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Improved Satisfaction on Postpartum Unit by Implementing a Discharge Nurse Role

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Improved Satisfaction on Postpartum Unit by Implementing a Discharge Nurse Role

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Abstract

A three-month time period was used to develop a postpartum education program change by designing a discharge nurse role on the postpartum unit at University of North Carolina Women's Hospital. The goal of the education change is to increase patient satisfaction scores of discharged post-natal mothers on the postpartum unit by having HCAPS and Press Ganey to improve up to10% over the next 6 months.

An observational assessment revealed a fragmented and antiquated discharge process. This process was paper based and difficult to complete in light of the short stay and high volume patient population. Informal nurse feedback as well as a formal staff survey (Appendix A) revealed dissatisfaction with the discharge process. A cohort study, (Mills et al., 2013), shed light on patient perception of the amount of materials offered at discharge as well as their format. This data was used along with a microsystem analysis to determine the need for a streamline of the education materials, alternative formatting and specialized nurse role to complete the teaching holistically (Appendix G).

Once implemented, improvement will be measured using monthly Press Ganey and HCAPS scores. The staff will be also be asked for informal feedback. The project calls for a 3-month trial period as a small test of change with the intention of permanently integrating the discharge nurse position into the care model if improvement in scoring is noted. Challenges to this program caused it to change in scope when presented; costs of an products and materials, adequate staffing to allow a nurse to be out of ratio in patient care, patient buy in to teaching, and reassessment of nursing roles to allow the discharge nurse to be the discharge authority.

The actual implementation of the role in practice has been delayed due to staffing shortages related to nurses transferring and retiring. An additional obstacle is that the fiscal

budget for the year is spent, and the purchase of the streamlined materials would need to be

place on the next year's budget beginning in February.

Sustainability for my project depends largely on staffing. As long as the nursing staff is

available and trained the discharge role can be carved out of existing FTE's. In the PDSA cycle

review of my project it was noted that when census increases the role of discharge nurse might

be lost in an effort to have enough bedside nurses available. This also occurs with the charge

nurse position short term, so the outcome was expected. The planning to have adequate staff is

crucial to the sustainability of the role just as with the charge nurse role.

The CNL role endorses individualized patient education based on learning need and

preferred learning style (American Association Of Colleges Of Nursing, 2012). In order to

sustain this role in the microsystem it must evolve to meet the needs and interest of both patients

and practitioners. There is a need for the way we educate to change and the CNL's major role is

that of evidence based change agent (American Association Of Colleges Of Nursing, 2012).

Making the CNL the perfect champion for the implementation and sustainability of this new role.

Improved Satisfaction on Postpartum Unit by Implementing a Discharge Nurse Role

Clinical Leadership Theme

This project focuses on the Clinical Nurse Leader (CNL) curriculum element of Care Environment Management. The role of the CNL is to find the best way to utilize all available resources and one such resource is personnel. Performing the CNL role I will be using the resources of the postpartum unit team and serving as Team Manager. The postpartum team consists of an assortment of interdisciplinary team members along with unit management. With the assistance of the team I will outline and develop the role of the discharge nurse. The goal of collaboration is to outline the duties to be performed and identify areas to be improved by the addition of the role.

Over 3 months, I will introduce a postpartum education program change by developing a discharge nurse role at University of North Carolina Women's Hospital. The goal is to increase patient satisfaction scores on the postpartum unit by having HCAPS and Press Ganey to improve up to10% over the next 6 months.

Statement Of The Problem

Patient education is an element of care that is vital in the care of patients. Oftentimes nurses on the postpartum unit feel that they are forced to rush the process of discharge education because the patient is anxious to leave and because the next patient is waiting for the bed. Duties to patients, demands of physicians and desires of family members compete for the nurse's time continually. I was able to observe on the unit that each patient at discharge presents with a different learning style, literacy level and processing ability. The purpose of this project is to introduce a registered nurse in the role of discharge nurse and therefore free up bedside nursing

to complete their duties to admitted patients and improve quality of the discharge process and satisfaction of nurses and patients.

Rationale

Root cause analysis was used to highlight the causes of dissatisfaction with the current discharge process. Informal surveys conducted with bedside nurses conveyed frustration with the rapid turnover on the unit. The rapid turnover made it necessary to hurriedly educate discharging mothers and their families. The needs of other patients, phone calls and admissions arriving competed for the time nurses wished they had available to spend at the bedside with their patients. The facility's survey data shows that only 79% of the patients were satisfied with the information they received at discharge (Press Ganey, 2015). Press Ganey (2015) also revealed that only 1% of patients were satisfied with the speediness of discharge. The National benchmark is 81%. This result suggests to the writer that while the patients feel that the process doesn't happen quickly enough, they aren't really receiving the information that makes them feel informed. In short, they are overly anxious to go, but not fully prepared educationally to go.

Education is key to providing good nursing care. Studies have shown that the implementation of a nursing role that decreases the primary nurses workload increases nurse and patient satisfaction (Longworth, Larraz, & Ciaramella, 2013). Positive experiences with postpartum education provides the new mother with knowledge that boosts confidence and diminishes concerns related to inability to function after discharge (Bucho, Gutshall, & Jordan, 2012). When mothers feel informed and empowered they feel better leaving the hospital and this confidence translates into higher satisfaction scores (Longworth et al., 2013).

The cost for implementation of this role will be zero. The full-time employees would rotate in the role much the way the charge nurse does presently. The staffing will be made possible because 4 of the postpartum suites are being utilized under a separate licensure at this time. The nurse displaced by this decrease in census can easily be transition into the role of discharge nurse for their shift. This reduces the need to cancel shifts and increases nurse confidence that they will be reliably scheduled for their shifts.

Project Overview and Methodology

The postpartum unit is in a very large university hospital in North Carolina. This facility serves a large, moderately urban community as well as outlying rural areas. The facility is a level one-trauma center and certified as a Baby Friendly facility. The microsystem where the project is intended to improve practice is the postpartum unit. The patient population consists of couplets made of mothers and their newborn babies. The unit is staffed by greater than 80 employees. The staff is made of registered nurses, nurse aides, unit secretaries, charge nurses and a nurse manager. Physicians, midwives, lactation consultants, other specialties and various ancillary services also perform specific duties on the postpartum unit. Volunteers work closely with the staff to ensure that patient needs are met in a timely fashion. The unit has interns, residents, hospitalist, nursing students, lactation students and students of other specialties.

The nurses on shift depend on the number of couplets admitted. The basic staff is 10 registered nurses three nurse aides, one unit secretary and a charge nurse. Clinical Nurse 4 (CN IV) is the title of the assistant managers for the unit and their function is to support the staff as needed, manage the schedule and other administrative duties. The charge nurse is not expected to take patients; this concept is known as free charge. Having a change nurse that does not take patients enables them to be free to monitor, supervise and provide support to the nurses as

needed. The charge nurse role is very complex and includes scheduling, problem solving, customer service, supervisory input and liaison to doctors and administration. This duty list does not permit a large amount of assistance to floor nurses in the discharge process.

An observational assessment was performed to determine what areas were of concern for the nurses and other staff. This is a fast-paced unit with a great deal of patient turnover. The average length of stay for a healthy vaginal delivery is 48 hours. There are continuous admissions and discharges throughout a shift in order to facilitate the high demand of patient flow.

Nursery nurses on the postpartum unit are responsible for going to labor and delivery in order to admit the babies to the unit. The nurse taking the couplet is responsible for admitting the mother. However, these nurses rarely have any patients in the nursery because the facility is a certified Baby Friendly Hospital. Baby Friendly designation means, amongst other things, that babies room-in with their mothers. This makes the nursery nurse position one of feast or famine. Feast, being the rare occasions that there are several babies being triaged through the nursery at the same time, a baby is placed on short-term observation (i.e. warming) or there is a procedure where the nursery nurse needs to assist happening in the procedure room. With that in mind, the nurse in this role assists with hearing screening, hepatitis B vaccines and other tasks as necessary.

Floor nurses on the postpartum unit are responsible for up to 5 couplets at any given time. There are nursing assistants that assist with bedside care, vitals, baths for newborns as well as hearing screening as required by the State. There is also usually a nursing assistant available to help the nursery nurse. However, the nursing assistant is unable to provide discharge teaching, a registered nurse must do this.

An informal survey was done of the nursing and ancillary staff members in order to get

an idea of what issues they recognized on the unit; areas of frustration were few. However, the

discharge process seemed to be a source of angst for many of the staff. Hospital Consumer

Assessment of Healthcare Providers and Systems (HCAPS) as well as Press Ganey scores

revealed themselves to be far below national benchmarks from the perspective of the patients

when the issue of discharge was discussed. Additionally an anonymous survey (Appendix A)

was administered to all staff asking them to be honest about what they liked and did not like

about the present discharge process. Staff was requested to identify their role (RN, CNA, etc.)

and their shift in order to determine if shift or role made a difference in the satisfaction with the

process within the microsystem. The results were compiled to determine a consensus of the parts

of the process that had to go and those that could be salvaged and transitioned into the new

process.

It was determined that the majority of the teaching was happening in bulk on admission

and in the final hour of discharge, very little discharge teaching was occurring during the stay.

The nurses found it hard to give uninterrupted time to patients at time of discharge. They often

felt rushed to take the next admission or to hurry through because the patient was impatient and

ready to go.

Early on in the microsystem analysis, I believed that a discharge nurse educator position

would be ideal. It was determined that the introduction of a new full time employee (FTE) in this

capacity would be ideal, but probably not something that the hospital would consider. It was then

that the focus changed to finding function for the nurses displaced by room reduction. I then

developed the role of discharge nurse, with a rotation much like that of the charge nurse. The

process began to take all survey data into consideration and streamline the discharge process as

well as the information format. Patient feedback on the unit revealed that they really wanted an

electronic version of the discharge information and were not on board with the various handouts

and pamphlets they had received (Appendix B). In fact, 10% reported that they had not even

bothered to read bulk of papers once they had been discharged and were at home (Mills et al.,

2013).

    Three aspects of change were presented to management for policy implementation.

1. Discharge begins at admission and continues throughout the stay.

2. The teaching materials are streamlined in to one 25 paged double-sided, customizable

    postpartum teaching tool that can be ordered from InJoy for $4.00 a copy that has text for

    video option to satisfy the need for technology integrated into teaching.

3. Work with an InJoy representative to create a customized smartphone app to be accessed

    from the hospitals "MY CHART" page. This facilitates paperless learning and can be

    done at the postpartum mother's pace. This option is pricey at $20,000 for the initial

    build, but becomes sustainable via updates that are included for the life of the product.

    A focus group of employees will be compiled to review new streamlined teaching tool and

text to video option. Then access will be granted to train the trainer webinars provided free

by InJoy. Super-Users to be singled out and utilized to train and be a resource to teaching

implementation.

    A typical day for a nurse working in the role of discharge nurse would be as follows

A. Morning

❖Gather data on all known couplet discharges and verify orders.

❖See all discharging couplets and review discharge process

❖Review all paperwork and documents that need to be completed prior to discharge

birth certificate worksheet, paternity paperwork hearing or other health department info)

❖Identify or manage all reconciled needs for social services or case management with

each discharging patient.

B. Mid-Morning

❖Review all discharge instructions that have been discussed during the admission

❖Review car seat safety and safe sleep practices

❖Medication review, app trouble shooting

❖Final question and answer session

❖Advise primary nurse, as each couplet is ready for discharge

C. Afternoon

❖Orientation visit with each newly admitted couplet to begin discharge education. Assess

learning needs and style of patient in order to individualize discharge plan

❖Teach mothers' class, to include hands-on baby care, group viewing of media related to

safe sleeping, shaken baby syndrome, and other important topics

❖Call recently discharged moms for follow-up.

   The average stay of the healthy vaginal delivery postpartum mom is 48 hours. A checklist

of above activities can be developed to create a timeline for teaching. In order to implement

this process Kurt Lewin's Change Management Model dictates that you:

1. Unfreeze-Stop doing things the way postpartum has always done things.

   Patients currently receive more than 20 separate sheets/brochures that address different

   areas an education (Appendix D). Move away from rushed discharges with massive

   amounts of paper.

2. Change- Examine what the needs are and look to meet them.

Develop a product/policy that addresses the needs of the patients and makes sense for nursing. Implement the new policies of a nurse in the role with a cohort of 20 patients and see how it is received and if it is effective. Implement streamlined education model and solicit feedback.

3. Freeze- Embrace the change.

If nurse satisfaction increases and patient satisfaction scores increase by June 2016 consider adopting this new practice as policy and consider expanding it unit wide.

Literature Review

The literature on this subject suggests that the introduction of the discharge nurse does increase patient and nurse satisfaction. The decrease in nurse workload is the source of both nurse and patient satisfaction increase (Spiva, Johnson, 2012). The focused education model introduced by the role of the discharge nurse would provide new mothers with knowledge to boost their confidence and diminish concerns related to inability to function after discharge (Bucho, Gutshall, & Jordan, 2012). Receiving the majority of education on the day of discharge without structure and largely in the form of handouts has been linked to poor patient satisfaction scores (HCAPS, UNC, 2015). The shortcomings of the current postpartum education practice seem to suggest that a streamlined, structured approach will be perceived as most useful to mothers as they transition from hospital to home (Bucho, Gutshall, & Jordan, 2012).

There was a cohort study of recently discharged patients done on the postpartum unit previously that revealed dissatisfaction on the part of the patient with materials used for discharge teaching (Mills et al., 2013). The study included post-discharge phone calls made by student nurses to gather data related to patient perception of the education provided at discharge.

Modes of information collection included standardized yes or no questions, questions related

to preference of material in both presentation and format and open comment sections.

Readiness for discharge on the part of the mother is an issue. A prospective cohort study

was used by Bernstein, Spino, Wasserman, & McCormick (2015) to examine various reasons

why postpartum mothers and their newborns may not be ready for discharge at the anticipated

time. This study was known as the LAND (life around newborn discharge) study, used a cohort

of mothers and healthy term infant couplets and found that limited topics covered in hospital

education to be a major reason they did not feel prepared for discharge.

The quality of the information needs to be standardized and condensed for ease of

understanding and transport. Bucho, Gutshall, & Jordan utilized a prospective, quasi-

experimental pre-test and post-test design to yield the qualitative value of discharge teaching of

new mothers. The proficiency of the nurses and the effectiveness of the tool used to educate, in

this case a booklet, were also evaluated. The mother's perceived need for education was

compared against their opinion of the information they received and then compared to the survey

results. The study revealed that the majority received the information that they needed, while

other still felt they received less than needed. The study goes on to prove that nurses felt that

providing competent and impactful education to the postpartum inpatient is important. The study

exposed that high-quality post partum education is vital to the mother's ability to care for self,

baby and other family members. The consistency of the information is key and its packaging

should be minimal and easy to access.

The merit and usefulness of the dedicated discharge nurse role on a postpartum unit is a

proven concept. The key to the role being successful is having all teaching done by a specially

trained discharge nurses (Ciaramella, Longworth, Larraz, & Murphy, 2014). A comprehensive,

organized discharged process has been proven to have a direct impact on HCAPS scores

(Fleischman, 2015). The focus of this project is to make each nurse specially trained discharge

nurse on the postpartum floor. The idea of making each nurse really good at disseminating the

information needed to ensure the discharging mother feels ready for discharge is the key to

instilling confidence and feelings of self-efficacy. Fleishman (2015), revealed that satisfaction

scores are all about the experience and how the mother feels. An intervention suggested by the

literature was a discharge class. This class creates community amongst new mothers and is a safe

place to ask questions and get sound advice. Making sure the discharging mother feels that she

has had adequate time to learn all that she needs to in order to leave the hospital. Fleishman,

points out that it is important to uncover the holes in mother's knowledge and determining the

cause of uneasiness related to discharge. It was discovered that when the postpartum mother felt

informed she felt empowered and this translated into improved HCAPS and Press Ganey scores.

        Happy nurses make Magnet status easier to achieved and maintain. The facility where the

project is taking place is a Magnet facility struggling with poor Press Ganey and HCAP scores

related to the discharge process. Ciaramella et al. (2014) discussed the development of the

discharge nurse role as a result of a less than stellar Magnet journey by an organization. The

organizations poor Press Ganey and HCAPS scores were combined with the desire to identify

and remedy problems in innovative ways (Ciaramella et al., 2014). By shoring up the gaps in

education at discharge they found that the nurses felt better about their practice and their

confidence translated into increased patient satisfaction scores post discharge.

        A cohort study done by Mills et al., 2013, on site utilizing actual discharged patients

showed that patients wanted less paper and more technology (Appendix B). There is a disconnect

between the discharge process and the expectations of the new parents. The study showed that

12% of the discharged mothers never read the information and those who did wished it had been

less (Mills et al., 2013). This project is designed with the understanding that new and innovative

ways to disseminate the information must be explored. A qualitative study done in Denmark

reports that after implementing an App for their postnatal discharge patients, positive feedback

was received. The patients felt reassured and supported by the application and therefore felt

stronger in their parenting role (Danbjørg, Wagner, & Clemensen, 2014). The app was tailored to

the postpartum patients needs and reported by patients to be very user friendly (Danbjørg,

Wagner, & Clemensen, 2014).

Time Line (Appendix C)

The project began September 2015 and will continue into June 2016. The project is to be

completed in its proposal stage by early December 2015; however, hospital approval and

implementation may take longer. One challenge to completing this project is trying to change

policy in a very large organization where multiple channels must be negotiated and budget

expenditures approved. Hospital administration has many demands for its time and resources at

this time and issues it considers far more pressing to find solutions to.

My final project will show how the standardization of patient teaching and the

implementation of a discharge nurse FTE position will improve patient satisfaction scores by

10% by June 01, 2016. The projected timeline will be done in phases.

Phase 1- Gather statistical and empirical data for patient satisfaction as it relates to the discharge

process and identify areas in need of improvement. Review current staffing and unit budget to

identify resources already in place. Distribute nurse satisfaction questionnaires (Appendix A) and

review data. Select teaching course material vendor. Meet with unit manager and assistant

managers to seek approval.

Phase 2- Establish format and delivery of education program. Customize course material, and

write role description for discharge duties. Select first wave of nurses to be trained to fill the role

and train them to perform in the role.

Phase 3- Roll out project in a Beta test format. Use feedback to make changes to delivery model.

Utilize Press Ganey and HCAP scores, nurse feedback questionnaires to gather feedback.

Review and make necessary changes to the educational model.

Phase 4- Roll out project unit wide.

Phase 5- Examine Press Ganey and HCAP related to patient satisfaction with the discharge

process. Check in with nurses to establish their satisfaction with the role and willingness to train

other nurses to perform in the role.

Expected Results

The 2013 study (Mills et al., 2013) as well as the current data collection on the unit

proved that this issue is not a new one. It was known that patients were not impressed with the

current state of discharge, however the passive rumblings of the nurse and support staff had not

been heard. The common report from the patients was that the information was too much and

needed to be streamlined (Appendix E). It is expected that the discharge process will become less

stressful and rushed. It is expected that the more patient friendly format will foster more

interactive involvement of both parents. It is expected that the formulation of the smartphone

application will appeal to the technologically savvy population that we serve, while the

comprehensive booklet will address those not yet ready for fully automated learning. Finally, it is

expected that patients and nurses will experience an improved level of satisfaction with the

entire discharge process and it will be more beneficial to parents and baby.

Nursing Relevance

As a Clinical Nurse Leader (CNL) this project speaks to the core competency of

Advocate. Advocating for a learning style sensitive and comprehensive up to date teaching tool

is a perfect manifestation of the advocate role (American Association Of Colleges Of Nursing,

2014). As we seek to be change agents within our chosen microsystems we must look to the

analysis of need and change accordingly. No longer are we living in a world of people who

navigate paper and operate absent of a wealth of information. The Internet and smartphones have

changed the game of nursing and education and the CNL must be prepared to meet the need

according to that change. As a Team Manager, the CNL must be willing to spearhead the change

management process and support the microsystem as the change occurs.

Cost Analysis

University of North Carolina Women's hospital has approximately 1,725 vaginal

deliveries without complicating diagnoses per year. This accounts for 3,742 inpatient days and

each case generates approximately $8,384 for a stay just shy of 48 hours (North Carolina

Hospital Association, 2012). With a recent change in licensure four of the rooms on the

postpartum unit set to receive these couplets (mother and baby) will have to be closed. This

means that at least one registered nurse would not be needed on the floor per shift. The "extra"

nurse could function as discharge nurse for the shift instead of having their shift canceled. The

salary of the nurse is already budgeted so no additional spending on staffing would be necessary.

The average full-time employee (FTE) on the postpartum unit is paid $25-29.00 per hour

(Glassdoor, 2015). Press Ganey and HCAPS scores reveal patient dissatisfaction with the current

discharge process. Shepperd, Parkes, Phillips, and McClaren (2004) suggests that increased

efficiency of the process will be beneficial to patient satisfaction overall. This gain in patient

perception of care would offset the cost to the nurse that would otherwise be cancelled related to

decreased census capacity. The FTE already exists and would otherwise not be utilized.

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of admission and discharge nurse team. *Journal of Nursing Care Quality, 27*(1), 89-93.

Appendix A

Page 1

Staff Discharge Process Survey

Please review the following statements. We would like to know how much you agree or disagree with each statement. All responses are confidential and we thank you for your feedback.

1. **What is your role on 5 Womens?**

- **RN**

- **CST**

- **HUC**

- **CN IV**

- **Manager**

2. **What shift do you work?**

- **0700-1900**

- **1900-0700**

- **Other**

3. **Are you satisfied with the current discharge process?**

- **Disagree**

- **Agree**

(Appendix A) cont.

Page 2

4. Please list the top 3 things you would change about the discharge process:
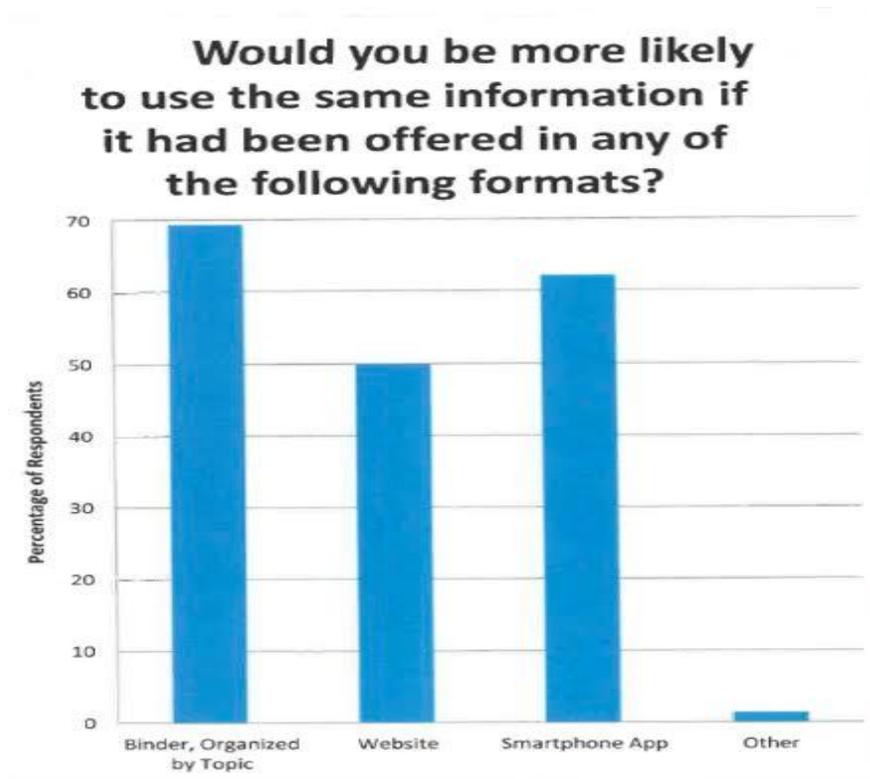

1.

2.

3.

5. Add any comments or suggestions you would like to see change or stay the same about the current discharge process.

6. List educational tools that you find more helpful during the discharge teaching process.

Appendix B

Graph Chart of Patient Preferred Format of Discharge Material

(Mills et al., 2013)

Appendix C

GANTT CHART FOR DISCHARGE NURSE ROLE TIMELINE

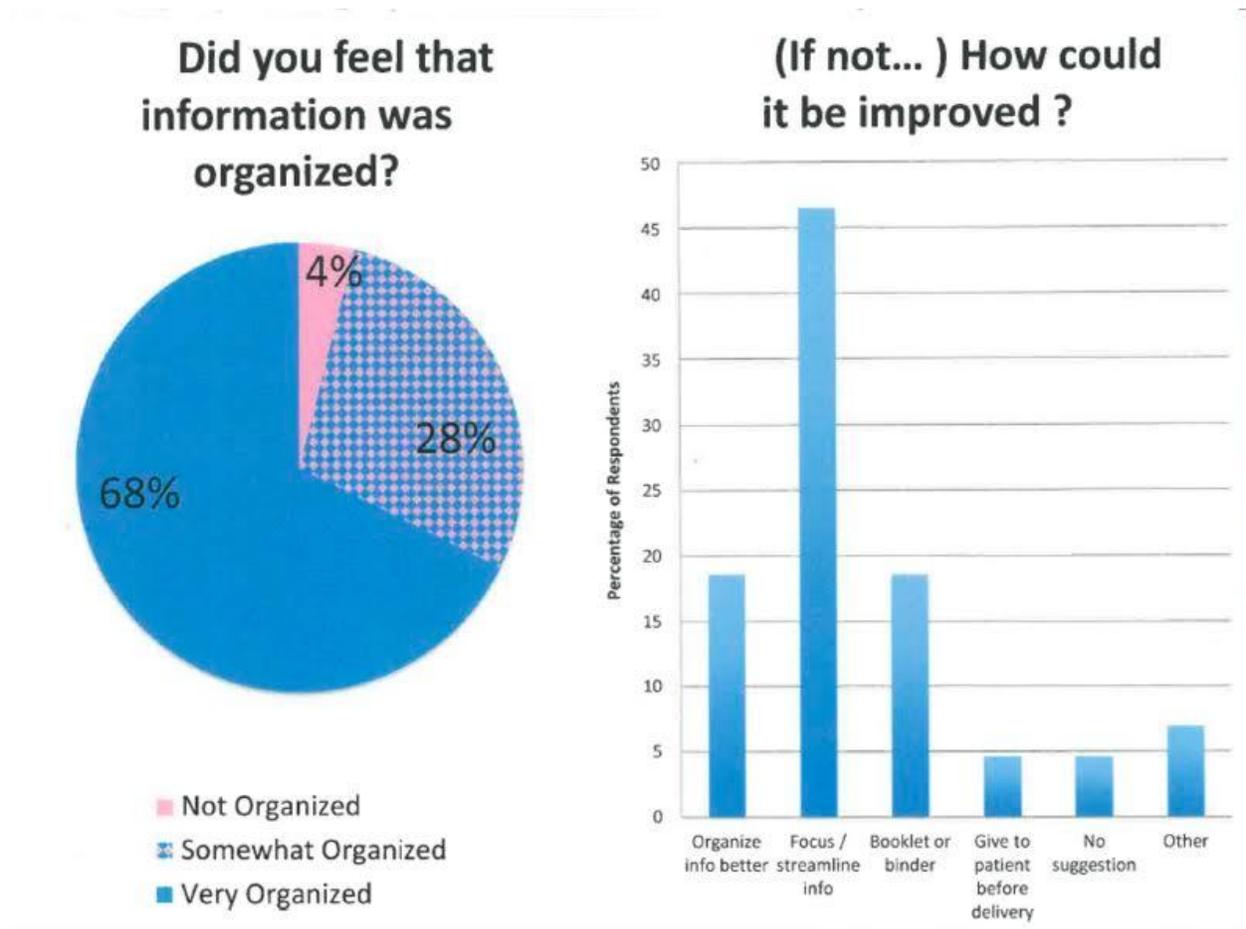| Postpartum Discharge Nurse Role Project	09/20/15 to 09/30/15	09/30/15 to 10//15/15	10/15/15 to 11/01/15	11/01/15 to 12/01/15	12/01/15 to 06/01/16
Phase 1	X				
Phase 2		X			
Phase 3			X		
Phase 4				X	
Phase 5					X

Appendix D

Graph Chart of Handouts Given at Discharge Currently
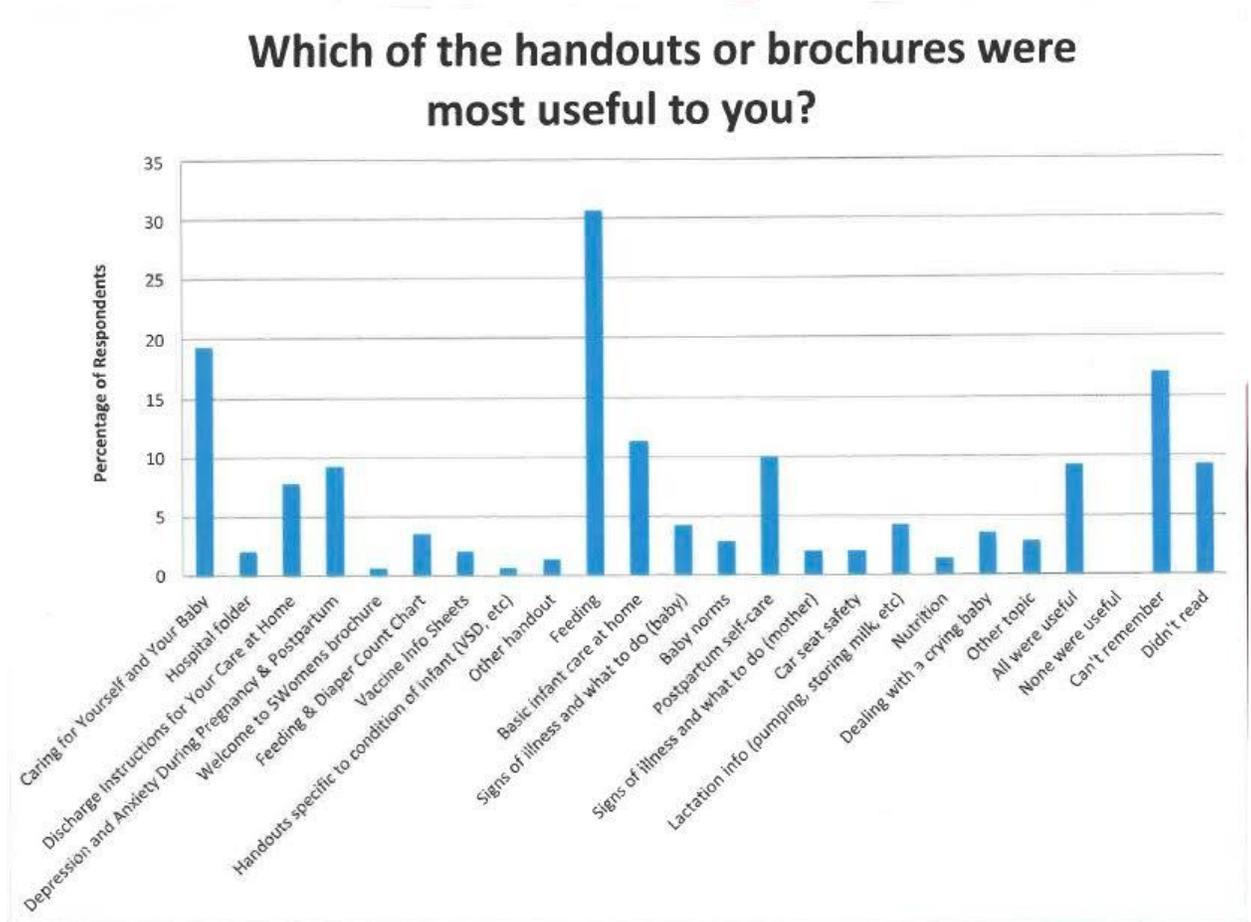
(Mills et al., 2013)

Appendix E
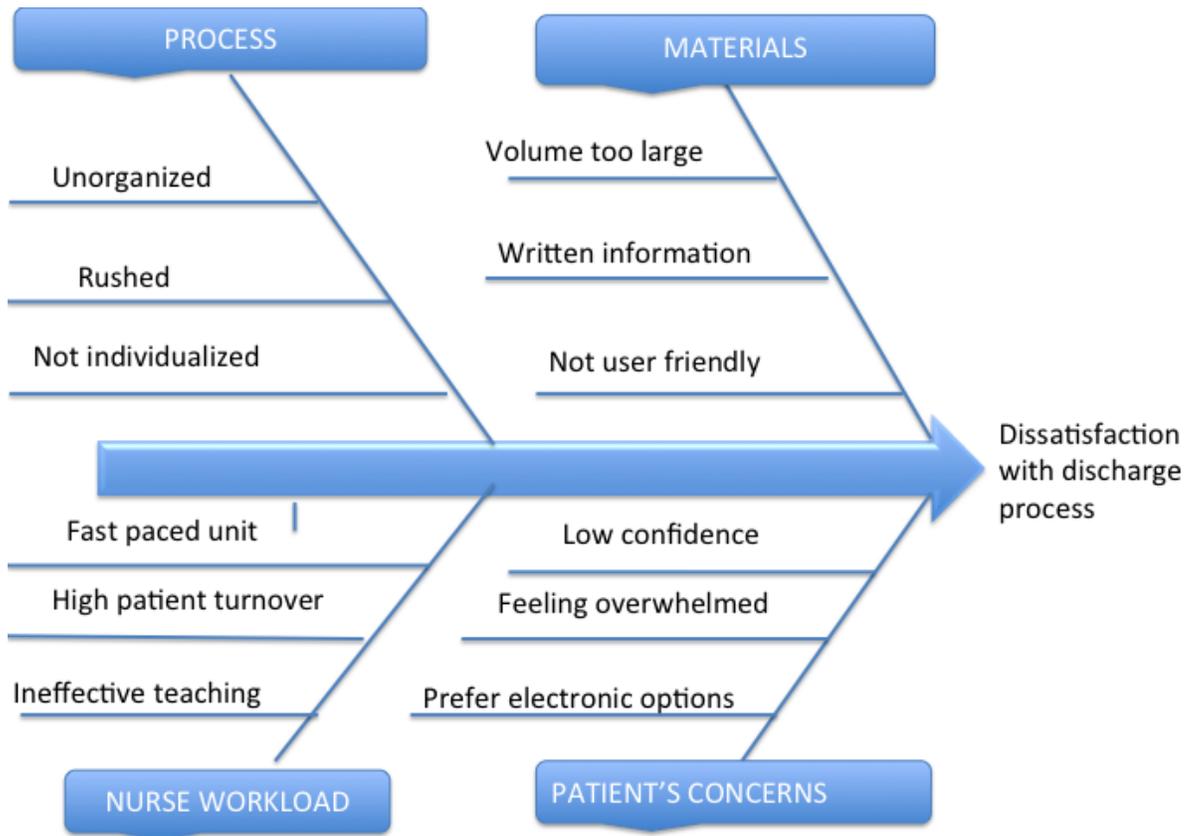
Graph Chart of Patient Suggestions for Improvement of Discharge

Process

(Mills et al., 2013)

Appendix F

Fishbone Diagram of Root Cause Analysis to Support Need for Discharge Nurse Role

PROCESS

Unorganized

Rushed

Not individualized

MATERIALS

Volume too large

Written information

Not user friendly

Dissatisfaction with discharge process

Fast paced unit

High patient turnover

Ineffective teaching

Low confidence

Feeling overwhelmed

Prefer electronic options

NURSE WORKLOAD

PATIENT'S CONCERNS

Appendix G

InJoy Birth and Parenting Education