CMSA

CASE STUDY

Highlighting innovative, evidence-based practice improvement projects showcasing the fiscal and human impact of case management practice throughout the healthcare system.

UCI Health Discharge Standardization: A Multidisciplinary Approach

by Sandra Stein, MSN, RN, CCM, IQCI

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INTRODUCTION

UCI Health has been experiencing overcrowding, Emergency Department (ED) diversion, and longer lengths of stay. A review of the issues revealed poor communication within the interdisciplinary team, particularly regarding patient and family involvement in the discharge plan and the Expected Discharge Date (EDD). It was determined that a multidisciplinary approach, incorporating nursing, therapy, pharmacy, case management, social work, laboratory, and radiology, would need to be included in any process of change. The daily review of the EDD, combined with the addition of a color-coding system to the medical record, would enable everyone involved in patient care to identify and prepare for discharges occurring the same day or the following day.

UCI Health is the clinical enterprise of the University of California, Irvine. UCI Medical Center is a 459-bed acute care hospital offering tertiary and quaternary care, as well as ambulatory and specialty medical, behavioral health, and rehabilitation services. It is the primary teaching location for the University of California, Irvine (UCI) School of Medicine. UCI Health serves the community with a Comprehensive Cancer Center, Comprehensive Stroke Center, Digestive Health Institute, Eye Institute, Neuropsychiatric Center, Regional Burn Center/ Orange County's only adult hematopoietic stem cell/bone marrow transplant program, region's only Level I trauma center and Level II pediatric trauma center, region's only high-risk perinatal/ neonatal program and maternal-fetal transport system.

UCI Health has a drastically growing Observed to Expected (O/E) ratio and length of stay, with record-high ED visits, increased ED admissions, complex care patients with challenging post-acute discharge needs, and increased surgical volumes. As the only tertiary care center in the area, there are constant requests to transfer to a higher level of care. However, it is often difficult to accept these patients due to capacity constraints. Given these challenges, the organization determined there to be a critical need to optimize flow and efficiently manage care within this unique healthcare landscape.

UCI Health has an average Case Mix Index (CMI) of 2.15, 50,000+ ED visits, 21,000 annual discharges, 4,300 trauma patients treated (more than half of Orange County's traumas), and a 98% daily occupancy rate. These challenges created an opportunity to reevaluate how the organization approached the discharge process. The key to this patient-centered program is working together in a seamless and coordinated fashion.

THE UNIQUE CHALLENGE

UCI Health has been facing capacity issues, including emergency department (ED) overcrowding, high diversion hours, and late-day discharges. A lack of coordination and communication between disciplines creates additional delays and challenges (Hammer, et al., 2022). There has been an upsurge in the number of admissions from the ED, combined with an increase in the discharge complexity of patients and excessive expectations from the patients and families.

The uniqueness of the patient population and overcrowding is further complicated by the hospital's proximity to numerous theme parks, two stadiums, and a convention center, creating a unique mix of patients seeking care. Patients are visiting from other parts of the country, including those who are Medicare recipients, those with commercial plans, and those who have their health coverage through Medicaid, with the added complication of being both from California and out of state. There is a significant population of unhoused individuals, those with substance abuse disorders, and psychiatric patients, all of whom pose challenges for discharge. Hospital throughput and interdisciplinary discharge planning have challenged the organization as the number of patients increased and the complexity of patient discharge needs mounted.

In response to the needs and with the engagement of our executive leadership, physician champions, nursing, case management, therapy services, and other healthcare team members, discussions began to create a standardized discharge process. The intent was to produce a robust system inclusive of all disciplines, allowing everyone in the organization to strive toward a common goal. The objective was to align the hospital's focus on proactive discharge planning, utilizing the EDD, and assigning a color code to indicate when the patient was anticipated to be ready for transition from hospital to community, thereby decreasing readmissions.

The question was how to engage the entire organization in a process focused on discharge planning and coordination. The project adopted a multidisciplinary approach, encouraging input from all areas of the organization. The goal was to develop a method for prioritizing discharge planning for all patients across all disciplines. The plan was to have case management guide the conversation with input from everyone.

INTERVENTIONS USED TO SOLVE THE PROBLEM

The intent of the standardized discharge process is to expedite the progression of patients throughout the system to the next level of care. This is accomplished through the establishment and utilization of the patient’s EDD, implementation of a color-coding identification system that clearly identifies which patients are ready for discharge and prioritizes any outstanding needs, rapid daily discharge rounding huddles, and increased promotion of the Discharge Hospitality Lounge.

Discharge Color Codes
1.Ready for discharge, no barriers
2. Today: Medically ready for discharge today, pending operational delays
3. Placement Pending: Medically stable pending placement
4. Tomorrow: Medically ready for discharge tomorrow, pending operational, placement or social barriers/delays
5. Not medically ready for discharge

The color-coding system is located within Epic, the patient documentation system used at UCI Health.

The discharge standardization standard of work applies to all healthcare teams in the hospital who have a role in ensuring a safe discharge for every patient. It outlines the procedures and responsibilities for standardizing discharge to expedite the process for patients who are medically stable and ready to leave the hospital. The establishment of an escalation process was also included in the plan. This would provide an avenue for all parties involved to escalate issues early, thereby preventing discharge delays. Each discipline utilizes its team chain of command, which can then be escalated to the house supervisor, bed czar, or case management leadership for further assistance. As noted in a study from the Mayo Clinic, utilizing a multidisciplinary team approach improves communication and allows for a proactive rather than a reactive process for discharge planning (Holland & Hemann, 2011).

Case management is key to the success of this project. Case managers play a crucial role in coordinating care and facilitating the transition from hospital to community, with a primary focus on ensuring patient safety, well-being, and quality of life. Emphasizing the length of stay and early coordination of the discharge plan can help improve the patient experience and reduce the cost of care.

Third-level escalation to Bed Czar and Empowering Patient Progression leadership team.

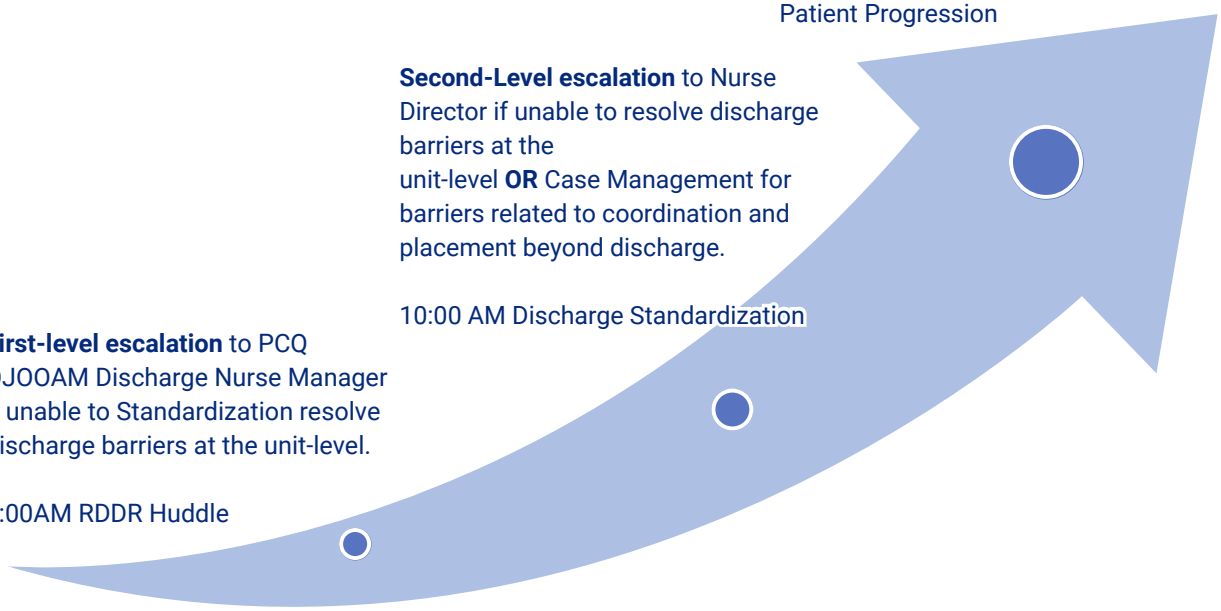
11:30AM Daily Leadership Patient Progression

Second-Level escalation to Nurse Director if unable to resolve discharge barriers at the unit-level **OR** Case Management for barriers related to coordination and placement beyond discharge.

10:00 AM Discharge Standardization

First-level escalation to PCQ OJOOAM Discharge Nurse Manager if unable to Standardization resolve discharge barriers at the unit-level.

9:00AM RDDR Huddle



Other aspects of this initiative included engagement with community partners, expanding the discharge lounge, establishing a meds-to-beds program, and weekly meetings coordinated with the top insurers, including the local Medicaid provider. Programs for the unhoused and underfunded populations were also investigated and utilized to assist in the discharge process. Improving communication and education has been shown to decrease readmissions and improve patient satisfaction (Becker, et al., 2021). Additionally, a complex nurse case manager and social worker were added to the team to help identify these resources. Engaging multiple teams and outside providers helped to create a successful program.

MEASURING EFFECTIVENESS AND RESULTS ACHIEVED

To evaluate the effectiveness of Discharge Standardization, UCI Health will measure several key metrics, including but not limited to discharges per day, length of stay, bed utilization, patient satisfaction, and resource utilization. By monitoring these metrics over time, UCI Health will identify opportunities to optimize patient throughput and admission rates, improve patient outcomes, and reduce costs.

The Discharge Standardization process has created an avenue for all members of the interdisciplinary healthcare team to identify patients who are medically stable and ready for discharge, as well as those patients who are nearing readiness. Daily meetings are held to discuss the daily EDD, update the color codes for visual prioritization, and highlight any discharge milestones or delays. The discharge/hospitality lounge nursing staff assist the bedside nurse in facilitating patients who are identified as ready for discharge. They are then moved to the discharge hospitality lounge to wait for their rides, medications, Durable Medical Equipment (DME), etc. Relocating stable patients to the discharge lounge allows for a more efficient bed turnover rate.

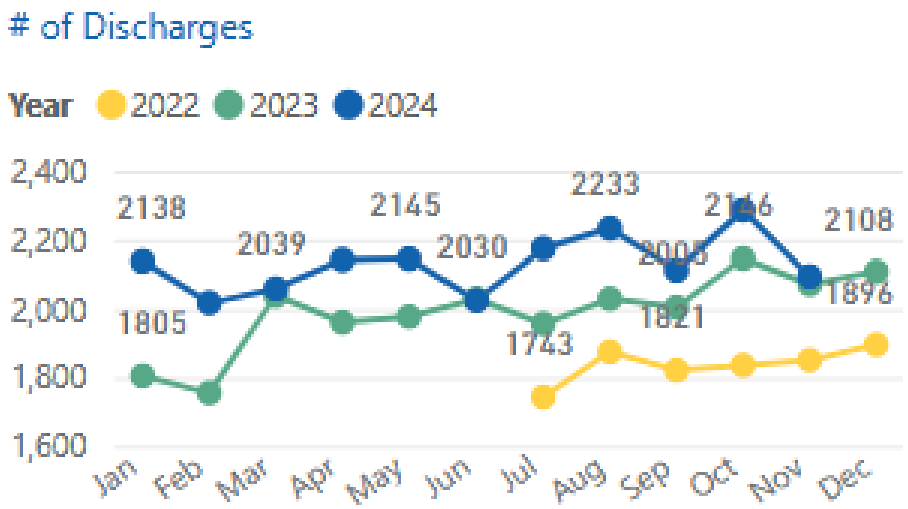
Through the Discharge Standardization process, case management has been the key driver in ensuring the accuracy of the EDD and color coding. The case manager will initiate the conversation with the medical team, including the initiation of the discharge conversation with the patient/family. Utilizing this information, discharge planning is then proactive rather than reactive. It allows the team time to prepare the patient for a targeted discharge date, thereby decreasing the number of delays. Engaging patients and families, along with the entire team, allows for a more cohesive transition of care from the hospital to the next level of care (Bajorek & McElroy, 2020).

When the pilot began, the EDD was updated 25% of the time within 24 hours of admission. Currently, the EDD is updated 40% of the time within this timeframe with 97% accuracy at the time of discharge. The number of monthly discharges increased from 1700 to 2100 over the initial 18 months of the project and continues to rise, with an organizational goal of 75 patients per day.

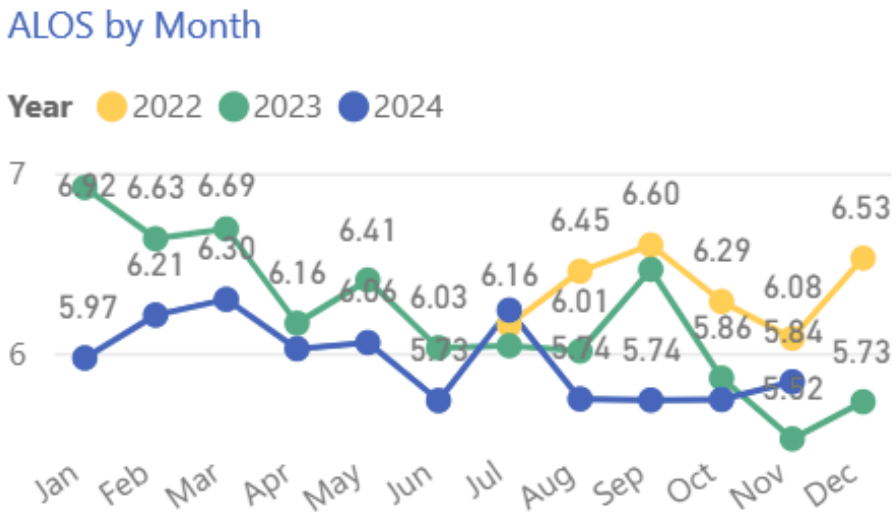
The Discharge Standardization process has helped improve hospital throughput and patient satisfaction, allowing for a unified goal across the entire organization. Patient satisfaction scores have increased from 58% to 65.2% for discharge planning and preparation since the process began. Having the whole team invested in this process has enabled successful implementation and positive outcomes.

UCI HEALTH: HEALING WITHOUT DELAY

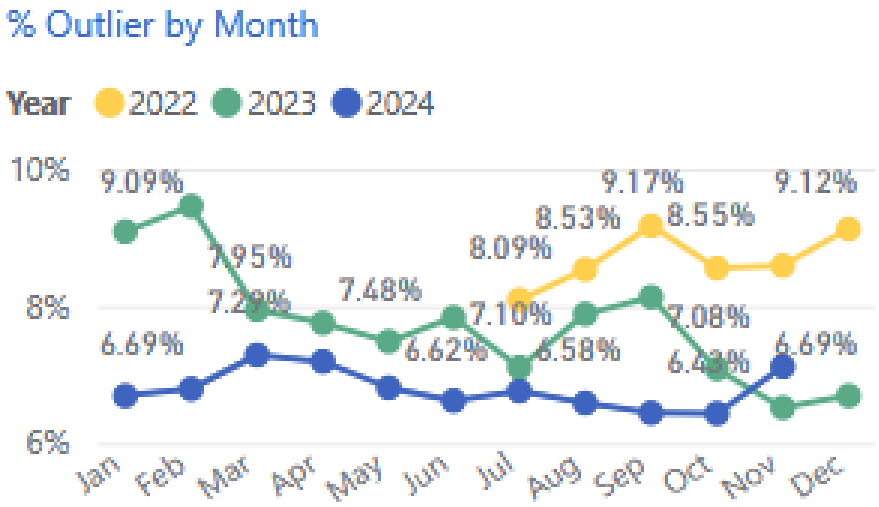
DATA TO SUPPORT FINDINGS



Since the beginning of the Discharge Standardization Project, the number of discharges has increased year to year.



The average length of stay has decreased from 6.53 to 5.82 years in the three years since the program was initiated.



The number of patient outliers hospitalized >10 days has decreased since 2022 when the Discharge Standardization Project was initiated.

LESSONS LEARNED

The Discharge Standardization process at UCI Health has been in place for nearly 2 years. During that time, there were increased daily discharges, improved communication, and better outcomes. The interdisciplinary team has a directed focus and utilizes both the EDD and color coding to plan care, emphasizing the discharges for the day. Prior to implementing this process, the day of discharge was fragmented and marked by delays. Utilizing an interdisciplinary approach allows for coordination of care.

When the case managers, social workers, physicians, and nurses were the ones preparing for discharge, there was a disconnect with other members of the team. Involving therapies, radiology, lab, pharmacy, etc., allowed for a more comprehensive approach to discharge planning. The discharge lounge has also been a key to the program's success as discharge lounge staff can pick up patients directly from their rooms, arrange for rides, coordinate the delivery of medications, and assist with DME delivery. The discharge lounge serves as a transitional space when a patient is no longer in need of a hospital bed.

The purpose of discharge standardization is to expedite the discharge process for patients who are prepared to leave the hospital, improve patient throughput, and reduce hospital length of stay. Discharge Standardization is conducted Monday through Friday by the healthcare team to identify patients who are medically stable and ready for discharge, as well as those nearing readiness for discharge.

CONCLUSION AND RECOMMENDATIONS

While this process has improved communication and provided a unified approach to discharge planning, UCI Health still faces challenges in reducing hospital overcrowding during the winter months and in managing ED diversion times. As the only Level 1 trauma center and tertiary/quaternary hospital in the area, many patients seek care at the facility, bypassing many community hospitals in their search for the higher level of care that UCI Health provides. The number of beds in the emergency department (ED) is limited, and there is no room for expansion on the campus. The Discharge Standardization process is essential to creating a steady patient flow throughout the hospital. All interdisciplinary team members will look for patients who are color-coded yellow and ensure that all their needs are met on the same day to ensure a safe and timely discharge. Those who are color-coded as orange and have a plan for discharge the next day will be the next area of focus for discharge planning.

The color-coding system enables everyone to have a clearer understanding of which patients will be discharged the same day and to prepare accordingly for the next day. It provides a way to visualize where resources must be focused to prevent discharge delays. This additional predictive tool is helpful for staffing all ancillary services throughout the hospital.

This past year, UCI Health acquired four community hospitals and is set to open a new hospital later this year, creating a six-hospital health system. With additional hospitals and increased capacity, the plan is to alleviate overcrowding at the main campus by utilizing open beds at other facilities. The plan involves establishing a system-wide command center, implementing the color-coding system at all hospitals, and transferring patients to available beds at any facility rather than holding them in a single emergency department. The team continues to look at ways to improve the process to decrease overcrowding, improve patient satisfaction, and maintain patient safety.

ACKNOWLEDGMENT

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Case Management Society of America
5034A Thoroughbred Lane
Brentwood, TN 37027
CMSA.org