Patient Experience: Optimization of the Discharge Phase

by

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Abstract

This essay was written and conducted to dissect the discharge phase and discover ways to optimize the existing process, specifically at Maui Health. The focus of this essay will be on the current challenges during the discharge phase that affect the patients experience and the public health importance to optimize the discharge process. This essay will discuss the negative impacts of a poor patient experience on both the patient and the health system as a whole. Furthermore, I will go in depth on how I was able to leverage my skills and competencies to implement solutions to solve Maui Health's ongoing issues such as the hospital visit folder, inpatient communication and post discharge call system.

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1.0 Introduction

Patient experience is often overlooked in healthcare. From admission to discharge a patient goes through these phases expecting quality care and commitment from nurses, staff and physicians. During my residency experience at Maui Health, it was made evident from day one that the patient experience had many flaws, which could be attributed mostly to the existing discharge process. Maui Health is a not-for-profit organization known for its remarkable mission to provide exceptional health care served with compassion, dignity and respect to all visitors and residents on both Maui and Lanai, regardless of their ability to pay. Maui Health is the only acute care facility on the Valley Isle with a team of over 1,300 caregivers and a total of 219 staffed beds. Moreover, Maui health is affiliated with Kaiser Permanente, one of America's leading healthcare providers. These series of essays will be heavily focused on the current challenges during the discharge phase that affect the patients experience with examples and ways hospitals such as Maui Health are combating this. While, patient experience is a broad term and includes many components, the discharge phase is one of those critical components that can affect the overall patient experience. Throughout these essays I will discuss the negative impacts of a poor patient experience on both the patient and the health system as a whole. Furthermore, I will go in depth on how I was able to leverage my skills and competencies to implement solutions to solve Maui Health's ongoing issues of patients post discharge concerns and the low HCAHPS scores involving nurse communication, physician communication, care transition and medication side effects.

1.1 Problem Statement

While it is expected that a patient goes through each phase of their stay with quality care, many times patients are being discharged unsatisfied and unknowledgeable about their next steps. It is crucial for a health system to have effective care transition processes to avoid adverse events such as poor post discharge follow-up procedures and lack of knowledge on medication side effects which all contribute to a decrease in patient satisfaction. During my residency experience at Maui Health, I learned quickly that there were many challenges surrounding patient experience and satisfaction. From the care experience team receiving a high volume of phone calls from concerned patients and their families regarding their treatment plan to the low HCAHPS scores associated with medication side effects, care transition, physician communication and nurse communication, it became apparent that there were several complications involving the current discharge process and it was creating frustration among our patients. The probing question that Maui Health faced was: how to create an ease of transition from each phase in the hospital, while ensuring all parties are involved and knowledgeable prior to a patient's discharge. By identifying the aspects of the current patient discharge process that needed to be optimized, I was able to create optimal solutions that helped to achieve a decrease in patient concerned phone calls and improve the overall communication between our physicians, nurses and patients. This project will be focused on the current problems during the discharge phase and implementations that helped to solve Maui Health's ongoing issue of the high number of calls made to the patient care office in regards to their treatment plan and the low HCAHPS scores involving nurse communication, physician communication and patient understanding of medication side effects.

1.2 Purpose Statement

The patient experience involves a range of interactions that a patient has within a health system. From the doctors to nurses and staff, it's imperative that everyone is on the same page prior to a patient's discharge in order to avoid complications. It's essential that patients thoroughly understand their condition and have a plan regarding their treatment and follow-up appointments. This helps to prevent confusion among patients and specifically their family members. It is crucial that patients transition through each of the phases with ease, specifically when it comes time for discharge. By doing so, it would promote the quality of inpatient care and reduce concerns surrounding follow ups and medications. In order to create a quality discharge process, it was important to focus on the various underlying aspects that were causing this such as education on medications and the side effects associated with them, accessibility of information, clear communication about follow up appointments and most importantly communication between physicians, nurses and patients. In order to reach optimal results, it was crucial that physicians and nurses were heavily involved during the discharge process, to avoid miscommunication. Additionally, the discharge process had to be revamped to be more patient centered and unique to their needs while also involving their family members. To combat these ongoing issues, the hospital visit folder was implemented. The purpose of the hospital visit folder is to create a smooth transition from the admission stage to the discharge phase while improving overall communication between staff, nurses and physicians. In doing so, this will positively impact Maui health's patient experience and the low HCAHPS scores surrounding care transition, nurse communication, physician communication and medication side effects.

1.2.1 Introduction and Background

The discharge phase is one that is complex and embodies numerous stakeholders. Patient discharge is not when care ends, instead it's the moment where a patient transitions to a domestic environment with the help of all care team members. It's crucial to keep the patient care team involved during this process while ensuring patients have access to healthcare resources. Due to COVID-19, Maui health has seen many challenges arise surrounding confusion during the discharge process, low HCAHPS scores surrounding medication side effects and most importantly an increase in patient concerned phone calls to the care experience office regarding post discharge treatment plans. These issues were further exemplified in Maui Health's HCAHPS scores. The HCAHPS survey is a data collecting tool to measure the patients' perceptions of their hospital experience. The objectives of this survey are to create incentives to improve the quality of care. The second goal of this survey is to produce comparable data on patient's perspectives, while increasing transparency within healthcare. The HCAHPS rating plays a critical role in a hospital's reimbursement. HCAHPS scores allow for comparisons between hospitals while showing us the patients perspective on the care we provided. Maui Health HCAHPS scores were 2 stars, which was below the average, when it came to care transition, doctor communication, nurse communication and medication side effects communication. It's extremely crucial to maintain high scores because it directly impacts the reputation of a healthcare organization and allows for higher reimbursement which leads to a strong financial health. In other words, higher HCAHPS scores indicate that the hospital will receive higher reimbursements. Additionally, the lack of an effective discharge process would lead to an increase in readmissions, which was estimated to cost 15 to 20 billion dollars annually. These growing concerns are what led to the initiation of the hospital visit folder project. The first part of this project was created to combat the rise of phone calls being

made to the patient experience office and increase patients' awareness of their medications and associated side effects. The second portion of this project aimed to solve the low HCAHPS scores specifically with physician communication and nurse communication while optimizing the discharge process and improving the patient experience overall from the moment they've been admitted.

1.2.2 Methods

To ensure the success of the project, it was essential to implement a folder that contained everything a patient would need during their stay and especially post discharge. The hospital visit folder was heavily influenced by the "My Hospital Visit Folder" that was initially piloted in South Sacramento and had turned out to be a huge success. This success led to the folder being implemented in numerous NCAL medical centers in 2019. I was able to study the data and best practices that were gathered from the medical centers and the feedback from patient advisors to implement Maui Health's Hospital visit folder. I conducted a focus group survey among physicians, nurses and care team leaders to gain information on the existing discharge process at Maui Health. Additionally, I derived data from the HCAHPS scores and the list of patients' complaints. During the initiation phase, the folder was created, approved and ordered with the main purpose of ensuring all stakeholders knew their role in the process to procure, store, and deliver the folder to each patient's room. Additionally my team and I had to identify champions during nurse rounds. In the planning phase, I was responsible for creating a 30 minute educational program to ensure nurse leaders knew the purpose of the folder, how to introduce it to their patients and emphasize the importance of the placement of the folder prior to a patient's admission. This educational portion was implemented and done daily for 6 weeks during nurse leader rounds.

During the execution phase, the hospital visit folder was introduced to the patient with the goal of creating a personal connection with patients and their families. This portion was to help prepare patients and educate them on their health care needs and ways to manage those needs post discharge. The folder contains Financial documents, Admitting information, Medication side effects, Education, Discharge and follow up documents. Including organized information and educational materials was essential to ensure that patients are prepared throughout their stay and post discharge. The medication side effects would be introduced by RNs and physicians when discussing medications. While, patient care coordinators would be responsible for educating patients on what will be needed for a smooth discharge and their preferences upon discharge. It was also crucial that we follow the Kaiser playbook, a COVID-19 social health playbook that provides clinical care teams with guidance for screening patients for social needs while connecting them to help, and following up to ensure their needs are met, to successfully roll out this project. To ensure the success of the hospital visit folder and help with best practice, I created the Hospital Visit folder observation and debrief tool. This tool would be used by supervisors to observe nurse/nurse leader practices and validate practice competency. This tool takes the nurses through the process of how to prepare and introduce the folder, ensure communication about medication to patients and answer any questions patients might have with the discharge checklist. This provides us knowledge on whether the patient care team had to retrain nurses. In 2018, St. Anne's Hospital was faced with the challenge of having to create a discharge process that was more effective since they observed that many of their patients left feeling unsure about their follow-up care. To combat this challenge, St. Anne implemented the Discharge Time-Out process. Similarly, Maui health implemented the Uninterrupted Discharge Teaching Time to provide uninterrupted time for nurses to listen, explain and confirm that patients understand their treatment plan. The

best practice that was used is the “discharge in process” sign that helped to reduce disruption and lower traffic in and out a patient's room. Lastly it was essential to involve the patients family members during discharge to help reduce the phone calls being made surrounding the patient's discharge plan and ensure that patients have a good understanding on how to manage their health for recovery at home. After the hospital visit folder was rolled out, I was responsible for continuously reviewing the HCAHPS data. I participated in daily roundings and huddles which included nurses, physicians, senior leaders and staff to observe and analyze their feedback in regards to the visit folder. In the beginning, there was resistance from nurse leaders and nurses to implement this to their routine, since they’ve been adjusted to their regular routine, however, it was necessary for everyone to comply to make the folder a success. To ensure that the hospital visit folder was creating a positive change the care experience team and I were able to create a patient survey where I would ask the patients if they've been introduced to the folder, ensure they understand the importance of the folder and validate that nurses and doctors have both been in communication with their patients specifically explaining medication side effects and their treatment plans. The analysis of the daily data during roundings, observations of physicians, nurse leaders and patient feedback helped me indicate if practices were not being followed.

1.2.2.1 Results and Discussion

After extensive analysis, it was apparent that there was a correlation between the existing discharge process and the low HCAHPS scores surrounding care transition, physician communication, nurse communication and medication side effects communication. My findings suggested that there was a gap in communication between both physicians and nurses which created confusion among patients surrounding their treatment plan. This was seen in the influx of phone calls and the under average HCAHPS scores. However, upon implementation of the hospital

visit folder there was a noticeable difference in the way discharge took place and most importantly patients were more receptive when using the folder. The data from HCAHPS scores prove that the hospital visit folder helped to build the bridge between physicians and nurses and most importantly their patient by creating common ground. The hospital visit folder created a sense of confidence in patients and their families. As a result, there was a decrease in patient phone calls coming to the care experience team. Patients were educated about their medications and the associated side effects which helped to elevate confusion and anxiety among our patients, resulting in an increase in medication side effects communications to a HCAHPS score of 3 stars. Overall, it was clear that knowledge on information, accessibility, participation and communication is the foundation of an optimal discharge phase. The findings of this project indicate that there was a need for improvement in Maui Health's discharge process. According to the survey, 90% of nurses and 88% percent of patients acknowledged the positive impact that uninterrupted discharge had on the ease of transition. Patients expressed that having individualized time with their nurses was extremely beneficial for them to really understand not only their medications but also their follow up appointments and their treatment plan. Similarly, nurses expressed satisfaction in knowing they were able to provide the needed communication to create that smooth transition for their patients. In result, Maui Health saw an increase in care transition scores, nurse communication, doctor communication and medication side effects communication, post intervention.

1.2.2.1.1 Recommendations

While the implementation of the Hospital visit folder was a success there were many obstacles to come that would potentially create consequences. The issue Maui health faced upon the initial rollout, which started in June 2022, was staff shortages and a surge of COVID-19 in August. However, we were still able to reach our goals on increasing the HCAHPS scores and as

of now are still maintaining higher scores than the previous year. This was visible in the organization among all stakeholders as there was a drop in phone calls coming in and an increased sense of understanding among our patients and staff. This project proved to be beneficial in that patients vocalized how satisfied and knowledgeable they were prior to discharge. Involving family members during this phase has helped Maui Health fill in that gap of communication that was suffering prior to the folder. Discharge transitions were more successful among implementations because nurse and doctor communications were required which allowed for a sense of confidence. Patients were aware of their follow up appointment and medication side effects because these were properly voiced during the "discharge in process" phase. To ensure further success, it is my recommendation to keep using the validation checklist and observe the impacts. Additionally, it is essential that the hospital visit folder best practices are integrated into the annual competencies as well as orientation during new hire onboarding and nurse leader checklists.

1.2.2.1.2 Competency Development

This residency project experience allowed me to incorporate and strengthen the Pitt MHA competencies. From day one I was in communication with nurses, doctors and senior leadership while having to collect necessary data then brainstorm solutions that would help to combat the ongoing issue regarding the existing patient discharge process. I was able to see first hand the consequences of poor communication between physicians, nurses and patients. I was able to analyze and find gaps in the process that heightened the issues. I learned the importance of having a solid follow up treatment plan and how to properly educate patients on their medications to ensure a successful discharge. When creating solutions I had to account for multiple stakeholders perspectives and goals, but most importantly I had to anticipate inevitable consequences around the visit folder. Being able to work with the care experience team, nurse leaders, physician and

the COO allowed me to see the diversity in goals and ideas. I was challenged in many ways I have never been, which was essential for my growth as a student and a leader. I was given deadlines, tasks and requirements and had to learn how to effectively delegate tasks for optimal success. I was held accountable everyday to show up and give 100% effort to implement a change while proudly exhibiting Maui Health's values and mission. I was able to strengthen and show my professionalism when participating in nurse rounds and meetings with senior leaders. I was responsible for the communication between senior leaders and the patient care team which allowed me to fully understand situations and express them to ensure everyone is on the same page. This experience allowed me to push myself out of my comfort zone by seeing feedback on my performance, setting goals for myself and the organization as well as going beyond the project experience and learning through research studies and health care books. I met with my preceptor everyday to ensure I was meeting my goals and learning the complexities of the hospital system. I was able to optimize the discharge process by incorporating best practices and through my data analysis. Being able to sit in budget evaluation meetings helped me to see the financial world of healthcare and the relationship that HCAHPS scores had on the reimbursement process. I was responsible for observing several financial metrics and learning the factors that affected a health organization's financial performance. I incorporated many tools to ensure the success of this project such as pivot tables, gantt charts, literature research, research on best practices, patient surveys and HCAHPS scores. It was crucial for me to keep track of the patient calls coming in and their existing concerns as well as monitor our performance through various data points and our set goals. By creating performance metrics and measuring Maui Health's scores to those in the market mix, I was able to correctly identify areas of concerns and improve the discharge process, which led to an increase in the organization's overall performance.

2.0 In-Patient Communication

It is crucial that consistent communication is instilled throughout a health care system as it is the key to a great patient experience. It is proven that in order for a health system to run successfully there has to be effective and clear communication between nurses and physicians. This is reflective in a patient's understanding of their condition and treatment. By creating an environment that values effective communication between nurses and physicians the quality and safety of a patient undoubtedly increases. Since COVID-19, Maui Health saw a rise in inpatient complaints specifically when it came to their lack of communication with patients' family and caregivers. This increase in inpatient complaints correlates to the decrease in their nurse communication and physician communication HCAHPS scores. By identifying the aspects of the current physician and nurse communications that needed to be optimized, I was able to create optimal solutions that helped to achieve an effective communication method for nurses, physicians and patients while decreasing in-patients frustration of lack of information. This essay will be heavily focused on the current problems surrounding nurse and physician communication and its impact on overall patient experience. Furthermore, we will go in depth on how Maui Health has been able to solve the ongoing issue of the high number of concerns from families and caregivers in regards to an in-patient and the low HCAHP scores involving nurse and physician communication.

2.1 Purpose Statement

One huge component of patient experience stems from how nurses and physicians communicate with one another to relay the necessary information for the patient. Health systems that maintain effective physician-nurse- patient communication benefit from having an increase in overall patient satisfaction and better patient understanding of their condition and treatment plans. This project was created to combat the influx of inpatient calls regarding the lack of communication with patients' family and caregivers coming to Maui Health's patient care team. This project serves as an extension to the first project, however this one specifically highlights the communication factor between physicians and nurses. While the first project served as a tool for patients during their stay and during discharge, the inpatient project is another tool that helps us gauge real life complaints. Furthermore this project aims to assess and improve the current nurse, physician and patient communication method.

2.2 Background

A top tier health care system is one that provides quality and safety care, which essentially stems from having effective communication among physicians, nurses and their patients. By instilling effective communication, it fosters an environment with increased patient satisfaction and a decrease in risk adverse scenarios. Studies show that there was a direct relationship between nurse communication and the quality of patient safety culture. (Druss, B. G., & McCallum, T. J., 2021). However, if this is not standardized throughout the health system, it gets hard to maintain, especially during challenging times such as COVID-19 where social, economic and medical

conditions are rapidly changing. Following Covid-19, Maui Health has seen persistent complaints when it came to physician and nurse communication between patients. This was reflected in their low HCAHPS scores surrounding physician communication and nurse communication. It's proven that there are correlations for overall hospital rating and care transition, nurse communication and doctor communications are positive and highly significant (Krupa, C., Mitchell, S., et al. 2020). To combat the increase in inpatient complaints and low HCAHPS scores surrounding nurse communication and physician communication, the inpatient communication project was created. The inpatient communication was broken into two sections which involved creating, conducting and collecting data on the inpatient survey. The second portion was the implementation of the contact section in the hospital visit folder and setting performance standards with nurses and physicians to ensure patients' families are contacted by both.

2.2.1 Method

To ensure the success of the project, it was essential to create questions that would help me understand the root of the in-patient concerns. During the beginning stage, I was able to brainstorm questions that related to the lack of communication that patients and their family members were expressing to the care experience team. To ensure I was asking the right questions I obtained data from the HCAHPS scores as well as their list of patient survey questions. I was responsible for collecting the current in-patient data through EPIC. I used excel to list the in-patients name, phone number, family member information and most importantly the unit they were staying in. It was crucial to know which departments in Maui Health were lacking when it came to communication to tackle the problem with the questions that I had created. The three main questions I wanted to address were "Has a nurse been in contact with you?, Has a doctor been in contact with you?" and

lastly “Has anyone from the hospital been in contact with you?” I collected this data and contacted the designated nurse leaders and physicians to gauge their perspective on their patient complaint to create an optimal solution. I implemented a basic process flow chart as a visual aid for nurses and physicians to better depict and communicate the plan. I began calling each patient and letting them know I will be conducting a survey to better understand and solve the ongoing issue of nurse and physician communication issues with patients. I asked them the questions and collected their feedback on my survey excel page. Once the initial surveys were finished, I created pie charts to show the senior leadership the areas in which communication was lacking.

2.2.2 Results

The inpatient project was carried out at Maui health during the week of July 5th 2022. I have taken into account that this is a holiday period. I contacted 92 admitted patients at Maui Health. The results depicted an alarming amount of dissatisfaction when it came to patients and their families communications needs not being met. The survey showed that 49 out of 92 patients, 53%, had not been contacted by a nurse. Meanwhile, 51 out of 92 patients, 55%, had not been contacted by a doctor and 28% of the patients were not contacted by anyone from the hospital. The second part of the survey showed that 50 out of 92 patients, 54%, expressed concerns about nurse and physician communication. The comments collectively had been that families would not be contacted when patients were getting moved from different units and were unaware of exact discharge dates. Especially since COVID-19 visitor restrictions, phone calls were the only way some families could reach out to their patients which caused an increase in frustration for both patients and families. Using this data, I implemented the contact section in the existing hospital visit folder which gives patients their primary physician, attending nurse and any other resources

they would need. Additionally, with the help of senior leadership I was able to set performance standards with nurses and physicians which indicates that they would contact their patients family members when seen necessary. A post survey was given in December 2022 with the same questions and there was an increase of 25% in patient satisfaction which was reflected in the increase of nurse and physician communication HCAHPS scores to 3 stars.

2.2.2.1 Recommendations

To ensure that all physicians and nurses are creating an environment that fosters effective communication, I strongly suggest that Maui health set performance standards with nurses, doctors and case managers on how often they should contact family members. Additionally, it's important to set performance standards on nurse leader rounds documented on Kaiser Permanente rounding. This project proved to be beneficial in that patients and their families complaints were heard and helped implement a positive change in the way Maui Health standardized communication between physicians, nurses and their patients. Additionally, with the implementation of the contact portion of the folder, the patient has an increased confidence because they can contact their physicians and nurses directly. Now more than ever, nurses and physicians are ensuring that their patients' families are aware of their patient being reassigned to a different unit or answering any of their concerns. This small change proved to be effective in that the patient experience was improved and nurse/physician communication scores did increase since the implementation of the contact portion and standardizing performance to include calls made to patients' families by nurses and physicians.

2.2.2.1.1 Competency

The inpatient project allowed me to hone in on my communication, analytical and organizational awareness skills. Furthermore I was able to grow professionally and held myself

accountable by implementing the MHA competencies. I was able to use analytical techniques to identify potential solutions to combat the ongoing issue of in-patient calls regarding the lack of communication with patients' family and caregivers coming to Maui Health's care experience team. I was held accountable by senior leadership to meet performance standards while ensuring compliance to regulations and the values and mission. It was important that I understood how to deal with staff, public, and government in a truthful manner and learned how to express different messages and solutions to project managers and senior leadership. This project allowed me to be reflective, and learn/try new approaches. I had to consider the impact of reimbursement and payment systems when it came to HCAHPS scores and patient experience relating to effective communication. I had the opportunity to implement best practices and incorporate optimization solutions which allowed me to meet the strategic goals of Maui Health.

3.0 Post Discharge Call System

Implementation of a good post discharge plan creates a healthcare system that is successful when it comes to a positive patient experience and a thriving financial health. Post discharge phone calls are a prime example of one the post discharge intervention methods to promote communication between physicians and patients beyond their stay. Post discharge calls are a keystone in creating a positive patient experience as it shows effective care beyond a patient's stay. This phone call allows providers to communicate any necessary information regarding follow ups and intervention treatments to patients. Due to the limited visitation policies being implemented since COVID-19, Maui Health has been receiving an increase in phone calls in patient relations and case management regarding questions about post discharge care. Currently, most of the post discharge phone calls are conducted by ward clerks and the process is documented on a paper log and later scanned into the system. However, it was critical to create an optimal solution that bridges the gap between care and after care while educating patients on their follow up appointments and post discharge care. The post discharge call system was implemented to help decrease the phone calls in patient relations and case management regarding questions about care.

3.1 Purpose Statement

Post discharge calls are necessary to creating a positive patient experience as it serves as a bridge for the continuous connection between the organization and the patient. Furthermore, it helps to alleviate patient anxieties and creates an opportunity for providers to address any concerns

or issues patients might be facing post discharge. This is not only beneficial to patients, but beneficial overall because this phone call can decrease the event of readmissions due to patient health worsening and other adverse events. The purpose of this project was to combat the ongoing concerns that patients would have post discharge, specifically regarding care and follow up appointments. Furthermore, it was important to create a standardized phone call system to optimize the discharge phase to leave a lasting positive impact on the patients experience of the organization, HCAHPS scores, readmission rates and quality care outcomes.

3.2 Background

The delivery of continued care is extremely beneficial in increasing patient satisfaction and creating a successful patient experience. The post discharge phase allows for health care systems to show compassion to their patients by reaching out and ensuring they understand their medications, treatment and follow up appointments to avoid readmissions, adverse events and confusion surrounding discharge instructions among patients. Sarah A. Bajorek, PharmD, states in her study that it is extremely beneficial to write discharge information in a patient friendly terminology to avoid miscommunication and a sense of anxiety (Agency for Healthcare Research and Quality, 2022). While there are many ways a hospital can improve their transition of care, such as patient engagement. Implementing a post discharge call system allows for prompt direct intervention to gauge a patient's understanding of discharge and follow up routines while resolving any issues around medications and discharge management which helps to avoid any future risks that could arise. When a healthcare system has a standard post discharge process involving a phone call it positively impacts a hospital's HCAHPS scores surrounding patient experience. Huron

Healthcares, Dr. Kaplan states that “You have a 90% chance of keeping a patient if you call within 48 hours of discharge and do service recovery to reverse a less than optimal experience.” (Huron. (n.d.). He then goes on to explain that if you wait longer than a week, patient complaints increase and there is only a 10% chance of keeping the patient. This goes to show the importance of post discharge calls and the need to standardize this process. This is the reason that transitional care interventions, such as post discharge phone calls are crucial to a health care system as they serve to ease patient anxiety following discharge and reduce adverse events post discharge.

3.2.1 Method

This project was broken into two parts. The first part involves identifying where Maui Health currently stands when it comes to post discharge communication and better gauge patient satisfaction after their stay. During the initial stage, I went on EPIC and pulled 150 patients recently discharged from Maui Health. I organized the patients and their data on excel by patient name, attending physician, unit and contact information. Following this, I created a post discharge patient survey with a short series of questions ranging from “Do you have any questions about your follow up appointments” “Do you have any questions about your medications” “Are you satisfied with your care” and “How are you feeling post discharge?” In the time span of 3 days, I called 150 patients, but for survey purposes I was only able to reach 94 of those patients. I collected this information and created pie charts to depict the patients survey answers. The second portion of this project was to create and implement an optimal solution to help combat the increase in phone calls in patient relations and case management regarding questions about care and identify ways to address the answers from the patient survey. The process of implementing and sustaining a post call system comes with a set of challenges, so being able to collaborate with outside vendors can

be extremely helpful in creating an effective and sustainable call system with trained callers which improves patient satisfaction.To ensure that 100% of patients will receive a call post discharge I deployed the NRC Health's Transitions call system. The NRC system, an automated system that uses interactive voice recognition, is extremely beneficial to a health system because it helps to identify both clinical and service recovery solutions in real-time. This system was chosen based on prior research that indicates that it has been effective in many hospitals, specifically Sparrow Health, who was facing low post discharge communication. Upon implementation, the NRC Health system begins conducting phone calls to patients that were recently discharged to gauge their answers based on a series of questions that range from follow up appointments to medication knowledge. Once the questionnaire is finished, patients who identify as high risk will be alerted to the organization to ensure they receive a follow up from the designated physician or nurse. The NRC system is far more beneficial than the current process of discharge phone calls conducted by ward clerks because this platform helps hospitals save time and resources.

3.2.2 Results

The post discharge survey presented insightful information surrounding the current post discharge calls and was consistent with the poor HCAHPS communication and care transition scores. Of the 94 patients that were surveyed, the results showed that 61% of patients left Maui Health feeling better while 39% of patients left feeling worse or the same. Furthermore, 95% of patients felt satisfied with the quality of care they received while their stay at Maui health. Additionally, 8% of patients still had questions about their follow up appointments post discharge and 2% of patients still had questions about their medications.

3.2.2.1 Recommendations

I would highly suggest that health systems utilize an automated post discharge call back system such as NRC real time to ensure 100% of the patients are being called. This is essential in reducing unnecessary readmissions, providing effective service recovery when needed, increasing HCAHPS scores and increasing patient satisfaction. Furthermore, it's critical for Maui health to continue to track the post discharge call outcomes to better help the nurses, physicians and providers understand the patients unmet needs and find solutions to address these issues. In order to maintain high HCAHPS communication scores and increase patient satisfaction it's important that these post discharge phone calls are implemented and routine so providers are getting feedback and addressing them as soon as possible.

3.2.2.1.1 Competency

The post discharge call project allowed me to incorporate many areas of the MHA competency model. In the beginning stages, I had to identify strategic goals and plans that Maui Health had. I analyzed their strengths and weaknesses that could be attributed to their shortcomings and successes. Furthermore I analyzed the market mix and environmental threats to build opportunities and solutions. I used my analytical thinking to seek out any necessary information needed to implement an optimal solution. I had to identify the cause and effects of post discharge communication and its impact on patient experience. By brainstorming different solutions I had to identify the different contingencies associated with it and account for indirect unintended consequences when developing solutions. When creating the survey, I had to use clear, consistent and logical communication to speak to both patients and senior leadership. When presenting the data I recorded, I had to depict this to senior leadership and physicians by delivering an accurate and complete presentation of facts with accompanying sources such as powerpoint, charts and

exhibits through cogent presentations. Once I reported the data, I had to then receive feedback and engage in non defensive Q&A where I stated my logical recommendations to be implemented. To create discussion I facilitated group interactions to share my written analysis and present my solutions using logical and insightful reasoning. I was able to identify the organization's goals and values and implemented them to recognize the differences between top-down and bottom-up dynamics, while accounting for variation in perspectives when analyzing problems and developing healthcare policies. When implementing solutions I had to define roles and responsibilities for caregivers and other providers during the discharge phase. Overall this project allowed me to hone in on my time management, communication, financial, leadership and process improvement skills that led to a growth in my professionalism and self development journey.

4.0 Conclusion

As discussed, there are many factors that play a significant role in creating a positive patient experience. One major area that plays a role in creating that positive patient experience is the post discharge phase. Implementation of a good post discharge plan creates a healthcare system that improves the patient experience and is associated with effective clinical outcomes. Furthermore, implementation of a good post discharge plan creates a healthcare system that thrives financially and ensures good ratings through HCAHPS surveys. Throughout these projects there were many implementations and solutions created to improve the overall patient experience that proved that even simple interventions can significantly increase a patients experience. The results from all the projects show overall that patients are appreciative of better discharge transitions. From discharge understanding of medications and follow up appointments to post discharge phone calls and effective communication between nurses and physicians, these are all attributable to a positive patient experience and helps health systems stay on top of HCAHPS scores and receive better reimbursements. The data presented within these three projects showed substantial evidence that positive patient experience is linked to effective communication between physicians and nurses, patients' understanding of medication side effects and post discharge treatment plans. Overall, it's crucial that health systems promote quality care and commitment to patients from admission to discharge to ensure a positive patient experience.

5.0 Figures

Figure 1. Hospital Visit Folder

Hospital Visit Folder Communication | Observation & Debrief Tool

Staff Name:	Observer Name:	Dept/Unit:

Instructions: This tool is used by your supervisor/peer/coach to observe your practice. Feedback is provided to support your continued growth and learning. The same tool is used to validate practice competency.

Key Practice Elements			Date	Date	Date
Prepare		Ensure all collateral is in the folder correctly			
		All providers include their business card in the folder.			
Introduction		Staff introduces the folder with the 'Ask 3 flyer' and 'Welcome Letter' following the warm welcome process.			
		Gives patient guidance on how to use the folder			
		Places folder in a designated spot			
		Ensure the folder is visible to the patient			
Hospital Folder		Staff places medication sheet in the folder.			
		Any educational material must be placed in folder by the providers.			
		Ensure the folder is accessible to the patient			
		Answer any questions about the information in the folder			
		Place all information in the folder during your stay.			
		Inform the patient of the QR code to access the patient portal			
		Ensure the medication side effects sheet is properly placed.			
		Inform patient on the use of medical ID card			
Discussion		Using keywords "Hospital visit folder."			
		Reminding patient to take home the folder			
		Review medication side effects sheet with patient and place in the folder			
		Answer any questions the patient has			
		Ask open-ended questions to ensure the comfortability of the folder.			
Discharge Process		Reviews checklist on the back of the folder			
		Contacts Nurse Leader for Discharge Rounding			
		Remind patient to bring folder to follow up appointments			
		Answer questions and ensure the patient has an understanding of the folder's importance			
Comments (What's working well & suggestions):					

Validation Achieved

Supervisor Signature:

Employee Signature:

Date:

Ratings: (Note: To achieve a passing score 85% must have been met.

17 out of 21 correct = 85%
*7 Rights must be met to pass

Figure 2. Observation and Debrief Tool

Hospital Compare Preview Report
MAUI MEMORIAL MEDICAL CENTER

Exported 01/26/2023
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221 MAHALANI STREET
WAILUKU, HI 96793

CCN-120002
(808) 244-9056

Facility Type: Short-term
Ownership Type: Government - State
Emergency Service: No

Survey of Patients' Experience

Attention: Individual question scores appear only in the Preview Report and downloadable databases. Individual question scores are presented for informational purposes only; they are not official HCAHPS measures. A simple average of the individual questions that comprises a composite measure may not always match the composite score.

HCAHPS individual question scores based on fewer than 50 completed surveys **will not** be reported in the downloadable database.

HCAHPS Summary Star Rating

Completed Surveys	1,355
Survey Response Rate	22%

Star Rating:

More stars are better
"For more information on HCAHPS Star Ratings and Linear Scores, please see www.hcahpsonline.org"

*When HCAHPS scores are based on fewer than 25 completed surveys, scores WILL NOT be reported on Hospital Compare.

Communication with Nurses

Q3 (2021) - Q2 (2022)

Linear Score (1 - 100): 91

Composite (Q1 - Q3)	Facility	State	National
Always Patients who reported that their	78%	80%	79%

Figure 3. Affected HCAHPS Scores

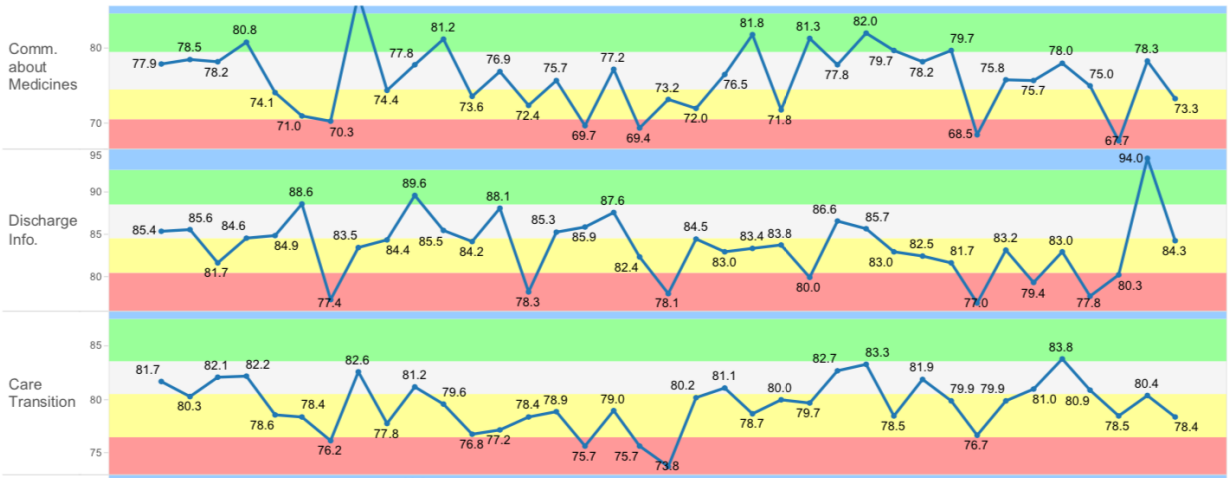

Figure 4. Care Transition and Communication Scores

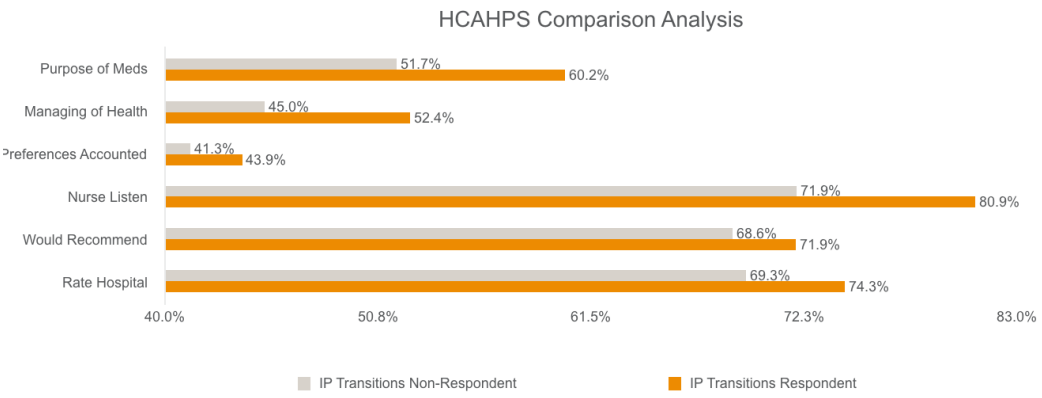

Figure 5. HCAHPS Comparison Analysis

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