

Discharge Information

During this hospital stay,

- did doctors, nurses or other hospital staff talk with you about whether you would have the help needed when you left the hospital? ”
- did you get information in writing about what symptoms or health problems to look out for after you left the hospital? ”

RESPONSES: YES OR NO

CULTURE

As the adage goes, “discharge begins on admission.” Done well, patients will likely never know all the steps that are included in the art and science of a successful, “easy” discharge. This does not mean, however, that communication with the patient should not occur at each step in the process. In fact, the discharge that appears “easy” is one in which every step during the stay, every medication being started/stopped/or continued, and every next step following discharge are explained in terms the patient can understand.

The key to such discharges are four-fold: information delivered at the right time, in the right amounts, and explained in such a way that the patient understands, with listening for spoken and unspoken questions along the way. This requires precise and thorough communication among all care team members, including the referring physician, so that care is delivered seamlessly within and following a hospital stay. The best scenario is one in which the patient and family feel confident and safe when leaving to go home or to a next stage of care.

One study found when patients have poor perceptions of involvement in their care and written discharge instructions they had 54% higher odds of readmission than patients with positive perceptions of those aspects of care.

Kemp, K., Quan, H., Santana, B. Lack of patient involvement in care decisions and not receiving written discharge instructions are associated with unplanned readmissions up to one year”, Patient Experience Journal, vol. 4, no 2, pp 13-22. <https://pxjournal.org/cgi/viewcontent.cgi?article=1205&context=journal>



Discharge Information

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- “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?”

RESPONSES: YES OR NO

Patient Perspective:

Our Perspective:

At Admission

During Stay/Rounding

At Discharge

Create a Profound Memorable Experience



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FOUNDATION

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RESPONSES: YES OR NO

USE THE BELOW WORKSHEET TO CREATE YOUR OWN CARES PROCESS MEASURES AND COMMUNICATION METHODS

	C Confidence	a Anticipate Needs	r Respectful Communication	e Engage in Care and Process	S Say Thanks / Safe Transition
PROCESS	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
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	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
COMMUNICATION					



Empathy-based, high reliability set of behaviors designed to impact:



We understand that experiences are shaped by more than the words spoken and actions taken. Real encounters are complex and interactive, requiring planning and practice to achieve the best experience for both caregivers and their patients.

While healthcare began with scripted messages and moved to planned conversations, we now know that achieving safety, quality, and experience goals requires a comprehensive approach to providing care. That method must include not only how to deliver a message but also an understanding of the components for ensuring it is received.

CARES™ is a training tool designed to equip every team member in a healthcare organization with a common understanding and set of behaviors to deliver an exceptional patient experience. With a simple yet effective framework, CARES helps you to create an environment for delivering highly reliable patient experiences of care. CARES bundles best practices demonstrated to support the patient experience so that your participants are instructed in the Master Competency rather than in multiple, discrete initiatives. Whether you are concerned with realizing your vision or with applying a consistent approach across the organization, CARES offers both a cultural way of being and a robust, repeatable practice.

Ways to adopt **cares**

- **Through** onsite coaching, Train-the-Trainer, Virtual training with or without onsite coaching
- **Delivered to** Clinical Staff, Non-Clinical Staff, Providers
- **Settings** Acute, Emergency Department, Ambulatory Care

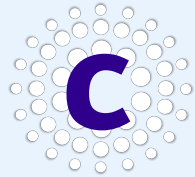


Not just another acronym



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Confidence

When caregivers are more confident in the experience they are providing, patients perceive a better experience. Similarly, when we build patient confidence, they are more likely to ask relevant questions and participate in their care.

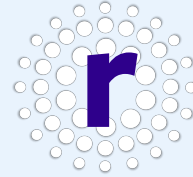
- **Can be built or destroyed in 7 seconds**
- **Not a conscious decision**
- **Highly influenced by non verbal communication**



Anticipate Needs

With every encounter, caregivers have the opportunity to “walk in the slippers” of their patients. This approach means we have the empathy to ask about patients’ needs and address both clinical and emotional components.

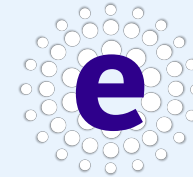
- **Ask yourself “What would I want/need if I were this person?”**
- **What are their clinical and emotional needs?**
- **What is their level of health literacy?**



Respectful Communication

93% of communication is received through tone of voice and body language. We understand communications skills and can either teach those skills or support your organization with acceleration of your preferred approach (e.g., AIDET, HEART).

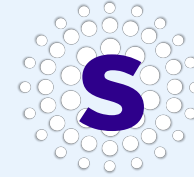
- **Kind, compassionate words**
- **Develop words and phrases to help communication**
- **Pay attention to how you look and sound**



Engage in Care and Process

Engaging in care and process is highly interactive, and listening is a crucial component. Helping caregivers learn to narrate processes and explain the “why” enables them to provide care more effectively.

- **Narrate care or process**
- **Listen well and answer questions**
- **Set expectations early and often**
- **Validate; have them teach back**
- **The more patients are engaged, the more they remember and become partners in care**



Say Thanks / Safe Transition

We must remember that working with people in their most vulnerable times is a privilege. Sharing our gratitude or helping patients to the next stop in their journey lets them know we value and honor them.

- **Show gratitude; encourage referrals and reviews**
- **Hand off to the next person by introducing the patient and managing up staff**

ALL FROM A POINT OF EMPATHY