WellStar Kennestone’s Discharge Lounge Advances Patient Safety and Experience of Care

By Audrey Doyle

Despite clinicians’ best intentions, patients discharged from the hospital to their home or to another health care facility can sometimes experience a gap in the continuity of their care that can result in an increased risk of preventable errors, hospital readmissions and adverse events.

To avoid such discontinuity, leaders at WellStar Kennestone Regional Medical Center have added an important step to their patients’ care transition process. Eligible patients whose physicians have approved them for discharge and who have completed the discharge summary with their unit nurse are brought to the facility’s Discharge Lounge, where a team of health care professionals can assist them by scheduling follow-up appointments, filling prescriptions, discussing instructions for care at home—even arranging transportation home if necessary.

According to Dr. Bob Lubitz, WellStar Kennestone’s Vice President of Medical Affairs, adding this step to the discharge process has advanced patients’ quality, safety and experience of care. “Our readmission rate decreased from July 2016 to September 2017, and our score on the HCAHPS survey’s Care Transitions questions [which measure patients’ understanding of their discharge plan] increased from 53.2 to 58.8 from March to October 2017. So we know that sending patients to the Discharge Lounge is having a positive effect on patient outcomes and patient experience,” he said.

“Our nursing staff were already doing a great job when discharging patients, so adding this step doesn’t change what they do,” Dr. Lubitz continued. Rather, it provides an extra layer of instruction, he said, which reinforces what patients learned from their discharge nurse and ensures that they leave the hospital with a clear understanding of the steps they must take next on their journey from illness to recovery.

Closing the Continuity Gap

WellStar Kennestone Regional Medical Center is a 633-bed community hospital located in Marietta, Ga. The Discharge Lounge, which offers comfortable recliners, telephones, refreshments and restrooms in a warm, inviting, nonclinical environment, is open Monday through Friday, from 8 a.m. to 8 p.m. or until the last patient is discharged. All patients except for unaccompanied minors, newborns and patients who have an active communicable disease, whose mental status is altered, who require two-person assistance for mobility or who are confined to a stretcher are brought to the Discharge Lounge prior to leaving the hospital.

Although this additional step in the discharge process was added fairly recently, the idea for the Discharge Lounge originated in 2013. “We were seeing lots of readmissions that were mainly due to patients not making timely follow-up appointments, not fully understanding their post-discharge care instructions or not filling their prescriptions completely or correctly,” Dr. Lubitz said.

Patients are usually so eager to leave the hospital after a surgery, illness or injury that they may not ask their discharge nurse to clarify issues regarding their medical condition or next steps, or they may think they understand their entire discharge plan but they actually haven’t absorbed most of the instructions they’ve been given, Dr. Lubitz explained. “It’s a part of
human nature for patients to feel and act this way, and it happens at most hospitals,” he said. “But it gives patients a false sense of security that can leave them feeling very confused after they’ve been discharged, and that confusion can harm them in the long run.”

In its initial incarnation, back in 2014, the lounge was viewed by the staff primarily as a place to send discharged patients in order to free up beds for incoming patients. The staff were responsible for telling eligible patients about the lounge and for encouraging them to go there, according to Ida Anderson, RN, Executive Director of Nursing. But the benefits the lounge brought to patients hadn’t been messaged well to the staff, so they had no concept of its value.

As a result, the staff were only sending eligible patients who were waiting for a ride, and only when the facility had an extremely high census. “For the staff, it wasn’t about what the patient would be receiving in the Discharge Lounge, it was about whether the patient could vacate the bed sooner. In fact, they felt like they were advocating for their patients by not sending them to the lounge,” said Anderson. Because the staff didn’t understand how the lounge would help patients and because they weren’t consistently sending patients there, it failed to get off the ground.

In late 2015, leaders revisited the idea of a Discharge Lounge, this time with an eye toward educating the staff on the value it would bring to patients. “We made it clear to the nursing staff that they shouldn’t see it as something that questioned the quality of their discharge process, but rather, as something that would supplement the quality and safety of their patients’ care,” said Dr. Lubitz. “Also, our nurses and physicians understand the importance of a positive patient experience, so we made sure they viewed the lounge as a place that advances patients’ care experience as opposed to a place where discharged patients go just to wait to be picked up.”

The facility began pilot-testing the new discharge process in a handful of units in April 2016, and for the first few months the Discharge Lounge experienced a small but gradual increase in patient volume. Toward the end of that summer, however, Anderson assumed responsibility for leading the initiative, and patient volume in the lounge rose by nearly 40%.

“Originally we had a nurse leader leading this, but she wasn’t on the inpatient side,” said Dr. Lubitz. “As soon as we had an inpatient nurse leader in charge—someone who works on the floor, speaks the language of our inpatient nursing staff, understands the daily pressures they’re under and therefore was better able to educate them in how the new model augments their role—it made a huge difference.”

Patient and family education also contributed to the Discharge Lounge’s success. Early in their hospital stay patients receive a discharge folder that includes a brochure describing the lounge and its benefits. “We hadn’t addressed patient and family education the first time around, so we’d have patients who’d say they didn’t have time to go to the lounge, and we’d just let them leave,” said Dr. Lubitz. “Now if a patient or family member says they don’t have time to go to the lounge, our nurses can pull out that brochure, which reinforces the lounge’s value and sends the message that we think it’s very important and that all our eligible patients go there before they leave,” he said.

Planning for Hospital Discharge

According to Dr. Lubitz, patients spend an average of about 30 minutes in the Discharge Lounge. During this time, the staff, which comprises a team of nurses, a care coordinator and a representative from pharmacy, work together to ensure that all patients’ and family members’ needs are met prior to discharge.

Sometimes this means scheduling or confirming patients’ follow-up appointments with their primary care physician or specialist. “When we do this we really like it when the patient is in the lounge with at least one of their family members, because then we can say to the family things like ‘Your mom’s doctor scheduled her follow-up appointment for 9 a.m. on Thursday; will you be able to take her there or would you like us to help with transportation?’” Dr. Lubitz said. Having family members present also gives them a chance to ask questions in case they weren’t available when the patient received their discharge instructions.

Other times it means answering new questions patients may have thought of after meeting with their discharge nurse. The staff uses the teach-back and read-back techniques to ensure that patients comprehend what they’ve been told. Such clarification prior to leaving the hospital not only saves phone calls back to the physician, it also can mean the difference between recovery and readmission.

Meanwhile, the representative from pharmacy fills and delivers patients’ prescriptions before they leave the hospital. “And if we need to demonstrate any equipment or set up a pill calendar, we’ll do that too,” Dr. Lubitz said.
On some occasions, the Discharge Lounge staff have prevented errors from occurring. Some examples of these “good catches,” according to Anderson, include instances of wrong medication, duplicate medications and incorrect dosages, as well as patients being discharged with insulin but no syringes, patients receiving prescriptions that weren’t signed by their physicians, and home care arrangements made with companies that patients are no longer using.

“In safety science there’s a concept called last-barrier catch, and that’s one of the things that’s built into this step in the discharge process,” noted Dr. Lubitz. “The team in the lounge are the last people to touch the patient before the patient walks out the door. So if they see something that concerns them, they can escalate it and resolve it immediately.”

According to Dr. Lubitz, the Discharge Lounge’s average daily census increased from six in April 2016 to 68 in September 2017, resulting in an average of 37.3 bed hours saved. More importantly, though, according to an in-house survey more than 91% of patients reported that the Discharge Lounge better prepared them and their family to continue care at home, and more than 86% rated their experience with the Discharge Lounge as excellent.

That’s a great outcome, one that is prompting system leaders to consider opening a Discharge Lounge in other hospitals in the WellStar organization. It’s also an outcome that Dr. Lubitz noted is in line with the main reason WellStar Kennestone opened the Discharge Lounge in the first place. “Although we recognized that having good throughput during busy times is important, this was never about throughput or about pushing patients through the system,” he said.

“Patient safety and patient experience go hand-in-hand,” he concluded. “So for us, it’s always been about adding an extra measure of safety right before our patients leave, and giving us one more opportunity to improve their care experience.”