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Implementing IDEAL Discharge Planning: A Quality Improvement Project on an Inpatient Unit

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Abstract

BACKGROUND:

- Patient satisfaction scores were low and post-discharge phone calls were high on an advanced care unit in a community based hospital
- An evidence-based practice toolkit called the IDEAL discharge can improve patient satisfaction with discharge and transition outcomes.
- The purpose of this project was to evaluate the implementation of IDEAL Discharge Planning on an acute, advanced care hospital unit and assess the impact on nursing confidence, and patient satisfaction.

METHODS:

- All Registered Nurses received training on the IDEAL toolkit.
- Pre and post surveys on confidence in discharge were administered to all nurses working on the unit and results compared using t-tests.
- Number of post-discharge phone calls and patient satisfaction scores before and after implementation were analyzed using descriptive statistics.

RESULTS:

- Patient satisfaction scores increased and post-discharge phone calls to the unit decreased after project implementation.
- Nurse discharge confidence levels did not change during the project.
- Nurses reported a lack of visitor presence due to COVID may have restricted project success.



DNP Student Project
Translating Evidence Into Practice
Gonzaga University
Spokane, Washington

Methods

CONTEXT:

- Quasi-experimental observational quality improvement project.

INTERVENTIONS:

- A link to electronic *Nursing Confidence Surveys – PRE* were distributed to all registered nurses on the Advanced Care Unit (ACU) beginning three weeks prior to implementation of the IDEAL Discharge Planning program.
- After completion of the pre-survey, all ACU registered nurses received education about the new IDEAL Discharge Planning program.
- At the “go live” date, IDEAL folders were given to all newly admitted patients in the ACU. Discharge folders included the patient’s *Be Prepared to Go Home Checklist*, the nursing *IDEAL Discharge Planning Checklist*, and nursing *IDEAL Discharge Daily Checklist*. All trained registered nurses began wearing the IDEAL Discharge ID Badge. Housekeeping personnel placed “Ask me about IDEAL Discharge” table tents on the bedside table in all cleaned rooms.
- Over an 8-week implementation period, nurses utilized the IDEAL Discharge Planning program, checklists, badges and tents to engage patients and their families in the discharge education process. AVS handouts continued to be provided to patients on the day of discharge while enhancing the hospital stay with the IDEAL Discharge Planning program.

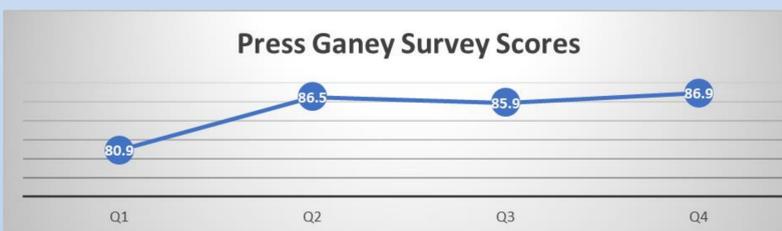
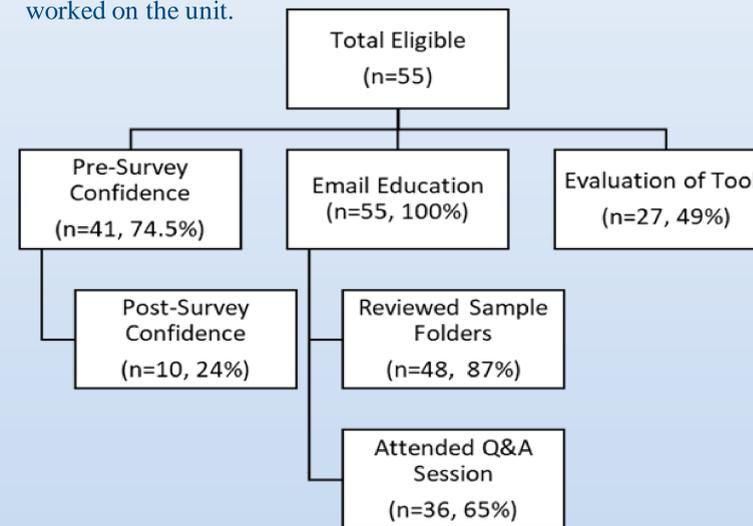
References

Available on Request

Results

PROJECT PARTICIPATION RATES:

At the time of project implementation, a total of 55 Registered Nurses worked on the unit.



Nursing Confidence

- A total of 41 nurses completed the 4-question pre-project discharge confidence survey.
- Nurses rated their confidence in providing discharge education, including patient/family in discharge, providing patient-centered and initiating discharge at admission on a 5-point Likert Scale (1=not confident, 2=slightly confident, 3=somewhat confident, 4=fairly confident, 5=completely confident). At baseline, the nurses who completed the pre-survey (n=41) reported on average feeling somewhat confident (M = 3.4) in providing discharge education but scored lowest confidence in initiating discharge instruction upon admission (M=2.9) (see Table 1).
- Confidence scores from nurses who completed the post-confidence survey (n=10) were similar to the pre-confidence surveys with a slight rise in confidence in patient centered care (M=3.4) but showed no statistically significant differences between pre and post confidence responses across the board (p>0.05).

Table 1. Nursing Confidence Survey Results Pre-Post

	Discharge Planning	Family Engagement	Patient Centered	Initiation on Admission
Pre-Confidence Average (n=41)	3.4	3.5	3.2	2.9
Post-Confidence Average (n=10)	3.5	3.4	3.4	3.0