The lack of post-operative planning was a major barrier in reducing the length of stay (LOS) for our spine patients. From January through March 2017, less than 20% of spine surgery patients completed the Discharge Planning Questionnaire. This resulted in avoidable post-surgery discharge delays and a higher than expected length of stay. The aim of this project was to improve patient care throughout the care continuum by leveraging opportunities pre-admission.

The goals of this project were to:

- Develop a realistic and achievable formalized process for collecting and transferring discharge planning information across the multidisciplinary team
- Automate form completion and implement active bi-directional communication via creation of an interactive flagging system that clearly indicated which patients required further screening
- Partner with outpatient spine surgery schedulers to integrate completion of the Discharge Planning Questionnaire into the spine surgery scheduling workflow to ensure that every patient would be screened and documented in Cerner

To arrive at the current form, various data collection methods were explored, such as:

- An alternate risk stratification paper form
- Qualtrics, data collection tool
- RedCap, research data collection tool
- Adobe dynamic PDF documents

After comparing each option, Adobe’s interactive tool was chosen for its easy application, management, and compatibility with the organization’s EMR system. This tool significantly streamlined the patient discharge planning process and provided staff more time to proactively coordinate and provide optimal patient care. Form completion rose to 73% from 21% within 3 weeks and LOS reduced by 0.2 days from the previous year.

This work served as a model cell, proof of concept for expanding the application of dynamic information collection throughout the health system.