



Background

After reviewing several patient charts, gaps were identified in the discharge of patients who left before noon. One area delaying discharges is nursing documentation. Some areas for improvement in nursing documentation are strict intake and output records, monitoring for desaturations, and noting changes in patients' status. Additionally, we recognized another opportunity related to delays in patient transportation and medication readiness delays

Objective

To increase our charting compliance from 30% to 90% over the next 6 months. To improve our discharge before noon time, from 36% to 48% over the next 6 months.

Purpose

The overall purpose of this project is to ensure a smooth transition from admission to discharge and to address any obstacles that might cause a delay in the discharge. To determine patient discharge readiness upon rounding, accurate and efficient documentation is necessary. A chart review checklist was created. Education for the nurses was provided via PowerPoint. Visual and email reminders, along with real-time feedback, were provided. The results demonstrate improvements in charting compliance and patient discharge by the end of 2025.

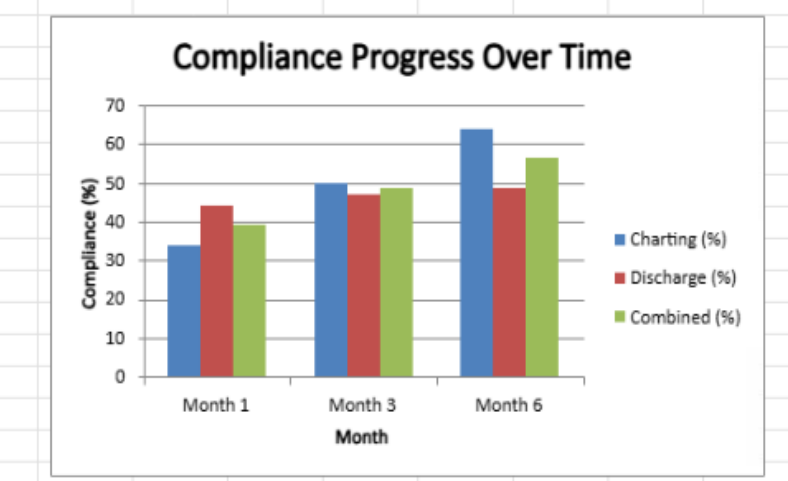
Methods

- 1- Nursing education via power point presentation and charting document reference on charting expectations.
- 2- Q shift chart review audit and real time feedback
- 3- Discharge readiness check list
- 4- Monthly documentation audit trend and discharge before noon percentage presented during staff meetings.

Evaluation/outcome

- The success of this project depended greatly on the feedback and reminder provided to the nursing staff and understanding the objectives, the requirements of the observation unit documentation and the impact on the patient discharge time.
- This project was successful in improving patient discharge outcome and the provider decision making at rounds to ensure the best patient outcome.
- Giving the staff real-time feedback and allowing them to correct discrepancies in charting provided clear expectation. The clinical leader performing the audits was seen as working together with the staff nurse to achieve a common goal.

Month	Charting (%)	Discharge (%)	Combined (%)
Month 1	34	44	39
Month 3	50	47	48.5
Month 6	64	48.7	56.35



References

Bechir G, Anja M. Impact of Discharge Rounds on Patient Flow and Hospital Outcomes. *Cureus*. 2025 Sep. 14; 17(9): e92267. doi: 10.7759/cureus.92267. PMID: 40955335; PMCID: PMC12433610. Trahan C, Hui AY, Binopal N. Standardization of rounds on a general pediatric ward: Implementation of a checklist to improve efficiency, quality of rounds, and family satisfaction. *Pediatric Child Health*. 2021 Oct 11;27(2):111-117. doi: 10.1093/pch/pxab080. PMID: 35599681; PMCID: PMC9113846. Kaitlyn Philips, Roy Zhou, Diana S. Lee, Christine Marrese, Joanne Nazif, Constance Browne, Mark Sinnett, Steven Tuckman, Anjali Modi, Michael L. Rinke; Implementation of a Standardized Approach to Improve the Pediatric Discharge Medication Process. *Pediatrics* February 2021; 147 (2): e20192711. 10.1542/peds.2019-2711

> Examples: evidence-based practice/peer review journals, clinical guidelines, best practices. > Current (no older than 5 years) unless classic/seminal works such as: Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley. > Contain complete publication information in format such as APA. > Resource for formatting references: <http://owl.english.purdue.edu/owl/resource/560/05/>; > Literature references are not counted towards the abstract character limit