

Quality Day of Sharing Application for Best Project:

Clinical Efficiency

“The Discharge Teaching Team for Maternity Discharge: An Innovative, Comprehensive, and Efficient Patient Education Model”

**The Maternity Center
at Carolinas Medical Center – Pineville**

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Executive Summary

Project Selection:

Historically low patient satisfaction scores for Discharge Instruction and Discharge Process coupled with frustrated nursing staff.

Overall Goal:

Create a formal, standardized “Discharge Nursing Process & Patient Instruction” plan to address low patient satisfaction and staff satisfaction.

Overall Goals:

1. Improve PRC scores to 85% ranking or greater
 - Improve quality and consistency of postpartum and newborn instruction
 - Develop a discharge teaching team with consistent, comprehensive orientation for all instructors with detailed materials and messages
 - Plan 60 minute appointments for each patient/family
 - Ensure communication from discharge nurse to the farewell nurse
2. Improve “employee job satisfaction rating” of maternity unit staff
 - Increase coordination of all care providers involved in the discharge process
 - Develop nursing role with short four (4) hour timeframes which may appeal to “mommy” staff

Improvement Process:

A small team of staff nurses began informal and then formal meetings to address the problem. They identified additional obstacles of *routinely late discharges, inconsistent discharge instruction, inadequate documentation of discharge instruction, increased management workload to address dissatisfaction from internal and external customers (patients, physicians and nurses) and dissatisfied nurse workload during census peaks.* Following a literature review, detailed analysis of current practices and instruction used on the unit, a benchmark of other neighboring hospitals maternity discharge procedures, a new process was developed that includes the use of these key elements:

- Teaching script
- Checklist of required tasks
- Supplemental educational material to take home
- Separate “Discharge Nurse” role
- Scheduled appointments with patient for postpartum & newborn instruction

The newly created discharge plan was presented to the “Service Excellence Committee” and communicated to staff through regularly scheduled staff meetings and the Maternity Center “Communication Book”. Subsequent training and amendments to the process is ongoing.

Results:

1. PRC scores have showed a steady rise in the trend line in excellent rating for Discharge Process and Discharge Instruction since implementation in Sept '08. Note Figure 1A and 1B
2. 2009 Employee Engagement Survey reflects increased job satisfaction related to inclusion in decision making. Note Figure 2

Innovation / Knowledge:

This project yielded the innovative creation of an appointment for patients and a favorable nurse role. It reduced formal discharge teaching and documentation demands on staff providing a “fond farewell” on the day of discharge. Our approach has been replicated in other projects by staff nurses who felt empowered by our outcomes.

Figure 1 A

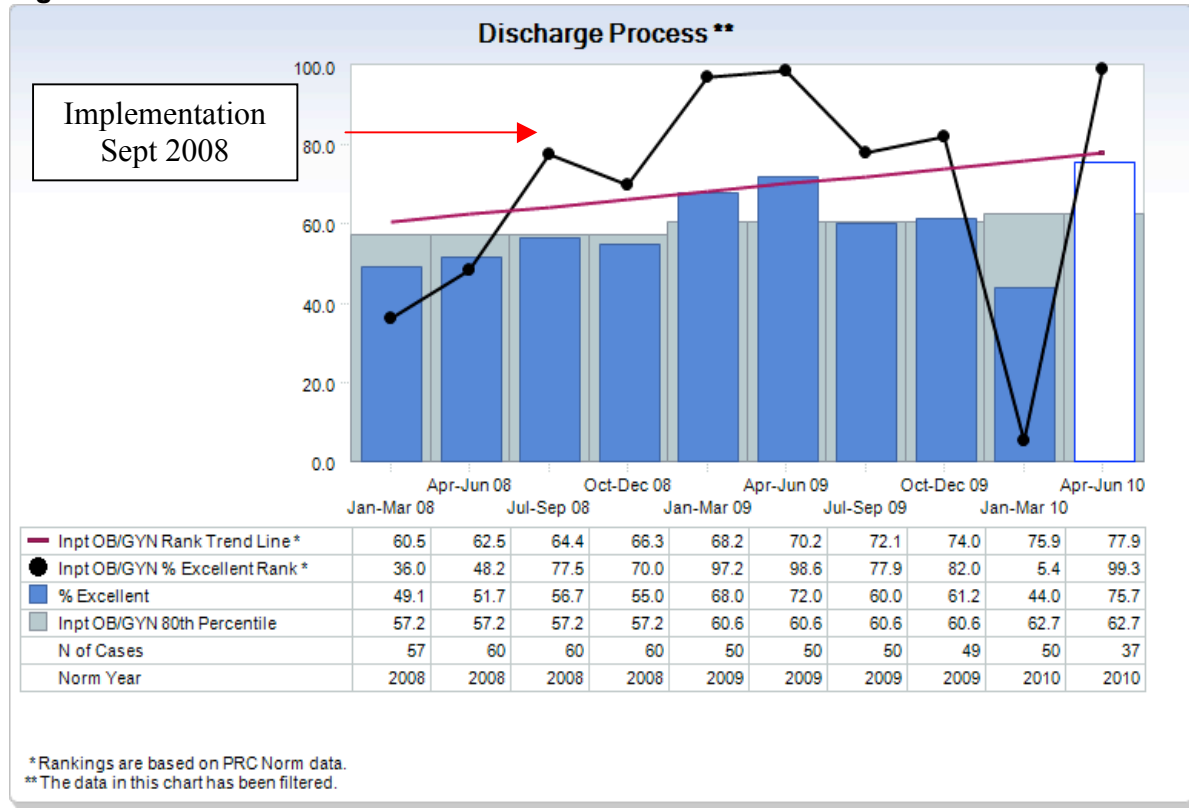


Figure 1 B

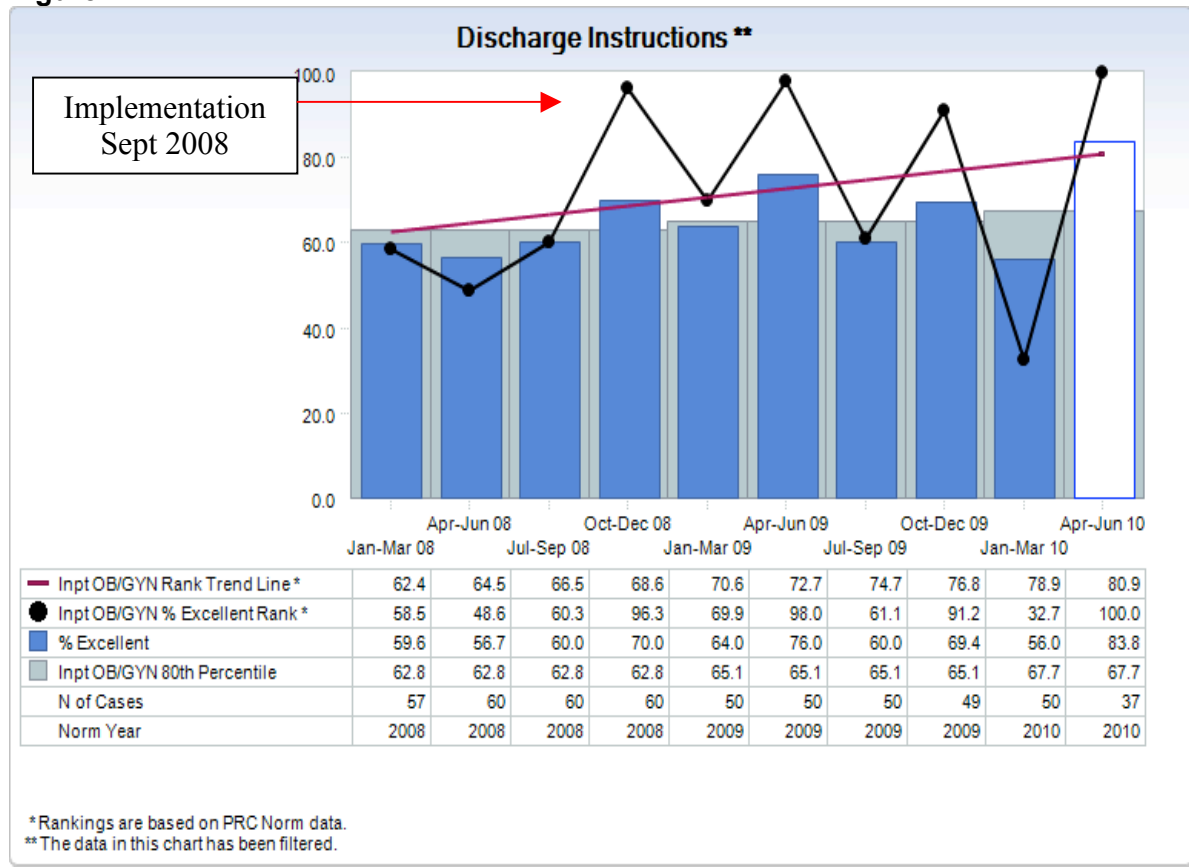
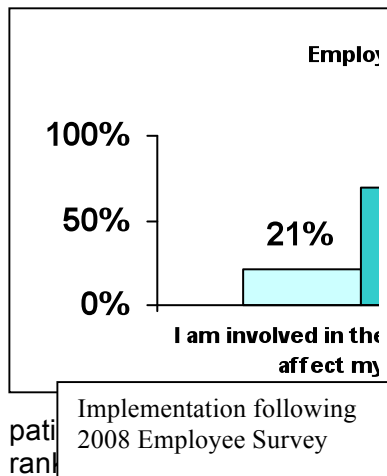


Figure 2



Project Details

Project Selection:

The primary reason this project was initiated was to address historically low discharge Professional Research Company (PRC) scores for the Maternity Center. The PRC score is a sample of patients' experience in the hospital, and the best information available to assess effectiveness of the discharge process and postpartum/newborn instruction. The feedback is collected by phone calls to patients one week after release from the hospital. Patients are asked to describe their experience with a rating of poor, fair, good, very good, and excellent. In the two years preceding initiation of our new discharge process and patient instruction, excellent ratings averaged 50.7% and 45.2% for the Maternity Center's discharge PROCESS and INSTRUCTION, respectively.

A secondary problem directly related to the previous discharge process was the unnecessary extension of our patient's stay at the Maternity Center. Before a patient can be released, a number of administrative tasks need to be completed. The tasks in this work-stream are interrelated and there is a domino effect each time there is a delay upstream in the process. The cumulative effect often results in a patient and their family waiting for several hours to be released and an increased dissatisfaction.

The previous method was also recognized as a source of frustration for the staff and a cause of conflict within the team. During the 2-3 day stay, patients will receive care from several nurses. The discharge instruction and completion of administrative tasks were the responsibility of any or all of these nurses. Often these responsibilities were put off for the next shift in favor of other pressing demands of the unit. The ramifications were that the instruction being provided was at times incomplete or inconsistent.

CMC-Pineville's mission is to "create and operate a comprehensive system to provide healthcare and related services, including education and research opportunities for the benefit of the people it serves." By creating a new formalized discharge process and standardized, updated instruction, our patients will have a more positive experience and be better prepared to care for themselves and their infant when leaving the hospital.

Overall Goal:

Create a formal standardized "Discharge Teaching Team Process and Patient Instruction" program for the Maternity Center that patients would describe as "excellent" in process and instruction.

Objectives:

1. Improve patient satisfaction with both the Discharge Process and Discharge Instruction as reflected in the PRC scores to a minimal level of 85% excellent in the first three (3) months (Dec 2008) and 95% excellent by six (6) months (March 2009). This benchmark is consistent with expectations for the hospital and typical of top performing facilities nationwide.

2. Improve quality and consistency of postpartum and newborn instruction. Formation of a committee to review, record, and instruct proper evidence based teaching. "New Family Care" book is the official manual for instruction and revision controlled by administration approval. This would be accomplished by September 2008.
3. Improve "employee job satisfaction" at the Maternity Center as evidenced by a 25% gain in increased satisfaction with decision making on the annual Employee Engagement Survey.
4. By the development of a formal, standardized discharge process and the assignment of a separate Discharge Nurse function to complete a defined list of discharge tasks, staff RN's would be allowed to focus on primary nursing care responsibilities. This was predicted to increase nurse job satisfaction. The new discharge teaching role also produced a positive experience for nurses who enjoyed teaching without the pressure of simultaneous patient care activities.

Improvement Process:

The Team: A small team of staff nurses began informal discussion in the Maternity Center about the frustration of working so hard to provide excellent care and not seeing it reflected in the PRC scores for discharge processes. There were high levels of frustration in the conversation and several nurses decided to champion the process improvement work needed to study the process, identify opportunities for improvement and recommendation solution. This led to formal meetings of dayshift nursing staff and the solicitation of help from all members of the Maternity Centers' multidisciplinary staff to assess and fully address the problems. After informal and formal research, the newly formed team identified specific detrimental reasons for the poor PRC scores. These results were caused by the "poorly designed discharge system" and would remain a cause of dissatisfaction to all as long as we continued to "do things the same way expecting different results".

In the developmental processes of the discharge teaching team program, there was active involvement in the full multidisciplinary Maternity Center team. The instructional materials were updated with help from the nursing staff, practicing physicians, the Patient Education Coordinator, secretaries, nurse leadership and the NICU staff. In addition, nursing and management representatives of the Discharge team attended a Perinatal Conference at Piedmont CMC, visited Piedmont CMC Maternity Unit for a collaborative view of their discharge practices, attended a Perinatal Mood Disorder conference, and conducted a literature review to obtain the latest material on postpartum and newborn discharge education and processes.

The evolution of the quality improvement team for this project remains close to its beginning structure. Although the nurse that took the initial "team leader" role is no longer a member of the staff, another member of the original team has taken ownership of the processes and role requirements for continuing the process improvement activities.

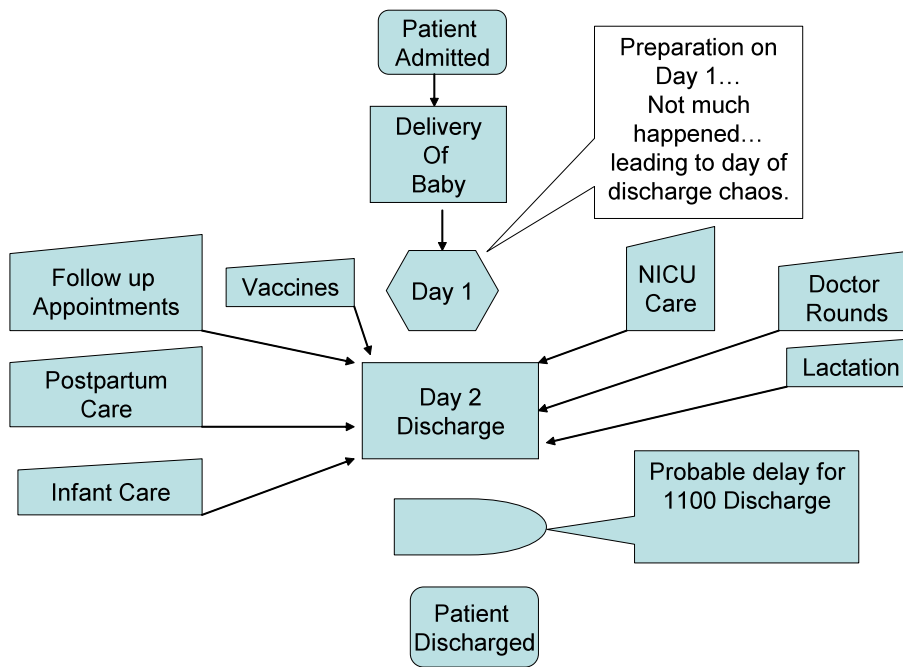
The Maternity Center Director continues to be their executive champion with full support from all Maternity Centers' leadership team. Other continued roles include NICU staff, lactation, childbirth education representation and staff nurses from both shifts and weekends. Additional educational support is provided from the Maternal Neonatal Practice Clinician and Unit Educator. The group receives physician advice and support from Maternity Operations with Dr. Bale, Dr. Goldman and Dr. Bajaj as advisors. As part of the continuing improvement efforts, the discharge planning team has scheduled class work in

“meeting skills” and “team roles” to continue their quality improvement work. The program is continually evaluated by the team leader and team membership is adjusted based on individual performance and discharge team activities.

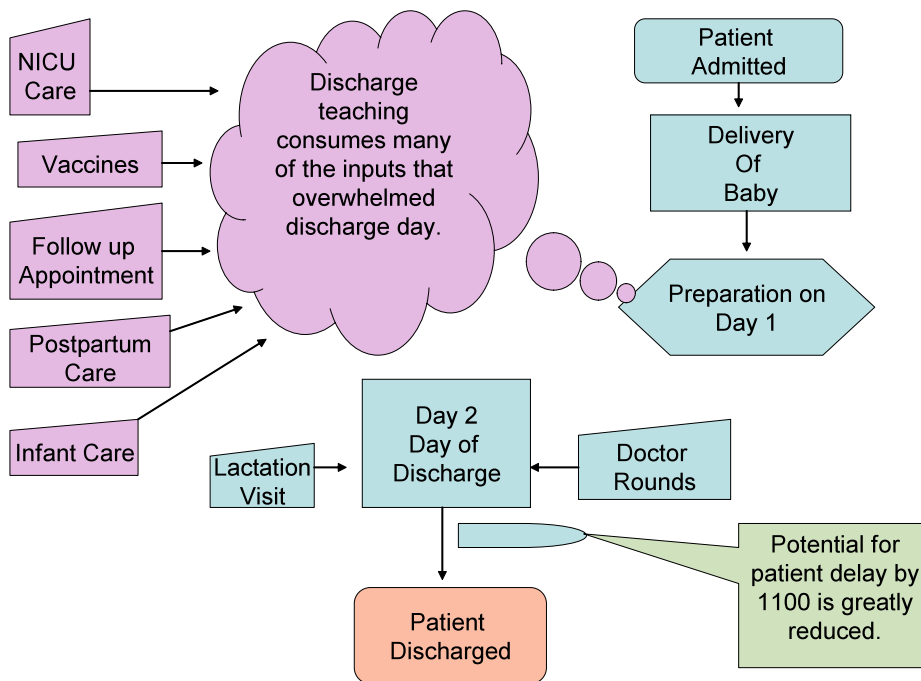
Overall Quality Improvement Tools/Technology:

After a full review of current practices and instruction, a simple flow chart was used to remap the required flow tasks involved in the discharge process. Tools for flow charts, run charts and power point are often used in reporting outcomes and information to nursing staff. (Note Figure 3: Before)

Figure 3 Before



Attachment 3 After



Following a full review of current practices and instruction used at the center, and the mapping of the required workflow tasks involved in the discharge process, a new process was developed and mapped that includes the use of these key elements:

- Discharge teaching script
- Discharge checklist of required tasks for all nursing staff
- Discharge supplemental educational material for take home
- “Discharge Nurse” role as new role for the Maternity Center (budget neutral)
- Discharge instruction appointments scheduled with patient

(Note Figure 3 “After”)

Change Cycles produced the final products of the program:

A **script** for postpartum and newborn care was created to maintain consistency in the discharge teaching. Websites from The American Academy of Pediatrics, American SIDS Institute, Baby Center, Consumer Product Safety Commission, First Candle, Johnson & Johnson Pediatric Institute, National Safe Kids Campaign, Injoy Products, UNC Center for Maternal and Infant Health and Pineville CMC New Family Care Book were used to create the script. The script was reviewed by Maternity Patient Education Coordinator to maintain consistency with the official patient care and instruction booklet:

”The New Family Care Book”. The script was given to nursing staff to review and every discharge nurse when training for the discharge role. An outline of the teaching script was created to use as guide to follow when doing discharge teaching. A national research program called “The Period of Purple Crying” was later added to the discharge process and teaching script to inform and educate patients on Shaken Baby Syndrome.

A **discharge checklist** was developed to capture all tasks required to be completed before discharge of the patient and to maintain communication between the discharge nurse and care nurse as to their status. The checklist summarized tasks in logical order of completion and identified assigned responsibilities for both staff and discharge nurse.

Major tasks on this checklist include; the completion of birth certificates, immunizations, bilirubin testing, hearing and metabolic screening tests, along with the required teaching and documentation. CPR and car seat tests were later added to the discharge checklist to make sure these items were completed for mothers with infants less than 37 weeks. This

checklist serves as a valuable tool for tracking the status of those tasks critical to the timely discharge /release from the hospital.

A presentation folder was created to organize the **supplemental educational** materials given to the patient. Material was included from “The USA Education Foundation”, North Carolina Department of Transportation, and North Carolina Healthy Start Foundation. Education on safe sleep, safety belt and child restraint guide, and proper installation of child safety seats were items given to the patient, along with “The New Family Care Book”. Information on vaginal and cesarean delivery is also added in the folders. Folders are prepared in advance and a “master” folder kept in the center to assure content is consistent and complete.

A separate **discharge nurse role** was implemented as a key driver at the Maternity Center. A schedule was made for the discharge nurse to follow when coming onto the unit to work that day. It is placed inside the “discharge binder” so that any nurse taking on the discharge role can follow the schedule and complete all the tasks. A postpartum and newborn teaching script was placed in the binder, along with an outline for the teaching scripts. To maintain consistency in charting, a copy of the educational teaching record, OB discharge sheets, and newborn discharge sheets were also included for reference. A Discharge Committee was formed to include all nurses actively participating in the Discharge Nursing role and anyone interested in joining the discharge team. The committee meets quarterly and is led by the current discharge team leader who takes responsibility for continuing the quality improvement measures to maintain the high performance of this process. The committee updates the resources, audits charts and reviews PRC scores for trending. Recently when PRC score plummeted, the team took the lead in accessing the impact of the leader role change and the farewell nurse activities and had input in the development of a “discharge ticket” to assist patients in getting everything finalized for discharge.

Efficiency: The discharge nurse schedules **appointments** with the patient to complete instructions the day before discharge. The appointment allows the patient to plan for the teaching session. This ensures availability and allows the patient to plan for her husband or significant other to be present for the teaching. A “Do Not Disturb, Discharge Teaching in Process” sign is used to decrease the number of interruptions during the teaching session. Each teaching appointment is scheduled in 45 to 60 minute slots. This ensures efficiency in the discharge process.

During the appointed times for teaching, the discharge nurse reviews the discharge process with the patient and prepares them for the pending departure from the hospital. The “Period of Purple Crying” is taught to the patient along with information on Sudden Infant Death Syndrome. The discharge nurse also discusses any concerns about possible Postpartum Depression and communicates with the care RN and ongoing providers if there is any need for follow up care. After the teaching is completed, the discharge nurse completes and prints all the paperwork and places in the chart so that the patient is ready for discharge the next day.

This very efficient process has eliminated overtime since these discharge nurses schedule their time allotted hours. It also has reduced tracking and management of discharge related complaints that led to service recovery activities. Nurses have restored balance in patient care activities and more energy to invest in the patients they care for and this lends itself to “excellence” in care.

Evaluation Processes: Once the Discharge Process and Patient Instruction Plan were finalized by the teaching team it was presented to the “Maternity Service Excellence Committee” as ready to fully spread. This committee was composed of the Director,

Managers and other clinical leaders including nurse practitioners and NICU. The new method was implemented for a one-month trial period. The process was evaluated through PRC scores in Discharge Instruction and Discharge Process. Follow-up phone calls were made to the patient 1 to 2 days after their discharge and included questions related to the discharge instructions and discharge process. Staff nurses were also given a survey to fill out regarding their satisfaction with the new discharge plan. With positive feedback and measurable improvement in the PRC scores, the new process became permanent.

We continue to modify and amend the Discharge Process as needed. Changes are communicated to staff through regularly scheduled staff meetings and the Maternity Center's "Communication Book". All procedures that affect the discharge process such as our new postpartum depression screening initiative have shown their respect for the program by incorporating input from the discharge team in their planning.

Results:

- A steady trend showing improvement in PRC scores, peaking near 100% excellent in the 2nd Qtr 2010
- Improvement in employee satisfaction from 2008 to 2009. A gain of 48% in "Staff Being Involved in Decision Making" and a 52% increase in "My Ideas and Suggestions are Seriously Considered".

We are confident that the process in place will maintain these impressive results as long as we continue our process evaluation and PDSA cycles.

Innovation / Knowledge: After the failure of several earlier attempts to raise Discharge PRC scores, including discharge group classes and continuous education throughout the patients stay, we found solutions based on quality improvement processes. This project reflects the creation of a totally new program and the creation of a Discharge Teaching Nurse role. Traditionally, patient instruction and documentation related administrative tasks required for discharge have been the responsibility of the mother/baby nurses. Over the course of their stay, several nurses will provide care for a patient. Without a defined process, there is increased variability in outcomes for patients due to haste and unfinished activities. With the help of a discharge teaching team nurse, we have improved the quality and consistency of the discharge process and patient instruction. We have also freed up staff nurses to flourish in their role as they can provide a "fond farewell" and other important aspects of Maternity Center care.

Sharing: This methodology is particularly suitable for units with a large volume of patients with a common medical condition. We have shared information about our new Discharge Process and its success with other units in our own hospital as well as at other healthcare facilities. We have assisted nurses at Grace Hospital, and Gaston Memorial Hospital by sharing our model discharge teaching program. A nurse shadowed our discharge team leader and discussed how to implement the "Discharge Nurse Role" into their hospital.

We have also met with physician offices practicing at CMC-Pineville and explained our discharge processes, provided them with all our discharge educational materials, our teaching script on postpartum and newborn care, and our "New Family Care Book." This was in effort to allow for feedback from the physicians, share our knowledge, and maintain consistency between the inpatient and the outpatient setting. This process served as a model of practice for the NICU Discharge Process.

The discharge committee works closely with the Maternity Education and Lactation Department and has trained NICU nurses to provide the Maternity Discharge Teaching to our NICU mothers and they are cross trained to help with Maternity Center instruction.

Recently the CMC Pineville Maternity Center's Discharge Teaching Program was selected for a poster presentation at the North Carolina/South Carolina Partnership Perinatal Conference in fall of 2010. It will be presented as a way to further the spread of this comprehensive, innovative, and efficient patient education model.

Lessons Learned:

- Nurses have the power to make things happen on the nursing unit. Two nurses were talking and then....
- Nothing is impossible when broken into small changes.
- The PDSA cycles clarified the dos and don'ts and helped us come to a standardized program. Small changes led to big ideas and defined new practice. We had so many negatives in the beginning that we were unable to see cause and effect. The small cycles helped us break down the discharge process into pieces that we could better understand.
- Expect the unexpected when a team process is fully utilized. Our team is creative, adventurous and has great energy. A "mommy" hours nurse role that was created is easily staffed and makes not only the discharge teacher fulfilled, but benefits the entire nursing staff.
- The quality tools are very powerful ways to use and interpret data and can help team members to stay excited as the results become measures to report!