

DISCHARGE COMMUNICATION

Rapid Improvement Resource

INTRODUCTION

Patients' perceptions and rating of Discharge Communication have long perplexed leaders, staff and physicians across America's Hospitals and Health Systems. Discharge Communication is measured by two items in the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems Survey):

1. During this hospital stay, did the doctors, nurses or other hospital staff talk with you about whether you would have the help you needed after you left the hospital?
2. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

These questions are evaluated based on a Yes or No scale. While 100% of our patients tend to receive discharge instructions, on average only 87% of patients report receiving written information to prepare them for discharge (Hospital Compare).

WHY DOES DISCHARGE COMMUNICATION MATTER?

Discharge preparation can and should begin at admission. Discharge Communication matters because we want to ensure patients are prepared to follow through on their care plan after discharge and we want to avoid unnecessary readmissions. Actively preparing patients (and their caregivers) to care for themselves once discharged is an important responsibility. Failure to prepare the patient care result in poor outcomes, poor compliance, increased length of stay and repeat readmissions. Tools to improve communication are encouraged. We also need to look at our perceptions of discharge vs. the patient's perceptions of discharge. Reflecting on the HCAHPS items is a great way to put discharge into perspective and position discharge as help and information needed when the patient leaves the hospital.

COMMUNICATION TO SET EXPECTATIONS



Upon Admission

- We continually plan for your return home
- Before we discharge you, we will talk with you about any assistance you may need to ensure your recovery and safety





During Rounding

- Tell me about your plan of care
- How are we keeping you informed about your care?
- Let's discuss any fears or concerns you may have about going home after you are discharged



At Discharge

- It is always important to us to make sure that you know we want you to feel safe when you return home. That is why we talk about any help you may need at home during your hospitalization.
- Do you feel prepared to return home?
- Before we send you home, let's review your written discharge instructions. I am going to ask you some questions and for you to demonstrate some of the items on this list, so you are prepared to care for yourself
- We will call you after you get home to make sure you are comfortable and address any questions you may have.

HIGH IMPACT SERVICE STANDARDS

During Hospitalization

1. Teach the patient during their entire stay what to expect when they leave the hospital
2. Make sure planning sessions include individuals the patient would like available and who will be assisting the patient after discharge
3. Provide a pen and notepad the day before discharge "Questions to Ask Before I Go Home"
4. Provide a large home care envelope to hold information provided to the patient throughout their stay that will support their recovery
5. Begin educating the patient and his/her caregivers on the patient's illness and plan of care as far upstream as possible

Day of Discharge

1. Take the perspective of the patient. What are their emotional, clinical, and safety needs? That allows you to anticipate their needs and plan accordingly
2. Develop communication guides to reassure the patient that they are healthy enough to manage at home, or they would not be discharged
3. Encourage the patient to ask questions
4. Provide the patient with the name and telephone number of a person who can answer questions after they get home
5. Escort the patient out of the hospital with belongings and get them settled in the care for the trip home. This is an opportunity to provide a final positive and lasting impression.
6. The patient should not leave the hospital without being informed of the follow up appointment, as appropriate
7. Consider making discharge calls within 24-48 hours of the patients return home

