Implementation of a Unit-Based Discharge Coordinator to Improve the Patient Discharge Experience
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Introduction
• A major cause of increasing medical costs is poor discharge planning.
• Hospitals are focusing on patient safety, satisfaction and length of stay initiatives.
• Centers for Medicare and Medicaid Services (CMS) recommend documenting, measuring, and reporting on discharge planning.1
• Currently there is a lack of an organized discharge process and a specified role to assist with the discharge process.

Purpose
• Implement a unit-based discharge coordinator on a pediatric general medicine inpatient unit to improve the patient’s discharge experience.

Objectives:
1. Develop a unit-based discharge coordinator role.
2. Educate key stakeholders on a standardized discharge process.
3. Conduct a formative evaluation of the new discharge process to include:
   • Improving patient/family satisfaction
   • Decreasing length of stay (LOS)
   • Decreasing the number of patient safety net (PSN) reports related to the discharge process
   • Increasing nurse understanding of the discharge process and role

Methods

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<th>Role Development</th>
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<th>Family Advisory Council</th>
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<td>Patient/Family</td>
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Results

- Discharge Satisfaction
- LOS Index
- Patient Safety Net Reporting
- Staff Nurse Survey RE: Unit-Based Discharge Coordinator Role

Evaluation
• Press Ganey mean discharge satisfaction scores declined during role orientation and then gradually increased over the last 3 months.
• Mean length of stay decreased significantly post-implementation.
• Number of reported PSNs decreased post-implementation.
• Staff nurses responded favorably to the unit-based discharge coordinator role.
• Nurse comment: “The discharge coordinator makes the discharge process smooth for our patients.”
• Parent comment: “The discharge coordinator made sure we understood our instructions before going home and it was reassuring to have a name and number for questions after discharge.”

Practice Implications
• Education on the discharge process is included with onboarding of new nurses.
• Home care instruction revisions were initiated.
• The number of patients discharged per day hindered the unit-based discharge coordinator from assisting with all discharges. An additional position is being considered.
• Readmission rates may be a measure to consider evaluating over time.
• Future expansion of this discharge model to other pediatric units is under consideration.

Conclusions
• As reformed health care systems continue to develop, pediatric patients become increasingly difficult to discharge with complex medical problems.
• Collaborating with members of the health care team, the unit-based discharge coordinator provides a link among the patients, families, team members and community providers.
• A collaborative and coordinated effort focused on improving the patient discharge experience with a unit-based discharge coordinator is a new model of care.
• Hospital safety is a key initiative with the delivery of healthcare through the discharge process.
• Patient and family satisfaction is a key driver for the discharge process.
• Facilitating a thorough discharge process potentially improves health care outcomes for children.

References

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