Abstract

**Background/Local Problem:** Decreased patient throughput can lead to poor outcomes, such as increased time spent in the emergency department and delayed care. Minimizing discharge delays can help promote patient throughput. Discharge lobbies have been implemented in facilities to improve patient throughput by allowing for earlier discharge times.

**Purpose:** The aim of this project was to complete a program evaluation of the discharge lobby (DCL) at a local hospital.

**Methods:** The program evaluation was completed using the CDC Program Evaluation Framework. The data collected was patient discharge time, time patient spent in the DCL, number of patients in the DC, and which units are using the DCL. A survey was distributed to evaluate staff attitudes toward the DCL.

**Intervention:** The discharge lobby was implemented in January 2019 to improve patient throughput by allowing for patient discharge earlier in the day. Much of the data for the DCL had been collected, but not evaluated. The data was evaluated and organized using Excel.

**Results:** Since the DCL was implemented in January 2019, there has been a decrease in mean discharge times by about 15 minutes for 2019 and eight minutes for 2020. In general, the nursing staff had positive feelings about the DCL and the new discharge process.

**Conclusions:** Overall, the DCL has decreased the average discharge time and is generally well received by the nursing staff. Future recommendations include a formal evaluation of the 2021 DCL data and further staff education regarding the DCL process.

**Keywords:** Inpatient discharge, patient flow, throughput, hospital discharge, discharge lobby, discharge lounge, ED boarding.