St Luke's UNIVERSITY HEALTH NETWORK

AiAMC Alliance of Independent Academic Medical Centers

NI VII Meeting Four – Capstone Presentation
Cohort One: Transitions of Care

Teaming for Excellence: *Improving the patient experience during hospital discharge through phased interventions at St. Luke's Anderson Campus*

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National Initiative

Introduction & Aim

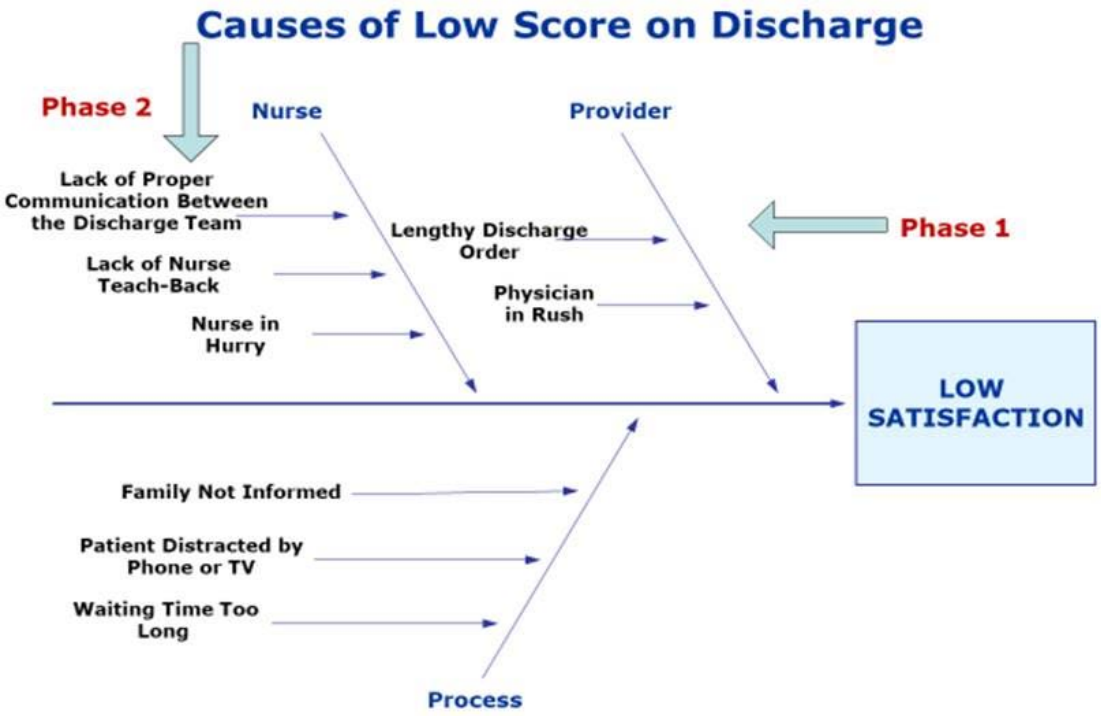
Introduction:

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) - Scoring system is used to measure and compare the standard of care in healthcare facilities.

Overall HCAHPS scores at St. Luke's University Health Network Anderson Campus (SLRA) have been in the positive percentile, but the "**discharge domain**" of HCAHPS have been historically been low.

Objective:

To ***improve patient satisfaction*** *by* ***increasing HCAHPS scores*** in the ***overall discharge domain*** to twice the baseline percentage within six months for phase 1 and then 10% incremental increase at every next phase.


Causes of Low Score on Discharge
Phase 2
Nurse
Provider
Lack of Proper Communication Between the Discharge Team
Lack of Nurse Teach-Back
Nurse in Hurry
Lengthy Discharge Order
Physician in Rush
Phase 1
LOW SATISFACTION
Family Not Informed
Patient Distracted by Phone or TV
Waiting Time Too Long
Process

Methods: Audience, Interventions, Measures

Audience:

- Acute Care Patient Population (includes 4 separate units; SMS-2, SMS-3, SMS4 and WMS-4) These units have a total of 126 beds. The data excludes the OB unit.

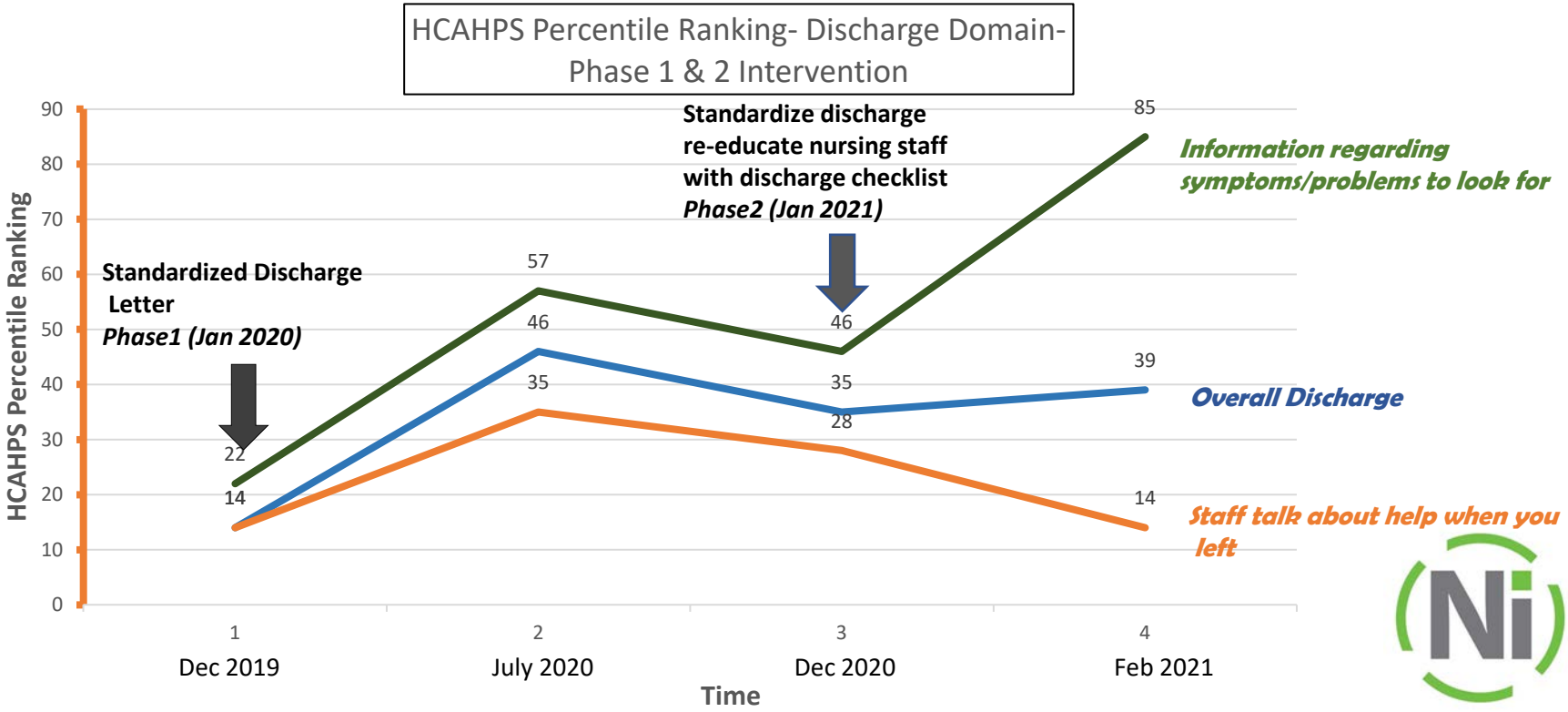
Interventions:

- Phase 1 – Implement a Standardized Discharge Letter
- Phase 2- Re-educate Nurses on Discharge checklist and teach back to patients
  - Observe Nurses during Discharge
  - Discharge for consistency
  - Survey Nurses for their perspectives
- Phase 3 – Hardwired Inpatient to Outpatient Communication – Physician to Physician
- Phase 4 – Managing Patient Expectations During Discharge

Measures:

- HCAHPS Scores (Discharge Domain)
- Utilization Rates of Standardized Discharge Letter
- Number of Nurses attending Re-education Discharge Checklist.

Results


HCAHPS Percentile Ranking- Discharge Domain- Phase 1 & 2 Intervention
HCAHPS Percentile Ranking
90
80
70
60
50
40
30
20
10
0
Standardized Discharge Letter
Phase1 (Jan 2020)
Standardize discharge re-educate nursing staff with discharge checklist
Phase2 (Jan 2021)
57
46
46
85
39
35
35
28
22
14
14
Information regarding symptoms/problems to look for
Overall Discharge
Staff talk about help when you left
1
2
3
4
Dec 2019
July 2020
Dec 2020
Feb 2021
Time

Limitations/What might we do differently

- We will have another personnel in-charge of each task, as a **backup**, instead of a single person, so that the proper timeline can be followed as scheduled.
- Better education (ex. **Add to on-boarding process**) for new providers (Attendings/PA's/NP's/new incoming Residents) during the new academic year.

What surprised us and why

- Covid-19 Pandemic

- During Covid surges, the utilization rate of discharge template decreased and it became difficult to remind providers coming from other campuses to Anderson, new hires, and new residents to use the discharge template.

Success Factors

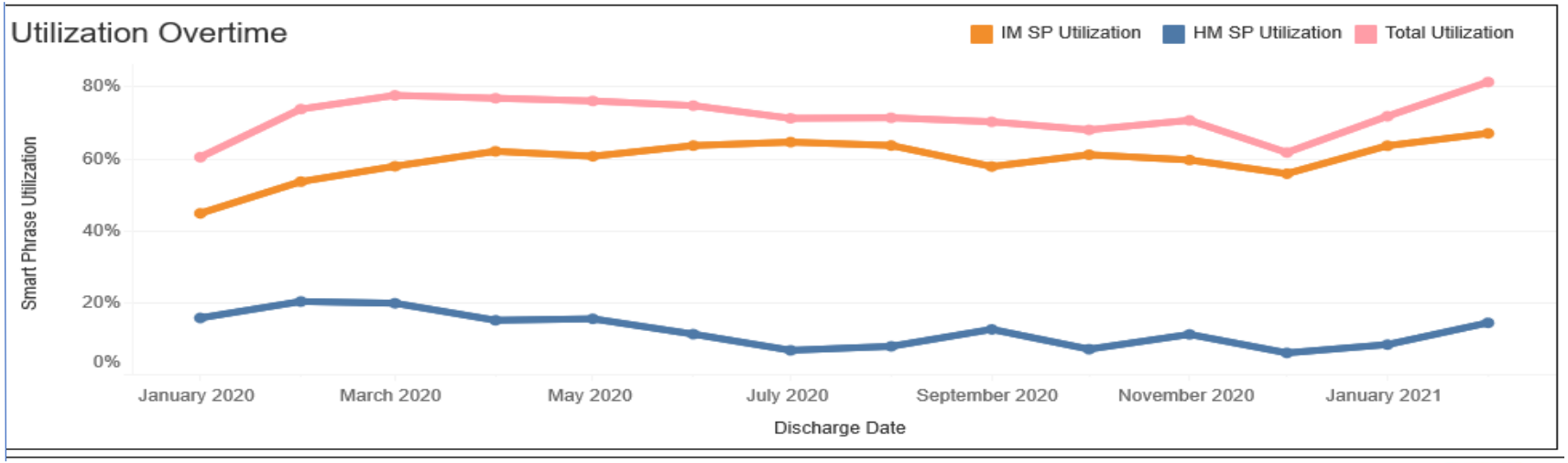
The most successful part of our work was…

- Multidisciplinary team
- Monthly meetings and sharing takeaways for each meeting with the whole team
- Following utilization rates of standardized discharge letter each week
- Appointing the lead resident for the project
- Support from leadership

We were inspired by…

- Consistently adapting to any new findings that we encountered along the way in order to tailor our inventions, as well as informing stakeholders along the way of our progress.
- Pulling the project through COVID surge and vaccination clinics

Sustainability and Trends



Overall Trends