Facilitating Processes that Address Patient/Family Satisfaction with Discharge Planning

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PURPOSE /BACKGROUND
Press Ganey® provides survey tools that allow healthcare institutions to track and compare satisfaction with care from a consumer perspective. Although it is labeled ‘patient’ satisfaction metric, review of consumer comments reveals that family members are most often the authors of these surveys for patients with stroke in our facility.

PROBLEM = Long term data for the Stroke unit revealed lower satisfaction scores for the discharge process than for most other components of the acute inpatient rehabilitation stay. The team undertook a process improvement project to address the patient/family experience of this important transition in care.

OBJECTIVES/AIM
The Stroke Program sought to increase average percent satisfaction with Discharge Planning processes as measured by Press Ganey® scores by:

- To reliably offer and improve scheduling of a formal FPD in the first week of inpatient treatment from 37% to 60%.

METHODS
The Stroke Team worked to develop methods to increase the consistency of implementation of the FPD scheduling process including re-education, triggered discussion at team meeting and use of a schedule tracking tool to assist the Case Managers (Figure 3).

Outcomes were examined using a p-bar statistical process control chart at 3 sigma (95% confidence interval). This analysis allowed the reviewers to differentiate data points that lie within ‘common cause’ of a working process from data that indicate ‘special cause’ (attributable to a specified change in process based on rules for data trending related to the mean and upper and lower control limits (confidence interval)).

RESULTS
The aim of improvement in offering and scheduling a formal FPD from the baseline 37% to 60% was surpassed (Figure 4). After a 15 week trial this process was completed on average 80% of the time. Increase to a mean of 80% completion from 37% demonstrated a statistically significant improvement in outcome based on implementation of ‘special cause’ (re-education, triggers in team meeting and use of tracking tool). Additionally, positive trending in Press Ganey® measured satisfaction with cumulative Discharge questions has been evident since implementation of this process improvement project (Figure 5).

CONCLUSIONS/IMPLICATIONS FOR PRACTICE
• Staff engagement in this process improvement endeavor as well as use of simple tracking and communication tools were highly effective in enhancing the consistency of completion of the FPD, a process already in place on the unit.
• Increasing patient/family satisfaction with the discharge planning process remains a goal area of the stroke program.
• While it is too early to determine if the use of these measures has established a statistically significant positive trend, the overall satisfaction in the Discharge Section of the Press Ganey® for this unit has demonstrated an encouraging directional trend (Figure 5).
• This project also demonstrated the parameters for measuring the effect of process improvement trials via a particular statistical process control analysis.

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