

EXPANDING HOSPITAL CAPACITY:

*Discharge
Hospitality Centers*



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PART ONE

WHITE
Paper

EXECUTIVE SUMMARY

When a patient experiences delayed access to an inpatient bed, those delays can significantly impact emergency department boarding (defined as occupying an emergency department bed while waiting for movement to an inpatient bed) and overload, which has been associated with myriad of concerning patient safety issues. These delays can also include patients waiting longer for inpatient beds following procedures or surgery as well as stepdown transfers.

Over the years, to address these and other patient flow issues and capacity constraints, hospitals have been experimenting and learning from the use of Discharge Lounges or Discharge Hospitality Centers (DHCs), which allow discharged patients to vacate their inpatient room while they wait elsewhere for final discharge departure. While not necessarily an option for every hospital, this concept is thought to be effective in opening access to inpatient beds, despite still limited data around its usage.¹

THIS PAPER OUTLINES HOW A DISCHARGE HOSPITALITY CENTER COULD POSITIVELY IMPACT YOUR HOSPITAL OR HEALTH SYSTEM BY:

01

Decreasing ED Boarding Times

02

Shortening Waits for Admission Beds

03

Preventing Daily 'Batching' of Inpatient Discharges

In summary: Creating greater access through discharge efficiency speaks to our goal as an organization to ensure that no patient waits for the care they need.

TeleTracking is an integrated healthcare operations platform that is Expanding the Capacity to Care™ by combining comprehensive technology solutions with clinical expertise to optimize access to care, streamline care delivery and connect transitions of care. We understand that for every hour a patient waits for care they face objectively worse outcomes; so, our mission is simple, to ensure that no one waits for the care they need.

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DISCHARGE LOUNGES AT WORK

Whether labeled as a discharge hospitality center or a discharge lounge, this concept dates back to the early 1990's as hospitals have been opening, closing, and at times, reopening, these spaces.

In recent years, the use of DHCs has seen a resurgence due to higher patient volumes, overcrowding and increasing wait times for beds. While the degree to which this model is successful remains varied, any such success is often attributed to three key areas critical to planning for the optimized usage of discharge hospitality centers:

- ✓ MEASUREMENT OF OUTCOMES
- ✓ DESIGN
- ✓ IMPLEMENTATION

MEASURING THE OUTCOMES

Given that each patient's discharge plan is unique as well as taking into account the multitude of interdisciplinary team members contributing to the discharge process, it's not uncommon to see long delays from the time discharge orders are entered to the time the patient actually departs. This delay then has a direct correlation to hospital bed assignment time and can lead to unnecessary waits for patients to be admitted.

Research has shown a positive correlation between the time a patient is boarded in the ED and the clinical outcome of their care. Further analysis shows that patients boarded less than 2 hours have a 2.5% mortality rate compared with 4.5% for those boarded 12 hours or greater.² Other negative impacts of longer ED boarding include rerouting or refusal of direct admissions and incoming transfers, cancellations of procedures including surgeries or urgent treatments, poor patient satisfaction, delays in care, and staffing constraints.¹

Of the research reviewed, several articles describe quality improvement projects related to implementation of discharge lounges. However, little peer-reviewed evidence has been published. One study highlighted that the use of a discharge lounge successfully reduced the number of ED patient bed assignments that took 6 hours or longer from 25% to 16%.² In this same study, inpatient discharges before noon, a universal discharge strategy, increased from 33.4% to 41.5%.² Total time to discharge patients was significantly reduced as well, from greater than 2¼ hours to less than 1½ hours.²

1. Franklin, B., Vakili, S., Huckman, R.S., Hosein, S., Falk, N., Cheng, K., Murray, M., Harris, S., Morris, C.A., & Goralnick, E. (2020) *The Inpatient Discharge Lounge as a Potential Mechanism to Mitigate Emergency Department Boarding and Crowding*. *Annals of Emergency Medicine*. 75(6), 704–714.

2. Emmerling, S.A., Fisher, M.C., & McGarvey, J. (2020) *The Use of a Patient Discharge Lounge and the Impact of 30-Day Hospital Readmission*. *JONA: The Journal of Nursing Administration*. 50(11), 590–597.

"When run successfully, [DHCs] create inpatient bed time. Our first full year we saved 77.5 bed days of time by patients utilizing the DHC."

— UPSTATE UNIVERSITY HOSPITAL

DESIGNING A DHC THAT MEETS YOUR NEEDS

Many hospitals may not have the physical space for implementation of a DHC. However for those that do, creating an area that is large enough to accommodate multiple patients, and their unique needs is critical to success. This requires that the organization has extensive knowledge of the types of patients likely to utilize the Center, the criteria to determine eligibility, and finally the specific patient experience they hope to deliver.

Aesthetic design, communication and location are important factors to consider, as there are anecdotal reports noting that patients may feel 'out of the way' or 'moved to a lower level of care' by the hospital when identified as candidates for the DHC. Still, other organizations have experienced less than favorable support and lack of engagement from patient care units in

using the DHC model. Of paramount importance is engaging, not simply relying on, internal teams to design a prospective DHC. It is also critical to engage both patients and their families to better understand their expectations as it relates to topics like location, monitoring structure, amenities, and services offered within the DHC.

"I think [a DHC] is pivotal to all hospitals if you want to maintain [patient] flow. If you think about it, to improve the flow on the front end, you've got to improve the flow on the backend. And then you have patients sitting in beds waiting hours for their medicine, transport, pick-up. Lots of different things that they don't need to be waiting in beds for. If you have an area they can go wait, you have to do it. I don't think we'd be able to succeed without our discharge lounge."

— MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

GETTING STARTED

All told, DHCs have been found to decompress EDs by promoting earlier departure from valuable inpatient beds, making the beds available to receive patient admissions and transfers sooner.

This is a welcome benefit in smoothing patient flow on a unit and a valuable datapoint in the assessment of appropriate activities to improve discharge outcomes, including the evaluation of DHC effectiveness.

As you might imagine, establishing a Discharge Hospitality Center involves a number of technical and structural components. Suggested criteria for implementing a successful Discharge Hospitality Center requires hospitals and health systems to consider:

- ✓ PROJECT STRUCTURE
- ✓ DESIGN
- ✓ PATIENT ELIGIBILITY
- ✓ SCREENING ASSESSMENT
- ✓ LOCATION/SPACE CONSIDERATIONS
- ✓ TECHNOLOGY
- ✓ FEATURES AND EQUIPMENT
- ✓ STAFFING

ABOUT THE EXPERT

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Dr. Menefee brings extensive clinical and executive leadership experience to her role for TeleTracking Technologies. In addition to serving as a member of senior leadership, she has also led health system departments such as quality, service and safety, learning and organizational development, and process improvement. With experience in a variety of healthcare settings, Kathy is uniquely qualified to understand both patient and client needs, and align people, process and technology to meet those distinct needs.

*See the Strategic Guide to Implementing
A Discharge Hospitality Center
for a deeper dive into the process of
planning and execution, helping you
understand the feasibility of a DHC
for your organization.*

*Access the Strategic Guide to Implementing A Discharge
Hospitality Center by using the QR Code or URL below.*

teletracking.com/dhc-implementation-guide



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