

# Percutaneous Coronary Intervention (PCI) Same-Day Discharge

## The Problem

The literature shows that same-day discharge after PCI is a safe and cost effective practice. Furthermore, with increased demands for PCI and the limited bed resources, it is prudent to develop a protocol for selecting patients who are eligible for outpatient or same-day discharge procedures. BIDMC established a multidisciplinary team to develop and evaluate a same-day discharge program that will allow more efficient use of limited hospital beds.

## Aim/Goal

- Develop patient inclusion and exclusion criteria using evidence-based practice
- Decrease the LOS of interventional cardiology patients
- Reduce number of outpatients in a bed on Farr 3

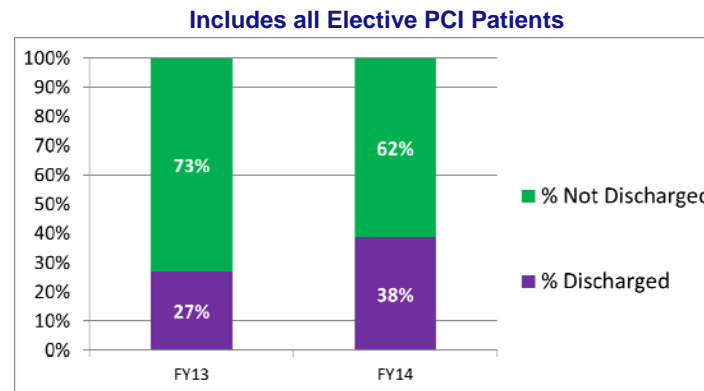
## The Team

Donald Cutlip, MD Director of Cardiac Catheterization Laboratory  
 Kalon Ho, MD Cardiovascular Quality Director  
 Lisa Hird RN, BSN Nurse Manager of Cardiac Catheterization Laboratory  
 Cindy Phelan, RN MS Associate Chief Nurse  
 Pam Browall, RN MSN Nurse Manager CCU/Farr 3  
 Patricia Clark, RN BSN  
 Debra Jones, RN BSN  
 Cheryl Esposito, RN BSN  
 Eric Harrington, RN BSN Cardiac Catheterization Educator  
 Mary Jane Devine, MSN, NP-C  
 Marie Bosak, MSN, NP-C  
 Lorraine Britting, MSN, NP-C  
 David Mangan, Pharm-D  
 Tricia Bourie, RN, MS  
 Brianna Soper, MA

## The Steps Taken for Practice Change

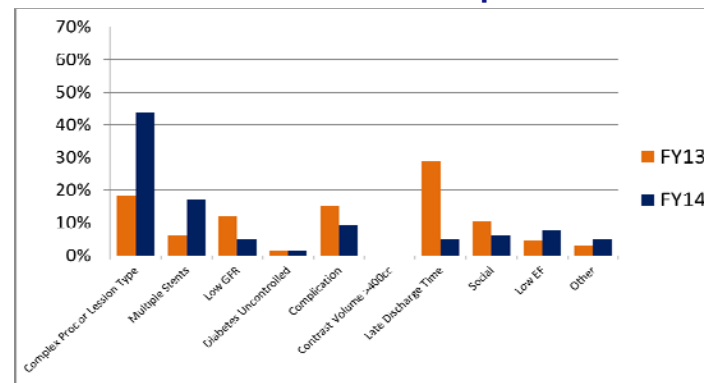
- Establish oversight team to develop protocols and evaluate the project
- Nurse Practitioners extended work hours to accommodate later discharges
- Review and revise discharge instruction sheets
- Develop tracking sheets for inclusion and exclusion criteria
- Follow-up all SDD patients at 24 hours and 30 days post procedure
- Provide 24 hours of medications for patients discharged late in evening

## Progress to Date



Q1 FY13 N=92      Q1 FY14 N=104  
 30 Day MACE N=0      Cardiac Readmissions N=0

## Exclusion Criteria FY13 Compared to FY14



## Next Steps/What Should Happen Next

- Collect discharge data for review at quarterly team meetings
- Extend discharge times to 10 pm
- Expand inclusion criteria
- Revise cath lab scheduling system and electronic whiteboard
- Go live with POE in the cath lab holding area