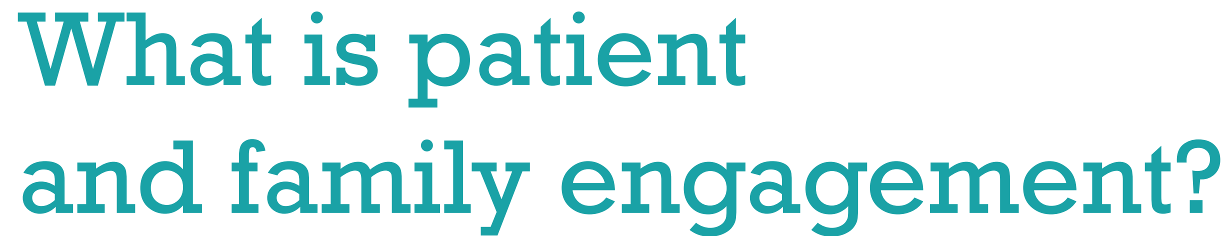
Insert hospital logo here

Care Transitions from Hospital to Home: IDEAL Discharge Planning Training

[Hospital Name | Presenter name and title | Date of presentation]

Today's session

- What is patient and family engagement?
- What is the patient and family experience of discharge?
- IDEAL Discharge Planning
  - **What are we asking patients and families to do?**
  - **What are we asking you to do?**
- Practice exercises


What is patient
and family engagement?

What is patient and family engagement?

Patient and family engagement:

- Creates an environment where patients, families, clinicians, and hospital staff all work together as partners to improve the quality and safety of hospital care
- Involves patients and family members as
  - **Members of the health care team**
  - **Advisors working with clinicians and leaders to improve policies and procedures**

Patient- and family-centered care

- Patient and family engagement is an important part of providing patient- and family-centered care
- Core concepts of patient- and family-centered care:
  - **Dignity and respect**
  - **Information sharing**
  - **Involvement**
  - **Collaboration**

Why patient and family engagement?

[Adapt to hospital]

- [Include story from leadership about importance of patient and family engagement and goals for effort]
- Research shows patient-centered approaches can improve:
  - **Patient safety**
  - **Patient outcomes, including emotional health, functioning, and pain control**
  - **Patient experience**
- [Include specific goals / data for hospital]

Why focus on discharge planning?

- Nearly 20 percent of patients experience an adverse event within a month of discharge, of which ¾ could be prevented
- Common complications post-discharge are adverse drug events, hospital-acquired infections, and procedural complications
- Many complications can be attributed to problems with discharge planning:
  - **Changes in medicines before and after discharge**
  - **Inadequate preparation for patients and families**
  - **Disconnect between information giving and patient understanding**
  - **Discontinuity between inpatient and outpatient providers**
- [Add hospital data / goals related to discharge]

What is the patient and family
experience of discharge at our hospital?

What is it like being a patient?

- How do patients and families feel at discharge?
  - **Relieved and excited to go home**
  - **Scared or nervous about home situation or lack of support**
  - **Worried about their ability to take care of themselves or the patient**
  - **Hesitant to ask questions or raise concerns, especially about home life, with hospital staff**

What is it like being a patient? (continued)

Clinicians and hospital staff	Patients and family members
• Are taught that discharge starts at admission but may not do this often	• Can feel as if they are being forced out of the hospital when you raise the idea of discharge starting at admission • May not start to think about discharge until later in the stay
• May prioritize clinical care (e.g., wound care) at home	• May prioritize functioning and quality of life (e.g., activities and diet) • May not know all the questions they should ask or what they need to know when they are home
• Have limited time for discharge planning	• May not understand all the written information they receive related to discharge • May feel rushed on the day of discharge
• Want patient to succeed at home	• Want to know the name and phone number of the one person to call if they have problems

What is it like being a patient? ? (continued 2)

- [Insert 1 to 2 experiences from real patients or family members on what the discharge process feels like from the patient / family perspective, using:
  - **Live presentation or story**
  - **Video**
  - **Vignette or quote**
- Preferably include at least one positive and one negative story (what worked well, what did not work well)]

What will we do to improve the discharge planning process?

- IDEAL Discharge Planning process and tools

What is IDEAL Discharge Planning?

- **I**nclude the patient and family as full partners
- **D**iscuss with the patient and family five key areas to prevent problems at home
- **E**ducate the patient and family throughout the hospital stay
- **A**ssess how well doctors and nurses explain the diagnosis, condition, and next steps in their care and use teach back
- **L**isten to and honor the patient and family's goals, preferences, observations, and concerns

What is IDEAL Discharge Planning? (continued)

- At initial nursing assessment:
  - Identify who will be at home with the patient
  - Let the patient and family know that they can use the white board in the room to write questions or concerns
  - Elicit the patient and family goals for hospital stay
  - Inform the patient and family about steps toward discharge

What is IDEAL Discharge Planning? (continued 2)

- Daily:
  - 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

What is IDEAL Discharge Planning? (continued 3)

- Prior to the discharge planning meeting:
  - [**Identify who**] **will give the Be Prepared to Go Home checklist and booklet to the patient and family**
  - [**Identify who**] **will schedule the discharge planning meeting with patient and family of their choice**
    - When depends on the patient's condition--at least 1 to 2 days before discharge or earlier if needed

What is IDEAL Discharge Planning? (continued 4)

- At the discharge planning meeting:
  - **[Identify who] to will take part in the meeting**
  - **Use the Be Prepared to Go Home checklist and booklet as a starting point for discussing the patient's and family's questions and concerns about going home**
    - Review the checklist verbally if needed
    - Use teach back to check the patient's understanding of the information
    - Follow up on any questions you cannot address during the meeting
  - **Offer to schedule followup appointments with all providers (primary care, specialists, or therapy) as needed**

What is IDEAL Discharge Planning? (continued 5)

- Day of discharge
  - [Identify who] will review reconciled medication list with patient and family
    - Hand the patient the list of medicines her or she needs to take after getting home
    - Go over the medication list with the patient and family
    - Ask them to repeat back what each medicine is and when and how to take each medicine
  - [Identify who] will write down followup appointments and give the name and contact information of someone to call if problems arise

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 to be sure **you explained things well**
- 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

Everyone plays a role in discharge

- **Patient and family**: Heal, ask questions to get ready to go home, take responsibility for care at home
- **Doctor**: Gives order for discharge, communicates clearly with other team members, including nurses, patient, and family about discharge plans and next steps

Everyone plays a role in discharge (continued)

- **Nurses:** [Hospital to fill in as decided during planning steps]
- **Case manager:** [Hospital to fill in as decided during planning steps]
- **Discharge planner:** [Hospital to fill in as decided during planning steps]
- **Interpreter:** [Hospital to fill in as decided during planning steps]
- **Others:** [Hospital to fill in as decided during planning steps]

Benefits of IDEAL Discharge Planning for clinicians

- Improves information about the patient's condition and discharge situation
- Reduces risk and liability
- Improves quality of care

Benefits of IDEAL Discharge Planning for patients

- Demonstrates that hospital staff view the patient's perspective as important
- Shows teamwork among hospital staff
- Ensures patient and family have a good care experience
  - **Reassures patients and families that they know what to do and how do it, which lessens anxiety**
- Prevents post-discharge complications and avoidable readmissions

Potential challenges

- May take more time at first but should be incorporated into the everyday process
- Difficult to identify family members who will be caregivers
  - **Patient has no family or other support**
  - **Family caregiver has not been at the hospital**
- Discharge plans change immediately before discharge
- Patient unable to read, write, or articulate questions or concerns

Practice exercises

Vignette 1: An easy discharge

- Emily, a 50-year-old woman, came in for a gall bladder removal. She is married, has a college education, and is generally quite healthy, as is her husband, Jack. She is not in the med/surg unit very long.
- You are conducting the discharge planning meeting with Emily and Jack the day before she expects to be discharged.

Vignette 1 debrief

- Debrief each role:
  - What did Jack, Emily, and the discharge planner say to each other?
  - How did you each feel during this interaction?
  - What went really well?
  - What could have been done differently?
  - Anything else?

Tips for effective engagement

- Speak slowly
- Use plain language
- Reassure patient and family by giving information
- Thank patient or family for calling attention to any issue they raise and do not act annoyed
- Invite them to continue asking questions
- Remember nonverbal communication says just as much as verbal communication

Vignette 2: A tougher discharge

- Arnold is 84 years old with serious exacerbation of congestive heart failure. He lives alone. His children live in another city. His long-time neighbor has visited him in the hospital. This is Arnold's third hospitalization in the last year. His mobility is okay, but he has shortness of breath. He is fine cognitively but is getting depressed and worried about his circumstances.
- Arnold will go home in 2 days with home health care to help him with new portable oxygen. He is worried about using the oxygen, especially getting it and moving it around.
- You are conducting the discharge planning meeting with Arnold alone.

Vignette 2 debrief

- Debrief each role:
  - What did Arnold and the discharge planner say to each other?
  - How did you each feel during this interaction?
  - How was this different from the first vignette?
  - What went really well?
  - What could have been done differently?
  - Anything else?

Final thoughts

- Our hospital is committed to patient and family engagement. Everyone plays a critical part.
- Patients and families won't engage if they believe that you don't want them to.
- Your job is to make it safe for them to be here, not just as patients, but as partners in their care.

Thank you!

- For questions or more information
  - **[Insert name, phone number, and email]**