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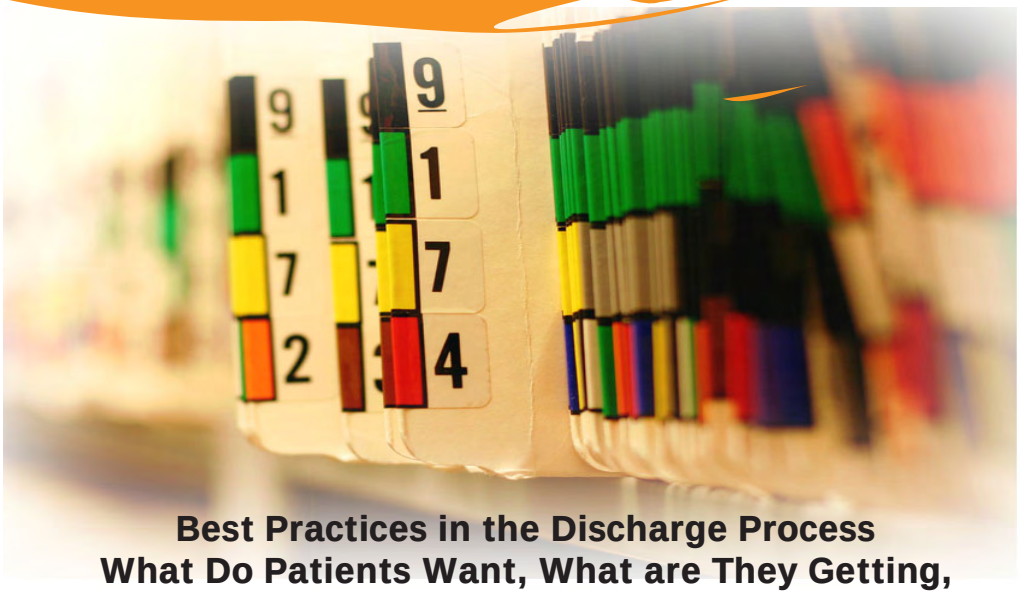

Best Practices in the Discharge Process
What Do Patients Want, What are They Getting, and What's Working?

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What Do Patients Want in the Discharge Process?

Truly suffering from the illness experience, patients and their families need every interaction to support, affirm, and help them on their road to recovery. Or help improve their physical, mental, and emotional pain when recovery is not possible. This means evaluating and designing every process with this in mind. Specifically, within the discharge process, patients want:

- To have their follow-up and home care seamlessly arranged;
- To know when they will be going home and what they have to go through on the day of discharge;
- To feel safe—to feel like they are ready and prepared to go home (or transition elsewhere);
- To have the information needed to have true confidence in their feeling of preparedness for going home and caring for themselves in the days after discharge;
- To have a convenient, easy, fast, and pain-free transition from their hospital bed to their home;
- To have all their questions answered, their feelings considered, their family involved, enough flexibility in the process to adjust to their individual needs, and a continuous healing relationship with the care providers.

To achieve this, a facility must provide effective and respectful communication to nurses, doctors, and anyone else that interacts with patients and their family members.

The Satisfaction Snapshot is a monthly electronic bulletin freely available to all those involved or interested in improving the patient/client experience. Each month the Snapshot showcases issues and ideas which relate to improving patient satisfaction and customer service, improving workplace culture and improving the way we go about our work in the healthcare industry.

The Satisfaction Snapshot features:

- relevant articles from healthcare industry experts
- case study success stories
- tips and tools for quality improvement
- patient satisfaction and other industry research findings
- articles with ideas to help achieve success in your role

If you would like your colleagues to receive the Satisfaction Snapshot please send us their names and email addresses. The Satisfaction Snapshot is published by Press Ganey Associates Pty Ltd.

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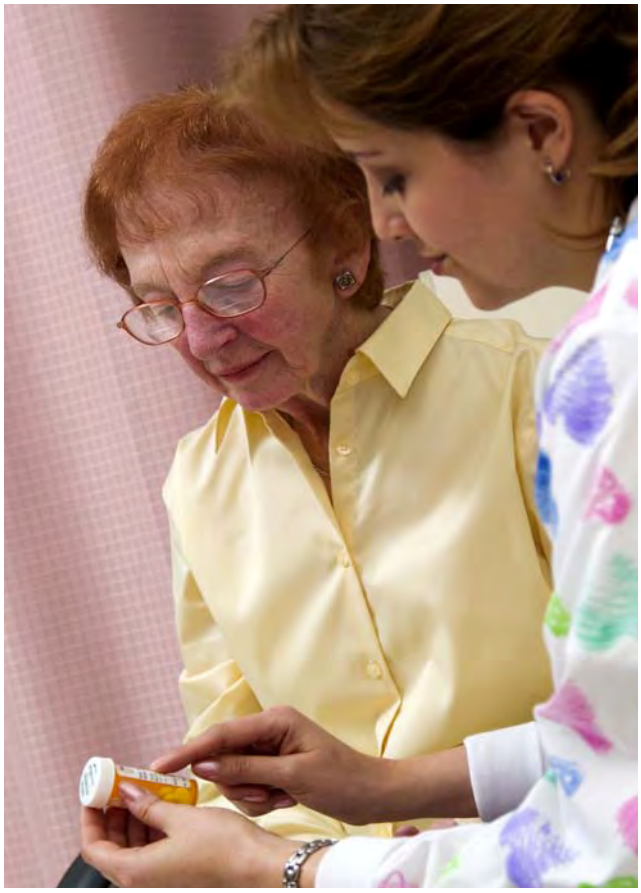
What are Patients Getting?

Recent studies have substantially increased the body of knowledge and understanding of patients' informational and educational needs in preparation for discharge (Bubela et. al. 1990; Bostrom et. al. 1994; Armitage & Kavanagh 1998; Lithner & Zilling 2000; Burney, Purden & McVey 2002; Gustafson et. al. 2001; Jones, Burney & Christy 2000; Reiley et. al. 1996). Patients desire information on follow-up, home care, symptom management, pain management, and coping with potential health problems (Armitage & Kavanagh 1998; Lithner & Zilling 2000; Burney, Purden & McVey 2002).



Patients want specific written information and resources on follow-up and community services (Lithner & Zilling 2000; Reiley et. al. 1996), pain treatment (Lithner & Zilling 2000; Burney, Purden & McVey 2002), and life activities (Lithner & Zilling 2000) (i.e.,"What can or cannot be done"). In fact, Gustafson et. al. (2001) found that information and support needs of patients outweighed care delivery needs and service concerns.

Despite the value and demand for this information, between 27%-80% of patients do not receive the desired amount of information (Burney, Purden & McVey 2002; Jones, Burney, & Christy 2000; Mistiaen et. al.1997).

In addition to general informational needs, clinically-related educational needs are also not properly addressed. A 2000 survey study revealed that over 50% of patients with a stay of 5 days or less failed to receive information on side effects, recovery at home, or community health services (Rowe et. al.). Jones et. al. (1989) found that 81% of patients needing assistance with basic functional needs failed to receive home care referrals and 64% of these patients reported that no one at the hospital had talked to them about "managing at home."

In addition, a post-discharge follow-up study found that 50% of patients dependent upon others for basic functional needs failed to receive home care referrals (Rosswurm & Lanham 1998). In a study by Bowles et. al. (2002), more than 56% of patients discharged did not receive a home care referral despite being screened into the study on the basis of this need and being at risk for poor discharge outcomes—96% of this subset of patients had unmet discharge needs. Such studies confirm observations that, as a side effect of health care consumerism, patients and families have assumed greater direct responsibility for their own care; care which is often complex and dangerous (Morrison 2000).

Patients' post-discharge care needs, usually undertaken by families, range from errands and household chores to basic, functional needs (e.g., bathing, getting dressed) to nontrivial medical needs (e.g., changing dressings, wound care, help with physiotherapy regimens) (Wolock et. al. 1987). The majority of caregivers care for patients' personal needs following hospitalisation, and three-quarters of these individuals assume responsibility for 5 or more tasks (e.g., preparing meals, administering medication) (DesRoches et. al. 2002). Caregivers frequently do not feel adequately prepared to assume these responsibilities (Leske & Pelczynski 1999).

Patients and families who do receive hospital discharge planning, counselling, home care referrals, and other social interventions often do not find these interventions beneficial, which indicates that how these are implemented makes a difference (Jackson 1994; vom Eigen et. al. 1999). Post-hospital needs for care, assistance, and information (e.g., activity limitations) persist (Otkay et. al. 1992; Mamon et. al. 1992) when discharge instructions are not implemented as planned (Proctor et. al. 1996) and home care services unexpectedly terminate within a few weeks after discharge (Simon et. al. 1995). Nurses routinely underestimate patients' needs at discharge, overestimate the quality and amount of education and information provided, and fail to discern the same needs that patients and caregivers find important (Rose, Bowman & Kresevic 2000).

It is likely that the discharge process is the final impression the hospital and staff will imprint on patients and family members. A good experience leaves the patient with positive emotions and a strong affinity for returning to the facility (as we will see, satisfaction with aspects of the discharge process are well-correlated with patient loyalty). A negative experience can override good impressions and positive consideration developed throughout the hospital stay. Discharge represents the moment of truth when patients and family see whether they are actually cared for as a person or viewed as just another bed occupant that needs to be "streeted" as quickly as possible.

Payoffs for Improving the Discharge Process

Finally, since organisational support for service and quality improvement projects generally result, in large part, from senior executives' perception of the program's payoffs, the benefits of patient satisfaction in this context deserve review. Improving patient throughput results in reduced length-of-stay, increased efficiency, and operating effectives—all of which improve the bottom line (i.e., increased return-on-assets). Additionally, patient perceptions of the quality of the discharge process substantially impact a hospital's financial outcomes through increased staff retention, patient loyalty or propensity-to-return. As a dimension of hospital quality, discharge is significantly related to earnings per bed ($p < 0.003$). For earnings per bed, the dollar amount associated with a one point gain or loss in satisfaction (i.e., moving from an average rating of "good" (3 points) to "very good" (4 points)) for this dimension of quality is $4,980.00 (Nelson et. al. 1992).

Recognition of this and the powerful bond between overall patient satisfaction and patient loyalty (Peltier et. al. 2002; John 1994; Ware, Jr. & Davies 1983; Drain & Kaldenberg 1998; Press, Ganey & Malone 1991; Bell & Krivich 2000) should provide ample justification for resource dedication to improve the quality of discharge preparation to better meet patients' needs in the discharge process.

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What's Working for Press Ganey Clients

One of the hallmarks of Press Ganey is its ongoing profiling of best practice facilities. The following is a collection of tips and strategies from a range of Press Ganey clients who top industry benchmarks.

Pre-admission phone calls and videos improve the discharge process

At one facility, before admission, patients who will be receiving common procedures receive a brief DVD video that walks them through the unit, surgery, recovery, and introduces the nurses. The preadmission department calls each patient ahead of time to confirm that the video has been watched and to answer any questions. Patients who have not viewed the video are flagged for educational counselling on the morning of admission and additional time is built into the schedule.

Start early with preadmission or preoperative education

Before patients come in for surgery at another facility they view a 10-minute video that shows exactly where the patient is going to go, what the wounds will look like, etc. Patients may take this video home to review as needed.

Another facility provides a pre-surgical home care visit for hip replacement patients that includes instructions on how to perform movement exercises that are hard to teach post-surgery. Deep breathing exercises are also covered.

Brainstorm impediments to timely discharge and eliminate roadblocks

Most patients want to leave immediately upon being told that they can go home. Some, however, will want to wait until after the next meal or do not call their family until the last minute. Other impediments (patient- or hospital-caused) may also emerge. One hospital organised a continuous quality improvement team, composed of all disciplines (e.g., food service, housekeeping, doctors, nurses, therapists), to brainstorm potential impediments to patients leaving promptly. The team devised strategies to resolve these issues and standardise universal events—as many steps as possible were removed from the process.

Eliminate hoarding

An example of a roadblock to the discharge process is the availability of equipment. In many instances, patients are wheeled from their rooms to the door. At one facility a wheelchair shortage caused delays in patient discharges. Nursing units began to hoard and hide them in closets and supply rooms, which only exacerbated the problem. Management responded by buying a significant number of new wheelchairs and "flooding" the units with them. The hoarding behaviour ceased and patients now leave as soon as they are ready—no more waiting for a wheelchair.

A Ticket to Go Home

The staff at another facility determined that there was a better way to keep patients and family members informed and engaged in the discharge process. Patients in their Acute Care for the Elderly unit receive a "Ticket Home"—a white laminated board that is placed in front of each patient's bed. In large permanent black letters, easily seen by aging eyes, the 2m x 1m boards display all the fundamental questions about an individual's progress. At the top is the projected date and time of discharge. Below are queries on specific requirements for leaving the hospital, such as whether a patient can eat and go to the bathroom alone, walk safely, the status of pain control and pathology work, and whether safety risks have been addressed. As the answers become available, medical staff, patients, and families can write on the board with coloured markers to create a more complete composite of the patient's current status than any one participant is likely to have alone. For instance, a patient can confirm that his pain has been brought under control with oral medication, a family member can announce that a ride home has been arranged, and a nurse can verify that pathology tests are complete.

Discharge videos help patients understand the discharge process

Another Hospital's Case Management Department (comprised of RNs, Case Managers, and Social Workers) created a discharge video that plays 24 hours a day on one of the education channels in the hospital. To gain high viewership, contests reward the units with the highest patient participation. Nurses, PCAs, and other staff were empowered with suggested phrases to encourage viewership. Watching the video is also encouraged by social workers and case managers who round everyday with doctors and nurses. Information on the video is also included in a "Planning for Your Discharge" booklet. Some units have placed signs beneath the televisions in patient's rooms that discuss the video. The video is extremely helpful because it shows patients that there is more to the discharge process than meets the eye and educates them on everything from getting orders written to the discharge summary.

Case facilitation

Case managers at another facility assume the responsibility of facilitating or streamlining patient stays within the hospital. The goal is to reduce the length of stay and improve the patient's experience in navigating the hospital's system of tests, treatments, therapies, counselling, education, etc.

Beginning with the first chart review, the case manager/social worker determines what the patient will need before being discharged and advocates on the patient's behalf (e.g., calls technicians or therapists to move up appointment slots, calls the pathology to get test results back faster, calls doctors with the results, etc.). By navigating the patient through all the necessary steps in an efficient manner, the patient may be discharged hours or days faster. Doctors appreciate the case facilitation model because it gets them the results they need/want quicker, and patients appreciate quality service and having a champion who helps them navigate the system.

Cultivate an ongoing, long-term relationship

After discharge, a staff member at another facility calls the patient to check on the transition to home and an additional follow-up is conducted in another three months. Patients are encouraged to attend one of several support groups for continued access to assistance.

To communicate the facility's commitment to patient satisfaction, staff members have laminated copies of the Press Ganey surveys that can be used to educate patients about the survey process. Patients receive a letter at home from the CEO reminding them that they will receive a survey and encouraging them to complete it. Patients also receive post-discharge calls at home. Focus groups and qualitative research are used to solicit additional feedback.

The facility introduced a program in which a follow-up get-well card, signed by everyone who took care of the patient, is sent to the patient's home after discharge. The Patient Partner also calls the patient at home after discharge to thank them for using the facility. These efforts reinforce the importance of each patient to the health care organisation.

First Step Checklist

- Map your discharge process. You cannot begin improving a process until you understand it. Involve representatives from every area to create the map.
- Talk with the key people in each step. Learn from the people on the frontlines - your nurse managers or charge nurses, social workers, discharge planners, or utilisation review nurses. These are your internal experts.
- Read patient comments in the discharge section of your satisfaction surveys. As your external customers—patients— are experts on their experience.
- Develop an action plan and new process map. Based upon your internal and external customers' feedback, compose your plan for improving patient experience in the discharge process.

Summary

The discharge process is the last opportunity to influence patients' impressions of your health care organisation. What is your organisation doing to make successful transitions and memorable goodbyes? To discuss this and share your experiences, Press Ganey clients can log onto the discharge section of the Press Ganey Online Forum at www.pressganey.com/forum/.

This article is excerpted from the new book, Patient Satisfaction and the Discharge Process: Evidence-Based Best Practices. This latest volume in the Press Ganey series delves into additional best practices and is available from: www.hcmarketplace.com/prod-4069.html.

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