Patient and Family Engagement in Hospital Discharge Planning

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Learning objectives

1. Why is patient and family engagement important for discharge planning?
2. What are principles and strategies for engaging patients and families in discharge planning?
3. What are some tools that can assist hospitals with engaging patients and families in the discharge process?
Underlying it all: Patient and family engagement

Patients, families, and health professionals working in active partnership at various levels across the health care system
For what purpose?

• To improve systems and processes of care
• To realize better outcomes
  – Improved patient outcomes
  – Improved HCAHPS scores
  – Increased employee satisfaction and retention
  – Responsiveness to standards, reimbursement, and accreditation requirements
Why is patient and family engagement important for discharge planning?
Discharge: We can do better

- Annually, 2.6 million seniors (1 in 5 patients) are readmitted within 30 days, at a cost of $26 billion
- More than 50% of Medicare patients discharged from the hospital don’t see a physician within 2 weeks
- Nearly 20% of patients experience an adverse event within 3 weeks of discharge; 75% of these could have been prevented or ameliorated
What’s underlying the current problems?

• Patient didn’t receive / didn’t understand diagnosis, treatment plan, discharge info
• Lack of whole-person perspective (social and family issues, other illnesses not factored in)
• Family not involved in discharge planning
• Lack of communication among health care providers about post-discharge care
• Lack of clear accountability – who is responsible for the patient’s outcomes?
What does a “better discharge” look like?

• Discharge planning from the first day of the patient’s hospital stay
• Transparent communication throughout to help prepare patients and families for post-discharge care
• Care coordination and follow up
• Underlying it all: View of discharge as a critical component of patient’s care, hospital experience, outcomes
What are principles and strategies for engaging patients and families in discharge planning?
Key principles

• **Include** the patient and family as full partners in the discharge planning process

• **Discuss** with the patient and family key areas to prevent problems at home

• **Educate** the patient and family in plain language about the patient’s condition, discharge process, and next steps

• **Assess** how well providers explained and patients understood via teach back

• **Listen** to patients and families
Strategies for engaging patients and families (admission)

• Nurses, at initial nursing assessment:
  – Elicit the patient and family goals for hospital stay
  – Inform the patient and family about steps toward discharge
  – Let the patient and family know that they can (and should) write down and raise questions or concerns
  – Identify who will be helping patient with their care after discharge
Strategies for engaging patients and families (daily)

• Nurses and other clinical care providers:
  – Educate the patient and family about the patient’s condition at every opportunity
  – Explain medicines to the patient and family
  – Discuss progress toward goals
  – Involve the patient and family in care practices
  – Invite the patient and family to ask questions, write down information
Strategies for engaging patients and families (planning and discharge)

- Nurses, physicians, discharge planners, clinical staff:
  - Ensure patient and family understand diagnosis and treatment plan
  - Review discharge information verbally – use teach back
  - Discuss patient’s and family’s questions and concerns
  - Offer to schedule follow-up appointments with all providers as needed
Effective communication

- Speak slowly and use plain language
- Thank patient or family for calling attention to any issue they raise; don’t act annoyed
- Invite them to continue asking questions
- Remember nonverbal communication says just as much as verbal communication
- Use teach back to ensure understanding
What is teach back?

• An opportunity to assess how well clinicians explained a concept, and, if necessary, re-teach the information

• The patient and family repeats back in their own words what they need to know or do

• Tips for teach back:
  – Start slowly
  – Do not ask yes or no questions
  – For more than one concept, chunk information and use teach back after each concept
Engaging patients and families in discharge planning processes: Getting started
Getting started: Three steps to implementation

1. Form a team, identify areas of improvement
   - Work with patients and families, assess policies that support/hinder implementation, assess staff views, acknowledge challenges, set goals (what will success look like?)

2. Develop implementation plans
   - Determine timeline, process, training approach, tools you will use

3. Implement and evaluate with rapid-cycle tests of change
# AHRQ’s IDEAL discharge planning tools

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<th>Tool</th>
<th>Description</th>
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<tr>
<td>IDEAL Discharge Planning Overview, Process, and Checklist</td>
<td>Handout used to inform clinicians about the new discharge planning process and keep track of when tasks are accomplished.</td>
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<tr>
<td>Be Prepared to Go Home Checklist and Booklet</td>
<td>Booklet or checklist given to patients soon after admission that highlights what the patient and family need to know before leaving the hospital and gives examples of questions to ask.</td>
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<tr>
<td>Care Transitions from Hospital to Home: IDEAL Discharge Planning Training</td>
<td>Training presentation that hospitals can give to prepare clinicians and hospital staff to support the efforts of patient and family engagement related to discharge planning.</td>
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Implementation: Lessons learned from other hospitals

• May take more time at first but should be incorporated into the everyday process

• Identify and address challenges at the start:
  – Difficult to identify family members who will be caregivers
  – Discharge plans change immediately before discharge
  – Patient unable to read, write, or articulate questions or concerns
Sustaining positive change

• Make sure everyone has a role and knows what it is
• Keep sustained attention on the issue
• Make new processes non-negotiable
• Evaluate and make changes as needed
• Share successes with hospital leadership and unit staff!
For more information

• Download the Guide at AHRQ’s website:


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