

# Implementing a discharge time-out for improved safety and patient satisfaction

ST. ANNE’S HOSPITAL

## Challenge

St. Anne’s Hospital is a 211-bed-acute care hospital located in Fall River. In early 2018, the hospital’s Unit Base Council decided that they needed to make their discharge process more effective for patients returning home after a hospital stay, because patients were leaving the hospital without having absorbed important information about follow-up care. To address this challenge, the council decided to implement a Discharge Time-Out process to ensure that nurses had protected time to relay key information to patients prior to discharge.

## Action

The team started by identifying a discharge tool to help structure the discharge conversation and ultimately decided to use the Nurses Improving Care for Healthsystem Elders (“NICHE”) tool (see Fig. 1), which

covers the key questions that must be answered prior to discharge. This includes a summary of what happened during the patient’s hospital stay, a discussion of any follow-up appointments, instructions on any special care at home, a review of medications and needed supplies, and finally, contact information if the patient has any questions.

Once the patient is cleared for discharge and the instructions have been prepared, the nurse does two things to ensure that the discharge conversation with the patient is not interrupted. First, the nurse posts a “do not disturb” sign on the patient’s door to eliminate or at least minimize traffic in and out of the patient’s room during this time. Second, the nurse gives their portable phone to the Health Unit Coordinator to ensure that the nurse is not interrupted while giving discharge instructions.

**Figure 1:** NICHE Need to Know Discharge Tool

<b>What?</b>	What was done during the hospital stay? (Procedures, tests, results, etc.)
<b>Appointments?</b>	Date when you need to see the doctor and or specialist.
<b>How to?</b>	How to perform a medical task (Changing bandages, giving medication, etc.)
<b>Instructions?</b>	Written directions on what to do when you get home (Special diet, bathroom safety, etc.)
<b>Contact?</b>	Call back number with the name of the unit or hospital if you have questions.
<b>Medications?</b>	Medications on the discharge paperwork match home medications, new medications or scripts that need to be filled.
<b>Supplies?</b>	Any needed equipment or supplies?

## Outcomes

The initial pilot phase of the Discharge Time-Out process was first tested in the St. Mary's 25-bed medical-surgical unit and then expanded to include St. Theresa, the 26-bed inpatient surgical unit. It has now been expanded to include all inpatient discharges and they are considering a similar process for admissions and when patients are transferred to give dedicated time for nursing handoff.

Data collected by the hospital shows 94 percent of nurses and 83 percent of patients found that the uninterrupted discharge timeout helpful. Patient satisfaction scores related to discharge improved for both units in most categories through the three-month post-intervention period. In particular, patients verbalized that it was helpful to have the one-on-one time with the nurse to ask questions.

## Lessons learned

- Patients with special challenges, such as limited cognition, low literacy levels, or multiple chronic conditions benefit from having family involvement in the discharge process.
- Compared to other patients, surgical patients were more likely to participate actively in the discharge process.
- Even though this process was designed for the inpatient setting, it would be useful in other settings where patients are discharged to home, including the emergency department.