

“Golden Ticket” dramatically improves discharge safety

BOSTON CHILDREN’S HOSPITAL

One of the top pediatric facilities in the nation, Boston Children’s Hospital (BCH) is a 404-bed comprehensive care center treating patients from birth through 21 years of age. BCH sees over 60,000 visits in the emergency department (ED) each year, 25,000 inpatient admissions and 200+ specialized clinical programs with 557,000 visits annually. In 2017, the hospital performed more than 26,500 surgical procedures and 214,000 radiological examinations.

Challenge

Discharge is an important opportunity for care teams to convey information to patients and ensure that patients and their families understand important instructions about follow-up care. It is also a time to do a final check on vital signs as well as pending laboratory tests and orders. Having a clear procedure and responsibilities at discharge helps to ensure that patients and families get the information they need and that important safety checks are performed.

Action

After a series of safety events in 2018 that might have been prevented with a better discharge process, ED staff at BCH rallied to develop and implement a comprehensive discharge process. The team first identified several goals for the new process including a need, prior to discharge, to complete the following tasks: (1) Review of recent vitals and pending lab results; (2) Standardized review of discharge instructions with the patient’s family, including an opportunity to ask questions; and (3) Team huddle to make sure that nothing was missed.

Over the course of a couple of months, the entire ED team collaborated on a process redesign and created a checklist to guide the new process. The team opted to use a paper form, which allowed for quick deployment and easy revisions before a form embedded in the EHR.

Referred to as the “Golden Ticket” because of the bright, highly-visible yellow paper it’s printed on, the checklist is now part of the care binder for every child who comes to the ED, and must be completed before the patient can be discharged.

The discharge checklist include the following steps:

- Physician reviews recent vitals, writes scripts, discusses discharge plan with family, develops discharge instructions, calls referring provider to close the loop around discharge plan
- Nurse obtains last set of vitals, reviews any pending orders
- Team huddles
 - Do we have vitals and are they normal?
 - Is the correct name on discharge papers and prescriptions?
 - Any pending orders missed? Ex. culture not in lab, tetanus not given
 - Any results pending from labs or tests?
- Physician and nurse sign “Golden Ticket” to acknowledge that they have reviewed discharge order and huddled
- Discharge information is given to patient and family and final inquiry that patient/family ‘has information they need to provide care at home.’ Staff encouraged to standardize discussions with, “Five Things To Know Before You Go,”(reference), which includes:
 - Diagnosis
 - What to do at home
 - Who to follow up with
 - When to come back to the hospital
 - Any other questions
- Family takes “Golden Ticket” to the checkout desk. If they do not have the ticket, the care team is called.

BCH employed several strategies to implement the new checklist and change the culture around discharge safety. Quality leaders held staff meetings and provided net learning module about discharge safety events and new process to all staff, who were required to acknowledge. Champions of the new process met with and surveyed staff to address barriers to usage and iteratively improve checklist. Within a week of releasing the new checklist, compliance jumped to 90 percent, a rate sustained for the last year.

Outcomes

The ED has seen a dramatic improvement in the discharge process. Ongoing efforts focus on the nurse being the last point of contact for the patient and family to address final questions about care and medication administration at home. With competing demands in the ED, staff thought that huddles would slow people down, but data collected has shown that the process does not add time and that it has been effective in improving patient safety. In addition, family advocates have seen a noticeable improvement in discharge process.

To continually review and improve the process, the ED team established a multidisciplinary discharge committee with parent representatives. They track compliance on a weekly basis, including use of the Golden Ticket, major events related to discharge, vital sign review at discharge, prescription errors, and minor gaps in care, such as leaving with the wrong name on discharge papers or lab tests ordered but not sent.

- Compliance with the “Golden Ticket” process has been sustained at 90 percent
- 60 percent of patients in a recent satisfaction survey said the information they received at discharge was “very good.”

Balancing measures for return visits, length-of-stay are also monitored. The committee also surveys staff and families about the discharge process. One question on the Press Ganey survey for families asks if they have all the information needed to care for their child at home. Recent results indicated that 60 percent of respondents said that the information they received at discharge was very good. Future directions include simplification of discharge instruction face sheets and limited English proficiency efforts.