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Electronic discharge systems improve patient options, save time

By Seth Loonan

Like the chocolate scene from “I Love Lucy,” in which the conveyor belt cranks out product at an increasing speed and workers can’t keep up, manual hospital discharge systems frequently become unmanageable, according to hospital discharge planners.

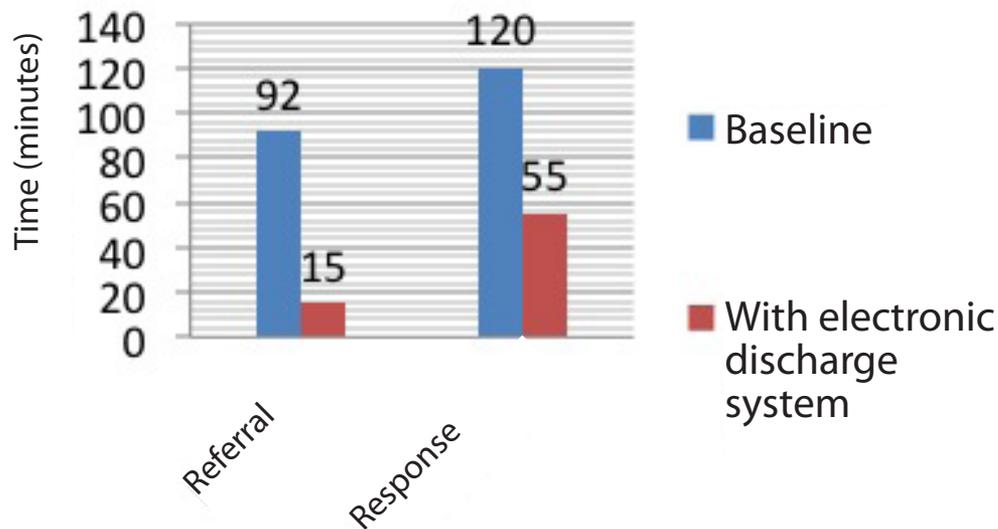
Helping patients and their families arrange for proper care after discharge at home or in a sub-acute care facility is an important responsibility. Yet locating nursing care can be complicated, and social workers spend valuable resources manually searching for potential referral sites.

The traditional approach

The traditional process, which entails faxing documents, can take several hours, and destination facilities might not respond for a day or more. While many hospitals continue to maintain paper records for patient discharge details, some facilities are switching to web-based software that broadcasts necessary documents to participating short- and long-term care facilities and home nursing care providers. Automated electronic discharge systems (which can cost hospitals several thousand dollars per month) quickly notify potential destination facilities via fax, email or SMS/text



Referrals and response time comparison



*Time savings during three-months from about 2,270 patients discharged at CentraState Medical Center, Freehold, N.J. Source: Authentidate Holding Corp.

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message that a patient referral is waiting on a secure website. Platforms must be HIPAA-compliant; some require no software installation for participants and allow for retrieval of patient data from EHRs. As a result, providers can log on to the website and accept or decline a patient referral in seconds.

Documented results

For CentraState Medical Center, a 284-bed hospital in Freehold, N.J., that discharges more than 2,000 patients annually to subacute care service providers, an electronic discharge system helped recoup half the time it took to send manual referrals (up to three hours) and receive responses (from eight hours to one), according to Carl Ausfahl, assistant vice president, quality and performance improvement, CentraState. The hospital's quest to improve the efficiency of its discharge processes led executives to seek out automation.

Since the electronic discharge system was implemented, the discharge planning department reports improved patient placement time by more than 54%, reduced workflow costs by more than 93% (by cutting fax costs) and reduced overhead time to create and send referrals by more than 85%. The chart on page 57 represents the time savings during three months from slightly more than 2,270 patients discharged from CentraState. By expediting the process, social workers can focus more of their time on direct patient care.

And there is a patient care component. Question 19 on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey asks patients whether they received the help they needed at home after discharge. After adopting the new system, CentraState's score on that question now stands in the 91st percentile.

Medicare rules require hospitals to provide patients with choices for their subacute care service providers. The ability to reach out to several potential referral sites at once gives patients and their families more facility choices. ■

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