



Team,

As you know, RSV numbers continue to rise in our community as we also care for patients battling COVID, the flu and other diseases or ailments. Our communities rely upon us to provide exceptional care, especially in emergent situations. During such times, we also want to ensure a great experience for our inpatients, surgical patients and emergency center patients.

We are known for clinical excellence, and one of our top priorities is to make our inpatient facilities the best places in the nation to provide and receive care.

We understand and admire our team's dedication to thorough and comprehensive care. We must continue to maintain our tradition of excellence. To provide the care our patients deserve and expect from us during this time of increasing RSV, COVID and flu cases, one of the things we can do is improve the way in which we discharge patients. When we cannot safely discharge patients in a timely fashion, we cannot admit current patients in our EC or PACU who need inpatient care, which then creates extremely long wait times for new patients coming to our EC for care and bottlenecks in the operating rooms.

**Effective Wednesday, Nov. 30, we are piloting a new discharge process**, outlined below, until next spring or unless otherwise notified. This pilot will begin on 9N, and if it is successful, we will adopt this process in other units.

The CMO Cabinet, President's Council as well as the APP, Nursing and hospital administrative leadership are collaborating to support this approach. Today, we are asking for your cooperation and support as well.

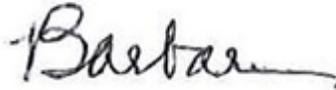
**New Pilot Discharge Process:**

- On afternoon progression rounds, care managers, nurse managers and nurses will identify patients who are determined to be medically ready for discharge the following morning.
- The discharge APP will call the attending physician to discuss the care plan.
- If the attending physician agrees to discharge the patient by 9 a.m. on the following day, the APP will discuss with the patient and family.
- If the attending physician does not process the discharge by 9 a.m., an APP will again call the attending physician to discuss the care plan.
- If the attending physician agrees to discharge the patient that day but is unable to enter the order in a timely manner, the APP will write a discharge order, perform the medication reconciliation and prepare the after-visit summary consistent with the directives of the attending physician. **The attending physician will remain responsible for preparing the discharge summary as required by the Medical Staff Rules and Regulations.**
- If the attending physician is non-responsive (>30 minutes) or disagrees, the unit medical director or service chief will review the chart. If the unit medical director or service chief agrees the patient can be safely discharged, they will call and discuss with the attending physician.

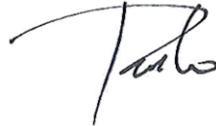
- If the attending physician agrees to discharge the patient immediately, they will be offered the opportunity to do so. In the rare circumstances where the attending physician disagrees or is continually unreachable, the pilot discharge process will stop, and the case will be sent for peer review.

If you have any questions or concerns, please let us know.

Thank you for everything you do to serve our patients at Corewell Health East.



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*This message was sent to all physicians and APPs at Corewell Health William Beaumont University Hospital.*