

**Project Title:**

FLIP-ing the Patient for Discharge: How the Bundling of Choosing Wisely Recommendations through an EHR Dashboard Can Improve Patient Care

**Collaborators:**

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**Objective:**

The Choosing Wisely campaign was designed to encourage discussion between patients and providers in order to provide a more tailored approach to medical care. With each medical society having provided a list of five “Things Physicians and Providers Should Question”, many practitioners have attempted to implement quality improvement projects that focus on a single recommendation. While focused one-item approaches often lack longevity, systematic approaches to complex problems, such as those addressed by Choosing Wisely, will likely be more efficacious and have longer lasting effects (1). Just as bundling procedures in disease-specific states has shown improved application and patient outcomes (2), we hypothesize that bundling four Choosing Wisely recommendations from the Society of Hospital Medicine could potentially have, not just an additive but, a multiplicative effect on quality outcomes.

**Approach/Methods:**

We propose the creation of a Choosing Wisely “Waste Dashboard” in the Epic Electronic Health Records. This dashboard would auto-populate in both the nurse and physician’s Patient Summary list and consist of 4 categories: 1) assessing the need for a Foley, 2) reassess the need for daily Labs, 3) Indications for telemetry and, 4) assessing whether GI and/or VTE Prophylaxis is required on the patient. Each category will have an embedded hyperlink to allow the ordering physician to discontinue any intervention easily and efficiently (Figure). The intervention will be formatted around the patient discharge, so as to give it context in which to be applied. We believe the mnemonic “FLIP the patient for discharge” will help staff and physicians remember to enforce these interventions on all of their patients. Finally, an educational campaign to encourage daily communication between housestaff/hospitalists and nursing staff regarding who they are going to FLIP will promote interdisciplinary care and collaboration.

**Anticipated Outcomes/Results:**

We believe the implementation of this intervention would have positive outcomes across multiple spectrums. Starting with patient care, we hypothesize that the dashboard would not just lead to improvements in one Choosing Wisely recommendation, but in four. We hypothesize that the systematic bundling of these recommendations will lead to significant improvement in discharges prior to noon (3), decreased usage of both Foley-catheters and telemetry, and possibly shorten hospital length of stay. Experience has taught the authors that pending voiding trials or repletion of an abnormal lab often delays discharge for several hours. Mechanistically, by FLIP-ing the patient 1-2 days prior to discharge you will ensure that the patient is Foley-free, that no labs will need to be followed-up, no aberrant heart rhythms are uncovered, and all unnecessary medications have been stopped. Furthermore, by linking the intervention to patient discharge, we will expose physicians to discharge planning from day one. From a cultural perspective, we believe the dashboard would lead to improved inter-professional communication not just in these four domains, but would encourage communication on other areas of care, as well. Finally, this bundle would act as an education tool for residents, in which repetitive exposure to a culture of high value care will hopefully lead it to being routine practice.