An Interprofessional Approach to Decrease Length of Stay in a Long-Term Acute Care Hospital (LTACH)
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PROBLEM STATEMENT
- Advances in medicine and technology have led to a larger number of Americans surviving acute critical illness thus increasing the demand for LTACHs.
- Length of Stay (LOS) is a quality indicator. Increased LOS can result in a substantial negative financial impact for the institution and healthcare system as a whole.
- Integrating a discharge process that is efficient and includes input from multiple disciplines can increase the likelihood of a timely and safe discharge, while decreasing costs for individuals, their families and the system.
- The desired LOS in an LTACH is 25-30 days.

PROJECT PURPOSE
- To reduce LOS on a medical/surgical unit of an LTACH in the Southeastern United States.
- Overarching goal: To evaluate the impact of a standardized discharge planning process on patient length of stay within a Long Term Acute Care Hospital setting.
- Specific Aim: To reduce LOS on a medical/surgical unit at the second floor of a LTACH by 5% within 30 days following implementation of a standardized interprofessional discharge planning process.
- Clinical Question: Can Implementation of a standardized interprofessional discharge planning process decrease length of stay by 5% within 30 days following implementation of a standardized interprofessional discharge planning process at a Long Term Acute Care Hospital by 5% with 30-days following implementation of a standardized interprofessional discharge planning process at a Long Term Acute Care Hospital?

METHODS
Subjects:
- Chronically critically ill adult and older adult patients admitted to the second floor of the LTACH.

Demographics:
- Pre-Intervention Cohort:
  - Males 64% (n=16)
  - Females 36% (n=9)
  - Age range 25-86 years
  - Mean age - 68
  - Mode age - 68
  - Median age - 71
- Post-Intervention Cohort:
  - Males 55% (n=16)
  - Females 45% (n=13)
  - Age range 25-86 years
  - Mean age - 68
  - Mode age - 89
  - Median age - 68

Setting: second floor medical/surgical unit in 7-bed LTACH in the Southeastern United States.

Intervention:
- Creation of order set for consultation with case management within 72 hours of admission.
- Formation of a dedicated interprofessional team (IPT).
- Weekly IPT meetings dedicated to discharge planning.
- Implementation of an IPT discharge tracking form.
- Analysis of pre-study data reports depicting average anticipated LOS and the average actual LOS for the designated unit.

Data Collection:
- Average LOS from the 30 days prior to intervention will be compared to the average LOS for the 30 days post intervention.
- Data was collected using the IPT discharge tracking form and facility generated data. Data was input into Excel Spread Sheet.

Data Analysis:
- T-test

RESULTS
- Actual LOS: 20.0 (95% CI 19.0-21.0)
- Average Anticipated LOS: 20.0
- Average Actual LOS: 20.0
- p = 0.0496
- Standard error of difference = 8.852
- df=52
- Unanticipated Finding: Improved efficiency and communication contributed to significant reductions in time for consultation for gastroenterology and speech therapy consultation

DISCUSSION
- The development of an IPT discharge tracking form shows promise for improving efficiencies, accountability, and communication.
- Implementation of a standardized interprofessional discharge planning process lends support for reduced LOS and potential decrease in health care cost.
- Implementation of a standardized discharge process demonstrates favorable support to reduce LOS worth of further study.
- Limitations include: 1) short 30-day pilot study 2) limited sample size with use of aggregate data limits generalizability and 3) project implementation during a pandemic.

IMPLICATIONS FOR ADVANCE PRACTICE
- NURSING
  - APRN’s are in direct positions to improve patient care outcomes.
  - Addressing inefficiencies of the discharge process holds promise for improving efficiencies, accountability, and communication.
  - Adoption of the dedicated interprofessional team has occurred within the supporting facility.
  - Spread of the standardized discharge planning process and discharge tracking form in the form of a second PDSA cycle has been supported.

SUSTAINABILITY
- Results support that LOS can be reduced through improved efficiency and communication.
- Implementation of a standardized discharge planning process lends support for reduced LOS and potential decrease in health care cost.
- Spread of the standardized discharge planning process and discharge tracking form in the form of a second PDSA cycle has been supported.

REFERENCES
- Lewin’s Theory of Change, borrowed from the social science of psychology, was integrated into the framework of this QI project.
- Implementation of a standardized interprofessional discharge planning process lends supports for decreasing LOS in an LTACH.