

# Safe, Timely, Nurse-Led: Transforming Bronchiolitis Discharge Processes

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# LEARNING OBJECTIVES

## Identify

### Identify Nurse-Led Discharge Barriers

- Recognize key challenges in bronchiolitis readiness

## Explain

### Explain Conditional Discharge Benefits

- Describe impact on workflow, LOS, and care team confidence

## Apply

### Apply Across Populations

- Identify additional patient populations suited for this approach

When a  
Patient Is  
Ready... But  
the Process  
Isn't



What if nurses could  
safely activate discharge  
the moment a patient  
meets criteria?

# Why This Matters

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**Bronchiolitis is the #1 leading cause of hospitalization in infants**

- **18% of all pediatric hospitalizations**
- **Significant cost burden**
- **High volume hospital strain**



# Bronchiolitis Conditional Discharge Project

Revised: 11/1/2025

**Global Aim:**  
Discharge healthy infants with bronchiolitis when medically ready

**SMART Aim:**  
50% of healthy infants with bronchiolitis will have a conditional discharge order placed

**Balancing Measures:**  
Length of stay  
3-day readmission

## Key Drivers

No standard for medical discharge readiness criteria

No current process to communicate when medical readiness is achieved

No discharge preparation until day of discharge

Misalignment in readiness timing and team availability for discharge orders

## Interventions

**Medical readiness criteria and education**

**Daily progress note template**

Discharge summary and AVS templates

Laminated list of criteria posted in patient room for families to monitor progress

Addition of conditional discharge order to Best Practice Alert for infants with mild scores

**Addition of conditional discharge order set at time of bronchiolitis admission**

# Quality Improvement Project

Key Drivers	Interventions
No standard for medical discharge readiness criteria	Consist interdisciplinary readiness criteria and education
No process to communicate when medical discharge readiness is achieved	RN daily progress note template
Misalignment between discharge readiness and team availability	Addition of conditional discharge order upon admission

## Nurse-Led Bronchiolitis Conditional Discharge

### Global Aim

- Discharge healthy infants with bronchiolitis when medically ready

### SMART Aim

- 50% of healthy infants with bronchiolitis will have a conditional discharge order placed upon admission

### Outcome Metrics

- % of conditional discharge orders placed
- Length of stay

# Intervention Overview

## Three Key Changes

- Conditional discharge order added to the bronchiolitis order set
- Structured nursing education
- Standardized nursing documentation

## **Nursing Care Plan Summary**

### **Goal Outcome Evaluation:**

Progress: Moderately Stable (4/13/26 0630)

Outcome Evaluation: Patient was able to wean off oxygen to room air overnight and maintain O2 sats >88%. Mild PBST scores. Patient still requiring wall suction. Nose Frida given to parents, but they have not tried it yet. NG in place for poor feeding. Taking about 50% of feeds PO and the remainder via NG.

Plan of Care Reviewed with: Parents

### Recommendations forward:

- Educate family on Nose Frida and have them attempt suction before next feed.
- Attempt to wean off wall suction.
- ATC Tylenol for comfort

### Barriers to Discharge:

- Poor PO and NG feeds
- Still requiring wall suction
- Parents need education on Nose Frida Suction

# Patient Population



## Inclusion

- Infants age 30 days–23 months
- Hospitalized for bronchiolitis
- Discharged home

## Exclusion

- Prematurity <32weeks
- Congenital heart disease
- Chronic lung disease
- Neuromuscular disease
- Apnea
- ICU admission

A photograph of a woman with dark hair, seen from the side, holding a young child. The child is crying with their mouth open. The woman is wearing a white patterned top. The background is a bright, indoor setting with a plant and a white sofa.

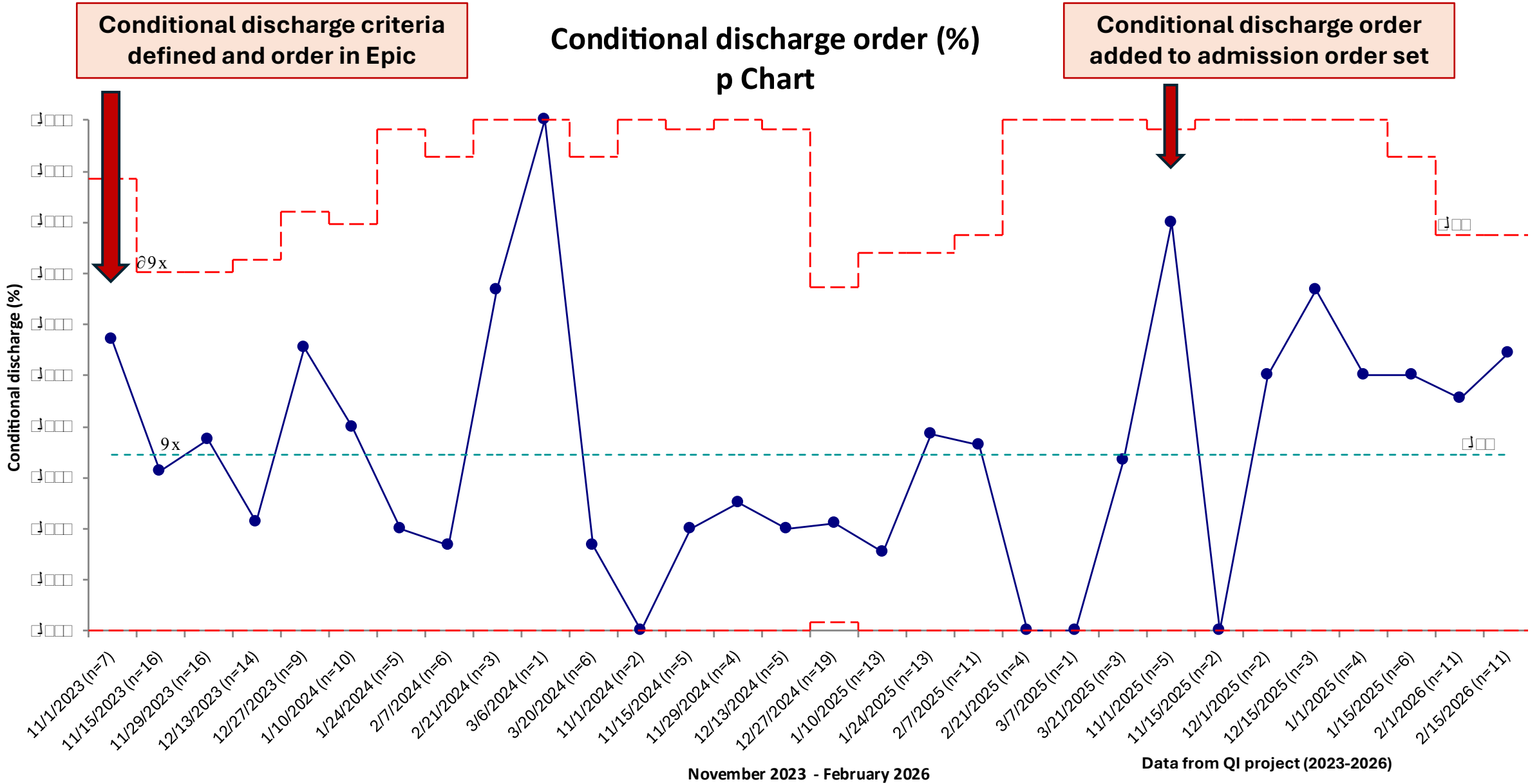
# Conditional Discharge Criteria

**Patients must meet ALL criteria:**

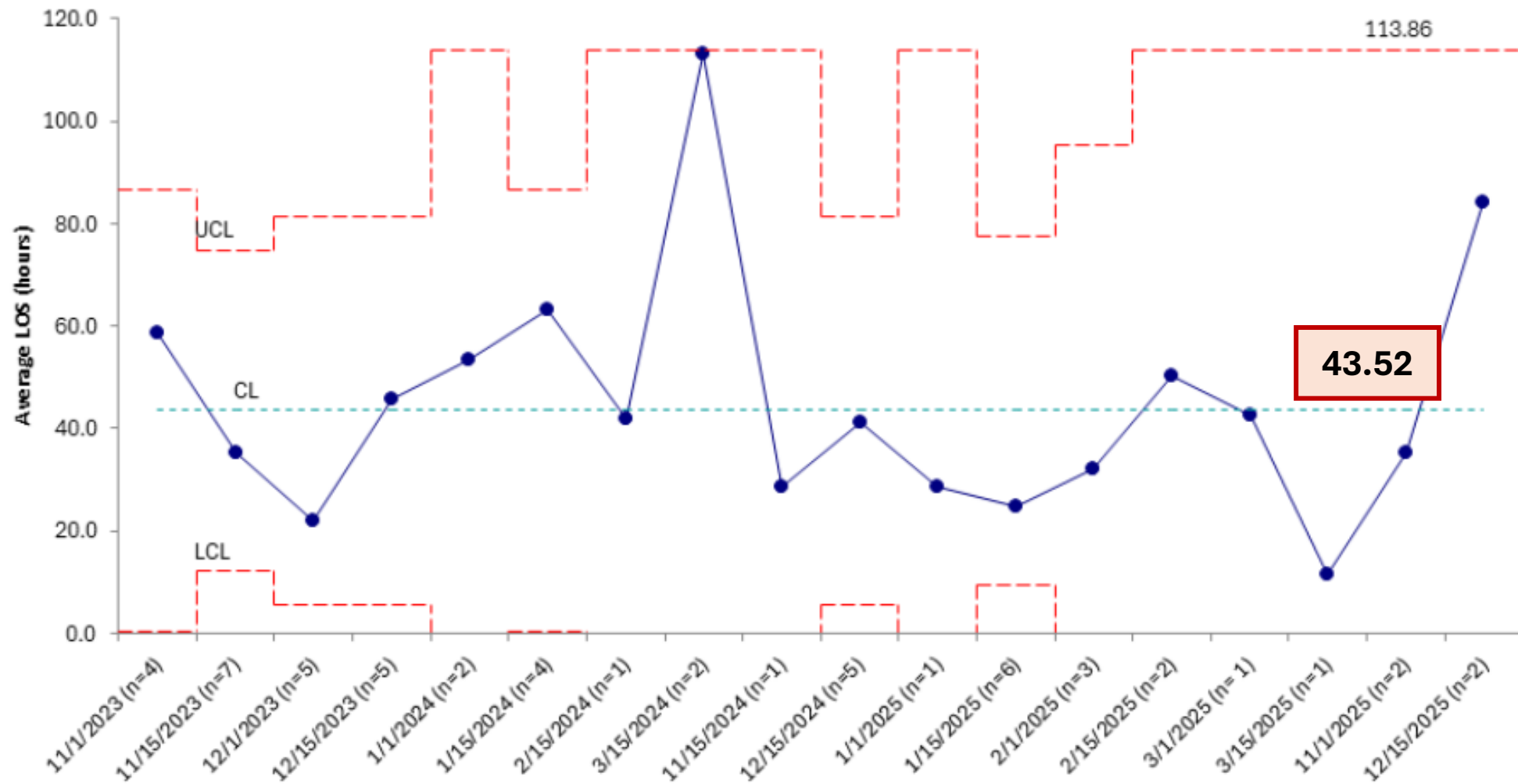
- Room air >4 hours
- SpO<sub>2</sub> >88%
- Two mild bronchiolitis severity scores
- Adequate oral intake
- Caregiver demonstrates suctioning
- Family comfortable with home care

# Workflow





# Average LOS (hours) for patients with bronchiolitis conditional discharge workflow Xbar control chart



November 2023 - December 2025

Data from QI project (2023-2026)

# Results (Preliminary Findings)



Improved discharge  
planning clarity



Increased RN  
confidence in discharge  
readiness



Earlier identification of  
discharge-ready  
patients



**9-hour decrease in LOS  
during evaluation  
period**



*(Financial impact  
currently being analyzed  
with finance partners)*

# Key Takeaways

## **Conditional discharge criteria can:**

- ✓ Improved Patient Experience
- ✓ Reduce delays
- ✓ Empower nurses
- ✓ Improve workflow efficiency
- ✓ Maintain patient safety
- ✓ Reduce LOS

## **Core message**

- *Nurses are uniquely positioned to identify discharge readiness*

# Future Directions

## Next Steps:

- Expand to additional diagnoses
- Continue LOS monitoring
- Measure caregiver satisfaction
- Evaluate financial impact



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# References

Aziz, S. M., Bonsmith, K., Gonzales, R., Auerbach, A., Douglas, A., Anderson, M., Thompson, S., Edwards, Y., & Kaiser, S. V. (2025). Barriers, facilitators, and time costs of implementing a pediatric clinical pathway intervention. *Hospital Pediatrics*, *15*(6), 457–465.

<https://doi.org/10.1542/hpeds.2024-008120>

Harrison, M. W., Molina, A. L., Wu, C. L., & Shaughnessy, E. E. (2025). Enhancing hospital throughput: A multidisciplinary approach to facilitating discharges in a pediatric setting. *Pediatric Quality & Safety*, *10*(2), e799. <https://doi.org/10.1097/pq9.0000000000000799>

Ralston, S. L., Lieberthal, A. S., Meissner, H. C., Alverson, B. K., Baley, J. E., Gadomski, A. M., Johnson, D. W., Light, M. J., Maraqa, N. F., Mendonca, E. A., Phelan, K. J., Zorc, J. J., Stanko-Lopp, D., Brown, M. A., Nathanson, I., Rosenblum, E., Sayles, S., & Hernandez-Cancio, S. (2014). Clinical practice guideline: The diagnosis, management, and prevention of bronchiolitis. *Pediatrics*, *134*(5), e1474–e1502

Remien, K. A., Amarin, J. Z., Horvat, C. M., Nofziger, R. A., Page-Goertz, C. K., Besunder, J. B., Potts, B. K., Forbes, M. L., Halasa, N., & Pelletier, J. H. (2023). Admissions for bronchiolitis at children's hospitals before and during the COVID-19 pandemic. *JAMA Network Open*, *6*(10), e2339884. <https://doi.org/10.1001/jamanetworkopen.2023.39884>

Suh, M., Movva, N., Jiang, X., Bylsma, L. C., Reichert, H., Fryzek, J. P., & Nelson, C. B. (2022). Respiratory syncytial virus is the leading cause of United States infant hospitalizations, 2009–2019: A study of the national (nationwide) inpatient sample. *The Journal of Infectious Diseases*, *226*(Suppl 2), S154–S163. <https://doi.org/10.1093/infdis/jiac120>