.**Solution**        Technology offers a good platform for all health care-based organizations to improve all the aspects of their operations management. This organization should implement an electronic health record (EHR) system that store patient information and disseminates it to all the health care team members. Electronic transfer of discharge summaries updates all health care professionals about the patient to avoid role confusion and enhance the quality of the discharge process (Okoniewska et al. 2015). Therefore, the organization will be able to overcome the communication barrier to effective discharge planning.        In conclusion, there is an urgent need for the organization to adopt a proper operation management policy that enables discharge of all the patients by noon. The three common barriers to proper discharge are large patient volumes, inadequate resources, and poor health care coordination. Smooth workflow ensures that patients leave empty beds by noon to enable the organization to conduct proper admissions of the incoming patients. Therefore, the organization should operate within strict guidelines on the EDD policy, manage its capacity, and use electronic health records to coordinate care and address these challenges.**Attachments**Bowles, K. H., Hanlon, A., Holland, D., Potashnik, S. L., & Topaz, M. (2014). Impact of discharge planning decision support on time to readmission among older adult medical patients. *Professional case management*, *19*(1), 29-38. doi:  10.1097/01.PCAMA.0000438971.79801.7a.Gartner, D., & Kolisch, R. (2014). Scheduling the hospital-wide flow of elective patients. *European Journal of Operational Research*, *233*(3), 689-699. doi: 10.1016/j.ejor.2013.08.026.McLaughlin, D. B., & Olson, J. R. (2017). Teaching the Use of Systems Dynamics for Strategic Decision Making in Healthcare. *INFORMS Transactions on Education*, *17*(3), 99-106. doi: 10.1287/ited.2017.0175.Okoniewska, B., Santana, M. J., Groshaus, H., Stajkovic, S., Cowles, J., Chakrovorty, D., & Ghali, W. A. (2015). Barriers to discharge in an acute care medical teaching unit: a qualitative analysis of health providers’ perceptions. *Journal of multidisciplinary healthcare*, *8*(1), 83-89. doi:  10.2147/JMDH.S72633. |

**References**

Bowles, K. H., Hanlon, A., Holland, D., Potashnik, S. L., & Topaz, M. (2014). Impact of discharge planning decision support on time to readmission among older adult medical patients. *Professional case management*, *19*(1), 29-38. doi:  10.1097/01.PCAMA.0000438971.79801.7a.

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