

Improving Discharge Outcomes with Patients and Families

Evidence for engaging patients and families in discharge planning

Nearly 20 percent of patients experience an adverse event within 30 days of discharge.^{1,2} Research shows that three-quarters of these could have been prevented or ameliorated.¹ Common post-discharge complications include adverse drug events, hospital-acquired infections, and procedural complications.¹ Many of these complications can be attributed to discharge planning problems, such as:

- Changes or discrepancies in medications before and after discharge^{3,4}
- Inadequate preparation for patient and family related to medications, danger signs, or lifestyle changes^{3,4,5}
- Disconnect between clinician information-giving and patient understanding³
- Discontinuity between inpatient and outpatient providers³

Involving the patient and family in discharge planning can improve patient outcomes, reduce unplanned readmissions, and increase patient satisfaction.^{6,7}

More and more, hospitals are focusing on transitions in care as a way to improve hospital quality and safety. As one indicator of this, the Centers for Medicare and Medicaid Services implemented new guidelines in 2012 that reduce payment to hospitals exceeding their expected readmission rates.

To improve quality and reduce preventable readmissions, [insert hospital name] will use the Agency for Healthcare Research and Quality's Transitions from Hospital to Home: IDEAL Discharge Planning process to engage patients and families in preparing for discharge to home.

Key elements of IDEAL Discharge Planning

Include the patient and family as full partners in the discharge planning process.

Discuss with the patient and family five key areas to prevent problems at home:

1. Describe what life at home will be like
2. Review medications
3. Highlight warning signs and problems
4. Explain test results
5. Make followup appointments

Educate the patient and family in plain language about the patient's condition, the discharge process, and next steps throughout the hospital stay.

Assess how well doctors and nurses explain the diagnosis, condition, and next steps in the patient's care to the patient and family and use teach back.

Listen to and honor the patient's and family's goals, preferences, observations, and concerns.

This process will include at least one meeting to discuss concerns and questions with the patient, family of their choice, and [identify staff].

What does this mean for clinicians?

We expect all clinicians to:

- Incorporate the IDEAL discharge elements in their work
- Make themselves available to the [identify staff] who will work closely with the patient and family
- Take part in trainings on the process



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