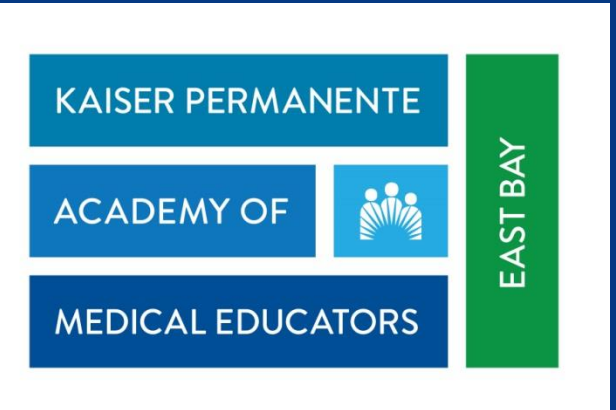


Impact of a communication tool on patient care experience of hospital discharge

A thematic analysis of patient education and agency in the discharge process

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Background

The hospital discharge process is an important aspect of the patient care experience with impact on readmission rates, patient satisfaction, and medication adherence. Despite concerted efforts to streamline the discharge process with checklists and multidisciplinary rounds, patient and caregiver understanding of the discharge process remains challenging in hospital systems. In our initial qualitative study of discharge at KP Oakland, thematic analysis of patient interviews determined four major barriers: patients experienced low confidence in their readiness for discharge, little understanding regarding the discharge process, uncertainty about their transportation home, and a desire for closer monitoring of their medical state upon discharge.

Methods

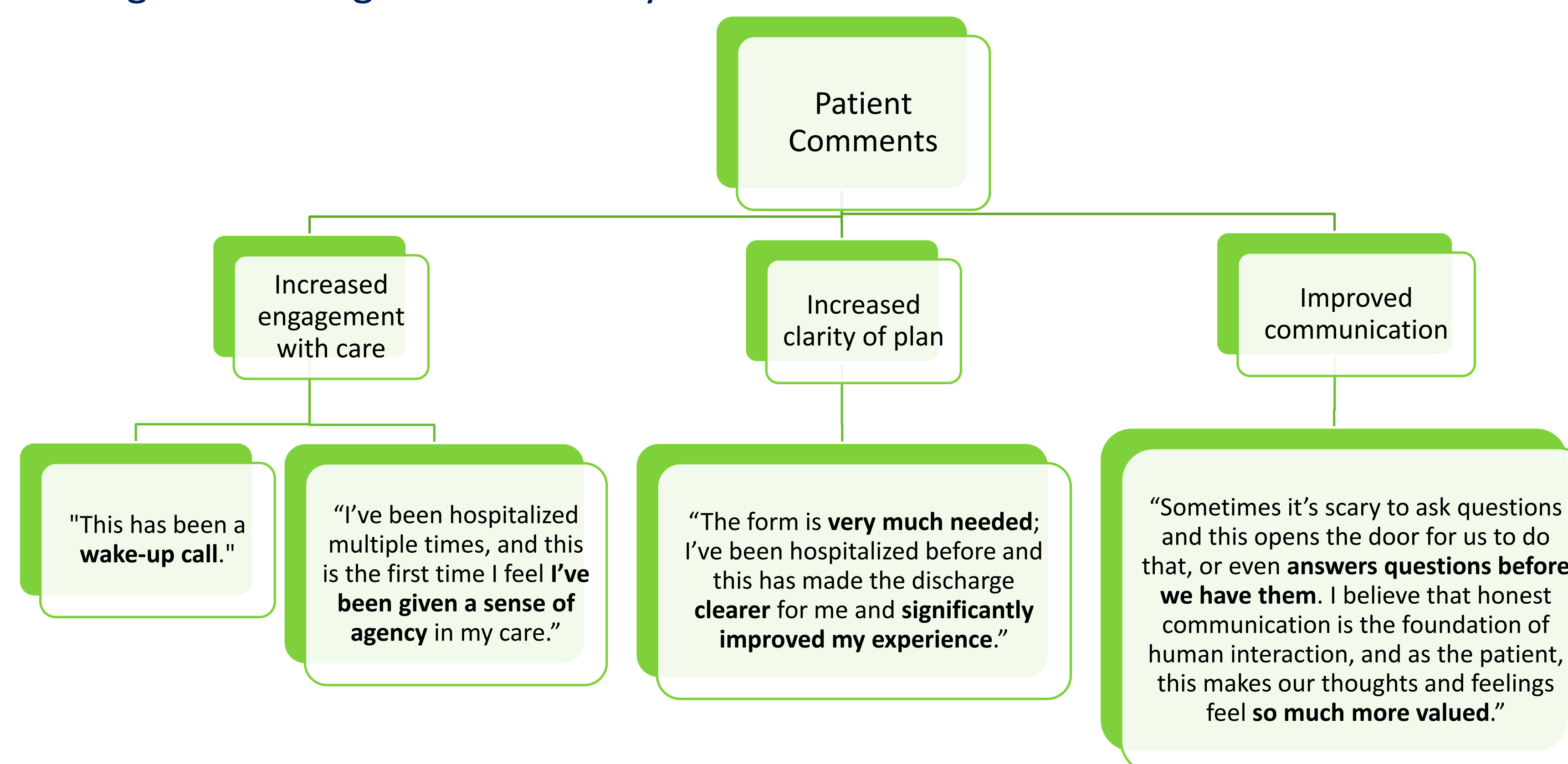
We conducted a needs assessment of the hospital discharge process using LEAN methodology, with selection criteria of English-speaking patients without cognitive limitations, on internal medicine service, being discharged home during June–July 2018. Through gap analysis, the discharge card was developed. The revision process, based on patient feedback, followed the PDSA framework to address the most salient areas for improvement. Post-intervention semi-structured interviews of 9 (5 men, 4 women, age range 30–80) patients were completed. Qualitative thematic analysis of intervention impact was performed.

The Discharge Card

Depicted above is the card given by providers to patients expecting discharge. Fields in blue text are to be filled out by providers, while fields in black text are for patients and their family or caregivers. The content of the information on the card has undergone several PDSA cycles, in which the language and format was adjusted in order to optimize the patient experience while considering the workflow needs of providers.

Results

In the final phase of the project, 7 out of 9 patients reported active areas of improvement resulting from the use of the discharge card. The qualitative data shown below demonstrate the depth of improvement in these patients' care experiences; depicted below are highlights from each area of improvement, as categorized using thematic analysis.



Conclusions

This study highlights the variability of patient understanding and empowerment in the current discharge process at KP Oakland. Patients reported that implementation of the discharge card led to clearer communication and an increased sense of agency for both patients and families in the discharge process. This addressed three of the four initial areas of concern: patients' lack of confidence in their readiness to go home, their lack of understanding of the discharge process, and their difficulty tracking medical information. Evidently, the discharge card improved the patient care experience, likely leading to an improvement in their transition of care from hospital to home. Considering these encouraging results from patients and caregivers alike, our team plans to develop and implement the discharge card at KP Oakland.

References

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