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DESCRIPTION

The Inpatient Medicine/Nephrology Unit (Level 9) at Humber River Health (HRH) is a 64-bed unit that serves the Adult and Geriatric population. To improve patients' readiness for discharge, a more standard process facilitates consistent communications regarding discharge planning. HRH has a corporate process to ensure patients receive a SMART Discharge package (Figure 1) upon admission, but patients sometimes do not receive this until discharge.

This package includes information on:

- Discharge summary
- What to expect during hospital admission
- Community support resources

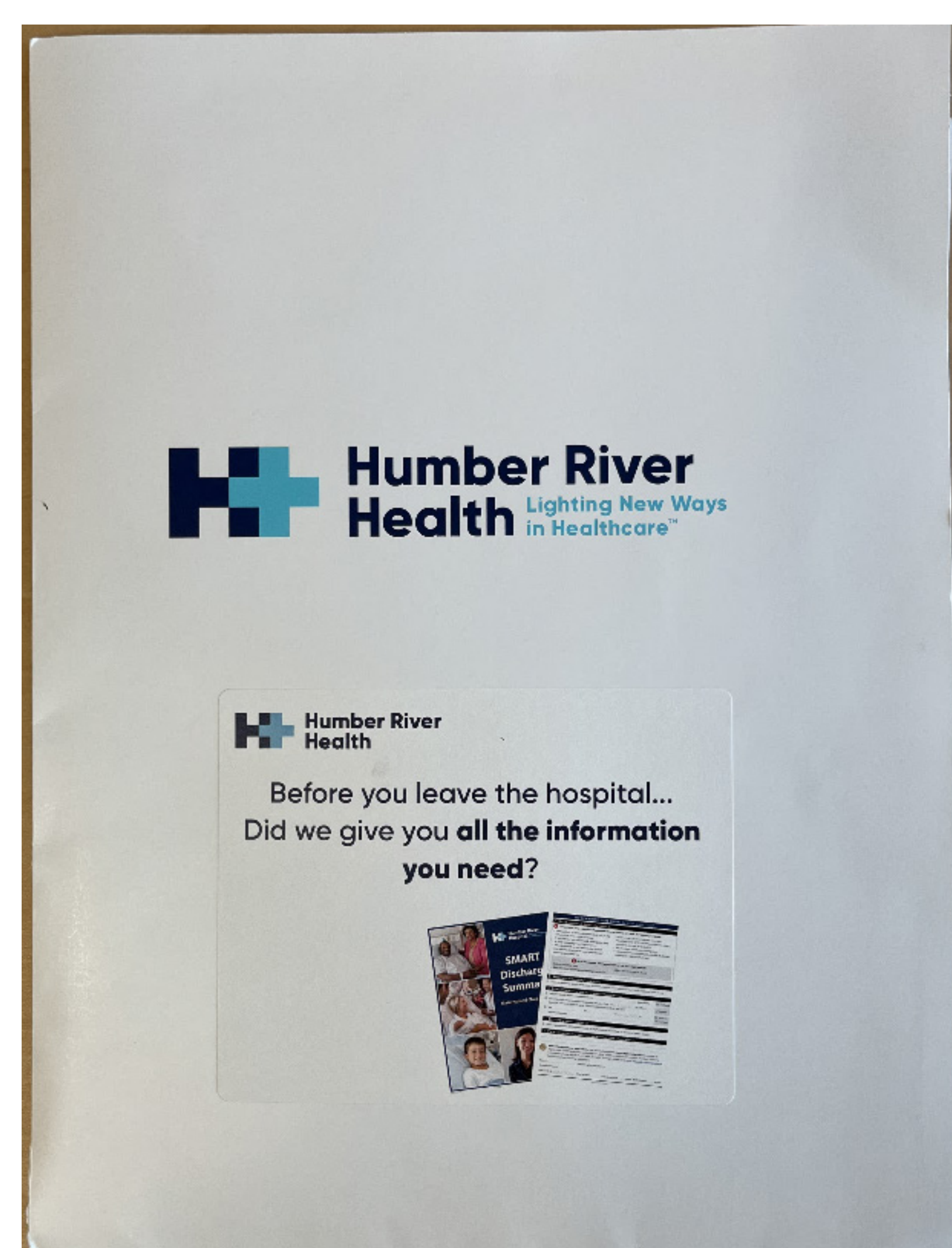
OBJECTIVE

To provide patients and families with a SMART Discharge Package upon admission, along with consistent and standardized communication throughout their stay.

ACTIONS TAKEN

- Inter-professional team of nurses, clerical staff, physiotherapists, social workers, and unit leadership met monthly at Reinventing Patient Care Council meetings throughout the planning, implementing, and evaluation of the improvement initiative
- Consulted the unique perspective of Patient and Family Advisors
- Prioritized this initiative after completing a stakeholder mapping activity
- Highlighted factors impacting SMART Discharge Package uptake using a root cause analysis (Figure 2)

Figure 1. Patients and families are to receive the SMART Discharge Package (left) upon admission, which contains information regarding the patient's care during their hospital stay. With clinicians providing consistent and regular communication regarding this package, patients and families will be able to identify the 5 pieces of information they need to be discharged safely (right).



- S**igns I should look for and what I might do.
- M**edications that I need to take.
- A**ppointments I have to go to or arrange.
- R**esults for review or follow-up.
- T**alk with me about my care and questions I have before I go home.

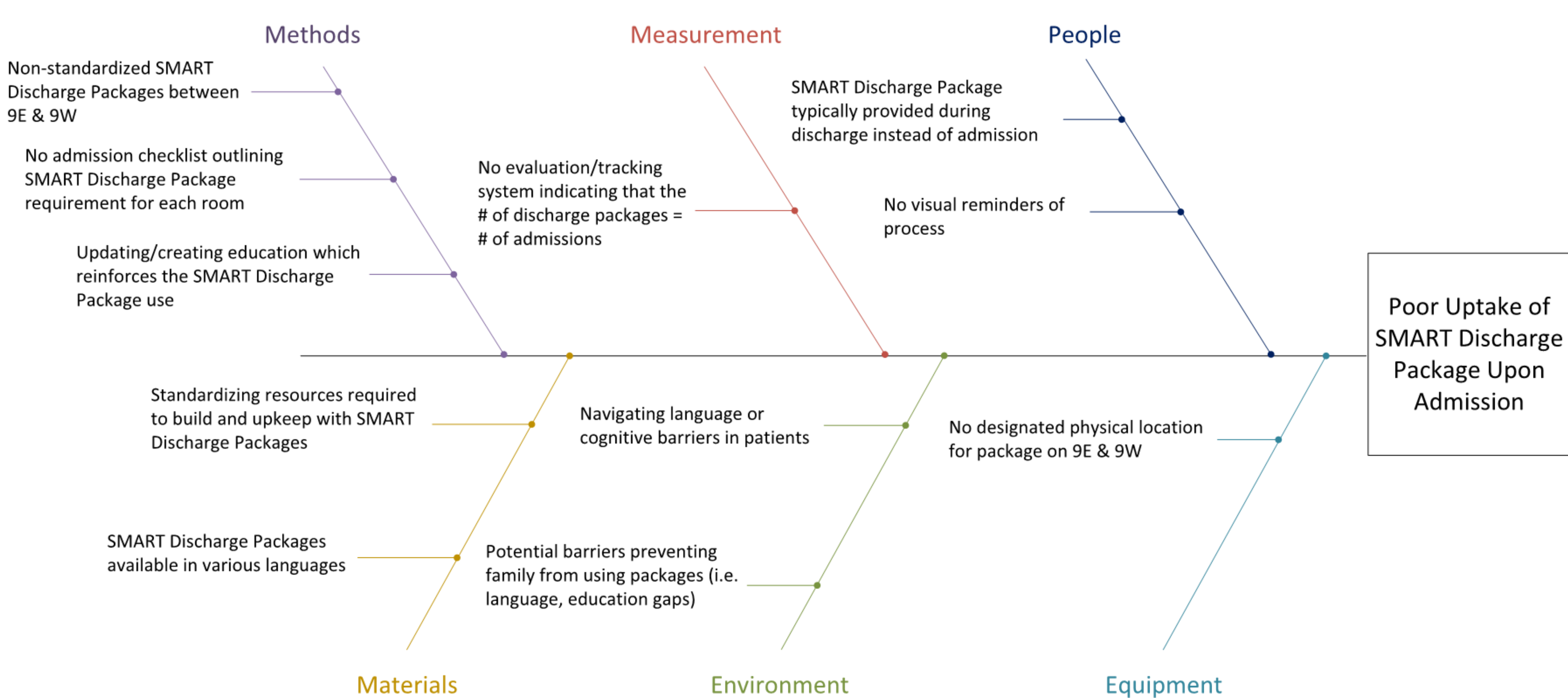
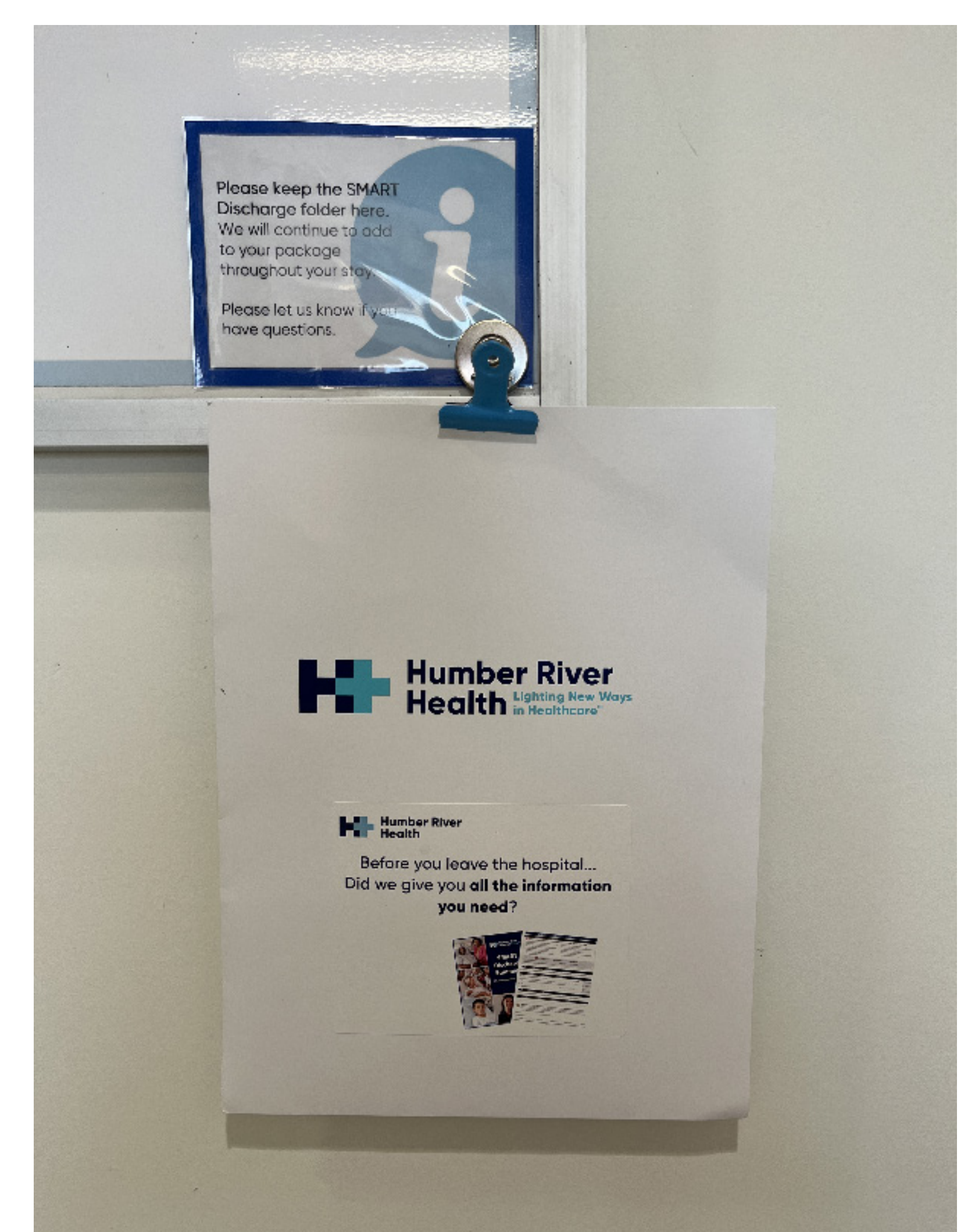
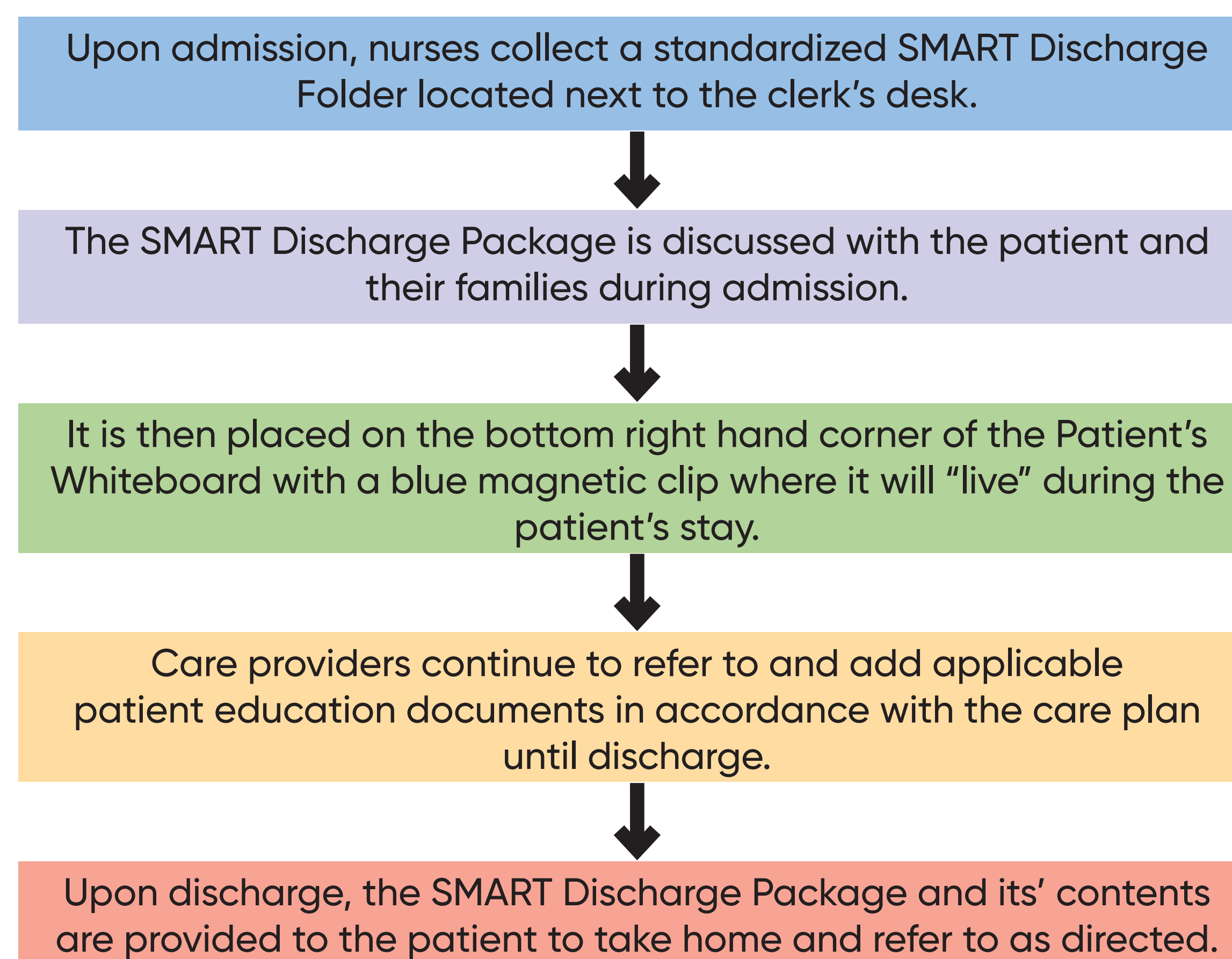


Figure 2. Based on findings from the Root Cause Analysis, it was determined that:

- Contents of the SMART Discharge package are varied between the units 9East (9E) and 9West (9W)
- There was no standardized location in the patient's room to place the SMART Discharge package
- SMART Discharge packages were being compiled by clerks and given to patients upon discharge, rather than upon admission

Figure 3. The SMART Discharge package should be a "living" package during the patient's hospital stay, and as such, care providers are welcome to add educational resources specific to the patient's care plan as needed. The updated process for distributing the SMART Discharge Package upon admission outlined above (left). There is a sign next to the designated whiteboard location for the SMART Discharge Package, which encourages patients and families to keep the SMART Discharge package on the whiteboard to allow care providers to access and add patient education documents (right).



SUMMARY OF RESULTS

A multifaceted strategy was implemented, which included:

- The creation of an admission checklist
- An established location for packages with signage for patients and families (Figure 3)
- Email reminders regarding role clarity, and
- Daily Huddles on providing patient education and nursing documentation process

Prior to implementing this initiative, patients may have received SMART Discharge Packages upon discharge. Within the first week of implementation, spot audits of patient rooms revealed that SMART Discharge Packages were available in 70% of patient rooms. Audits of nursing documentation also revealed a 23% increase in documentation around SMART Discharge Package discussions with patients and families.

LESSONS LEARNED

Communicating with patients and families regarding the SMART Discharge Package upon admission not only improves patients' readiness for discharge, but also provides clarity on what to expect during their hospital stay.

