

IGNITE OB/GYN: Creating a Discharge Greaseboard for Obstetric Patients

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Problem

- Obstetric patients encounter unique challenges during the discharge process
 - Making quick transitions to and from the hospital with a shorter than average length of stay
 - Admission usually ending with a significant life event – new medical condition, new infant vs acute grief from loss, and/or recovery from surgery
 - Patients who frequently have less regular contact with the healthcare system
 - Discharge involves multiple checkpoints not otherwise captured by the general discharge navigators in Epic
- Discharging patients in the current obstetric process requires a significant amount of back and forth between providers and nursing staff which can lead to frustrations and delays given that providers are also managing the busy L&D unit

Goals

The goals of the OB/GYN IGNITE Team’s project are to create a discharge greaseboard to:

- Enhance communication between providers and nursing
- Improve the efficiency and accuracy of the discharge process
- Address the unique needs of our obstetric population in a systematic way and
- Provide pathways for comprehensive care for patients with limited access to care outside of pregnancy

Intervention Design

Project Development

- OB IGNITE team met to provide list of elements important to include in an obstetric greaseboard
- Sent out survey to L&D providers and all OB nursing staff to gather feedback on the current discharge process (see Table 1)

Building Greaseboard

- Epic support to build greaseboard into the OB/GYN context
- Identified ways in which essential obstetric discharge elements could be automated into greaseboard
- Biweekly to monthly interdisciplinary team meetings to give feedback on the board build

Themes of Feedback on OB Discharge Process		
	Nursing	Providers
Positives	<ul style="list-style-type: none"> When rounding occurs early When conditional orders are in well before the time of discharge and instructions are complete Running the list with the charge nurse Blue dot “Ready for Discharge” system 	<ul style="list-style-type: none"> Charge nurse presence during walk rounds Blue dot “Ready for Discharge” system Ability to place condition discharge orders Availability of nursing with individual Voceras
Negatives	<ul style="list-style-type: none"> Lack of orders Incorrect pharmacies or late entries to Meds2Beds or when it is not available Patient expectations of discharge immediately after rounds and frustration over delays Inconsistent communication with the primary nurse versus the charge nurse Minimal communication regarding discharge for antepartum patients 	<ul style="list-style-type: none"> Lack of correct pharmacies on file and confirmation of Meds2Beds Communication significantly decreasing after rounds for patients that need later day discharges Lapses in communication with primary nurse if only charge nurse was present on rounds Changes in baby discharge affecting patient decisions Delayed labs
Suggestions for Improvements	<ul style="list-style-type: none"> Getting conditional orders and Meds2Beds orders prior to rounds Visual checklist or confirmation for discharge - night nurses can then help Some form of guaranteed communication with primary nurse 	<ul style="list-style-type: none"> Confirm pharmacy on admission to the antepartum or postpartum Clarify follow-up location for patients Making sure high alert medications are prescribed as Meds2Beds Having patients make all follow-up appointments before leaving the hospital Discharge order sets

Table 1. Results of Pre-intervention Survey

Results to Date

Name	Room	Rounding Team	DC Status	Delivery Type	Delivery Date	Preferred Pharm	Rhogam	TDAP	MMR	Birth Control	BP Education	Consults	Birth Cert	DC Order	Comments
Newmom, Hosp Service	3109		●												
Storktest, Adaption	3304		●												
Storktest, Charlotte "Charl...	TN317		●	(2) Vaginal, For...	(4) 06/09/2021...										
Storktest, Emilia	3303		●	(1) C-Section, L...	(1) 06/21/2021		✓								
Storktest, Maisy	TN318		●	(1) Vaginal, Sp...	(1) 09/25/2020				✓						
Storktest, New	3305		●	(1) Vaginal, Sp...	(1) 11/11/2022					depo					
Storktest, Novigrade "N...	TN303		●	(2) Vaginal, Sp...			✗				✓				Wants epidural
Storktest, Obiklaunch	3306		●										✓		
Storktest, QBL	TN322		●												L&D provider comment...
Storktest, Temp	TN305		●	(2) Vaginal, Sp...											
Storktest, Tuesday	3307		●												
Storktest, Wrong	3301		●	(1) Vaginal, Sp...	(1) 11/11/2022										
ZzTest, Keegan	3000		●	(1) Vaginal, Sp...	(1) 08/05/2022	TEST MD - CHI...									
Storktest, Charge	3104		●	(1) Vaginal, Sp...	(1) 09/20/2022							01/30/23 1611...			
Storktest, Goldie	TN307		●	(1) Vaginal, Sp...	(1) 05/20/2021	OSCO DRUG #...	●	●	✗	IUD	●	12/30/22 1123...			
Storktest, Garland	TS326		●	(1) Vaginal, Sp...	(1) 12/15/2017							03/29/18 0946...			

Figure 1. Beta Build of Discharge Greaseboard

Greaseboard Elements

- DC Status
 - “Button” to be turned red/yellow/green pending discharge status
- Preferred Pharmacy
- Injections & Immunizations
 - Rhogam, Tdap, MMR
- Preferred Birth Control
 - Free text column to confirm patient has received for Depo and Nexplanon
- Blood Pressure Education
 - Education included as part of the “Remote Patient Monitoring” program that aims to decrease morbidity from hypertensives disorders of pregnancy
- List of Consults
- Birth Certificate Completion
- Discharge Orders
- Postpartum follow-up clinic
 - Column added after initial build to capture location of postpartum follow-up
 - Goal to print report from the greaseboard for outpatient providers to see

Next Steps

Implementing the Greaseboard

- Greaseboard currently live and provides/nursing being education on use
- Continuing Epic support to fix identified bugs

Gathering & Incorporating Feedback

- Perform post implantation survey following 3-6 months of greaseboard use
- Will need to define further metrics for success

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