

8A (MHE/MON) Multidisciplinary Discharge Planning



Problem Identified:

Patients with hematologic malignancies and solid tumors have complex discharge planning needs. A lot of details have to fall into place prior to the patient's discharge from the unit. There are no communication methods or tools that are easily accessible and collaborative to be used across all disciplines contributing to the plan for discharge.

Strategically focused on 'Enhancing the Patient Experience' and 'Optimizing Quality and Safety in Patient Care.'

Interventions:

PDSA Cycle 1: Paper Check-List

March 2017 - April 2017

A paper checklist for planning for discharge was implemented and kept in the patient's room. Satisfaction with discharge communication was unchanged from our baseline survey. This first PDSA cycle helped to identify that a tool for communication is a good idea, just not in a physical paper form.

PDSA Cycle 2: MiChart Shared Note

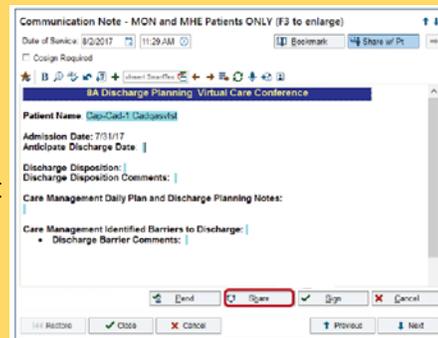
August 2017 – April 2018

The Shared Note functionality was approved to be piloted on 8A and serves as a virtual care conference to improve the discharge planning processes. This alerts and reminds the care team of what needs to be accomplished prior to discharge and to help formulate thinking/questions early in the patient's stay (as soon as day of admission).

PDSA Cycle 3:

April 2018

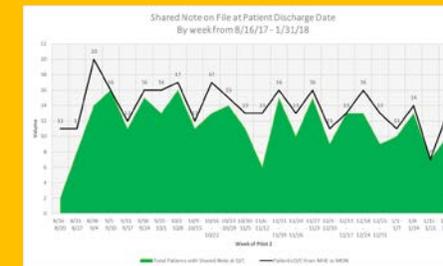
Rolling out shared note to all home unit patients.



8A Care Team Survey Results:



- Higher scores on questions related to staff having tools, resources and training related to discharge.
- Patient feedback (n = 17): 60% describe no delay in discharge and 0% experienced issues in receiving equipment or 'self care' teaching prior to discharge.



- 83% of patients between August – January (274 / 332) had Shared Note initiated and/or completed at discharge.

The Shared Note has promoted a culture in which discharge planning starts on admission; planning for entire "stay" - not just the "day."