

Intervention increased early-discharge rate for resident-run teaching teams

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A resident-driven intervention increased the early-discharge rate for the teaching teams at one academic medical center, although length of stay (LOS) and 30-day readmission rates also increased.

Prior to the intervention, all medicine residents attended a mandatory educational workshop, which reviewed the resident discharge protocol. Residents received a corresponding checklist tool for resident-attending daily walk rounds and a guided template for resident-led multidisciplinary discharge huddles to identify next-day discharges. The primary outcome was the preintervention (18 months before) and postintervention (12 months after) [rate of discharge orders before 11 a.m.](#) Nonteaching teams (each staffed by a hospitalist and an advanced practice provider) served as the control group. Secondary outcomes included LOS, 30-day readmission rates, and resident perception of the protocol. Results were published online on Dec. 10 by the *Journal of General Internal Medicine*.

After the intervention, the rate of discharge orders before 11 a.m. increased from 12% to 29% ($P<0.001$), LOS increased by 1.47 days ($P<0.001$), and 30-day readmission rates increased a nonsignificant 0.32% ($P=0.84$) on the teaching teams. While the rate of discharge orders before 11 a.m. increased for both the teaching and nonteaching teams, the teaching teams had a significantly greater increase (difference, 17%; $P<0.001$; ratio of adjusted odds ratios, 2.16 [95% CI, 1.65 to 2.85]; $P<0.001$). There was an initial rapid rise in the rate of discharge orders before 11 a.m. immediately after the intervention, followed by a gradual decline over time.

Both the teaching and nonteaching teams showed an increase in LOS during the postintervention period. Compared with the nonteaching teams, the teaching teams had a nonsignificant increase in LOS (difference, 0.74 d; $P=0.39$; ratio of odds ratios, 1.05 [95% CI, 0.97 to 1.14]; $P=0.23$). There was no significant change in 30-day readmissions for the teaching teams during the postintervention period, but there was a significant reduction for the nonteaching teams. Compared with the nonteaching teams, the teaching teams had a relative increase in 30-day readmission rates (difference, 3.98%; $P=0.07$; ratio of odds ratios, 1.35 [95% CI, 1.03 to 1.78]; $P=0.03$). With regard to resident feedback, 29 (50%) of 58 internal medicine residents completed the postintervention survey. About 55% ($n=16$) of residents agreed that the early discharge initiative helped in understanding the importance of prioritizing patients for early discharge. However, the same percentage of residents agreed that the initiative compromised their learning during teaching rounds.

Among other limitations, the single-center study was conducted at a large academic residency program, potentially limiting its generalizability, and the sample size of residents who completed postintervention surveys was small, the authors noted. There were also substantial differences between the teaching teams and the nonteaching teams with respect to the composition of team members and patient census, they added.

The authors noted that the success of the initiative was due to four factors: identifying resident champions to promote peer leadership, revising resident workflow to accommodate afternoon walking rounds and discharge huddles, using tools to standardize communication for prioritization of early discharges, and engaging residency program leaders. “By incorporating all four factors, we were able to ensure buy-in and compliance with the intervention from all participating members,” they wrote, adding that social workers and case managers were key participants in implementing the discharge huddle.