Project: Improving the discharge process for normal mothers and newborns on the Maternal Newborn Care Unit (MNBCU)

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<table>
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<tr>
<th>Start Date: Feb 2013</th>
<th>Completion Date: March 31, 2013</th>
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<td>Faculty Unit/Department: MNBCU</td>
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I. Problem/Situation
- Deliveries at University Hospital have increased by 10%
- Numerous mother/baby discharges occur daily
- Prolonged discharge process
  - Delays moving moms off L&D onto MNBCU
  - Patient, staff, and physician dis-satisfier

II. Current Situation
- The current average time between when a maternal discharge order is placed and the time the mother and her normal newborn leave the hospital is 7 hours 33 minutes.

III. Target/Goal
- The average time between when a maternal discharge order is placed and the time the mother and her normal newborn leave the hospital will improve by 10% to 6 hours 48 minutes by March 31, 2013.

IV. Root Cause Analysis
- MNBCU discharge involves two patients and two medical teams
- 4 areas of discharge inefficiency identified for this project
  - Removal of maternal surgical staples
  - Placement of maternal discharge orders
  - Obtaining newborn metabolic screens
  - Transporting mother and newborn to the car

V. Countermeasures
- Creation of staple removal standing orders
- Unit policy for timing of maternal discharge orders
- Standardization of timing of collecting the newborn metabolic screen
- Creation of designated parking area for car seat placement

VI. Implementation
- Creation of staple removal standing orders
  - Implemented February 4, 2013
- Unit policy for timing of maternal discharge orders
  - Implemented January 28, 2013
- Standardization of timing of collecting the newborn metabolic screen
  - New order set implemented March 4, 2013
- Creation of designated parking area for car seat placement
  - March 11, 2013 – pilot of new area

VII. Follow Up
- The average time between when a maternal discharge order is placed and the time the mother and her normal newborn leave the hospital decreased to 6 hours 35 minutes. This met our target goal.

$$ Impact:
Potential financial impacts
- Improved patient satisfaction leading to more referrals
- Increased access to delivery services, e.g. scheduled inductions
- Less time spent on L&D after delivery