Discharge Information: Does It Really Start on Admission?

Susan Steele-Moses, DNS, APRN-CNS; Tana Clark, BSN, RN; Charla Johnson, MSN, RN, ONC; & Dana Ydarraga, MSN, RN Baton Rouge, Louisiana



Abstract

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!!!!!

Process Change Take frequent short rest periods between meals, dressing and showering. As you get stronger combine your activities. If your doctor follows your weight gain – weigh every day at the same time – with the same Patient Packet What can we do today to get you ready for discharge? Your diet plan is ordered by your physician. Make sure you that you understand what diet you are to continue at home before your leave the hospital. Spoken with your doctor for follow-up care If you have any of the following you need to let your doctor know: Return of symptoms that caused this hospital admission Unable to keep food or fluids down or have multiple (> 6) loose bowel movements Pain not relieved by medicine or health problems? **Medical Management Department** his department consults with you and your doctor to o discharge. The Medical Management Department ursing home care, referrals to other medical agencie nore information, dial 765-8892 or 58892 from a

our doctor and nurse will give you instructions ir

riting about care after you leave the hospital. If eve questions about your diet, medications, activities

our discharge to ask your doctor when he/she com

there with you the first few times, until you are steady on your feet.

Do you need assistance making your follow-up doctor appointment

s your family able to assist in your care when you are discharged

Avoid too much heat, exercise, food, fluid, and salt

Plan your appointment, transportation, and a way to fill medications that may be added or changed

Do you live by yourself? Will you need any equipment after discharge that you do not presently have at home?

ompanies do not pay for transportation. We can assist with transportation arrangements fo

Stop smoking and avoid second hand smoke. Do you need SMOKING CESSATION materials? Do not over extending yourself; rest frequently

Sometimes your discharge may require approval of other doctors or arrangement of home he

your doctor follows your weight gain – weigh every day at the same time – with the same Your diet plan is ordered by your physician. Make sure you that you understand what diet you are to continue at home before your leave the hospital. For the symptoms:

Return of symptoms that caused this hospital admission

Unable to keep food or fluids down or have multiple (> 6) loose bowel movements

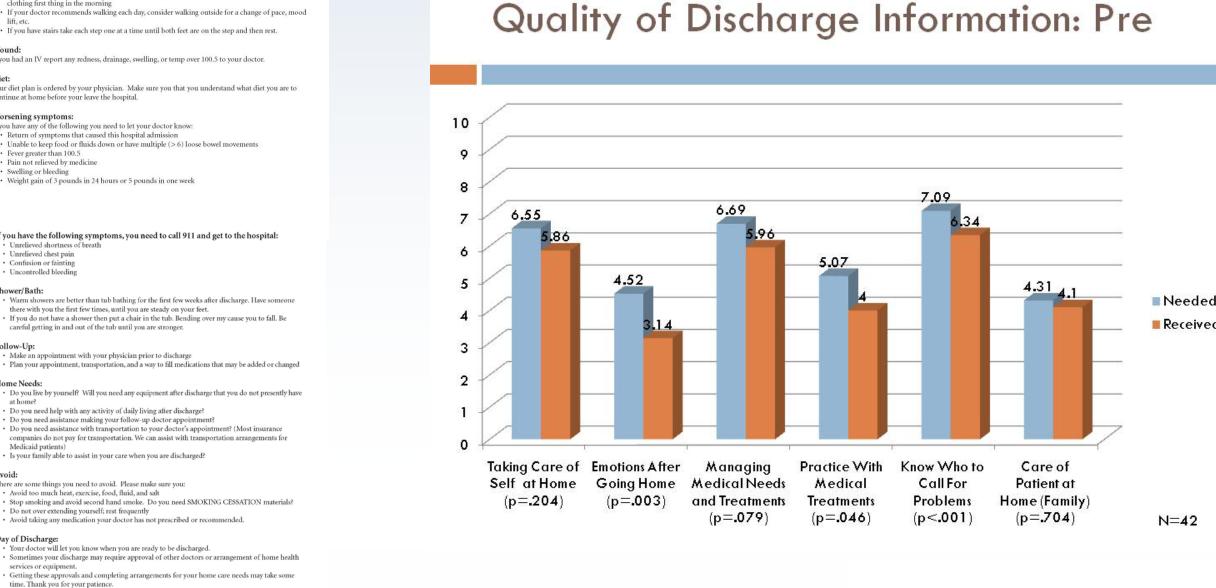
Fever greater than 100.5

Pain not relieved by medicine

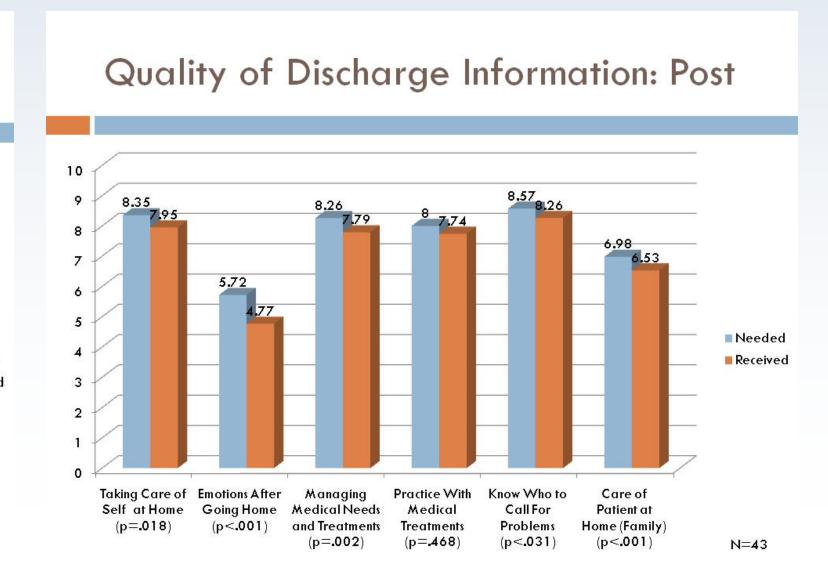
Swelling or bleeding

Weight gain of 3 pounds in 24 hours or 5 pounds in one week If you have the following symptoms, you need to call 911 and get to the hospital: Confusion or fainting
 Uncontrolled bleeding Warm showers are better than tub bathing for the first few weeks after discharge. Have somethere with you the first few times, until you are steady on your feet.
 If you do not have a shower then put a chair in the tub. Bending over my cause you to fall. Be pecific questions about any symptoms you ma all (225) 765-LAKE (5253) or toll free (877) 765-LAK ou. Allow Your healing hand to heal me. Touch my soul with Your compassion for others. Touch i heart with Your courage and infinite love for all Do you need help with any activity of daily living after discharge?

Is your family able to assist in your care when you are discharged







Improvement in HCAHPS Score

Prayer for Healing

thers to You by my example. Most loving Hea

erve You with all my strength. Touch gently this i

OUR LADY OF THE LAKE
REGIONAL MEDICAL CENTER
Pranciscan Missionaries of Our Lady Health System

which You have created, now and forever.

HCAHPS Discharge Information Percentile Ranking: All Hospital Database ■ 1st Q 2008 2nd Q 2008 90 ■ 3rd Q 2008 4th Q 2008 ■ 1st Q 2009 ■ 2nd Q 2009 ■ 3rd Q 2009 4th Q 2009 ■ 1st Q 2010 2nd Q 2010 ■ 3rd Q 2010 ■ 4th Q 2010 ■ 1st Q 2011 2nd Q 2011 3rd Q 2011



Quality of Discharge Information

