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Decreasing length of stay in pediatric urgent care with electronic discharge instructions

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Background

Time spend waiting in the urgent care is dissatisfying for patient and staff. This "wasted time" accounted for more than 52% of the urgent care visit at our urgent care.

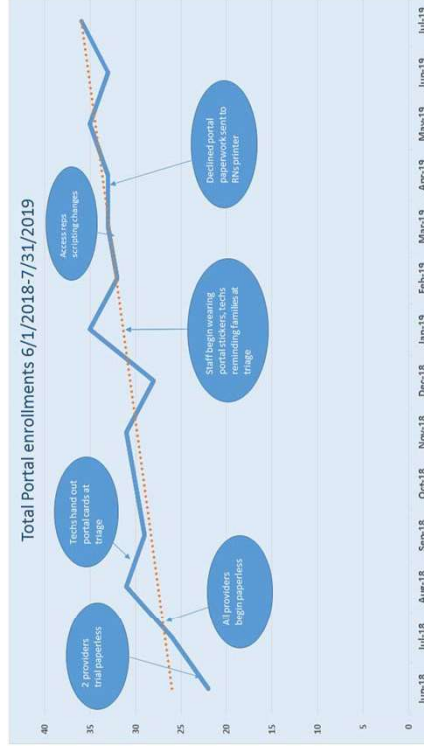


The aim of our project is to decrease length of stay by 10 minutes by April 30, 2019 for all patients discharged from Blue Valley Urgent Care by offering patients a paperless depart process. To be eligible for discharge without paper families must be enrolled in the online patient portal.

Methods

- Study Period: July 1, 2017 – June 30, 2019
- Inclusion Criteria: All patients seen at CM Blue Valley **and discharged** (N=50,636)
- Exclusion Criteria: Patients transferred or admitted

We performed a manual audit of all patients seen at Children's Mercy Blue Valley UC on the 14th and 28th day of each month from August 2018-April 2019 (N= 1,431) to determine if hardcopy or electronic discharge instructions were provided and recorded the total length of stay. The mean total LOS was calculated each month for the depart process type. Trends in average LOS were smoothed by using a 3-month moving average. The balancing measures were patient experience scores from the Patient Experience Survey (NRC) between the months of July 2017 through April 2019.



Results

- There is a seasonal trend for LOS in the urgent care
- Patient portal sign ups increased from baseline of 22% to 36% over the study period (p<0.001).
- Baseline median LOS was 74 minutes. Following the study, median LOS for patients who received hardcopy instructions was 66 minutes (p<0.001). Patients who received electronic discharge instructions had a median LOS of 57 minutes (p<0.001).
- There was a 6.8% increase in overall patient experience scores during the study period (p<0.001).
- There was no decrease in family perception of anticipatory guidance

Conclusions

Electronic discharge instructions significantly decreases length of stay and is associated with improved patient experience scores. Patients who received hardcopy discharge instructions also had shorter median LOS, likely due to overall improved urgent care workflow with use of the portal.

Although we have seen modest increase in patient portal sign up, increasing enrollment in the patient portal will continue to be a goal of this group. We also plan to spread this process to other urgent cares within our institution.

