I. Purpose

- Improve the discharge process for patients and families by being more proactive in planning for patient/family’s discharge and education needs.
- Develop a more effective and faster discharge process starting with admission.
- Enhance patient/family communication, improve discharge process, and increase patient satisfaction while improving our Press Ganey scores.

II. Background

- Lack of effective and timely communication with families on admission and throughout their stay regarding the discharge process.
- Lack of providing discharge supplies and education causing discharge delays.
- Starting discharge education on the day of discharge can stress families and nurses.
- The Patient Care Unit 350 had the highest number of discharges in acute care and were not meeting the hospital goal for Press Ganey score related to discharge education satisfaction.

III. The Fish Bone Diagram

PCU350-Discharges and Press Ganey Scores

IV. Methods

The Lean Methodology

1. Define the Project
2. Date Collection and Analysis
3. Cause and Effect Analysis
4. Design Solution and Implementation
5. Effect and Result Evaluation
6. Standardization
7. Conclusion

- Upon admission to PCU 350, all patients will be provided a "Discharge Portfolio".
- All families will be provided a "Welcome to PCU 350" Micromedex.
- Education and discharge planning will start on admission, reviewed daily, and at change of shift.

Data Collection and Analysis

- Launched a pre-survey to the nursing staff on our current discharge process.
- Reviewed the common reasons for discharge delays.
- Reviewed Press Ganey Survey results.

Cause and Effect Analysis

Phase 1:
- Developed a discharge check list
- Nurses utilized the discharge checklist as an integrated communication tool upon arrival to PCU 350.
- This checklist was placed on the front cover of the "Discharge Portfolio."
- Completed a 1 month trial period for English speaking families and collected post data from family and staff.

Phase 2:
- Developed a G-Tube, Naso-Gastric Tube, and Ovary care; family focused teaching checklists.
- Reviewed our hospital teaching database (Micromedex) and compiled a list of frequently used teaching tools.
- Developed a list of hyperlinks that is organized by service (e.g. ENT, General Surgery, Plastic, etc.)

Design Solution and Implementation

- Improved the discharge process
- Developed a more effective and faster discharge process starting on the day of admission.
- Enhanced patient/family communication and improved patient family education.

Effect and Result Evaluation

- Increased in Press Ganey scores, number of early discharges and decrease unit costs.
- Increased in patient satisfaction with discharge process.
- Received positive staff feedback.

V. Results

Nurse Feedback Pre and Post-Implementation

- The implementation of the Discharge Portfolio and Teach-Back Checklists increased staff satisfaction, and improved the quality of discharge teaching. Nurses response pre and post-implementation were:

Family Feedback Post-Implementation

- 100% of families felt that they were prepared for their discharge.
- 95% of families Strongly Agreed with "I was aware of my child’s discharge needs throughout their hospitalization."
- 89% of families felt that they Agreed or Strongly Agreed that, “This folder/checklist helped prepare me for discharge”

VI. Conclusions and Recommendations

- To develop more specific Teach-back checklists and apply them through the Discharge Portfolio.
- Apply the PDCA cycle to consistently improve the discharge process and family education.
- Launch the Discharge Portfolio Hospital-Wide.
- Collaborate with Multidisciplinary team to be included in updating patients Discharge Portfolio.
- Continuity improve the discharge process by including nursing staff, multidisciplinary team and patient/family feedback.

VII. Acknowledgment and References

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References