I^2S^2 Project Title: **Complete Discharge Summary for Colorectal Patients**

Team Leader: **Andrea Bischoff, M.D.**

Team: **XXX (colorectal APN), XXX (colorectal APN), XXX (colorectal outpatient nurse), XXX (A4S bedside nurse), XXX (colorectal fellow).**

Coach: XXX

Report Date: September 30th, 2013

KEY DRIVER DIAGRAM

Project Name: Complete Discharge Summary for Colorectal Patients

Project Leader: Andrea Bischoff, MD.

Revision Date: 9-30-2013

SMART AIM

We will increase the percentage of colorectal inpatients who will leave the hospital with a COMPLETE* DISCHARGE SUMMARY from 0% to 85% by September 30th, 2013.

GLOBAL AIM

All colorectal center patients will leave CCHMC with a complete and accurate understanding of their discharge instruction and future plan of care.

*1) Correct attending provider
2) Correct indication for admission
3) Correct discharge diagnosis
4) Correct procedure(s) during admission
5) Correct discharge medications
6) Correct discharge instructions
7) Outlined future plan of care
8) Information sent to PCP
9) Information successfully delivered and reviewed with the family
10) Scheduled appointment

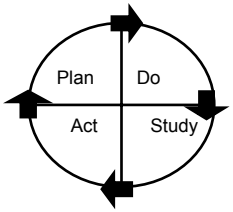
KEY DRIVERS

- Accurate understanding of a Complete Discharge Summary
- Adequate Colorectal Nurse Practitioner staff Buy-In
- Identification of and preoccupation with failures
- Activated Families/ Patients Understanding the Plan of Care
- Appropriate use of discharge information per diagnosis
- Effective and Complete "Intra-team Communication on Discharge Plan" (i.e. between APN/ Unit RN/ MD)
- Dedicated / Prioritized "Nurse Practitioner Discharge Summary Work Time"

INTERVENTIONS (Reliability Level)

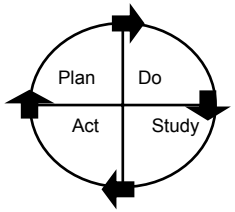
- Poster with definition of complete discharge summary example is created and available for all nurse practitioners (LOR 1)
- Power Point with case scenarios as examples of correct indication for admission and discharge diagnosis is created and available for all nurse practitioners (LOR 1)
- Review discharge summaries and email alert with any corrections (LOR 2)
- Discharge checklist is created for families and bedside nurse (LOR 1)
- Epic discharge summary template built for each major colorectal condition (LOR 3)
- During morning rounds, discharge summary instructions reviewed by the doctor for each patient with the nurse practitioner, during daily rounds discharge plan should be discussed with unit RN (LOR 1)

PDSA Ramp Planning Tool
Testing Teaching Tools for Nurse Practitioners



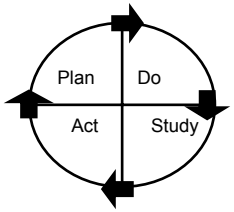
TEST 1

What: Correct indication for admission and discharge diagnosis (after instructions)
Who: 1st colorectal inpatient discharged after 5/28/2013
Where: A4S
From: 5/28/2013
To: 5/31/2013
Who executes: Nurse Practitioners
RESULTS: Adapt and ramp up



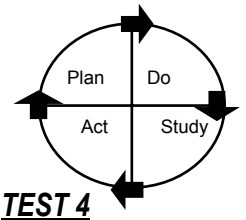
TEST 2

What: Correct indication for admission and discharge diagnosis (after AM rounds review with NPs)
Who (population): 5 colorectal inpatients discharged following the fist successful one
Where: A4S
When:From: 5/31/2013 To: 6/07/2013
Who executes: Nurse Practitioners
RESULTS: Adapt and ramp up



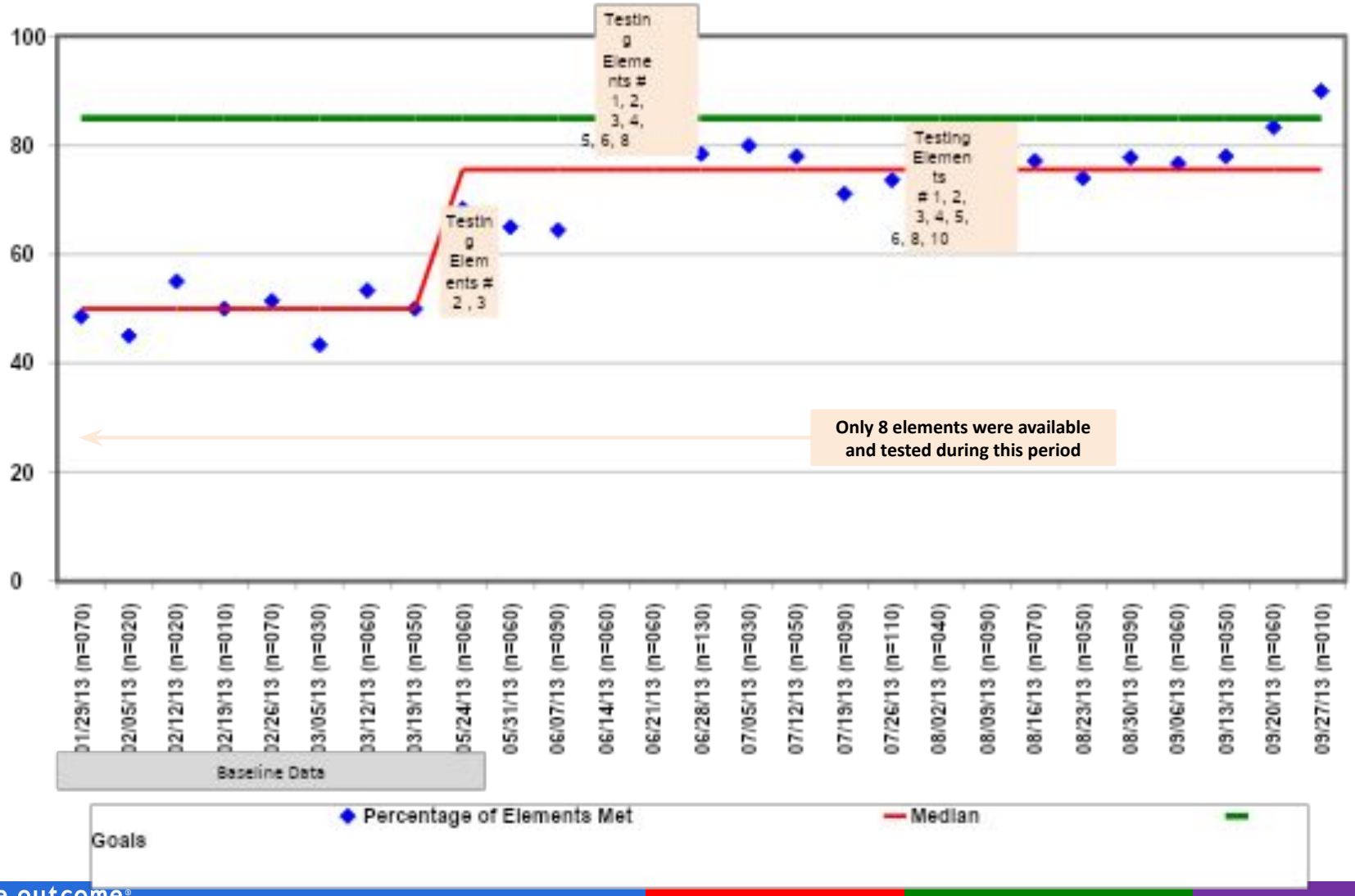
TEST 3

What:: Correct indication for admission and discharge diagnosis (after case scenarios and statistics)
Who (population): 5 colorectal inpatients discharged following the fist successful one
Where: A4S
When: From: 6/17/2013 To: 6/24/2013
Who executes: Nurse Practitioners
RESULTS: Adapt and ramp up



TEST 4

What: Correct indication for admission and discharge diagnosis (after in person teaching of all NPs, fellows and residents)
Who (population): 25 colorectal inpatients discharged following the first successful one
Where: A4S
When:From: 7/03/2013 To:8/7/2013
Who executes: Nurse Practitioners
RESULTS: Adapt and ramp up


100
80
60
40
20
0
Testing Elements # 1, 2, 3, 4, 5, 6, 8
Testing Elements # 2 , 3
Testing Elements # 1, 2, 3, 4, 5, 6, 8, 10
Only 8 elements were available and tested during this period
01/29/13 (n=070)
02/05/13 (n=020)
02/12/13 (n=020)
02/19/13 (n=010)
02/26/13 (n=070)
03/05/13 (n=030)
03/12/13 (n=060)
03/19/13 (n=050)
05/24/13 (n=060)
05/31/13 (n=060)
06/07/13 (n=090)
06/14/13 (n=060)
06/21/13 (n=060)
06/28/13 (n=130)
07/05/13 (n=030)
07/12/13 (n=050)
07/19/13 (n=090)
07/26/13 (n=110)
08/02/13 (n=040)
08/09/13 (n=090)
08/16/13 (n=070)
08/23/13 (n=050)
08/30/13 (n=090)
09/06/13 (n=060)
09/13/13 (n=050)
09/20/13 (n=060)
09/27/13 (n=010)
Baseline Data
Percentage of Elements Met
Median
Goals

- Overall learning:
  - High value in engaging families and patients in the process early.
  - Importance of having the correct run chart to show improvement (all or none is not a good one).
  - Things don't always work as initially expected.

- Overall challenges:
  - Up to date data collection.
  - Developing a plan for sustainability.
  - Finding extra time.

Implementation/Sustain Plan Status

Activity	Status
Discharge checklist	Completed, working on the process
Epic smart phrases	Completed, waiting for EPIC building team

Next Steps to Lead Improvement in Your Area

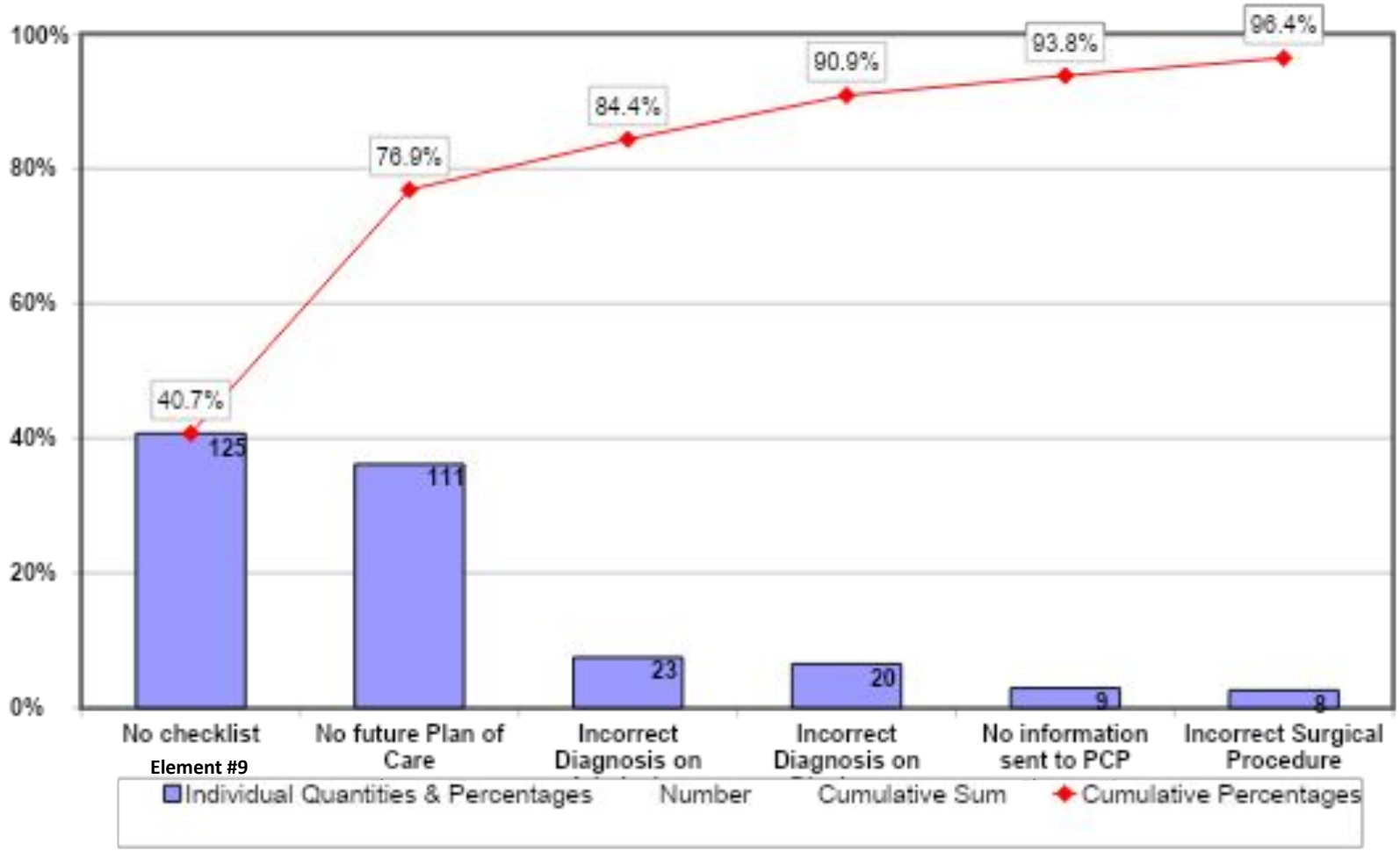
1. Epic build team for colorectal discharge summaries improvement.
2. Family advisory committee to evaluate the long term plan of care instructions.
3. Develop/implement a process for discharge checklist use for bedside nurse and family.

Appendix

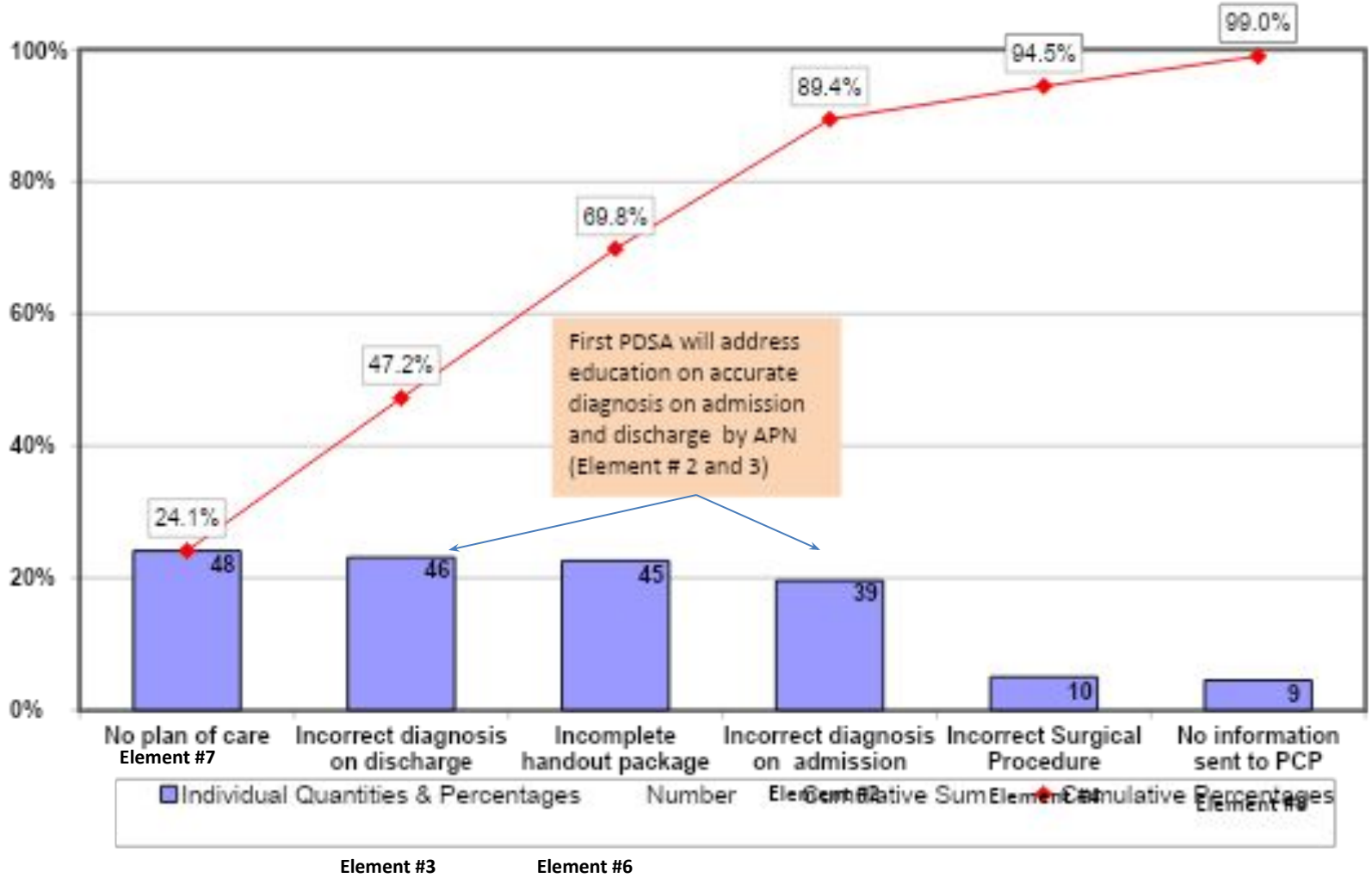
Elements of a Complete Discharge Summary

- Elements of Complete Discharge Summary
  1. Correct attending provider
  2. Correct indication for admission
  3. Correct discharge diagnosis
  4. Correct procedure(s) during admission
  5. Correct discharge medications
  6. Correct discharge instructions
     - When to call? Who to call? Why to call?
  7. Outlined future plan of care
     - Milestones for follow-up back to the center
  8. Information sent to PCP
     - International patients currently do not have a PCP listed
  9. Information successfully delivered and reviewed with the family (Checklist)
  10. Scheduled appointment

Reasons for Incomplete and Inaccurate Discharge Summaries (May, June, July, August, September 2013) - 128 patients



Reasons for incomplete and inaccurate discharge summaries (baseline data from January - March, 2013) – 50 patients



05/21/2013 – Written Instructions – PDSA # 1 (Elements # 2 and 3)

The Perfect Colorectal Discharge Summary (Tentative Version 1 – 5/27/2013)

1) **Attending Provider is correct**
   a. Watch out for patients that were admitted through the emergency room or on emergency basis, because that's when the attending on call is the one pre-populated but it is not necessarily the correct one (remember to change it in the discharge summary if this happened)!
   b. The pediatric surgery inpatient list has the correct attending.

2) **Indication for admission is correct**
   a. The indication for admission should be exactly why the patient is admitted THIS TIME. For example: I. Pre-op for colostomy closure; II. Pre-op for cloacal repair; III. Dehydration s/p ileostomy; IV. Fecal impaction; V. Enterocolitis; VI. Partial small bowel obstruction.

3) **Discharge diagnosis is correct**
   a. The discharge diagnosis is the main disease that the patient has and what happened THIS TIME if relevant. For example: i. Anorectal malformation (recto-urethral bulbar fistula) s/p colostomy closure; ii. Cloaca s/p posterior sagittal anorecto-vaginal-urethral plasty; iii. Idiopathic constipation s/p ileostomy; iv. Idiopathic constipation; v. Hirschsprung disease; vi. Idiopathic constipation s/p sigmoid resection.
   b. In cases of anorectal malformation it is VERY important to state the type of anorectal malformation in all documentation (perineal fistula, vestibular fistula, cloaca, recto-urethral bulbar fistula, recto-urethral prostatic fistula, recto-bladderneck fistula, imperforate anus without fistula).
   c. Avoid writing abbreviations such as ARM instead of anorectal malformation, or PSARP instead of posterior sagittal anorectoplasty, because not everybody outside Cincinnati Children knows what they stand for.

4) **Correct procedure(s) during admission**
   a. Check the operative report if it states the same that is listed on EPIC (sometimes the actual procedure is not the scheduled one and this is not correctly changed in EPIC).
   b. Check if the patient had more than one surgical procedure while in house. If that happened, make sure that they are all listed under procedures.

5) **Correct discharge medications**
   a. In colorectal the most common medications are: laxatives (dose and frequency should be clearly stated – example: take 2 squares of ex-lax – 30mg, once a day), prophylactic antibiotics for urinary tract infection (dose, frequency, and duration should be clearly stated), enemas (recipe, frequency, and route should be clearly stated – example: administer through the rectum 400 ml of saline + 20 ml of glycerin, once a day or administer through the Malone catheter 200 ml of saline + 10 ml of glycerin two times a day).

6) **Correct discharge instructions**
   a. When to call? Who to call? Why to call?
   b. Should include: instructions on shower/bath, double diaper if indicated and for how long, activity restrictions.
   c.  Procedure related discharge instructions will be provided for: PSARP with and without colostomy, PSARVUP with and without colostomy, Malone, Neo-Malone, Colostomy closure, Hirschsprung with and without stoma, Sigmoid resection, Rectal prolapse repair with and without colostomy.
   d. **FOLLOW UP APPOINTMENT SCHEDULED PRIOR TO DISCHARGE**

7)  **Outlined future plan of care/ Milestones for follow-up back to the center**
   a. Condition related plan of care will be provided for: perineal and vestibular fistulas, recto-bulbar fistula, recto- prostatic fistula, recto-bladderneck fistula, cloaca with

06/16/2013 – Power Point with Case Scenarios and Statistics
PDSA #1 Adapt (Elements # 2 and 3)

I2S2 Project
The Perfect Colorectal Discharge Summary
Everybody is responsible !!!!!

1

Our 1st goal is to have the **correct indication for admission and correct discharge diagnosis in the discharge summary**

2

How were we doing in the past?

50 patients were reviewed discharged during the period of January 8th – March 25th

3

- Incorrect diagnosis on admission:
  - 39/50 = 78 %
- Incorrect discharge diagnosis:
  - 46/50 = 92 %

4

Last Review (21 patients discharged during the period: 5/24/2013 – 6/16/2013)

- Incorrect diagnosis on admission:
  - 14/21 = 66 %
- Incorrect discharge diagnosis:
  - 12/21 = 57 %

5

Congratulations to **Mark Ogg** (RN CNP) and **Kimberly Cain** (RN CNP) for the best colorectal discharge summaries in the last 21 patients !!!!!!

6

- Please remember that we are a surgical service therefore the indication for admission should be either 1) pre-op for … or 2) post-op for …
- The discharge diagnosis should include the main disease (Hirschsprung, anorectal malformation, idiopathic constipation).

7

Examples – Case Scenarios

- 2 months old with Hirschsrpung disease, admitted for bowel prep the day before, underwent transanal pullthrough.
  - Indication for admission: pre-op for transanal pullthrough
  - Discharge diagnosis: Hirschsprung disease s/p transanal pullthrough

8

Examples – Case Scenarios

- 7 yo, female patient with rectovestibular fistula and previous failed repair, admitted for bowel prep the day before surgery, underwent PSARP.
  - Indication for admission: pre-op for redo posterior sagittal anorectoplasty
  - Discharge diagnosis: anorectal malformation (recto-vestibular fistula) s/p redo posterior sagittal anorectoplasty

9

Examples – Case Scenarios

- 5 months old male patient with recto-urethral bulbar fistula s/p PSARP, admitted the day before for stoma irrigation prior to colostomy closure.
  - Indication for admission: pre-op for colostomy closure
  - Discharge diagnosis: anorectal malformation (recto-urethral bulbar fistula) s/p colostomy closure

10

Examples – Case Scenarios

- 8 yo male patient with recto-bladderneck fistula came to same day surgery for a Malone procedure.
  - Indication for admission: post-op for continent appendicostomy (Malone procedure)
  - Discharge diagnosis: anorectal malformation (recto-bladderneck fistula) and fecal incontinence s/p continent appendicostomy (Malone procedure)

11

Examples – Case Scenarios

- 10 yo, female with idiopathic constipation, admitted for bowel prep, prior to a sigmoid resection.
  - Indication for admission: pre-op for sigmoid resection
  - Discharge diagnosis: idiopathic constipation s/p sigmoid resection.

12

- Let me know if you have any questions!

Andrea Bischoff (andrea.bischoff@cchmc.org)

13

PDSA # 2 (NP morning rounds)

06/17/2013 – Checklists version 1 PDSA # 3

BEDSIDE NURSE DISCHARGE CHECKLIST (version 1)

- o The diagnosis at admission and discharge are correct.
- o The provider (surgeon) listed is the correct one.
- o All the medications (previous from admission and new ones) were reviewed with the patient, including dose, frequency and duration. The family understood and was able to teach back.
- o The patient/family knows when to call, who to call and why to call in case of problems related with the surgery. They were able to teach back.
- o The patient/family was explained about post-operative care including: diet, bath/shower, activity restrictions, wound care, and catheters. They were able to teach back.
- o The patient/family received written instructions that are condition related (diagnosis) and procedure related (surgery).
- o The patient has a follow up appointment scheduled.
- o The primary care physician is correctly listed in EPIC.
- o All of the patient/family questions were answered and they understood the future plan of care.

PATIENT/PARENTS DISCHARGE CHECKLIST (version 1)

- o All the medications (new and old ones) were reviewed with me and I understood it.
- o I know when to call, who to call and why to call in case of problems related with the surgery.
- o I was explained about post-operative care including: diet, bath/shower, activity restrictions, wound care, and catheters.
- o I received written instructions that are condition related (my diagnosis) and procedure related (my surgery).
- o I have a follow up appointment scheduled.
- o My primary care physician is correctly listed.
- o All my questions were answered and I understood the future plan of care.

06/17/2013 – Checklists version 2 - PDSA # 3 (ADAPT)

BEDSIDE NURSE DISCHARGE CHECKLIST (version 2)

- The provider (surgeon) listed is the correct one.
- All the medications (previous from admission and new ones) were reviewed with the patient, including dose, frequency and duration. The family understood and was able to teach back.
- The patient/family knows when to call, who to call and why to call in case of problems related with the surgery. They were able to teach back.
- The patient/family was explained about post-operative care including: diet, bath/shower, activity restrictions, wound care, and catheters. They were able to teach back.
- The patient/family received written instructions that are condition related (diagnosis) and procedure related (surgery).
- The patient has a follow up appointment scheduled.
- All of the patient/family questions were answered and they understood the future plan of care.

PATIENT/PARENTS DISCHARGE CHECKLIST (version 1)

- All the medications (new and old ones) were reviewed with me and I understood it.
- I know when to call, who to call and why to call in case of problems related with the surgery.
- I was explained about post-operative care including: diet, bath/shower, activity restrictions, wound care, and catheters.
- I received written instructions that are condition related (my diagnosis) and procedure related (my surgery).
- I have a follow up appointment scheduled.
- My primary care physician is correctly listed.
- All my questions were answered and I understood the future plan of care.

06/27/2013 – Checklist presented to Colorectal Family Advisory Committee generating Discharge Checklist Version 3 – PDSA # 3 (ADAPT)

PATIENT/PARENTS DISCHARGE CHECKLIST (version 2)

- o All the medications (new and old ones) were reviewed with me and I understood it.
- o I know when to call, who to call and why to call in case of problems related with the surgery.
- o I was instructed about post-operative care including: diet, bath/shower, activity restrictions, school restrictions, wound care, and catheters.
- o I received written instructions for post-operative management and long-term plan of care.
- o I have a follow up appointment scheduled for:

_____

- o My primary care physician is correctly listed.
- o I was instructed about supplies (where to get them, how to get them, and I have the orders that are needed)
- o All my questions were answered and I understood the future plan of care.

_____ Patient/Family member signature

_____ Bedside nurse or APN

07/25/2013 – Checklist presented to Colorectal Family Advisory Committee generating Discharge Checklist Version 4 – PDSA # 3 (ADAPT)

COLORECTAL DISCHARGE CHECKLIST (version 3)

- o All the medications (new and old ones) were reviewed with me and I understood it.
- o I was instructed about post-operative care including: diet, bath/shower, activity restrictions, school restrictions, wound care, and catheters.
- o I received written instructions for post-operative management and long-term plan of care.
- o My primary care physician and all the doctors that should receive report are correctly listed in EPIC.
- o I was instructed about supplies (where to get them, how to get them, and I have the orders that are needed)
- o All my questions were answered and I understood the future plan of care.
- o I know when to call, who to call and why to call in case of problems related with the surgery.

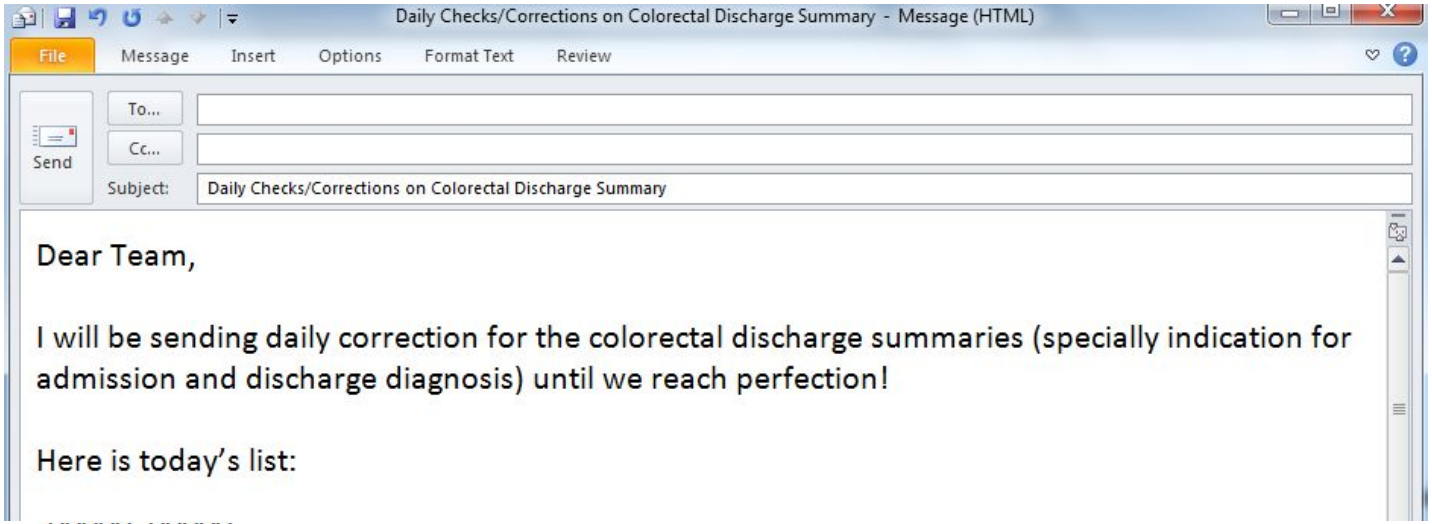
_____ Number to call: _____
_____ Number to call: _____

- o I have a follow up appointment scheduled for:

_____

_____ _____
Patient/Family member signature Bedside nurse or APN

06/18/2013 – Daily emails when indicated – PDSA # 4



Dear Team,

I will be sending daily correction for the colorectal discharge summaries (specially indication for admission and discharge diagnosis) until we reach perfection!

Here is today's list:

XXXXX, XXXXX
- Discharge diagnosis should be: rectovestibular fistula s/p redo posterior sagittal anorectoplasty

XXXXX, XXXXX
- Discharge diagnosis should be: Hirschsprung disease s/p laparoscopic assisted transanal rectosigmoid resection and ileostomy

XXXXX, XXXXX
- Discharge diagnosis should be: cloaca, s/p rectal prolapse repair

XXXXX, XXXXX
- Indication for admission should be: pre-op for introitoplasty and colostomy

XXXXX, XXXXX
- Indication for admission should be: pre-op for ileostomy closure

Thank you, and hopefully every day the list will be shorter!!!!
Andrea

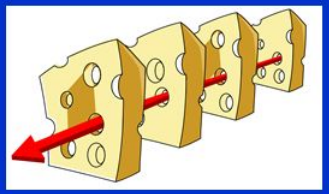
Dates when emails were sent:
06/18/2013
06/24/2013
06/26/2013
06/28/2013
07/02/2013

07/03/2013 – Power Point presented to NPs new Fellows and Residents – PDSA # 5

Why is the H & P and discharge summary so important?

1

Safety



2

Representing the Institution

3

It is your name!

4

"Mommy calls" while you are on call

- Which document do you look on epic?

5

Primary Care Physician

- We send the information to them.

6

Colorectal H& P and Discharges

- Type of anorectal malformation
- Hirschsprung or total colonic aganglionosis
- Type of surgery:
  - Ileostomy vs. colostomy
  - Rectosigmoid transanal resection vs ileoanal
  - Appendicostomy or neo-appendicostomy

7

- A patient calls because 2 weeks ago he had a "Malone" procedure and the tube fell off.

8

Examples – Case Scenarios

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  - Indication for admission: post-op for continent appendicostomy (Malone procedure)
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PDSA # 6

- EPIC smart phrases for colorectal discharge summaries.