

Impact of Epic Chat Discharge Priority Groups

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INTRODUCTION

Length of stay is an important and common measure of throughput.

Discharges for patients that are observed or admitted are often contingent upon one study or lab, e.g., an echocardiogram for a new diagnosis of atrial fibrillation or syncope.

Delays in these studies or labs can result in prolonged hospitalization and the harms of unnecessary hospitalization, e.g., HACs, as well as reduction in hospital capacity during high-volume, e.g., COVID surge.

When an ancillary service has a large number of studies to perform, it can be challenging to determine which studies to prioritize.

Epic chat was a functionality recently introduced as part of the electronic medical record at NYU Langone Health as a way to facilitate communication between interdisciplinary providers.

One component of the Epic chat is the opt-in group function, which allows for different users to sign-in to a group at any given time.

OBJECTIVE

Epic opt-in discharge priority groups (DPGs) were created for priority ancillary services for whom discharge-dependent studies were needed, e.g., echocardiograms, CT scans, MRIs, and xrays.

METHODS

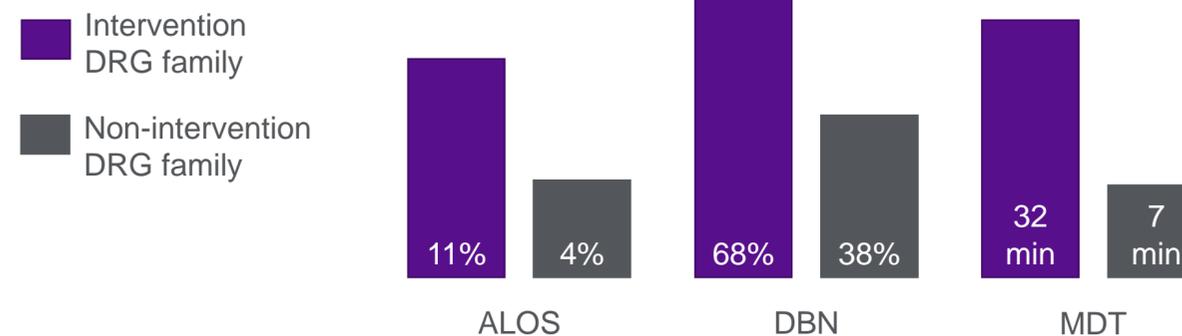
The period before DPGs were introduced (pre-period) is defined as 5/15/2020 - 5/14/2021, and the period afterward is 5/15/2021 - 2/10/2022.

Discharges were grouped by DRGs that commonly used or did not use DPG functionality. DRG families that did not use DPG functionality was used as a control group.

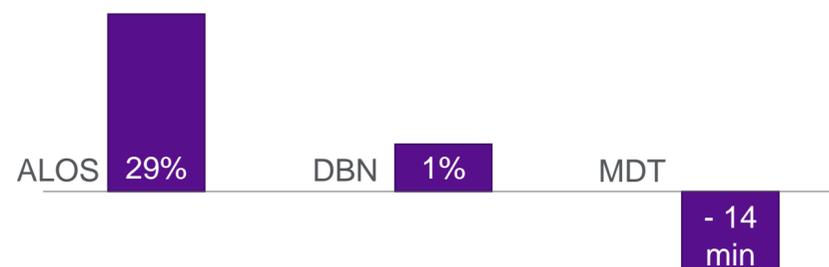
Changes in length of stay and throughput measures were assessed and compared in the experimental and control group and comparing the pre- and post-period throughput measures.

Within DRG families that used DPG functionality, throughput and length of stay measures were compared if an Epic chat was used.

FIGURE



Within intervention DRG families, discharges with discharge chats:



RESULTS

For DRG families where DPGs were commonly used, there was a

- 11% improvement in average length of stay (ALOS)
- 68% improvement in discharge before noon (DBN)
- 32 minute improvement in median discharge time (MDT)

In contrast, for DRG families where DPGs were not commonly used, there was a:

- 4% improvement in ALOS
- 38% improvement in DBN
- 7 minute improvement in MDT

Within DRG families where DPGs were used, discharges with DPGs were associated with a:

- 29% improvement in ALOS compared to discharges without DPGs
- 1% improvement in DBN
- 14 minute worse MDT.

CONCLUSIONS

Epic DPG functionality was associated with improvements in length of stay and throughput measures.

CLINICAL IMPLICATIONS

Epic DPGs may assist technicians and supervisors for clinical ancillary services to prioritize patients to assist with hospital throughput and length of stay. This tool is especially helpful when bed capacity is of acute concern.