Purpose: The purpose of this presentation is to share how one hospital led the way, through an interdisciplinary team, to improve the quality of discharge information provided to our patients.

Significance: Value based purchasing will change the way acute care hospitals are paid. No longer will we be reimbursed based on the care we deliver but on the quality of that care and patient satisfaction outcomes.

Strategy and Implementation: Front-line staff evaluated the current process, identified inconsistencies, and reviewed the literature for best practices. Using Lean Six Sigma principles we re-tooled the process to 1) deploy discharge education materials to the point of service, 2) engage all staff to educate, regardless of position, and to 3) celebrate individual and unit successes when key benchmarks are met. The team developed a 9" x 12" discharge envelope to provide general discharge planning instructions and store education materials, unit specific discharge instructions, and diet restriction education. The envelopes are stuffed by a volunteer, stocked on the supply cart, and placed at the bedside during room set up. On admission, the professional nurse reviews key components of the discharge materials and adds individualized written discharge information over time. One week after discharge, the Quality of Discharge Teaching Scale was used to evaluate the immediate effect of the initiative.

Evaluation: Discharge call backs indicate that the quality of the discharge education significantly improved (t=4.479; p < .001), with an overall improvement in percentile ranking (all PG database) related to Discharge Information.

Implications for Practice: Based on our process, you can efficiently and cost effectively improve the quality of the discharge information you provide while also increasing your HCAHPS scores. Every nurse says: “Patient Education Begins on Admission.” By replicating our initiative, your staff can proudly say...It DOES!!!!!