



TL2EO – Strategic Planning

TL2EO: Provide one example, with supporting evidence, of an improved patient outcome associated with a goal in the nursing strategic plan.

- *Patient outcome data must be submitted in the form of a graph with a data table.*
- *Provide a copy of the nursing strategic plan.*

Example: Improving the Patients' Experience with Discharge Instructions Through the Introduction of Unit-Based Discharge Nurses

Problem

The first strategic objective of KFSHRC General Organization is to ***deliver world class customer experience, quality and safety of care to our patients***. Nursing Affairs addresses this strategic objective through its departmental and unit goals. In the KFSHRC-J 2019 nursing strategic plan, the goal *to provide excellent patient experience throughout the patient journey* was identified to be addressed by improving the discharge domain score. However, in the fourth quarter of 2018, the patient satisfaction data related to the *Discharge Instructions* domain performance score was 62.8%. **Evidence TL2EO.1 Nursing Affairs Strategic Plan 2019, p. 8**

Goal Statement

Improve the mean score on the Press Ganey patient satisfaction survey concerning Discharge Domain performance for all applicable inpatient units. The questions were:

- Staff talk about help when you left
- Information re: symptoms/problems to look for

Participants

Table TL2EO.1 below lists the participants in accomplishing improvements in patient satisfaction in the discharge information category.

Table TL2EO.1: Members Multidisciplinary Patient Discharge Instruction Taskforce

Name & Credential	Job Title	Department
Dr. Sandy Lovering, DHSc RN, CTN-A, FAAN	Executive Director	Nursing Affairs
Amal Brnawi, BSN RN	Nurse Clinician	5N-Medical
Zainab Al Ansari, BSN RN	Assistant Head Nurse	Surgical
Ghada Alsarraf	Administrative Assistant II	Nursing Affairs
Asiya Sheikh	Senior Health Informatics Analyst	Health Information Technology Affairs
Maher Barakat	Head, Ambulatory Pharmacy	Pharmaceutical Care
Masha'el Binnijaifan	Receptionist	Public & Media Affairs
Mohammad El Faour	Director	Pharmaceutical Care
Abdulmohsin Marghalani	Deputy Director	Pharmaceutical Care
Samer Dardas, BSN RN, CPHQ, CPHHA, CSSGB,PMP	Performance Improvement Specialist	Quality Management Department
Shorouq Zakariya	Director	Quality Management Department

Description of the Intervention

During the first quarter of 2019, a Multidisciplinary Patient Discharge Instruction Taskforce was initiated on March 04, 2019. Commencing March 08, 2019, the following activities were undertaken to address the problem and achieve the goal:

- Process mapping was undertaken, including a review of discharge instruction data at the unit level, a review of discharge practices in high-performing units, and a review of best practices.
- A literature search was conducted on databases and organizational websites. The Population, Intervention, Comparison, Outcome (PICO) framework was used to identify the terms for the search, for example, **Population:** *inpatient*; **Intervention:** *patient discharge instructions*; **Comparison:** *no discharge instructions given*; **Outcome:** *patient experience, education, knowledge, home support, HCAHPS*.
- Applicable research findings were utilized, e.g., the Readiness Evaluation and Discharge Intervention (READI) Research Study conducted at KFSHRC-J 2015-2017 was used to provide structured guidance to address important areas for patient self-assessment for discharge readiness, personal status, knowledge (medication, wound care, etc.), perceived coping ability, and expected support at home.

- International best practices were identified for potential applicability. On review of the Agency for Healthcare Research and Quality (AHRQ) website, the Re-Engineering Discharge (RED) Toolkit was accessed. Within the toolkit was a tested set of activities, for example:
 - initial discharge assessment upon admission,
 - a discharge planning meeting 2-3 days prior to discharge,
 - structured actions on the day of discharge, and
 - post-discharge follow-up telephone call to the patient within 24-48 hours of discharge home.

The process of identifying appropriate tools, approaches, and interventions took approximately two months.

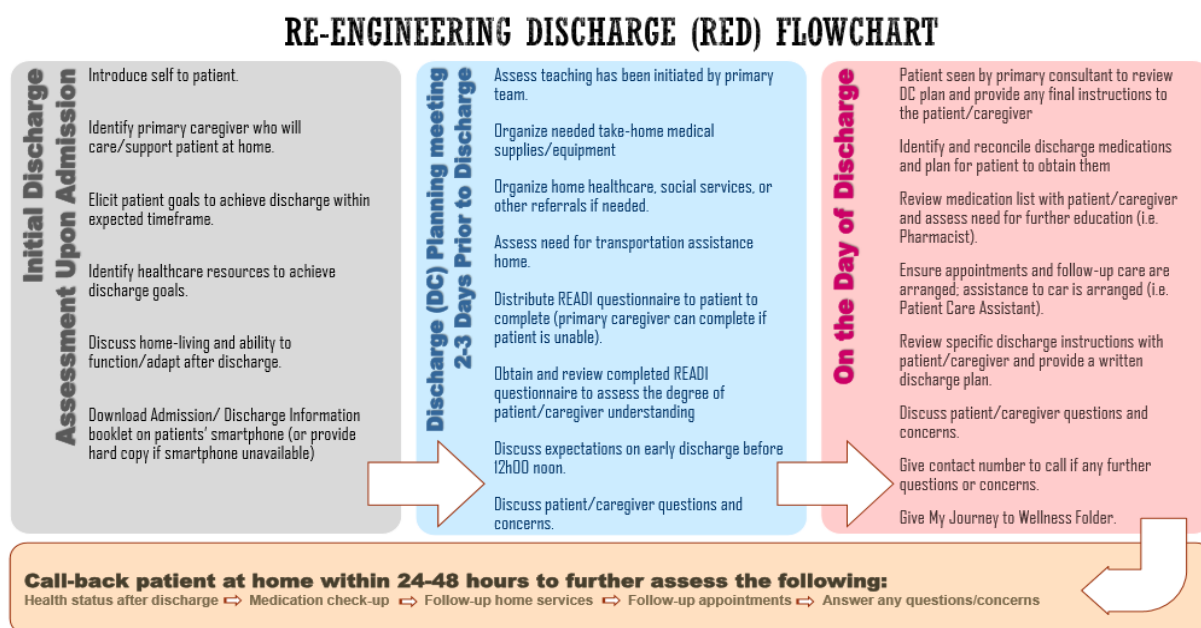


Figure TL2EO.1: AHRQ Re-Engineering Discharge Toolkit

Discussions were held with the operational Program Directors in Nursing Affairs. The decision was that each inpatient unit would allocate at least one clinical nurse, known as Staff Nurse 1 (SN1), on an assignment basis, whose sole responsibility would be to function as the unit's Discharge Nurse. The intensive care units were excluded as they do not collect patient satisfaction data.

Table TL2EO.2: Details of Assigned Discharge Nurses for Inpatient Units

Name & Credential	Job Title	Assigned Unit
Doaa Alsddah, BSN RN	SN1, Clinical Nurse	Oncology
Amal Abu Asidah, BSN RN	SN1, Clinical Nurse	5N-Medical
Rawan Radhi, BSN RN	SN1, Clinical Nurse	5S-Medical

Wed Bukhari, BSN RN	SN1, Clinical Nurse	
Rhoda Laigo, BSN RN	SN1, Clinical Nurse	Surgical
Maha Al Otabi, BSN RN	SN1, Clinical Nurse	
Sahar Faraj, BSN RN	SN1, Clinical Nurse	
Nour Nasir, BSN RN	SN1, Clinical Nurse	
Fatima Basudan, BSN RN	SN1, Clinical Nurse	
Wafaa Al Hamdi, BSN RN	SN1, Clinical Nurse	1South
Badriah Aldaieq, BSN RN	SN1, Clinical Nurse	Peds Onc
Lujain Alhumaid, BSN RN	SN1, Clinical Nurse	24Hour Admission
May Rapada, BSN RN	SN1, Clinical Nurse	Transplant
Jenelyn Fernandez, BSN RN	SN1, Clinical Nurse	
Hanan Khalil, BSN RN	SN1, Clinical Nurse	
Nora Flores, BSN RN	SN1, Clinical Nurse	
Asma Zamakshari, BSN RN	SN1, Clinical Nurse	
Nor binti Jamal, BSN RN	SN1, Clinical Nurse	
Sondos Badaghigh, BSN RN	SN1, Clinical Nurse	
Azhar Kamal, BSN RN	SN1, Clinical Nurse	OB/GYN
Ola Sejeni, BSN RN	SN1, Clinical Nurse	CVT-N/S
Anfal Qualissi, BSN RN	SN1, Clinical Nurse	Pediatrics

Preparation of the New Discharge Nurses - Second Quarter 2019

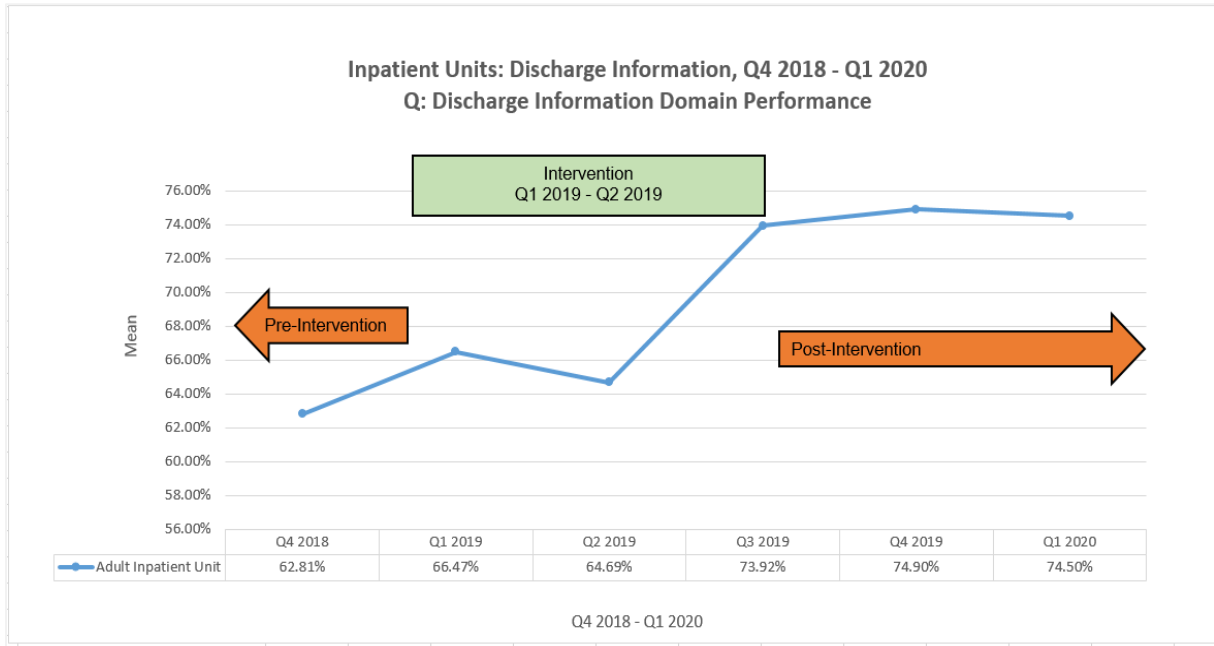
Gillian Sedgewick, BSN RN, MSc, Program Director, Nursing Practice and Research department, provided training to familiarize the selected clinical nurses with tools, processes, and workflows. On May 19, 2019, the new discharge information interventions and the Discharge Nurse role were implemented.

Discussion of the patients' needs for discharge was documented 2-3 days before discharge home. The Discharge Nurse completed the READI form in conjunction with the patient and their next-of-kin. The plan for care at home was completed, documented, and shared with the patient. Within 48-hours post-discharge, the Discharge Nurse made the follow-up call to the patient using the agreed checklist. They documented this call and the findings in the patient's electronic medical record. Dedicated mobile phones were purchased for the inpatient units for this purpose.

The introduction of the Discharge Nurse role and standardized approaches, processes, and tools provided a structured approach to the provision of discharge information and instructions. The outcomes of this work show that the Discharge Nurse role added significant value to patient experience and enabled the organization to make progress in its patient experience goals.

Outcome

As a result of these implemented changes, there was a sustained improvement in patient satisfaction with discharge instructions as seen below in Graph TL2EO.1.



Graph TL2EO.1: Discharge Information