



Discharge Lounge and the Journey to Excellence in Patient Satisfaction

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Background

Setting is a faith-based, non-profit, 351-bed, acute care hospital. Hospital's 36-bed emergency room (ER) services the community with nearly 70,000 patient visits yearly from two counties, with an average daily census of 190. Patient satisfaction scores are obtained from phone surveys post discharge.

Purpose

ER patient satisfaction baseline scores for FY16 related to discharge instructions were 43.7% Excellent. The survey question asked, "How would you rate the instructions given to you upon discharge? Would you say..." with available responses—Excellent, Very Good, Good, Fair and Poor. Our FY17 Target goal: 48.7% Excellent with an Exceptional goal of 50.2% Excellent.

Design

Project was spearheaded by frontline staff. Ideas gathered from other healthcare system hospitals as well as a literature review, led to the implementation of a discharge lounge.

Best practices were implemented and included: daily follow up phone calls, a discharge checklist, and feedback voicemail line.

A new staffing assignment was created and included assigning of a "discharge RN" responsible for the care of patients discharged from the lobby.

Methods

All ER staff participated in this project. A discharge committee (DC) consisting of six nurses, one Clinical Coordinator, one Physician's Assistant, one MD, and the manager spearheaded project implementation and evaluation.

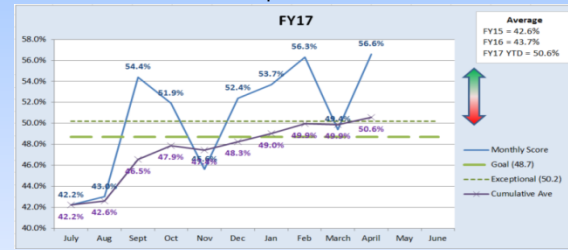


Implementation strategies

- Creation of a discharge lounge February, 2016 as a designated area for patients seen and treated from Medical Screening Exam areas. Initial standard of work developed.
- Video education was developed for the annual simulation lab education (April 2016) explaining "The Good, The Bad, and The Ugly (or never do)" of discharge instructions.
- June 2016, first DC meeting with subsequent bimonthly meetings.
 - Discharge checklist, on pink colored paper selected to catch the eye, was developed
 - Bedside discharges are done by the primary RN.
 - Collaboration with outside sister facilities led to the implementation of follow-up phone calls and a follow-up feedback voicemail line that allows patients to provide real time feedback of their experiences in the ER.
 - Additional auditing, rounding, development of adequate discharge training with standard of work, identification of barriers, and troubleshooting is ongoing and integral for the overall discharge process.
- Monthly score improvements rewarded with on shift staff celebrations.

Results

FY17, starting July 2016, demonstrate a 50.6% Excellent average, showing several monthly scores that met or exceeded the FY17 Target and Exceptional goal. A celebrated monthly peak score of 56.6% occurred in April 2017.



Conclusion

The unit based interdisciplinary collaboration and use of best practices through implementation of a discharge lounge, follow up phone calls, and staff involvement at a discharge committee demonstrated improvement in patient satisfaction scores. The ideas and interventions implemented for this successful project may be replicated by other facilities that are also on the journey to improving patient satisfaction.



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