



Discharge Instructions- Who, What, When and Where: The Development of a Discharge Liaison Role to Improve the Patient Experience and Discharge Planning Process Post-Operatively

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Introduction

Press Ganey Ambulatory Surgery Patient Experience Scores related to post-operative discharge instructions for FY2019 were at the 38th percentile, well below the institutional goal of the 50th percentile. We realized a jump in Patient Experience Scores to the 90th percentile in FY2020 attributed to the creation and implementation of the Discharge Liaison Role. These surveys were distributed to patients/parents via both mail and email.

Identification of the Problem

- Below goal Patient Experience Scores related to “Instructions your nurses gave you about caring for your child at home.”
- Team dissatisfaction with the inconsistency and unavailability of discharge instructions post-operatively.
- Surgeon frustration with multiple phone calls for discharge orders and clarification of instructions.
- Delays related to filling prescriptions and DME for discharge.

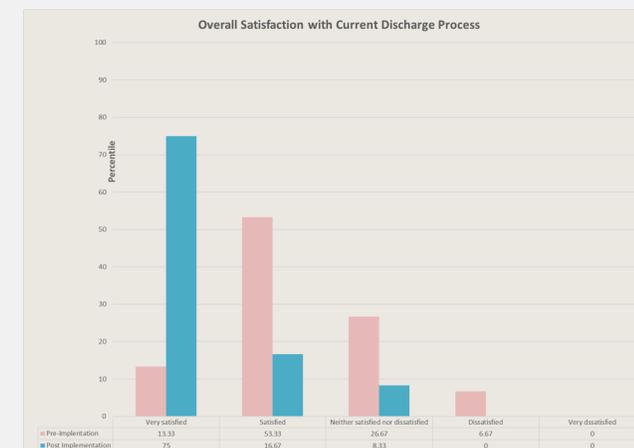
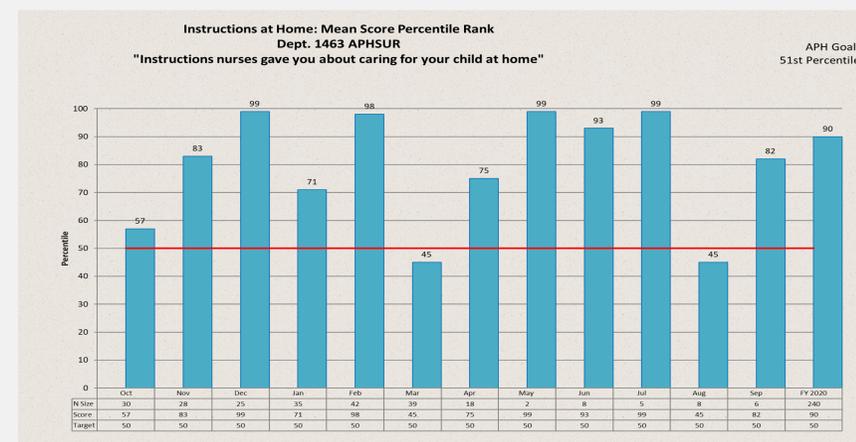
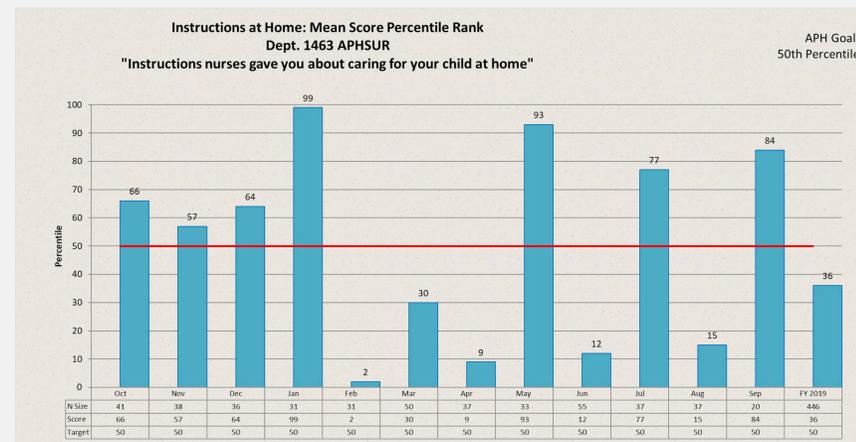
Purpose of the Study

The goal of this project was to improve the discharge process and communication of discharge instructions with the parents/caregivers resulting in improved patient experience scores, improved team member and surgeon satisfaction and decreased discharge delays.

Methods

After the development of a Process Improvement (PI) Team, the Discharge Liaison Role and responsibilities were established. The Pilot was presented to the peri-operative teams and surgeons, and the time frame was identified. An initial survey was sent to the surgeons to gauge their satisfaction with the current discharge process. Designated RNs for the role were trained and the new workflow was established and communicated with the operative teams.

Outcomes/Results



Conclusion and Implications

The development of a dedicated Discharge Liaison was essential to the improvement of our patient experience scores from the 38th to the 90th percentile for our post-operative patients. The surgeons responded positively to the new role and the improved workflow. The surgeons who responded being very satisfied with the discharge process went from 14% to 75%. Future research is needed to evaluate the impact on readmission rates, post-operative complications and decreased discharge delays.