QUALITY IMPROVEMENT
Increasing the Utilization of an Early Supported Discharge Program for Stroke Patients through Education, Clinical Informatics, and Collaborative Discharge Planning

PROBLEM
- Low discharge-to-home rates for stroke survivors
- Prolonged hospital lengths of stay for stroke population
- Low enrollment into evidence-based Early Supported Discharge program

INTERVENTION
- Team Education
- Employ Technology
- Identify Early
- Connect Teams

OUTCOMES
- DISCHARGE TO HOME: 5.9%
  42.3% to 48.2%
- LENGTH OF STAY: 2.9 DAYS
  6.3 days to 3.5 days
- 30-DAY READMISSIONS: 4.3%
  10.6% to 6.3%

BALANCING MEASURES
- 30-Day Readmission Rate