Utilization of Medically Ready for Discharge Date (MRDD) Function: An Interdisciplinary Quality Improvement Initiative

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BACKGROUND

The Medically Ready for Discharge Date (MRDD) is the date at which a patient is deemed medically stable for discharge. Efficient patient care coordination in hospital medicine relies on the timely identification and documentation of the MRDD.

In July 2021, there was an institution wide launch of the Better Flow Program aimed at streamlining patient flow, and this included improved utilization of the MRDD.

Ideally, providers are expected to enter the MRDD within 24 hours of admission and update it regularly. In practice, completion rates were low, especially entry within 24 hours of admission. The average MRDD entry from July 2021 to July 2022 was < 50% on unit 6-1400, suggesting that this function was significantly underutilized.

SMART AIM

Our project aimed to increase utilization of the MRDD function on unit 6-1400 by 80% between August 2022 and December 2023.

METHODS

We worked with an interdisciplinary team consisting of pharmacists, nurses, providers, care coordinators, and social workers.

We implemented PDSA cycles including education, frequent messaging, and interdisciplinary staff involvement at different time intervals and with mixed results between August 2022 and February 2023.
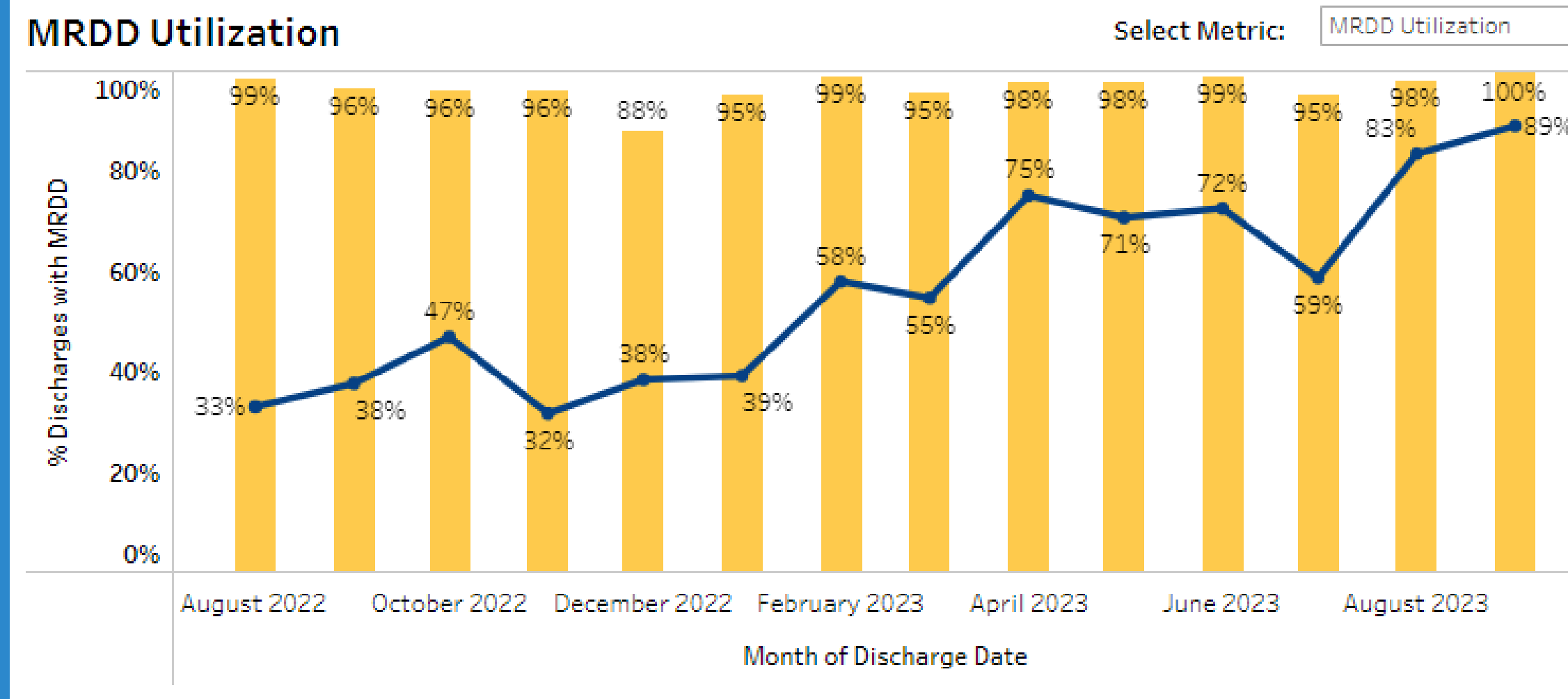
In March 2023, given that "forcing function" is a more effective type of intervention, we incorporated this concept into the electronic medical record admission order set, such that providers were prompted to enter an MRDD at the time of admission.

PDSA CHART

CYCLE	DATE	INTERVENTION
1	Aug 2022	Assign MRDD entry responsibility to SW & CC
2	Oct 2022	Assign MRDD entry responsibility to providers
3	Nov 2022	Provider education and messaging
4	Dec 2022	Faculty education and messaging
5	Mar 2023	MRDD added to admission order set

Adding a "**forcing function**" to the admission order set led to a **sustained increase in MRDD** entry within 24 hours of admission and surpassed the goal of 80% completion.

MRDD Entered Before Discharge: **96.2%**
MRDD within 24 Hours of Admission: **54.9%**

Discharges with EDD Documented: **20.3%**
EDD Accuracy: **29.4%**

Average Discharge Milestones Completed: **57.3%**

MRDD Utilization

Select Metric: MRDD Utilization

BETTER FLOW
Right **Care**. Right **Place**. Right **Time**.

UR MEDICINE
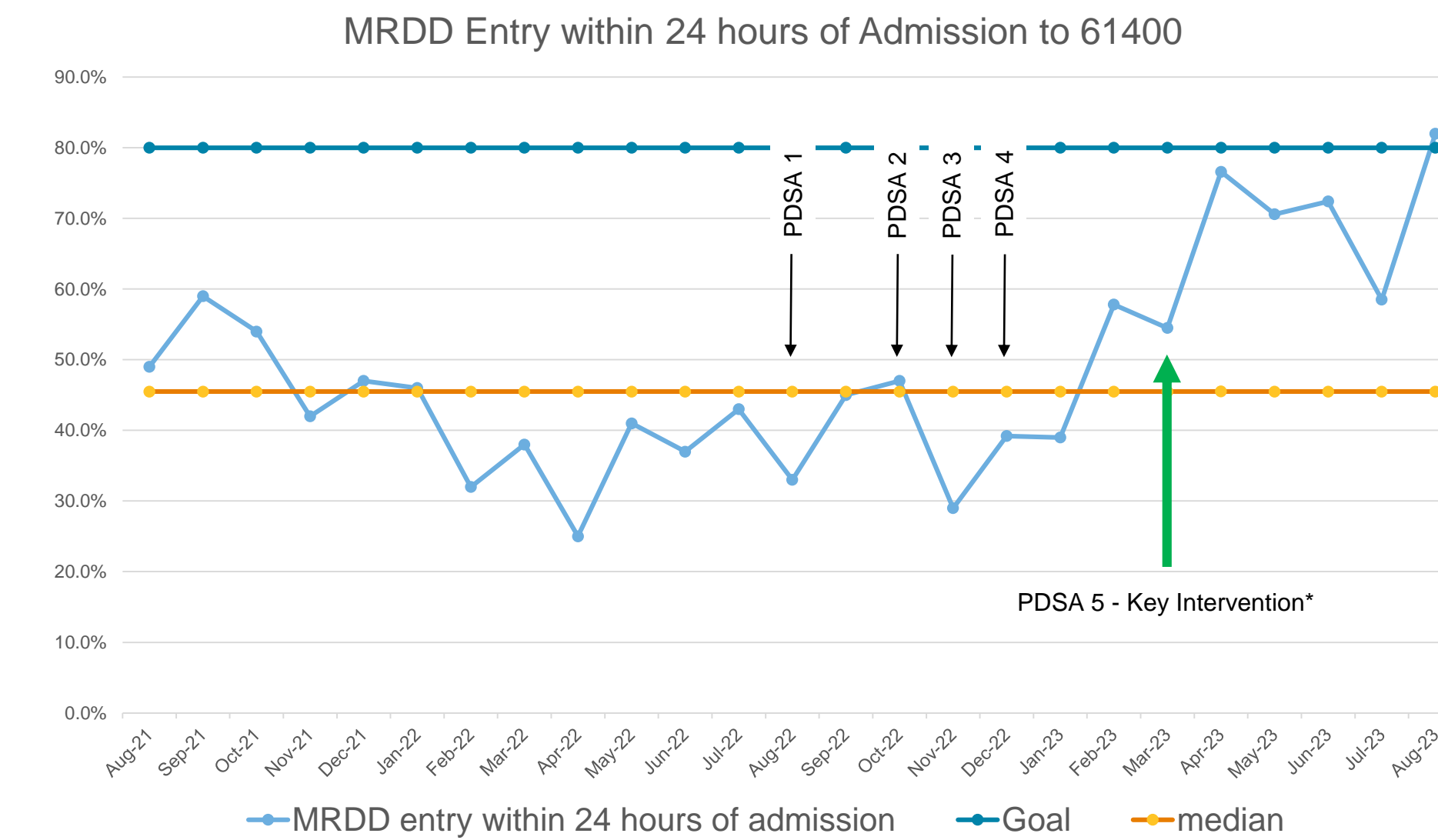MELIORA 1850
MEDICINE of the HIGHEST ORDER

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RESULTS

Our initial interventions included education, frequent messaging, and interdisciplinary staff involvement, which intermittently achieved entry > 50% with an average entry of approximately 45%. Our key intervention was implemented in March 2023, with the following results:
- Apr 2023 with 77% Entry
- Jun 2023 with 72% Entry
- Aug 2023 with 82% Entry

PROSPECTIVE TIME SERIES ANALYSIS (RUN CHART)

MRDD Entry within 24 hours of Admission to 61400

* Key intervention = the addition of the MRDD order within the admission order set

DISCUSSION

We concluded that inclusion of the MRDD as a "forcing function" in the hospital medicine admission order set led to a sustained increase in percent utilization above the previous average of < 50%. In fact, we achieved our goal of > 80% completion within 24 hours of admission.

While education and messaging regarding MRDD did not result in a sustained increase in entry, we suspect that it laid the groundwork for understanding its purpose and utility within the admission order set. We acknowledge that it is difficult to determine whether there was an additive effect of education and messaging on the sustained increase seen with our key intervention.

FUTURE DIRECTIONS

Our goal is to maintain sustainment in MRDD entry within 24 hours of admission with periodic messaging that explains its utility and how to enter it through the "forcing function" of electronic health record.

We will then use this information to help determine the various reasons for discharge delays, which will enhance our ability to pinpoint the cause of these delays and address them more effectively.

ACKNOWLEDGMENTS