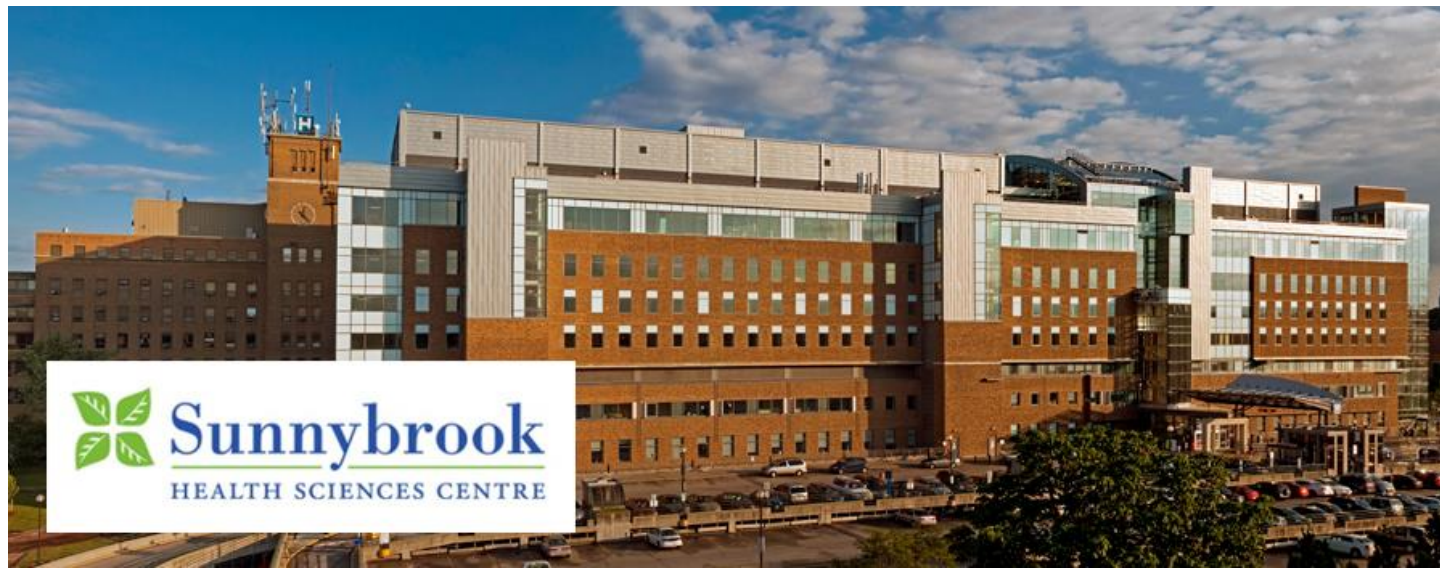


Enhancing Discharge Practice for Patients Undergoing Surgery Utilizing Patients Feedback

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Background

- At Sunnybrook, discharge planning is a priority as it affects occupancy and patient satisfaction.
- Our organization continues to experience high occupancy (110- 119%).
- Discharge planning is a strategy used to decrease occupancy.
- Anecdotal evidence from the team, indicated that patients are not always aware of their discharge plans, and therefore not ready for discharge.

Purpose

- To obtain patients' knowledge about expected date of discharge
- To determine if patients are receiving information and education prior to discharge
- To explore barriers to discharge
- To identify gaps in the discharge planning process and areas for improvement

Method

- 3 patient surveys were conducted on a 36-bed oncology unit
- **First survey:**
 - 86 patients responded to a written survey 48 hours prior to discharge. Questions focused on the patient's understanding of expected date of discharge (EDD) and experience with their discharge.
- **Second survey:**
 - 20 telephone interviews were conducted 7-10 days post discharge with focus on education prior to discharge, problems encountered at home, and gaps in discharge planning.
- **Third Survey:**
 - 20 telephone interviews were conducted 7-10 days post discharge, with focus on when patients were informed of the date/time of discharge and barriers to timely discharge.

Results

Survey #1

Understanding expected date of discharge

Ready for discharge	Uncertainty
Not ready for discharge	Lack of coordination
Happiness	Concerns about education, support and pain
Worry / Anxiety	

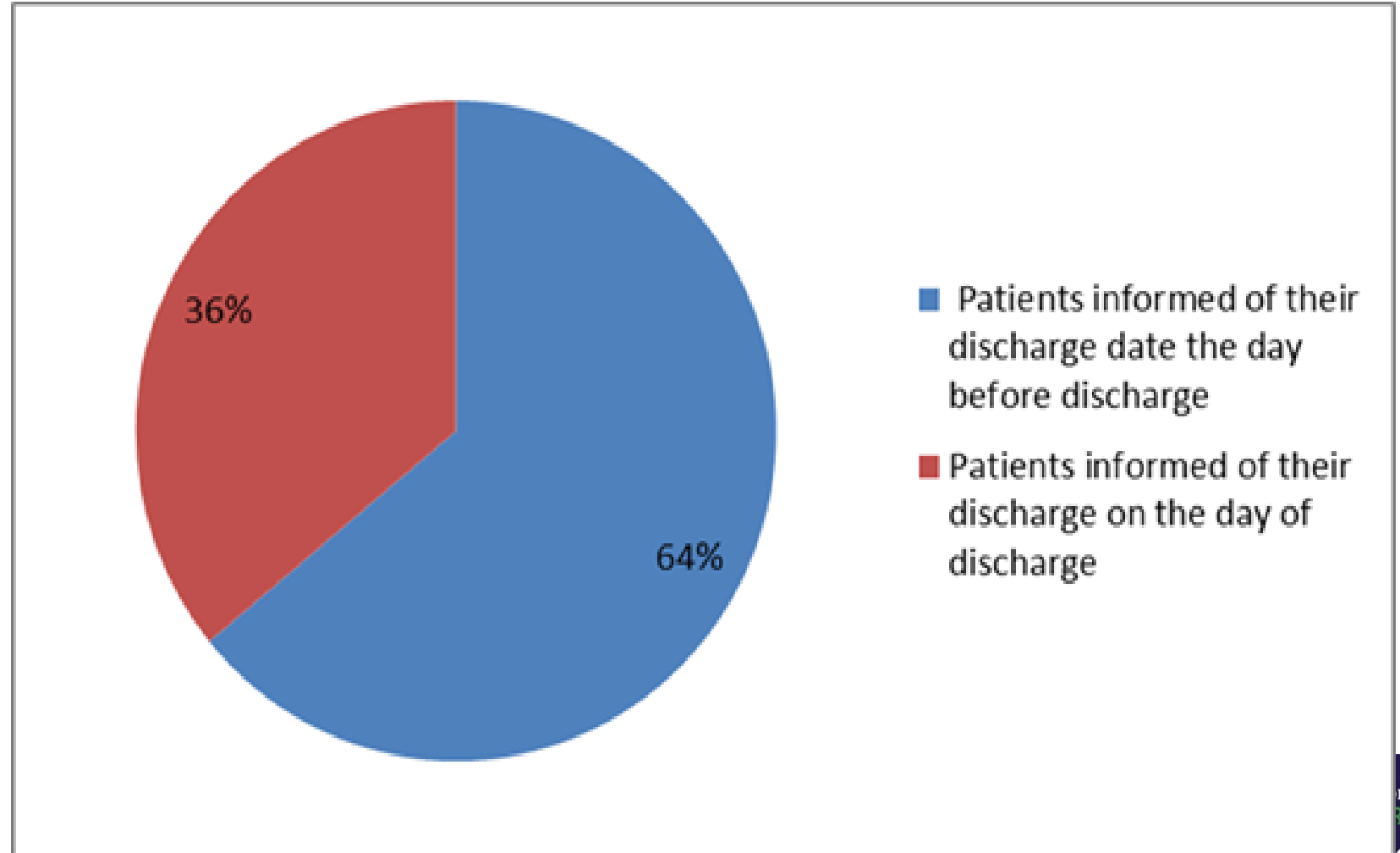


Survey #2: Readiness for discharge

- 95% of patients received information prior to discharge
- 25% of patients experienced wound complications
- Gaps identified in discharge planning:
 - written information
 - wound care
 - potential complications

Survey #3: Timeliness of discharge

- Information provided regarding discharge date



Survey #3:

Timeliness of discharge (cont'd)

- 45% were not aware of the discharge time
- 75% were unable to leave before 1100
- 80% of the patients stated that they received all the information and services they needed
- **Delays to timely discharge includes waiting:**
 - waiting for test results
 - prescription
 - transportation

Interventions

Improving Interprofessional Rounds

- Integrated in the rounds EDD, support, and patient readiness for discharge
- Enhanced guidelines for rounds to include questions exploring patient/family needs/concerns
- Created a lanyard card to facilitate rounds
 - Seeking and imbedding the voice of the patient
 - Standard questions for daily care planning rounds



Welcome to D6 Pamphlet

- Revised “Welcome to D6” pamphlet to include information regarding discharge planning and time of discharge
- Established a process for distributing the “Welcome to D6” pamphlet: 1100 & 2000



Emphasis on the Team Leader Role in Discharge Before 1100

- Conduct daily rounds on all patients
- Coordinates discharges with team members
- Sets daily goals to plan for discharge
 - 0900: staff aware of discharges and EDD updated in the Bed Management System (BMS)
 - 1000: ensures discharges are well on their way
- Facilitates timely transport service
- Coordinates the timely processing of blood work

Implemented the Discharge Coordinator Role

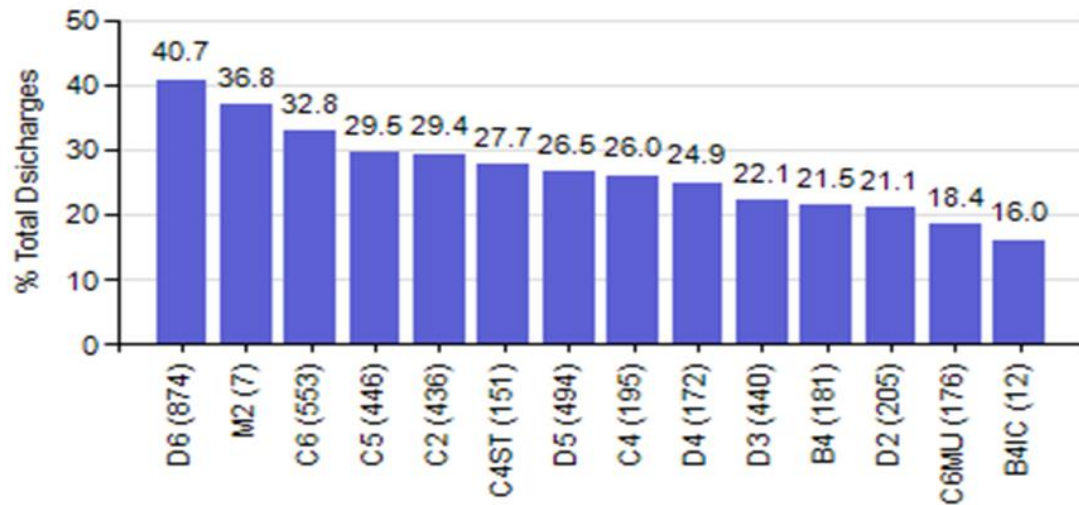
- Visits all surgical patients to discuss discharge plans/needs and reinforces the date and time of discharge
- Tracks and communicates delay and barriers to discharge
- Daily morning huddle with team leader to review discharges

Discharge before 1100 Performance

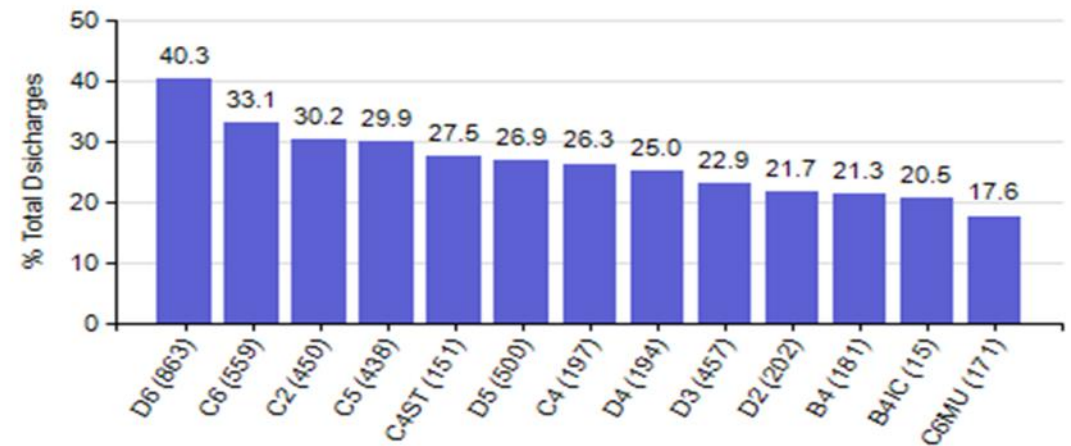
June 2018

August 2018

Last 12 Months % Discharges before 11
(Mon, Tue, Wed, Thu, Fri, Sat, Sun)



Last 12 Months % Discharges before 11
(Mon, Tue, Wed, Thu, Fri, Sat, Sun)



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Expected Date of Discharge Information from the Bed Management System

EDD Report for GS, GYO, OTO and URO

Friday, August 17, 2018 at 13:35 hrs

Summary of all patients in GS, GYO, OTO and URO, by physician:

Physician Name	% of patients with an EDD	Total # of patients (excl.ALC)	# of patients with an EDD	# of patients with no EDD
CARR, L	100%	2	2	0
COVENS, A	100%	1	1	0
ENEPEKIDES, D	100%	2	2	0
FENECH, D	100%	1	1	0
HIGGINS, K	100%	3	3	0
KARANICOLAS, P	89%	9	8	1
KODAMA, R	100%	1	1	0
LAW, C	67%	6	4	2
LIN, V	0%	1	0	1
NAM, R	100%	2	2	0
OSBORNE, R	100%	2	2	0
PANNELL, D	0%	1	0	1
SHADOWITZ, S	100%	1	1	0
VICUS, D	100%	1	1	0
TOTAL	85%	33	28	5

Details of all patients in GS, GYO, OTO and URO **without an EDD**, by physician:

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Conclusion

- Obtaining patients' feedback is essential in enhancing discharge planning
- This process has enabled the team to implement strategies to standardize discharge
- Patients are more ready for discharge as a result of information sharing
- Higher percentage of patients are being discharge before 1100