S No.	Potential failure mode	Resultant Problem
1	Patient not assigned to same inpatient team for each admission	Discontinuity
2	Incomplete information on transfer between services	Poor communication and poor fallow up care
3	Too many people involved in discharge decision	Prolonged hospitalization
4	Too many people involved in discharge notification:	Everyone involved in patient care is not always informed of discharge decision; no patient perceived readiness for discharge care which can lead to inappropriate placement;delays in discharge process
	Chaotic, repetitive process with various gaps Excludes any input from patient regarding their perceived readiness for discharge	
5	When making PCP follow-up appointment, no one checks with patient to see if time is convenient/possible	No appointment
		New system is having patient schedule their own appointment if they're able
6	Lack of appropriate training regarding components of discharge paperwork and responsibility of each component/step in the process	Discharge summary not complete or not correct
7	Patients leave hospital without prescriptions (meds)	No medications; wrong medications given to patient at discharge; wrong medications taken by patient upon discharge; delay in discharge process
	Discharge medications:	
	– if changes are made during hospitalization, are these changes incorporated into discharge instructions by nursing team?	
	– confusion between	

	admission and discharge medication (reconciliation)	
	Nursing team not notified regarding changes in medications/prescriptions at	
8	Too many people involved in patient education but not assigned or defined to a particular role and therefore no	Patient gets mixed messages while discharge education is either missing or incomplete
9	There is not time for patient education	Patient education either either missing or incomplete
10	No clear mandate/system for discharge education	Poor patient discharge education, lack of patient understanding of disease, treatment, and follow-up care
	No system to identify degree of need for discharge education so education can be tailored	
	Patient education and literacy not adjusted according to patient's level of literacy/health	
	Patient education about disease is not part of discharge	
11	No discharge plan given to patient	Lack of understanding of what to do next
	Literacy level of patient medication sheets too high	Missed appointment, lab not followed up
	Patient not told about pending lab/tests	Patients don't understand medications
	Literacy level of patient medication sheets too high	
12	When does the discharge process start? In order to have timely discharge, often rushed at end when have timely discharge, often rushed at end when much detail needed	Rushed discharge causes errors
13	No in-service on how to do discharge	Incomplete discharge
14	Patients cannot get medications from pharmacy days/nights/weekends	Patients don't get medications
15	Many assumptions about who does what but lack of accountability	No checklist or toolbox or patient discharge
16	No follow-up with patient post-discharge, "did you get medications, etc?"	No medications/implenent 48-72 hour pharmacy telephone cell
17	No auditing system for discharge processes	No improvement
18	Medical mistakes	No process to discuss and fix

Possible Action Steps
Work with Admitting/Residency Office:
Readmit to same physician team
Readmit to same nursing team/unit
Talk with Administration regarding ways to work with problem patients, i.e. in ER,problem patients are readmitted to the same nursing unit
Co-authors on discharge summary
Standardize transfer summary
Develop process to streamline voices instead of eliminating them
Electronic check-out form to coordinate discharge readiness decision
Need correct information and patient knowledge
Create centralized electronic service for communication
Develop appropriate, clear assignment/delineation of responsibilities
On centralized electronic form, clarify who's responsible with checklist as each team member completes components they are responsible for
Discharge coordinators can serve as liaison between patient and various providers of pt. care
Patients not capable, need quick appointment, etc
Coordination between unit clerk and patient regarding availability/ability to make appointment
All appointments to be made other than by patient, are made by unit clerk
Dedicated schedulers to make follow-up appointments efficiently
Give coupon, go to "schedulers", and make all appointments before leaving
With access to computing systems to ACC and other outpatient clinics to make appointments directly
Laptops available to make appointment process more efficient
Have office on inpatient floor to schedule appointments
Shift responsibility for discharge summary/paperwork from interns to residents
Include appropriate training for interns and residents clarifying whose role each component is
Automating the process and discharge summary will help with this shift of responsibility since lots of work will automatically be completed by transferring
Med Teach – provide training on how to use this
Prescriptions computer linked to outpatient pharmacy (VA does this now)
Develop contact at pharmacy, both inpatient and outpatient
Have prescriptions filled and delivered to nursing team
Conduct patient education with actual medications, pillbox filled
Have designated window at pharmacy for hospital discharges
Have pharmacy involved in patient education

Add “changes from admission” section on discharge summary with details regarding
admit and discharge medications and notes regarding all changes made during
hospitalization
Make someone responsible for patient education
More in-service training regarding patient education
Allow time for this!
Assign some type of responsibility for which patients:
need/require patient education
what type of patient education would be best suited
assess patient’s literacy level and tailor education to that level, electronic checklist can help with this
develop “education sheet” as part of electronic hospitalization – documents
Develop Discharge Plan for each patient which includes:
Information regarding inpatient hospitalization
All changes in medications with clear details regarding what and how to take upon discharge
clear follow-up instructions for patients written at a level that patient can read and
understand regarding appointments, nutrition, exercise, lifestyle changes, when to follow-up
Involve Emergency Department in discharge process:Begin on-line data collection and discharge planning form in ED and have linked to
Begin on-line data collection and discharge planning form in ED and have linked to inpatient record and/or discharge summary paperwork
Include section on discharge plan with details of significant psychosocial issues that have led to admission
Quarterly reviews for interns and attendings, nursing personnel, and other providers as needed
Organize system to get medication to patients upon discharge
Need centralized discharge facilitator
Follow-up by member of inpatient staff within 48-72 hours
person can track outcomes/issues identified
Increase ease of error reporting with formal review