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A Quality Improvement Project to Enhance Psychiatric Inpatient Satisfaction Scores Related to Discharge Using the AAMC S.M.A.R.T. Discharge Tool

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Introduction

The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) requires healthcare facilities to provide patients with information that integrates care goals and treatment preferences into discharge planning upon admission (Federalregister.gov, 2019). However, researchers have highlighted that over half of psychiatric inpatients were discharged without comprehensive discharge planning (Smith et al., 2021). Additionally, approximately 40% of hospital-based acute care for psychiatric patients comprises adult emergency department visits within 30 days post-discharge, with readmission rates for schizophrenia being 10% higher than those for non-psychiatric conditions, leading to substantial financial burdens (Everett et al., 2022). Although research supports the benefits of standardized discharge protocols in enhancing patient care and satisfaction while reducing readmissions and financial burdens (John et al., 2020; Strong & Bettin, 2015; Thum et al., 2022), there is limited focus on discharge planning in psychiatric inpatient settings. Therefore, implementing a standardized discharge protocol in a psychiatric unit is critical to fill the gap.

The Anne Arundel Medical Center (AAMC) S.M.A.R.T. discharge tool comprised five components: symptoms, medications, appointments, results, and travel (IHL, 2023).

Aim

Aim #1: Improving top box percent score related to three discharge questions in the Press Ganey's Inpatient Behavioral Health (PGIBH) survey.

Aim #2: Achieving a one hundred percent completion rate for SMART Education under patient education in electronic health records system - EPIC.

Method

Design: This quality improvement project used trended data over time to measure and analyze top box percent scores from the PGIBH survey three months before and after implementing the AAMC SMART discharge tool.

Setting: The organization is a 400-bed, third-busiest non-profit academic medical center in Maryland, and the psychiatric inpatient unit has 16 private rooms.

Intervention: All Nurses in the unit completed AAMC SMART discharge training during the pre-implementation phase by November 30th, 2023. Within 24 hours of admission, nurses educated each patient with the SMART journal worksheet, with ongoing monitoring and auditing. Patient experiences related to discharge were assessed using the PGIBH survey. Data from December 1st, 2023, to February 29th, 2024, was compared to baseline data from August 1st to October 31st, 2023.

Measurement: Patient satisfaction was assessed using the top box percent from three specific discharge-related questions in the PGIBH survey. The completion rate for SMART education was tracked using EPIC and a designated audit tool.

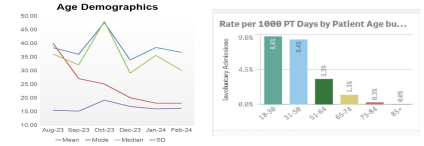
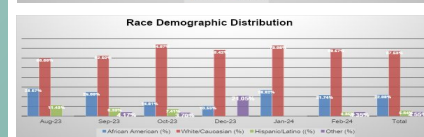
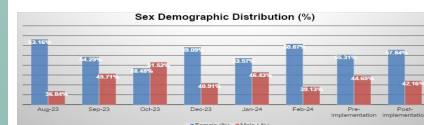
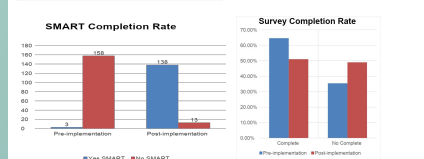
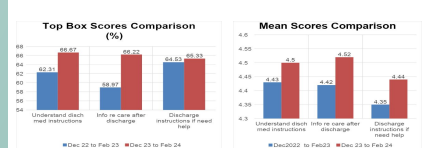
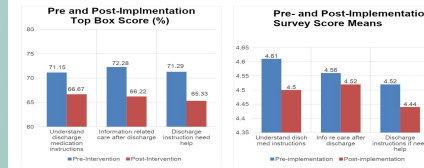
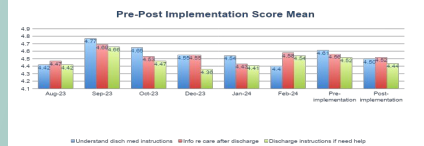
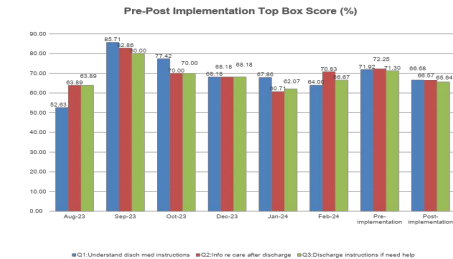
Analysis: A chi-square test assessed the relationship between the top box scores (percentage of patients selected the "very good" option) of three specific discharge-related questions from the PGIBH survey before and after the SMART implementation. A p-value of less than .05 indicates statistically significant results.

Results

One hundred eighty-one patients completed the PGIBH survey, with 104 responses collected pre-implementation and 77 post-implementation. The demographic breakdown of the participants was as follows: 56.42% female and 43.58% male; ethnically, 68% were Caucasian, 22% African American, and 10% Hispanic or other minorities. The average age of participants was 38 years, with a standard deviation of 16.4. Post-implementation, the completion rate for SMART education in EPIC rose from 1.86% to 91.39%. Despite this increase, it is essential to note that patient satisfaction did not increase correspondingly. Post-intervention analysis of PGIBH survey results across various domains showed no significant enhancements in satisfaction: discharge overall ($\chi^2 = 1.326$, $p = 0.249$), understanding of discharge medication instructions ($\chi^2 = 0.412$, $p = 0.521$), information about care after discharge ($\chi^2 = 0.545$, $p = 0.460$), and discharge instructions for assistance ($\chi^2 = 0.586$, $p = 0.108$). However, there was an increase in top box scores for PGIBH surveys related to discharge, ranging from 0.8% to 7.25%, and average survey scores increased by 0.07 to 0.10 points when comparing December 2023 to February 2024 with December 2022 to February 2023. These findings suggest that implementing the SMART discharge tool may have positively impacted patient experience, but there is still a need for further improvement in patient satisfaction.

Domain and question	Pre-Intervention n	Post-Intervention n	Chi-Square	p	n
Discharge Overall	71.63% (74.5/104)	66.23% (51/77)	1.326	0.249	181
Understand discharge medication instructions	71.15% (74/104)	66.67% (50/75)	0.412	0.521	179
Information related care after discharge	72.28% (73/101)	66.22% (49/74)	0.545	0.460	175
Discharge instruction need help	71.29% (72/101)	65.33% (49/75)	0.586	0.108	176

*p < .05 value used for significance.



Conclusions

This QI project aimed to enhance patient satisfaction scores related to discharge by implementing an evidence-based practice discharge protocol. Despite the program's cost-effectiveness and ease of implementation, we observed that patient satisfaction did not improve even with an increase in SMART education completion rates. The project results suggested that additional factors, not fully captured during the limited three-month monitoring period of the quality improvement project, may have influenced outcomes. With a post-intervention completion rate below 51%, there was an indication of potential nonresponse bias. Additionally, collected data from a single site may represent broader demographics and experiences. The low patient experience score may be associated with a high involuntary admission rate, a younger age population, and more female than male participants. To gain deeper insights into the impact of SMART education on patient satisfaction, address the low completion rate of the PGIBH survey, extend the evaluation period to at least one year, and collect data in different locations.

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