**Significance**

Hospital throughput quality-improvement projects challenge us to look at nursing roles in acute care through a different lens. The Institute of Medicine (IOM) identified that medication administration, care coordination, and documentation consume most of the nurses’ time, noting that approximately less than one fifth of nursing practice time is spent on direct patient care (IOM, 2010).

**Methods**

**Framework:** Quality Improvement  
**Design:** Plan-Do-Study-Act  
**Setting:** 2 Medicine Acute Care In-Patient Units  
**Interventions:**  
- Identifies pre-11 candidates’ previous day during interdisciplinary rounds  
- Daily morning discharge huddle  
- Coordinates discharge with interdisciplinary team  
- Identifies and facilitates transfer to hospital closer to home discharge lounge  
- Closed Loop Communication: Reviews Discharge plan with nurse and patient prior to discharge  
**Measures:** % Pre-11 Discharges

**Results**

During the pre-intervention period, both units were not meeting the internal benchmark for throughput defined as pre-11 discharges with a combined median of 19.7%. After implementation of the RN Discharge Navigator their combined median pre-11 discharge increased to 27.2%, a median increase of 7.5%.

<table>
<thead>
<tr>
<th>Pre-Intervention</th>
<th>Intervention Period</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.7%</td>
<td>27.2%</td>
<td>7.5%</td>
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**Conclusions**

The discharge navigator facilitated throughput with the healthcare teams to ensure safe and timely pre-11 discharges. The bedside nurses stated, “the navigator allowed them to focus on patient care and completing timely discharge documentation”. For the navigator, it was a challenge to perform the role on multiple units simultaneously. In March of 2023, one unit transitioned to an observational unit. Given the throughput complexity of observation status, the decision was made for this role to focus on the in-patient unit going forward.