



JANUARY 2022

Customer Connections

Discharge Dilemmas

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Recording Roadmap

Key sections of the Connections Session are listed below with the associated time within the video recording found here: <https://player.vimeo.com/video/666910801>

This particular session started with some technical difficulties and we had some trouble getting started and having a smooth beginning

- Welcome and Housekeeping 0:00
- NRC Health Data Review 1:45
- General Discussion Starts 8:20
 - Physician Communication 8:20
 - DME for Discharge 14:30
 - Consistent Communication 18:15
 - Leaving best possible impression at the end 32:30

Participants

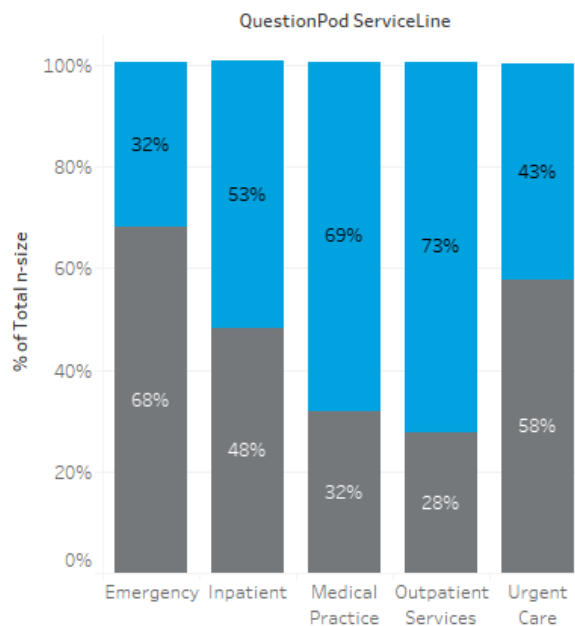
May not include all organizations represented

- Atrium Health**
- Blythedale Childrens Hospital**
- Cedars-Sinai**
- ChristianaCare**
- Ernest Health**
- Foundation Health Partners**
- Gundersen Health System**
- Kaiser Permanente**
- Palomar Health**
- Premier Health**
- Regions Hospital**
- Spartanburg Rehabilitation**
- Weslaco Regional Rehabilitation**

Data Review

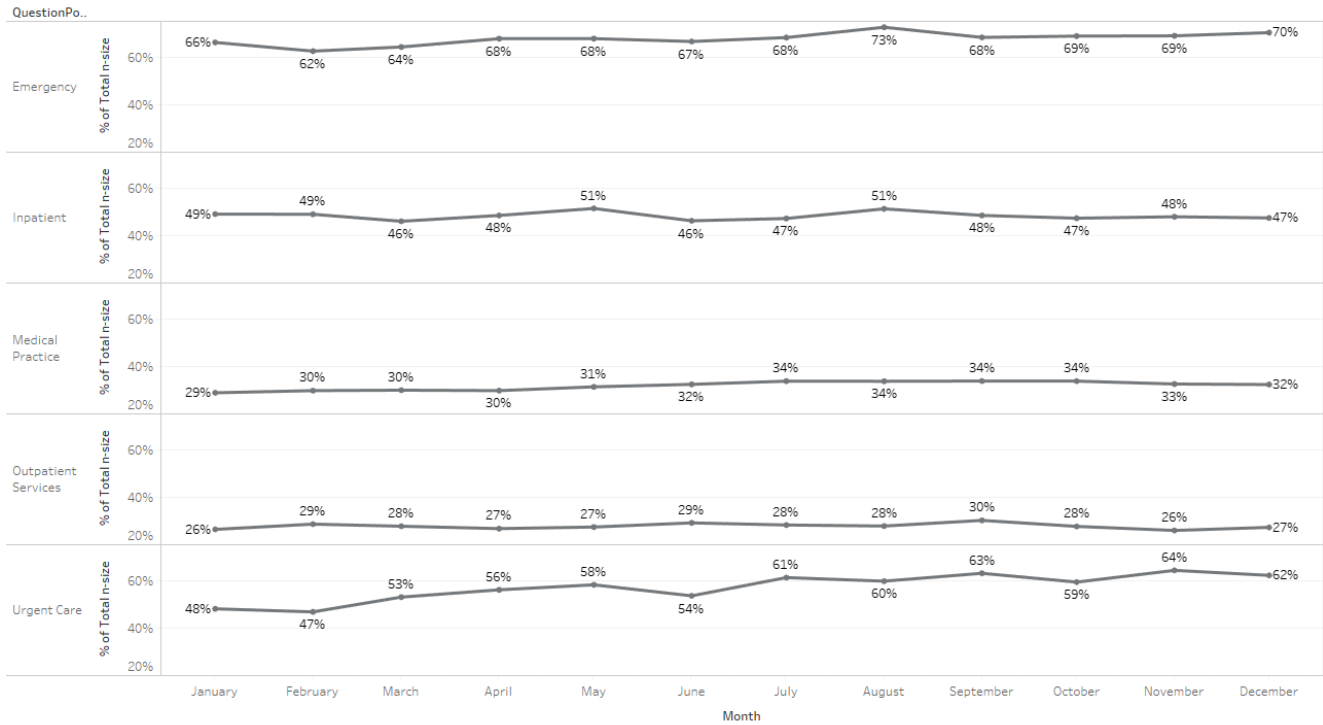
Emergency Department and Urgent Care have the highest amounts of negative comments about Discharge/Follow up whereas Medical Practice and Outpatient Services have the lowest. Inpatient is in between.

Discharge/Follow Comments by Care Setting



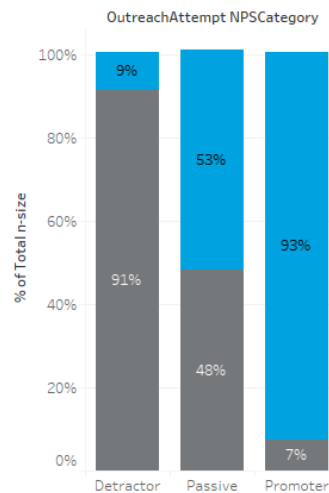
Negative comment trends remain mostly steady for Discharge/Follow up with Urgent Care and Emergency ticking up slightly through the year.

Negative Discharge/Followup Comment Trends



91% of detractors had negative comments about Discharge/Follow up whereas 93% of promoters had positive comments about Discharge/Follow up. Those who had a negative comment about Discharge/Follow up were 6.5 more likely to be a detractor.

Discharge/Follow Comments by NPS



Discussion Recap

Participant Contribution Discussion

- Reviewed making improvements with inpatient discharge timing and ways to coordinate teamwork
 - Leveraging a discharge ambassador, patient volunteers to guide patients and families through the process. Help them gather paperwork and belongings to try and provide a warm discharge
 - Interdisciplinary rounds to coordinate discharge timing
 - Transparency on huddles to share reporting and expectations
 - Discharge order times included in physician contracts to improve compliance with orders being written by a certain time

- DME at the time of discharge being a barrier to leave. Having access to the needed equipment can delay discharge and cause additional waiting
 - Potential onsite partnerships with a supply company to maintain a stock on hand

- Consistency of Communication between nursing, physicians and patients regarding discharge
 - Nurse Communicator on the unit, who answers the phone and is stationary, and goes through a working admission through discharge checklist at admission and during the stay and address it at discharge.
 - Long term process shared about a nursing and quality team and the project was sponsored by the Hospitalist Chair and VP of Nursing, full endorsement from leaders to engage everyone to change the process. Did a 6-month pilot and used RT questions about consistency of info, questions after discharge answered, and trusted provider to track progress with some other metrics as well. The program also included coaching. Large interdisciplinary team huddling and discussing the anticipated plans. The huddles had a huge impact because everyone came together and having a dedicated team time made a difference
 - Some organizations have discharge planning lists shared early in the week and having that as a guide to work from was extremely helpful
 - Overall having multiple bed huddles can assist in movement of patients

- How to get the entering of the discharge note in the EHR prioritized?
 - Connecting with physicians the day before to get the note entered
 - Kaiser Permanente shared that they tracked the timing of discharges to see what the balance looked like and then set goals to shift the timing of discharges to create more balance. They utilized a 4pm bed huddle and discharge planners discussed “sunrise discharges” those who could leave in the morning and prioritized those patients in the morning

- Utilizing data to find opportunities for process changes is extremely valuable
 - Discovered opportunities with lab priorities to move things along in the morning
 - Spreading out discharges over the 24 hr period
- Patient facing materials
 - Share in non-clinical language the goal of discharge time

Be Home by Noon



We will do our best to help you get home by noon so that you or your caregiver have time to:

- pick up medications
- arrange for any needed supplies

allowing you to settle in your favorite chair to continue your recovery in familiar surroundings.

Nursing can help you arrange a lunch to go if you would like.

For a calmer, more relaxing welcome home, we encourage you to arrange for your driver to pick you up before noon.



- Closing the care experience with warmth
 - After nurses review discharge instructions then a nurse leader would round prior to patient transport
 - Executive Leader rounding occurring on the day of discharge
 - Transporters are “Care Ambassadors” to leave the best impression, provide training on caring behaviors since that this last touchpoint for the patient.
 - Warm Close training for all employees, similar to a Warm Welcome
 - Hiring for the right fit from the start for team members who will provide the “small town feel”
- My Hospital Visit Folder
 - Disposable expandable file folder as a resource for patients during stay and then to take home
 - Tool to improve conversations and workflows, affords a consistent approach for team members to document and support patients