Primary, Secondary & Tertiary care
• Three unique relationships exist
• Each is important and necessary
  – Nurse to Veteran
  – Nurse to Nurse/Others
  – Nurse to Self
Pilot Site – 7C

30 bed medical surgical acute care
Average length of stay is 2.8 days
What’s the Problem?

Pt admitted to 7C

Care provided

MD writes discharge orders

Orders completed by various staff

Patient discharged from 7C

No communication with pt re: dc plans

Last minute

Need supplies

Pt needs education

Needs more services set up

Pt didn’t know

rushed

Nurse did not know about dc

No ride
Target State Process Map

1. Patient admitted to 7C
2. Patient receives care
3. Daily interdisciplinary communication with patient regarding care and discharge
4. Provider writes discharge orders
5. Orders completed by various staff
6. Patient discharged from 7C
How Did it Feel for Veterans and Team?

- Rushed
- Unplanned
- Chaotic

**Baseline Oct-Dec 2015**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Extent felt ready for discharge</th>
<th>Speed of discharge process</th>
<th>The nurse keeping the patient informed</th>
<th>The physician keeping the patient informed</th>
<th>Instructions for care at home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent felt ready for discharge</td>
<td>80</td>
<td>70</td>
<td>90</td>
<td>70</td>
<td>90</td>
</tr>
<tr>
<td>Speed of discharge process</td>
<td>70</td>
<td>80</td>
<td>80</td>
<td>70</td>
<td>80</td>
</tr>
<tr>
<td>The nurse keeping the patient informed</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>The physician keeping the patient informed</td>
<td>70</td>
<td>70</td>
<td>70</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>Instructions for care at home</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>90</td>
</tr>
</tbody>
</table>
What Were We Striving For?

- Planned
- Organized
- Mutual agreement

Baseline Oct-Dec 2015

- Extent felt ready for discharge
- Speed of discharge process
- The nurse keeping the patient informed
- The physician keeping the patient informed
- Instructions for care at home

<table>
<thead>
<tr>
<th>Metric</th>
<th>October-November 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent felt ready for discharge</td>
<td>90%</td>
</tr>
<tr>
<td>Speed of discharge process</td>
<td>80%</td>
</tr>
<tr>
<td>The nurse keeping the patient informed</td>
<td>70%</td>
</tr>
<tr>
<td>The physician keeping the patient informed</td>
<td>60%</td>
</tr>
<tr>
<td>Instructions for care at home</td>
<td>50%</td>
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</table>
## Gap Analysis

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Minimal interdisciplinary communication/coordination in advance of discharge day.</td>
</tr>
<tr>
<td>Complexity</td>
<td>Lack of discharge plan results in potentially delayed discharge related to transportation, home care supplies and equipment.</td>
</tr>
</tbody>
</table>
Solution Approach

If we do these things...then we will improve Veteran Satisfaction.....

All clinicians update Interdisciplinary Discharge Care Plan in Electronic Medical Record (CPRS).

Communicate regularly with the Veteran about progress toward Discharge and the Discharge Plan

Proactively address complex discharges* prior to the day of discharge to ensure all needs are met and the patient knows the full plan.

* Discharges requiring homecare, transport, supplies/equipment, Veteran/caregiver education
What is The Daily Plan®
VA National Center for Patient Safety?

• A patient-specific itinerary used to inform patients of what to expect each day in the hospital
  – Medications
  – Demographics
  – Next of Kin (NOK)
  – Inpatient and outpatient appointments

https://www.patientsafety.va.gov/professionals/onthejob/dailyplan.asp
Why Use The Daily Plan ®?

• Encourages Veteran and/or their family to speak up and be involved in their care
• Provides an opportunity for patient education
• Establishes a plan to help guide/progress the care
• Facilitates and augments the discharge planning process
Things we tried and then changed...... (PDSA)

- Veteran Orientation to The Daily Plan®
- Preparation of The Daily Plan® envelopes
- Surveying Patient and staff RN’s about their satisfaction with The Daily Plan®
Our Daily Plan Innovation

• Modified the National Daily Plan to include
  – Interdisciplinary Discharge Plan (IDDCP) Notes
  – Pertinent Lab Values

• Our Process
  – Nurse reviews The Daily Plan with the Veteran every morning
  – Veterans are encouraged to ask questions
Initial comprehensive discharge plan

Second area for updates on progress toward discharge goals
### Changes - Labs with Reference Ranges

**------------------ Finger Stick Glucose (max 5 occurrences) ------------------**

<table>
<thead>
<tr>
<th>Collection DT</th>
<th>Specimen</th>
<th>Test Name</th>
<th>Result</th>
<th>Units</th>
<th>Ref Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/07/2016 04:10</td>
<td>BLOOD</td>
<td>FINGER STICK GLUC</td>
<td>105 H</td>
<td>mg/dL</td>
<td>70 - 99</td>
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<tr>
<td>03/26/2015 11:30</td>
<td>BLOOD</td>
<td>FINGER STICK GLUC</td>
<td>120 H</td>
<td>mg/dL</td>
<td>70 - 99</td>
</tr>
</tbody>
</table>

**------------------ Lab Tests Selected (max 1 occurrence or 1 day) * ------------------**

<table>
<thead>
<tr>
<th>Collection DT</th>
<th>Specimen</th>
<th>Test Name</th>
<th>Result</th>
<th>Units</th>
<th>Ref Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/06/2017 06:30</td>
<td>BLOOD</td>
<td>WBC</td>
<td>5.8</td>
<td>K/uL</td>
<td>4.0 - 11.0</td>
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<tr>
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<td>BLOOD</td>
<td>RBC</td>
<td>4.36</td>
<td>M/uL</td>
<td>4.2 - 5.7</td>
</tr>
<tr>
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<td>HGB</td>
<td>11.0 L</td>
<td>g/dL</td>
<td>13 - 17</td>
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<tr>
<td>01/06/2017 06:30</td>
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<td>HCT</td>
<td>35.2 L</td>
<td>%</td>
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<tr>
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<td>K/uL</td>
<td>130 - 400</td>
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<tr>
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<td>K+</td>
<td>4.0</td>
<td>mmol/L</td>
<td>3.5 - 4.7</td>
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<tr>
<td>01/06/2017 06:30</td>
<td>PLASMA</td>
<td>NA+</td>
<td>138</td>
<td>mmol/L</td>
<td>136 - 145</td>
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<tr>
<td>01/06/2017 06:30</td>
<td>PLASMA</td>
<td>CREAT</td>
<td>1.31 H</td>
<td>mg/dL</td>
<td>.67 - 1.17</td>
</tr>
<tr>
<td>01/06/2017 06:30</td>
<td>PLASMA</td>
<td>CA+</td>
<td>8.5</td>
<td>mg/dL</td>
<td>8.5 - 10.1</td>
</tr>
</tbody>
</table>

* Mg and PT/INR included when appropriate *
Confirmed State Process Map

1. Patient admitted to 7C
2. The Daily Plan (TDP) printed and discussed on admission
3. MSA prints TDP each morning at 10:00AM
4. Nurse reviews TDP with patient every morning
5. Patient confirms understanding of TDP
6. Patient discharged from 7c
7C Veteran Experience Data 2016-17

Satisfaction Data

- Extent felt ready for discharge
- Speed of discharge process
- The nurse keeping the patient informed
- The physician keeping the patient informed
- Instructions for care at home

Sporadic review of the Daily Plan
Regular review of the Daily Plan

Lessons Learned

• Communication is essential
  – Interdisciplinary team
  – Veteran Input

• What factors into the Veteran being ready for discharge?

• What factors impact a timely discharge?
Next Steps

- Continued collaboration with IT to make The Daily Plan ® as user friendly as possible.
- Ongoing outreach and education for clinicians (PT/OT, SW, Medical and Surgical Residents, hospitalists, NP’s, support staff, and floats)
- Taking this initiative house-wide!
References


• Team Members
  – Jeremiah Bartsch BSN, RN
  – Erika Bonds, BSN, RN
  – Colleen Eckert, MPH, RN
  – Kristy Fritz, BSN, RN
  – Laura Hale, MSN, RN
  – Linda Masih MSN, RN

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  – Chris Saggio, BSN, RN
    • Nursing Informatics
  – James Appazeller BSN, RN
    • Clinical Applications Coordinator