

# Cleveland Clinic Arts and the Discharge Lounge

Priyanka D. Sehgal, MD, MPH Candidate Preceptor: Dr. Amy Lynn Teleron, MD

Cleveland Clinic, 9500 Euclid Ave., Cleveland, Ohio 44195



### Background

Established in 1921, Cleveland Clinic is regarded as a nonprofit, academic medical center based in Cleveland, Ohio. It is owned and operated by the Cleveland Clinic Foundation, which oversees hospitals and centers in Cleveland, Ohio, Florida, and Nevada domestically. Their International endeavors include hospitals in the United Arab Emirates, Canada, and the United Kingdom.

Despite being a major institution, it faces the challenge of patients remaining in their beds after being discharged.

# Population

 The pilot initially was focused on discharged patients from the Orthopedic, Pulmonology, Cardiothoracic, & Cardiology units who remain in the hospital for an extended period of time; and since has grown to encompass patients from all departments.

## Deliverables

- IRB protocol
- Infographic for use in Discharge Lounge
- Surveys for Patients and Employees

#### Activities

- 1. Attended all Microsoft teams video conferences
- 2. Conducted literature review to identify point of intervention
- 3. Created a flow chart to visualize patient throughput
- 4. Integrated non-affiliated departments to work together
- 5. Developed surveys for stakeholders, for analyses
- 6. Brainstormed ideas with the team
- 7. Assisted in selecting artwork for the Discharge Lounge

### Infographic

#### Why Ruminate come Participate!

You are welcome to join in an engaging fun-filled customized art program and relax in a newly renovated





Accompaniment Upon availability, a designated Cleveland clinic v olunteer will ACCOMPANY & lead you to interactive spaces!

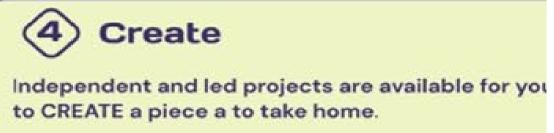












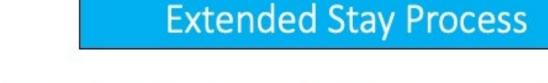


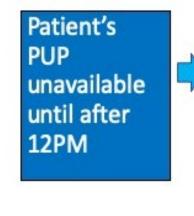






### Work Flow Chart











### Surveys

#### D/C Lounge Staff /Volunteers Survey

1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree

Strongly Disagree Agree Strongly

	Disagree	Disagree	, igi e e	Agree	
1. I was able to easily identify patients that were eligible for the discharge lounge using the Lounge Candidate List.	1	2	3	4	
2. Eligible patients were agreeable to waiting in the discharge lounge until their ride arrived.	1	2	3	4	
3. The process of transitioning patients to the lounge was seamless.	1	2	3	4	
4. Communication between staff on the discharging unit and in the lounge was effective and clear.	1	2	3	4	
5. Patients appeared to have a positive experience in the discharge lounge.	1	2	3	4	
6. Patients appeared to enjoy the art education classes provided in the discharge lounge.	1	2	3	4	
7. The updates to the discharge lounge (renovation and art classes) have improved my workflow.	1	2	3	4	
8. I will recommend the Discharge Lounge to other patients when they await their ride to home.	1	2	3	4	
Suggestions					

#### Patient D/C Survey

Disagree

Strongly Disagree Agree Strongly

Going to the Discharge Lounge caused increase stress in my transition to home.	1	2	3	4	
2. The process to go to the Discharge Lounge helped improve planning for my ride to home.	1	2	3	4	
3. I feel that the upgraded Discharge Lounge is a welcoming space to relax while I wait for my ride to pick me up.	1	2	3	4	
4. Support staff in the upgraded Discharge Lounge made my experience comfortable.	1	2	3	4	
5. The artwork in the Discharge Lounge makes the space interesting and enjoyable.	1	2	3	4	
6. The craft workshop improved my experience in the Discharge Lounge.	1	2	3	4	
7. The art education class improved my experience in the Discharge Lounge.	1	2	3	4	
8. I will recommend the Discharge Lounge to other patients when they await their ride to home.	1	2	3	4	
9. If I require another hospital stay, I would want to come back to the Discharge Lounge.	1	2	3	4	
Additional feedback:					

#### Learning Objectives

- Analyze data & review literature to understand challenges in patient bed availability due to discharge process.
- Apply knowledge through MPH to create & pilot an intervention.
- Develop educational materials to evaluate success of programming.

#### Lessons Learned

- 1. Interdisciplinary, continual coordination necessary for symbiotic working relationships.
- 2. Social Determinants of Health SDOH, are factors affecting the population we hope to mobilize.
- 3. Discharge upon Admission, improve planning upon discharge time.
- 4. Challenges, difficulty for providers to integrate changes in workflow due to: current workload, limited staffing, & cultural shift.

# Public Health Implications

- Highlight positive outcomes to providers in having beds available earlier
- Consider perspectives of all stakeholders, to gain programming support.
- Raising patient awareness regarding consequences of delayed discharges.
- Going forward, analyze, survey feedback to recommend patient throughput improvements.
- Improve patient experience during discharge process.

### Acknowledgments

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