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METHODIST

Hook, Line, & Sinker: Reeling in Discharge Education for Patients, Families, & Nurses

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Nursing Workforce Solutions is sponsored by Johnson & Johnson to drive measurable improvements in:

- Healthy Work Environments
- Enhancing Nursing Workforce
- Positively Affecting Patient Outcomes

Each team was provided $1000 to use toward project collateral expenses.

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Nebraska Methodist Hospital (NMH)

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Anchor Service Lines - Cardiovascular, Oncology, Orthopedics/Neurology

- 475-licensed beds and 311-staffed beds
- Average daily census - 254
- Average daily Emergency Department (ED) Visits - 97
- Total number of employees - 2605
- **Total Medical Staff - 913 (NMH and MWH), 52 employed by the hospital, 248 employed by Methodist Physicians Clinic; 292 Advanced Practice Providers**
- Fully integrated electronic medical record
- Daily Safety Huddle – 7 days a week, led by the President, a Vice President, or an Administrative Coordinator (multi-hospital)

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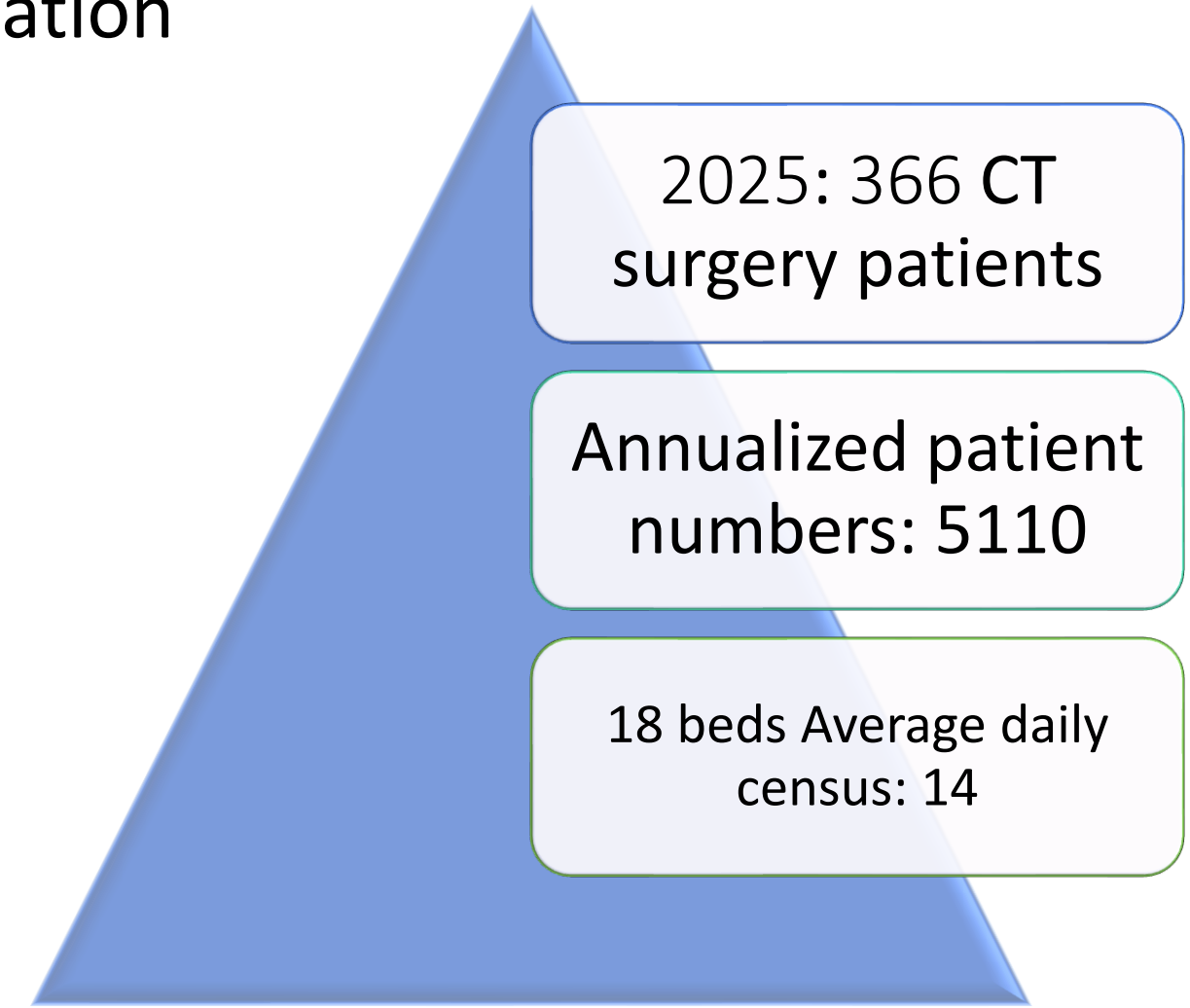
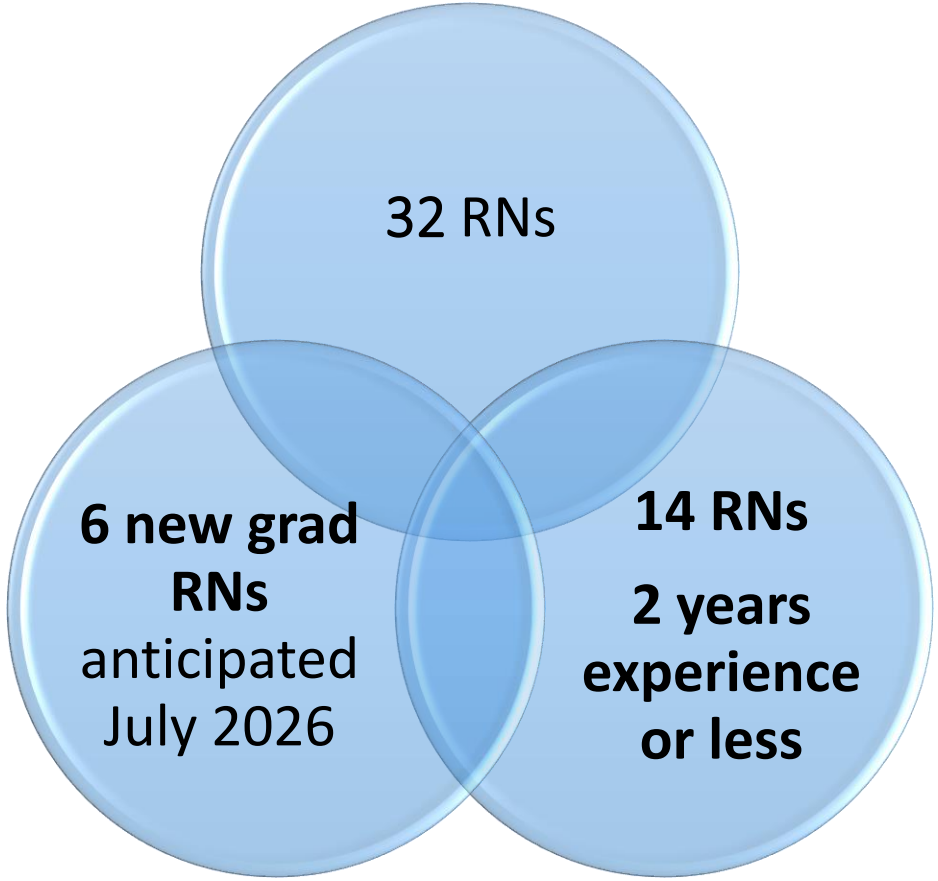
9 North Cardiovascular Surgery Unit (CV-ICU)

Patient Population



9North Cardiovascular Surgery Unit (CV-ICU)

Staffing Skill/Experience Mix



Problem

Disconnect Between Patients, Families, and Nurses

Goals and expectations for discharge

Lack of consistent education

Lack of RN teaching confidence

Health partner inclusion

Purpose

Improve Patient and Family Education Through Standardized RN Discharge Teaching

Introduce	Discharge education intervention
Increase	Patient and family confidence in readiness for discharge RN confidence and consistency in discharge education process

Initial Goals

Increase

Patient and family satisfaction with discharge education

RN confidence with discharge teaching

Healthy Work Environment Assessment Tool (HWEAT)[1] standard scores on skilled communication

Length of Stay and Readmissions

Oldenburg Burnout Inventory[2] (OUBI) staff reporting disengagement or exhaustion

Decrease

Interventions

- Create standardize education tool
- Emphasis on family/health partner inclusion during process
- Multidisciplinary collaboration
- Implement a consistent patient and family education process

Outcomes

Increase

+ Patient and family satisfaction with discharge education

+ RN confidence with discharge teaching

- Length of stay: Valves

- Readmissions: Valves

- Oldenburg Burnout Inventory[2] (OUBI) staff reporting disengagement or exhaustion

+ Length of stay: CABG

+ Readmissions: CABG

Decrease

No Change

= Healthy Work Environment Assessment Tool (HWEAT)[1] standard scores on skilled communication

Slogan

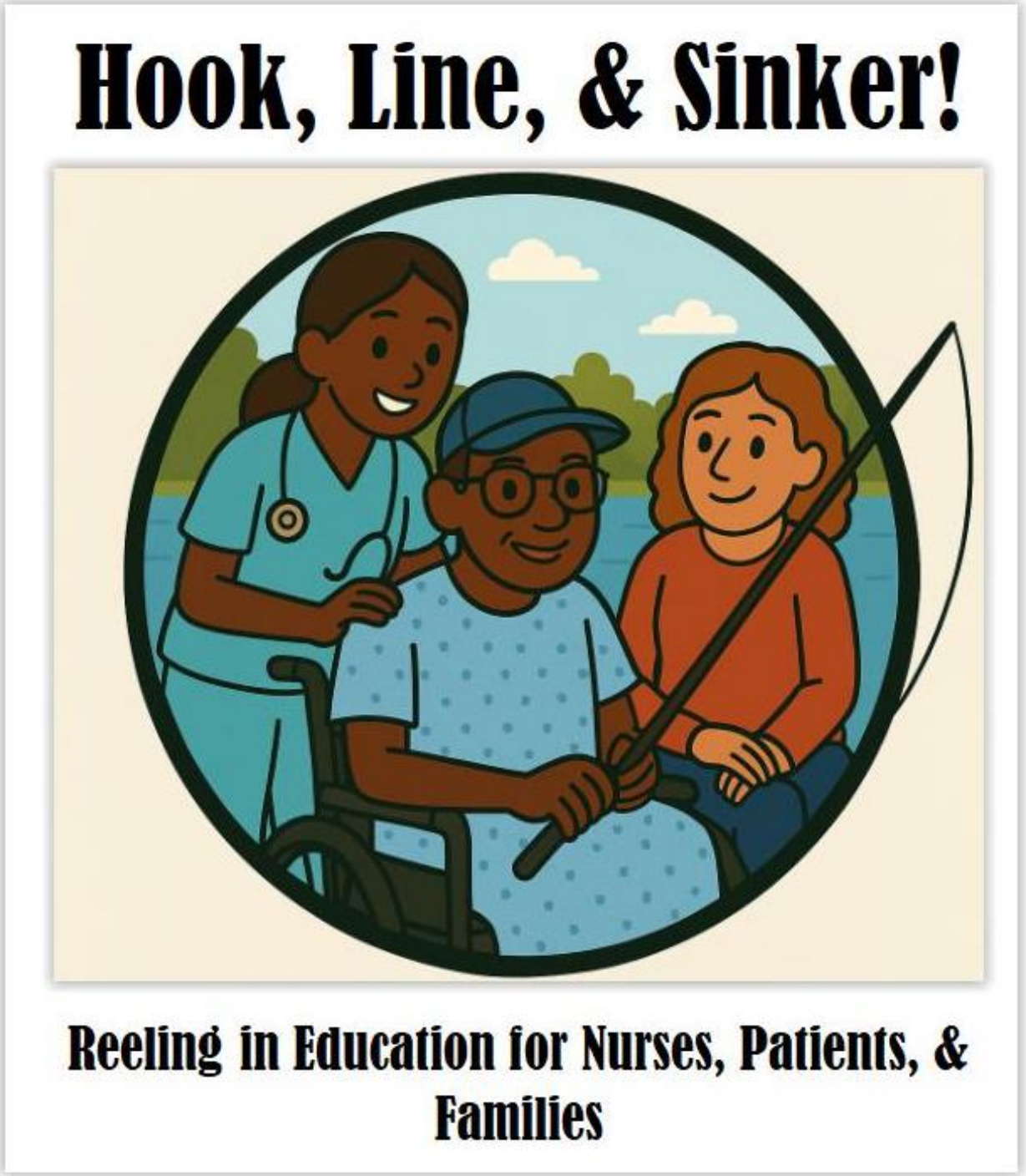


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Image created with Chat GPT in July 2025

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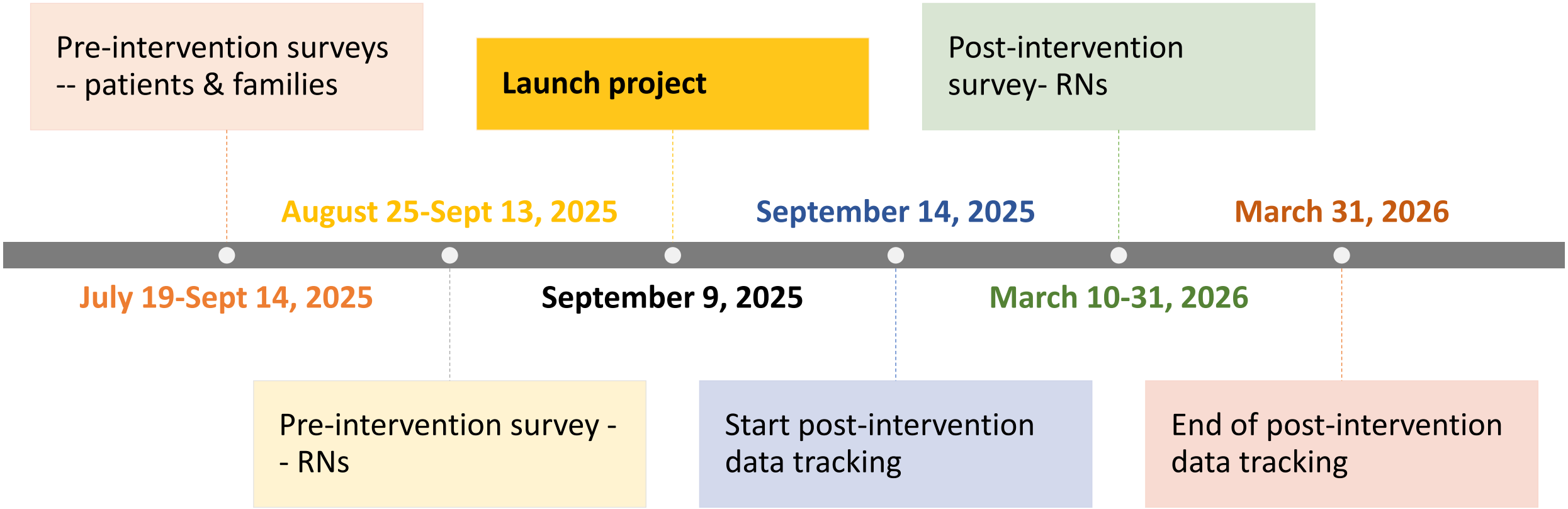
Key Activities and Dates



Key Activities and Dates

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Launch week – September 8th-14th

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Cardiac Surgery Recovery Pathway

Cardiac Surgery Enhanced Recovery

Health Partner:_____

Anticipated discharge date:_____

Day of Surgery

- ❑ Breathing tube out
- ❑ Pain & nausea control
- ❑ Early movement

Post-operative Day 1

- ❑ Pain & nausea control
- ❑ Eat small meals in chair
- ❑ Walk in hallway 4 times
- ❑ Start removing lines & tubes

Post-operative Day 2

- ❑ Pain & nausea control
- ❑ Eat meals in chair
- ❑ Walk in hallway 4 times
- ❑ Bowel regimen
- ❑ Remove incision dressings

Post-operative Days 3-5

- ❑ Oral pain control
- ❑ Eat meals in chair
- ❑ Walk in hallway 4 times
- ❑ Bowel regimen
- ❑ Remove remaining lines & tubes

Daily weight

SCDs on when in bed & chair

Deep breathing exercises 10 times every hour

10/2025

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Education Tool

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Signs and Symptoms

- Incisional symptoms: Hot, red, oozing, painful – report to surgeon
- SOB, fever, chest pain – report to primary care or cardiology
- Weight gain 3 pounds in 24 hours, 5 pounds in 2 days – report to cardiology or surgeon
- Nausea, vomiting, excess sputum – report to primary care

Medications

- Do not stop taking medications without talking to your doctor
- Check heart rate and blood pressure (and blood sugars if diabetic)
- Medications: Amiodarone, gabapentin, metoprolol, statin, aspirin, Plavix
- Expect certain home medications not to be restarted

Education Tool

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Appointments

- Make all scheduled appointments
- Call to reschedule ASAP if unable to attend
- Cardiac rehab will start soon or after home health care

Restrictions

- No lifting 10-15 lbs for 6 weeks
- Walk for 10 minutes 4 times a day
- Eat what sounds good for 2 weeks, then follow heart healthy diet
- Shower daily, no soaking baths or hot tubs until incision heals
- No ointments, lotions, or powders on incisions

Tell Me About…

- Show me how to evaluate your incision
- Tell me three things you would report to your doctor right away
- What is each medication for: amiodarone, gabapentin, atorvastatin, metoprolol, Plavix?
- When to call to reschedule an appointment
- When to call about daily weight
- How much activity is appropriate on your first day at home
- What should your first meal at home be?

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Data Comparison – Pre- vs. Postimplementation

- Patient/family survey
- RN survey
- Length of stay/Readmissions
- Healthy Work Environment Assessment Tool (HWEAT)[1]
- Oldenburg Burnout Inventory (OLBI) [2]

Data Comparison – Patient/Family Survey

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Pre-implementation

July-September 2025; n = 35 (35/63)

Signs & Symptoms to Report

1. How confident do you feel about recognizing signs or symptoms that would require immediate medical attention?
   - ○ Very confident
   - ○ Somewhat confident
   - ○ Neutral
   - ○ Somewhat unconfident
   - ○ Very unconfident

   Comments, if applicable:

Caring For Incisions

2. How confident do you feel about caring for your surgical incision(s) after discharge (including bathing)?
   - ○ Very confident
   - ○ Somewhat confident
   - ○ Neutral
   - ○ Somewhat unconfident
   - ○ Very unconfident

   Comments, if applicable:

Medications

3. How confident do you feel about your medications: when to take, reasons for taking, side effects?
   - ○ Very confident
   - ○ Somewhat confident
   - ○ Neutral
   - ○ Somewhat unconfident
   - ○ Very unconfident

   Comments, if applicable:

Post-implementation

September 2025-March 2026; n = 144 (144/189)

Activity

4. How confident are you about safely progressing your activity?
   - ○ Very confident
   - ○ Somewhat confident
   - ○ Neutral
   - ○ Somewhat unconfident
   - ○ Very unconfident

   Comments, if applicable:

Overall Teaching Experience

5. Do you feel that discharge education provided by 9North nurses throughout your stay was *consistent*?
   - ○ Very consistent
   - ○ Somewhat consistent
   - ○ Neutral
   - ○ Somewhat inconsistent
   - ○ Very inconsistent

   Comments, if applicable:

Thank you! Please add any additional thoughts/ comments below.

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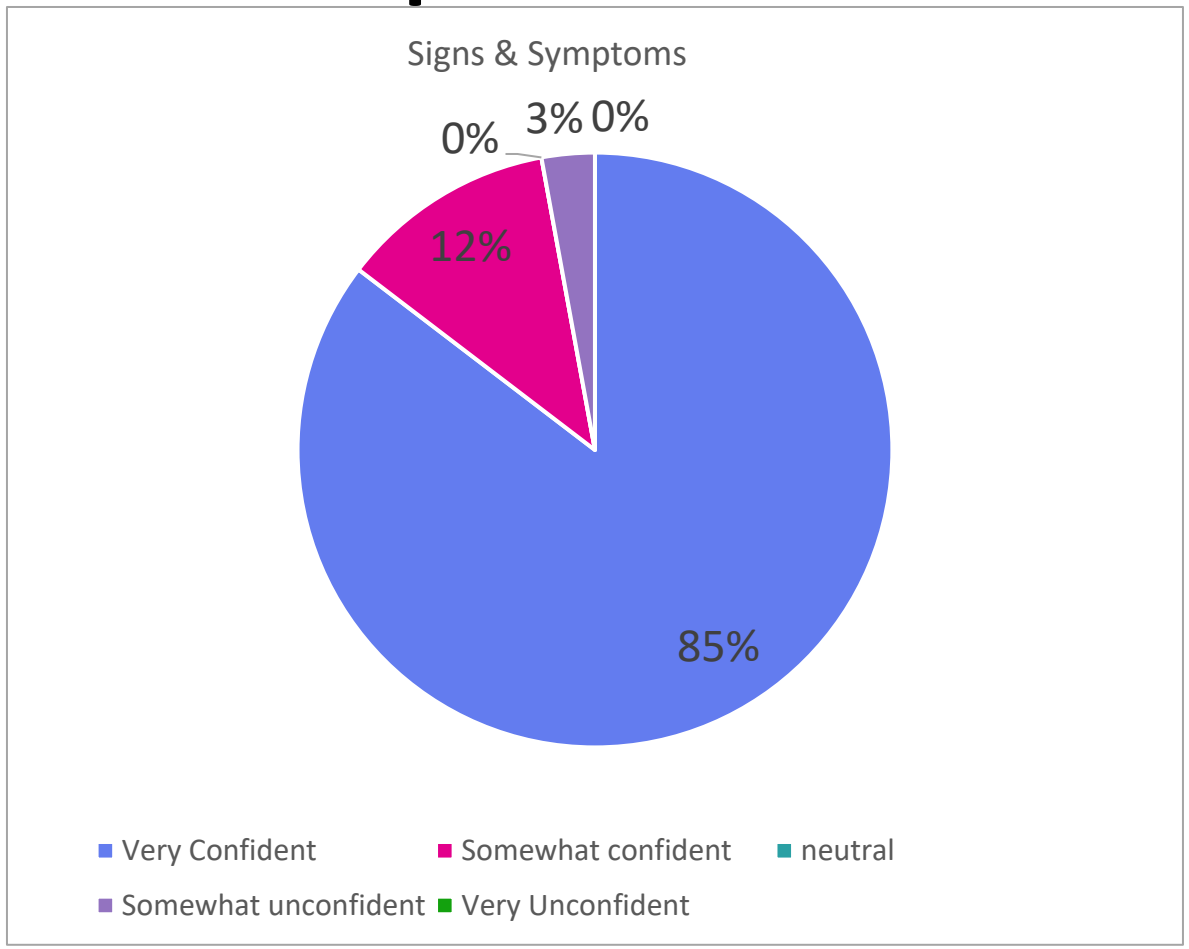
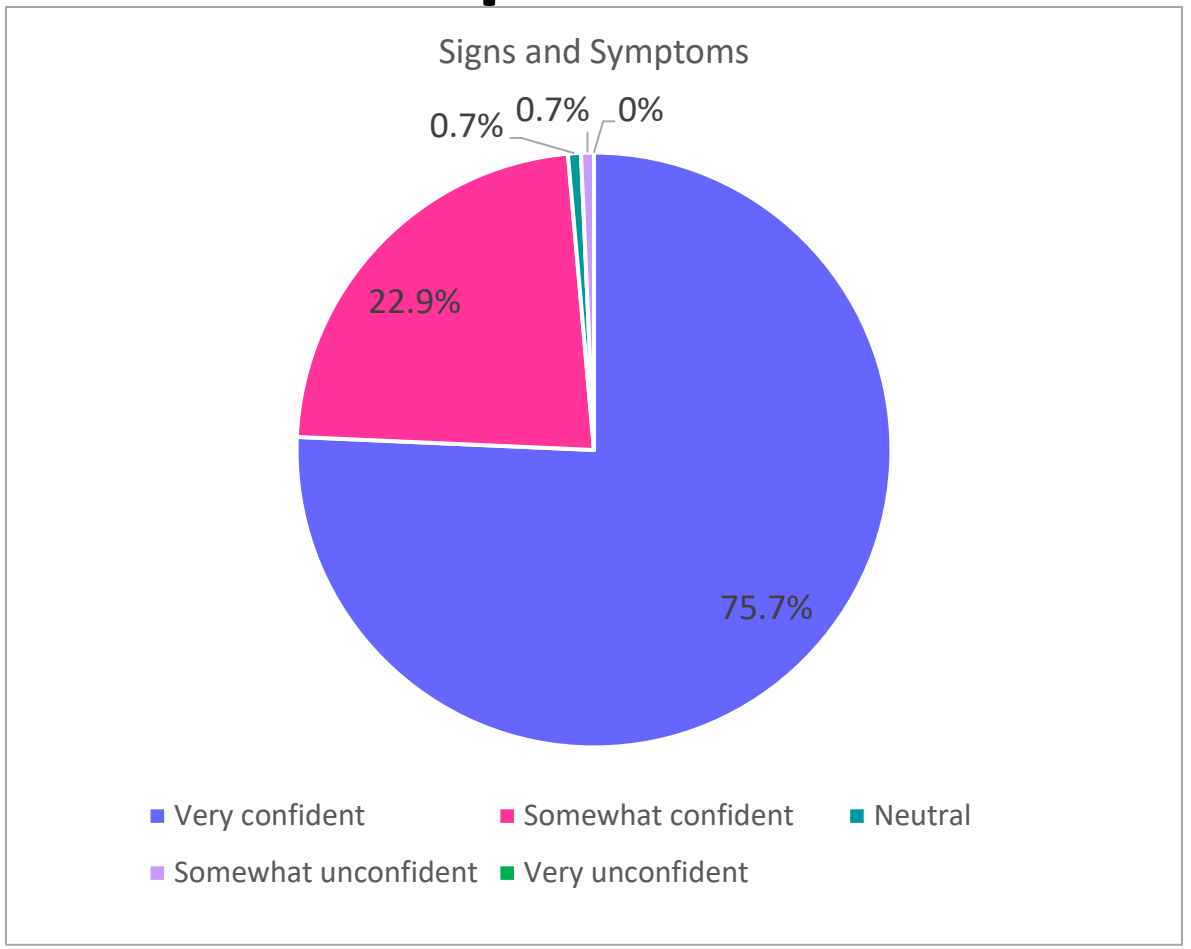
Data Comparison – Patient/Family Survey

Preimplementation



Postimplementation



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Data Comparison – Patient/Family Survey

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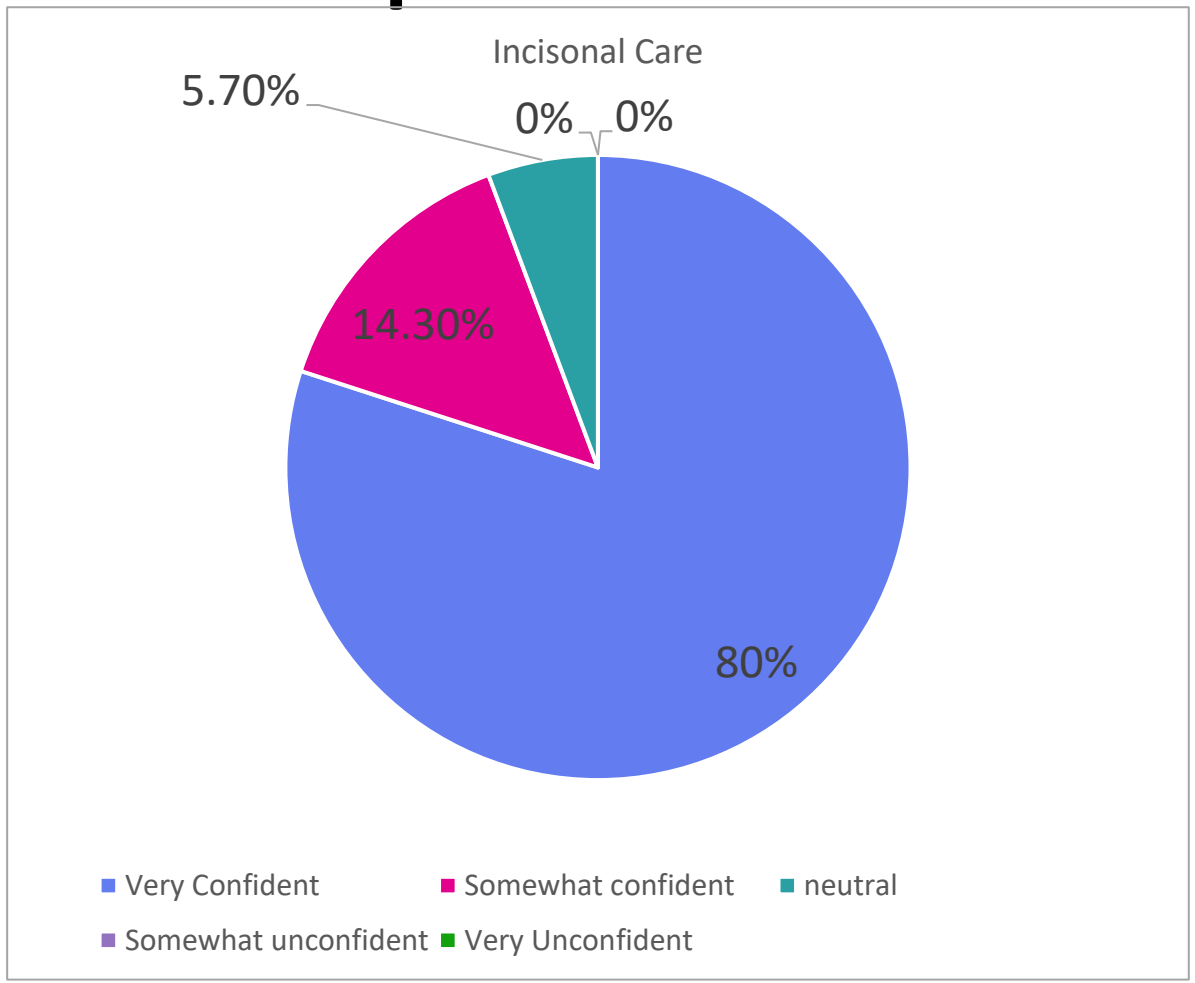
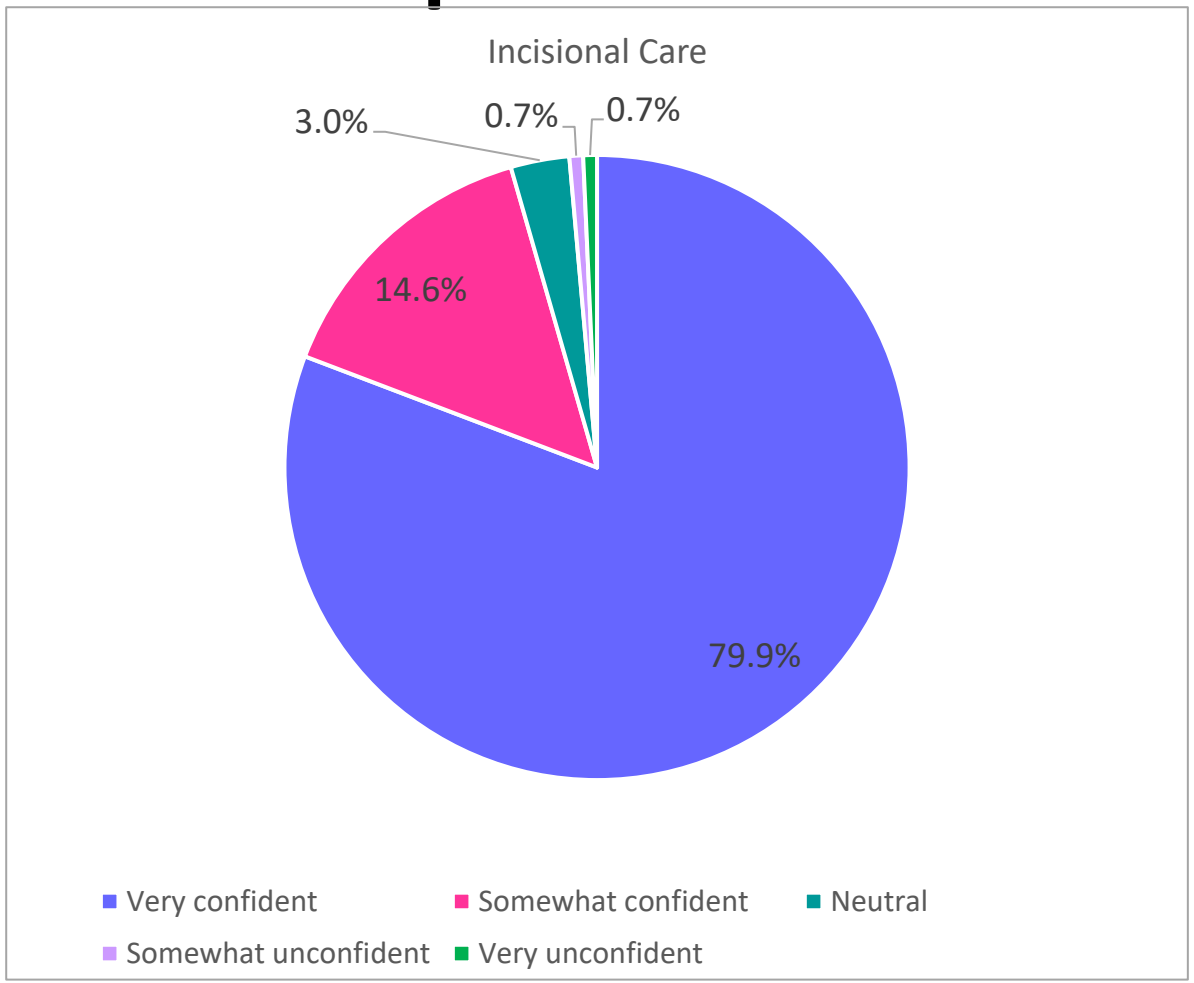
Preimplementation



Postimplementation



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Data Comparison – Patient/Family Survey

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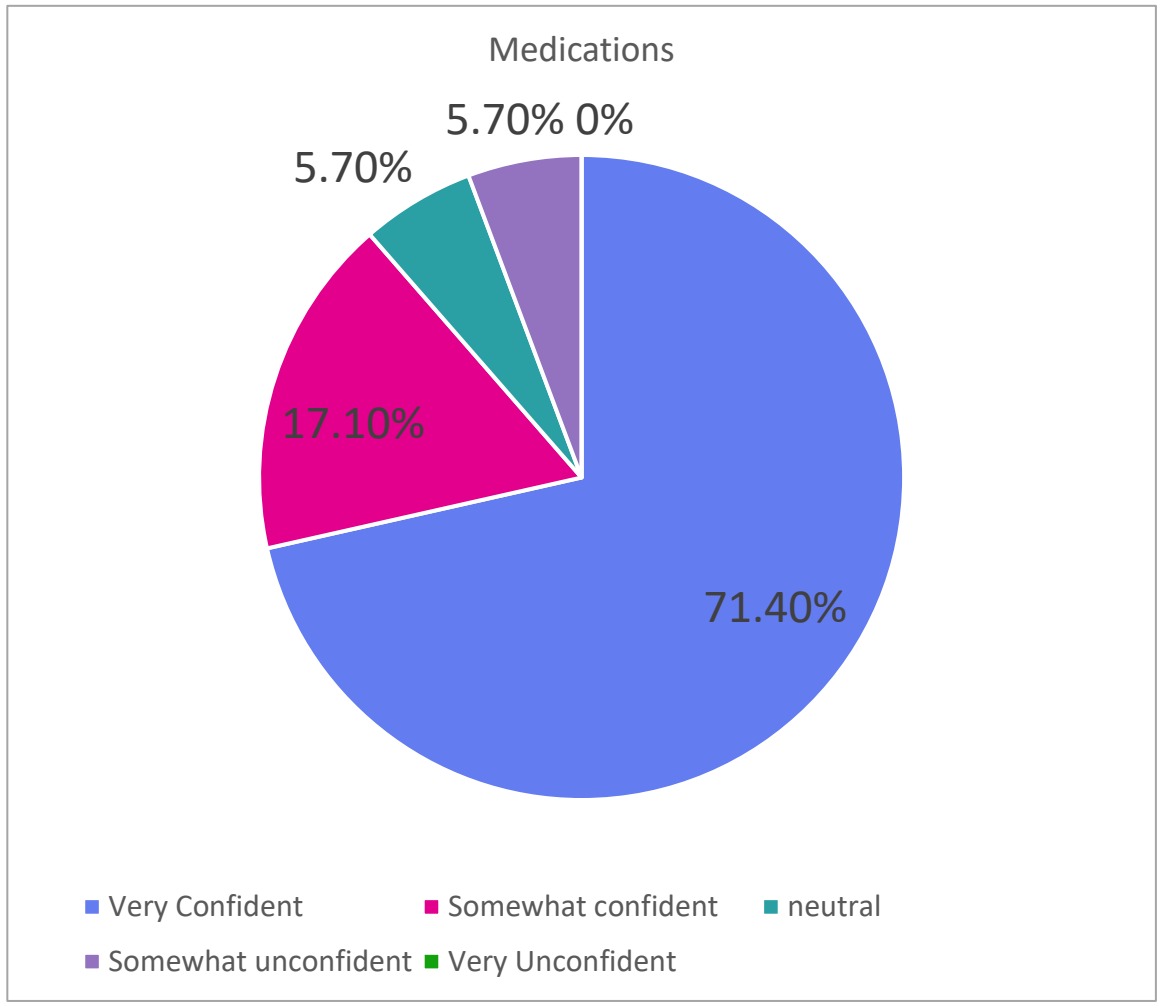
Preimplementation



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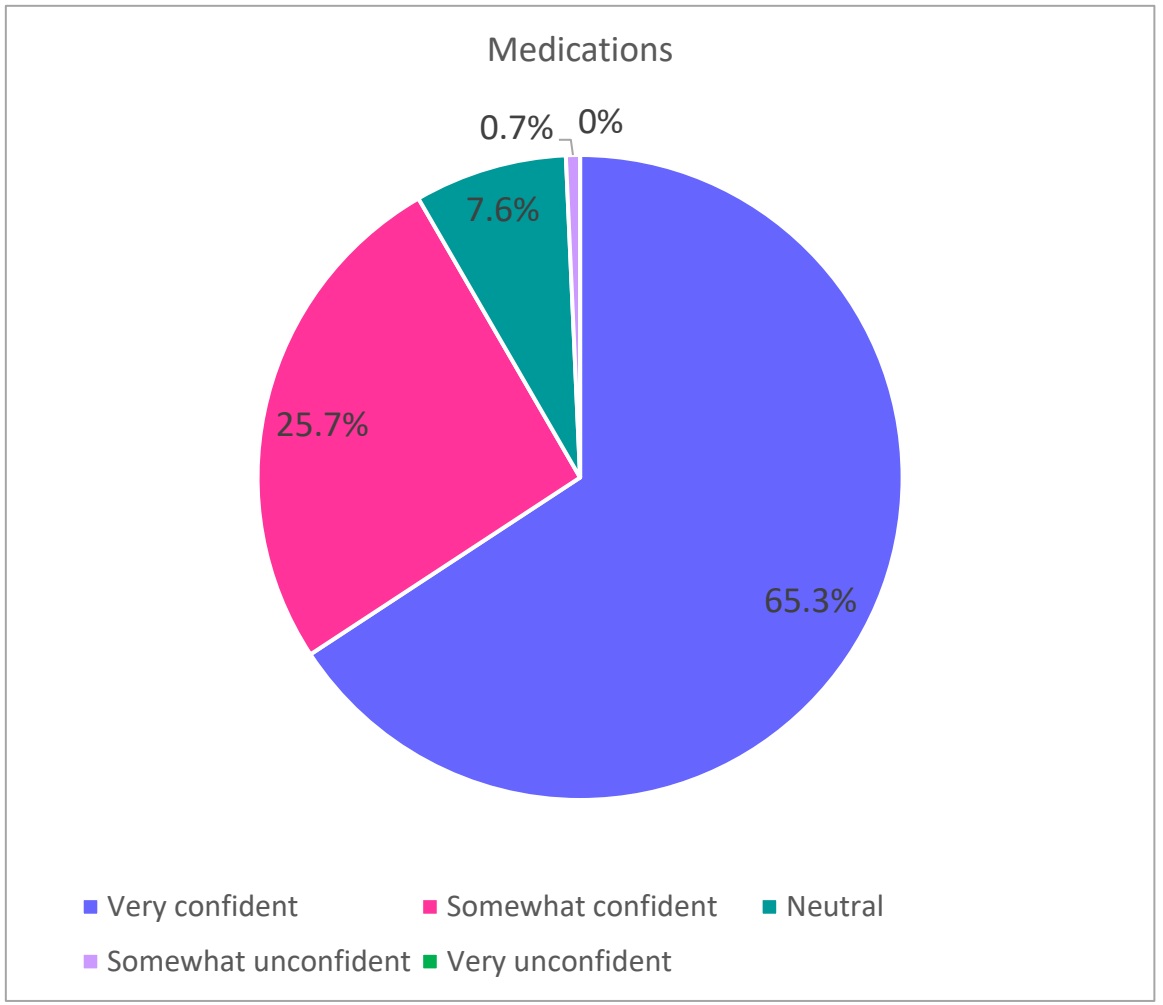

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Data Comparison – Patient/Family Survey

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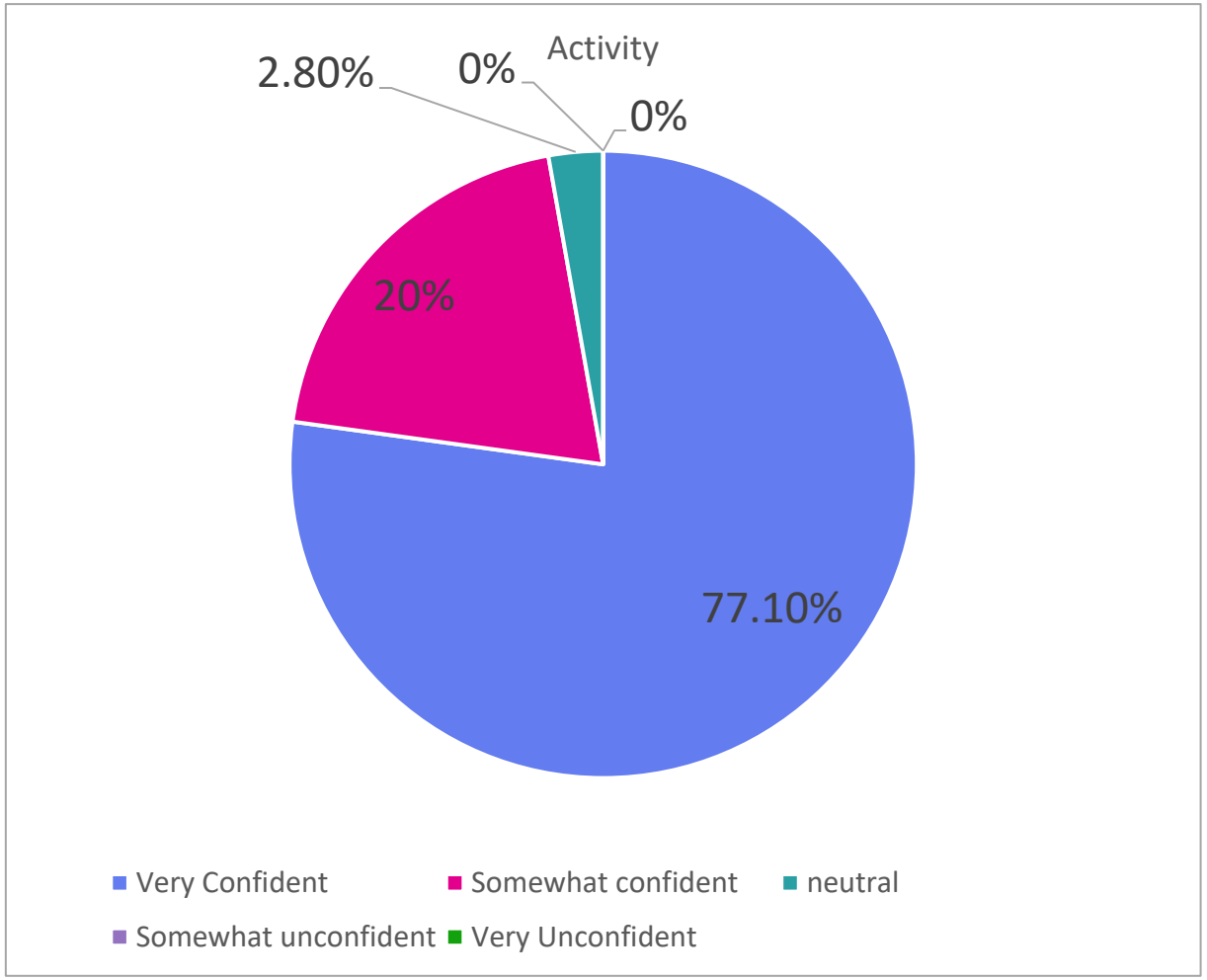
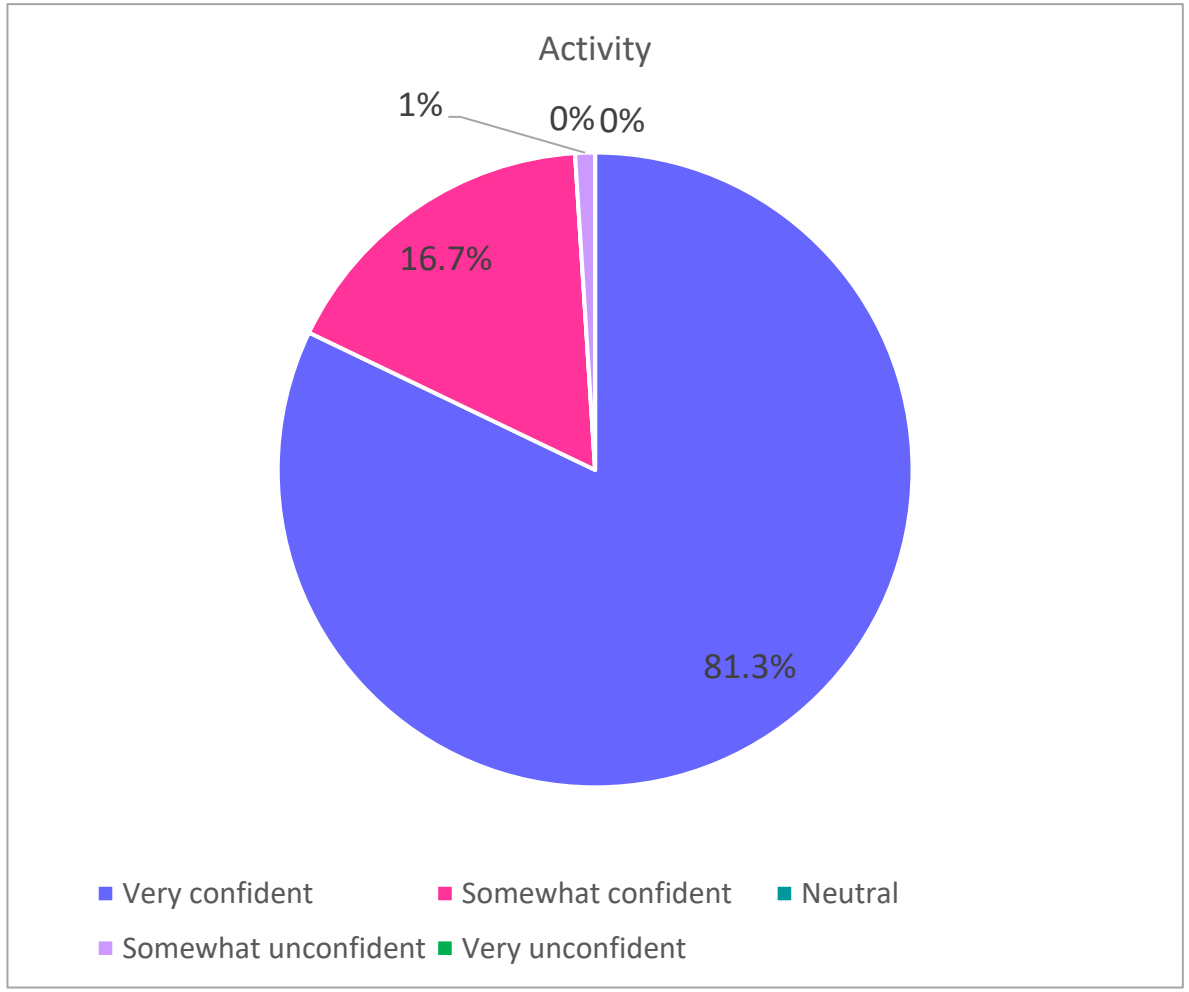
Preimplementation



Postimplementation



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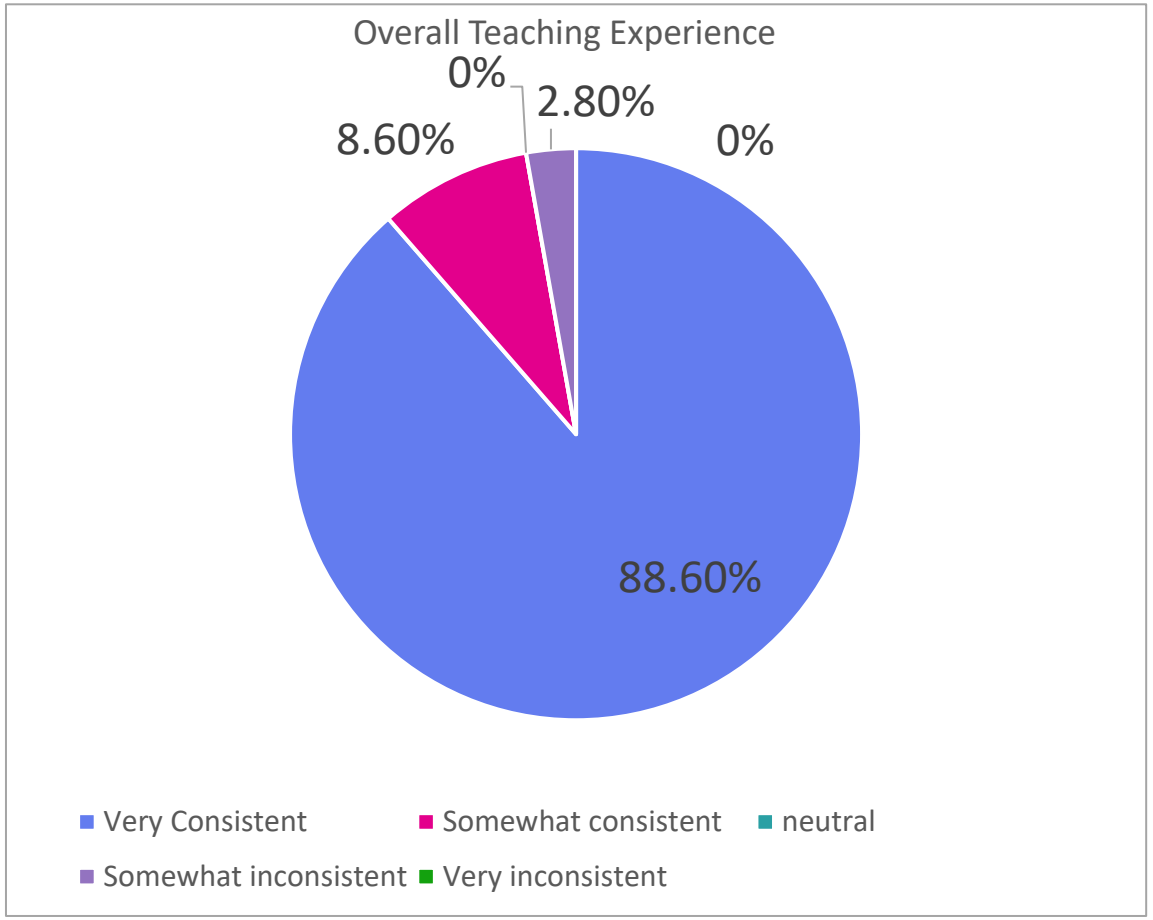
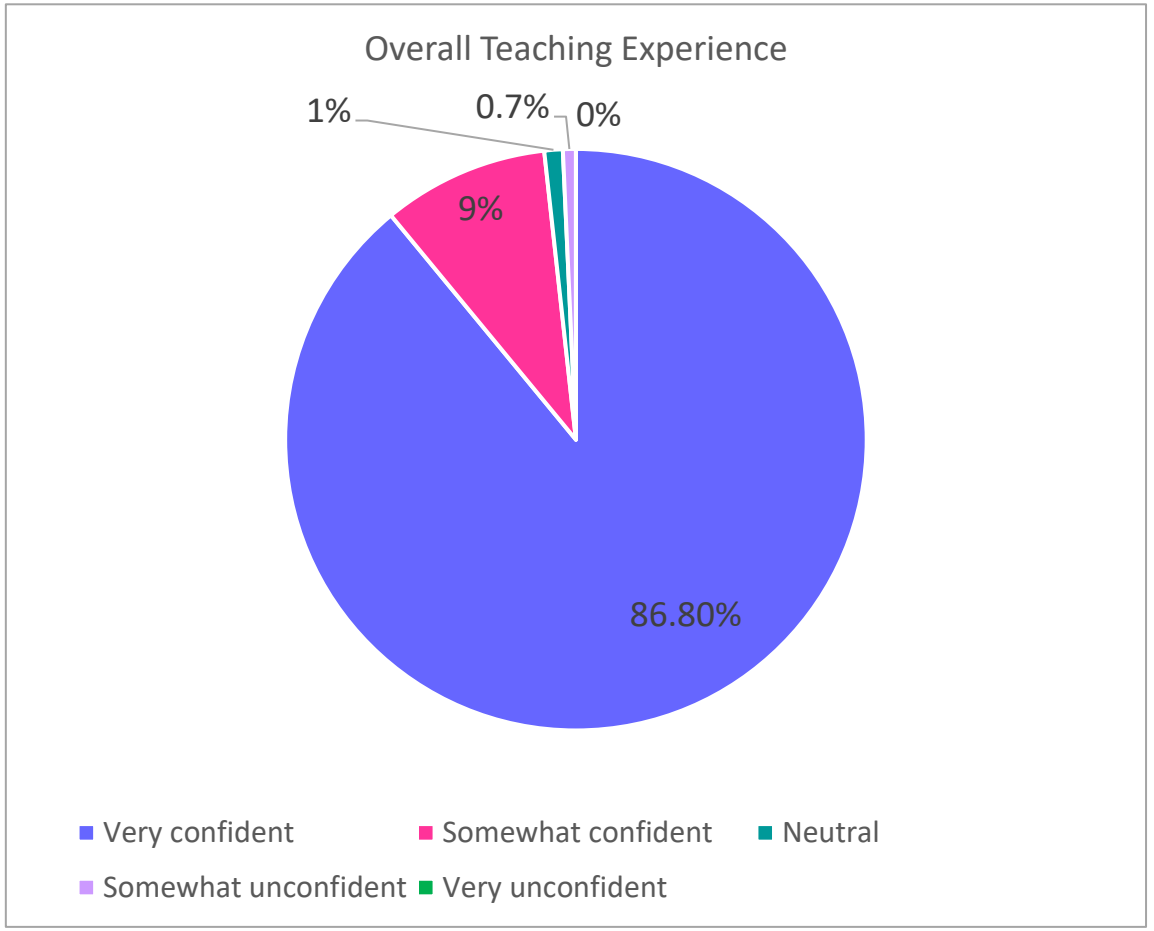
Data Comparison – Patient/Family Survey

Preimplementation



Postimplementation



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Data Comparison – RN Survey

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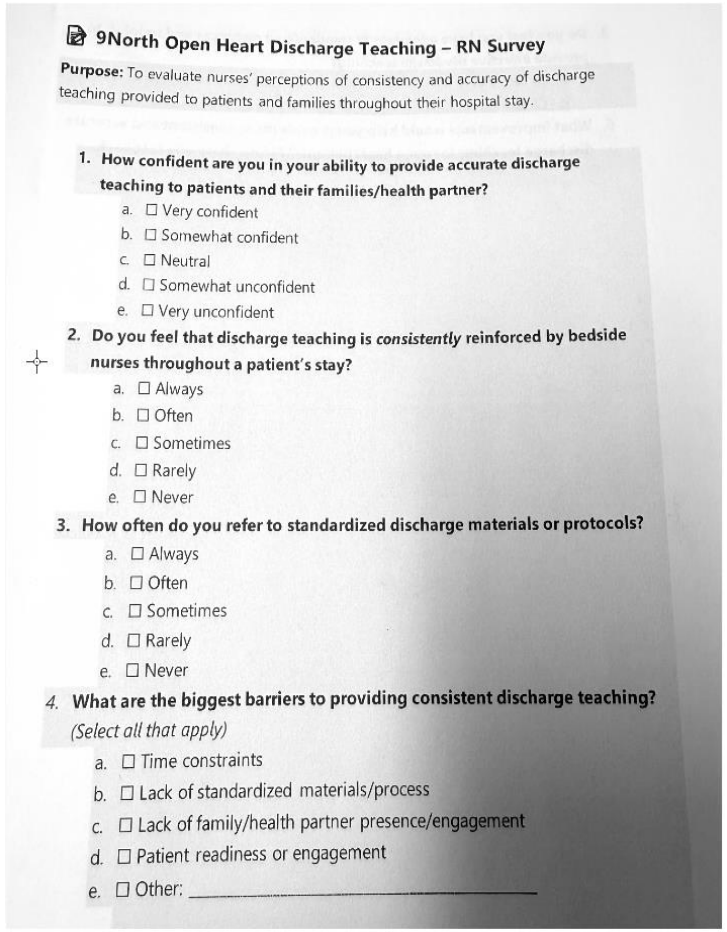
Preimplementation

August 29-September 13, n = 27 (27/36)



9North Open Heart Discharge Teaching – RN Survey

Purpose: To evaluate nurses' perceptions of consistency and accuracy of discharge teaching provided to patients and families throughout their hospital stay.

1. **How confident are you in your ability to provide accurate discharge teaching to patients and their families/health partner?**
   a. ☐ Very confident
   b. ☐ Somewhat confident
   c. ☐ Neutral
   d. ☐ Somewhat unconfident
   e. ☐ Very unconfident
2. **Do you feel that discharge teaching is *consistently* reinforced by bedside nurses throughout a patient's stay?**
   a. ☐ Always
   b. ☐ Often
   c. ☐ Sometimes
   d. ☐ Rarely
   e. ☐ Never
3. **How often do you refer to standardized discharge materials or protocols?**
   a. ☐ Always
   b. ☐ Often
   c. ☐ Sometimes
   d. ☐ Rarely
   e. ☐ Never
4. **What are the biggest barriers to providing consistent discharge teaching?**
   (Select all that apply)
   a. ☐ Time constraints
   b. ☐ Lack of standardized materials/process
   c. ☐ Lack of family/health partner presence/engagement
   d. ☐ Patient readiness or engagement
   e. ☐ Other: _____

Postimplementaton

March 17-April 10, n = 23 (23/37)

5. **Do you feel you have adequate & standardized resources and training to provide effective discharge teaching?**
   f. ☐ Yes
   g. ☐ No
6. **What improvements would help you provide more consistent and accurate discharge teaching for open heart patients? Please share any feedback.**

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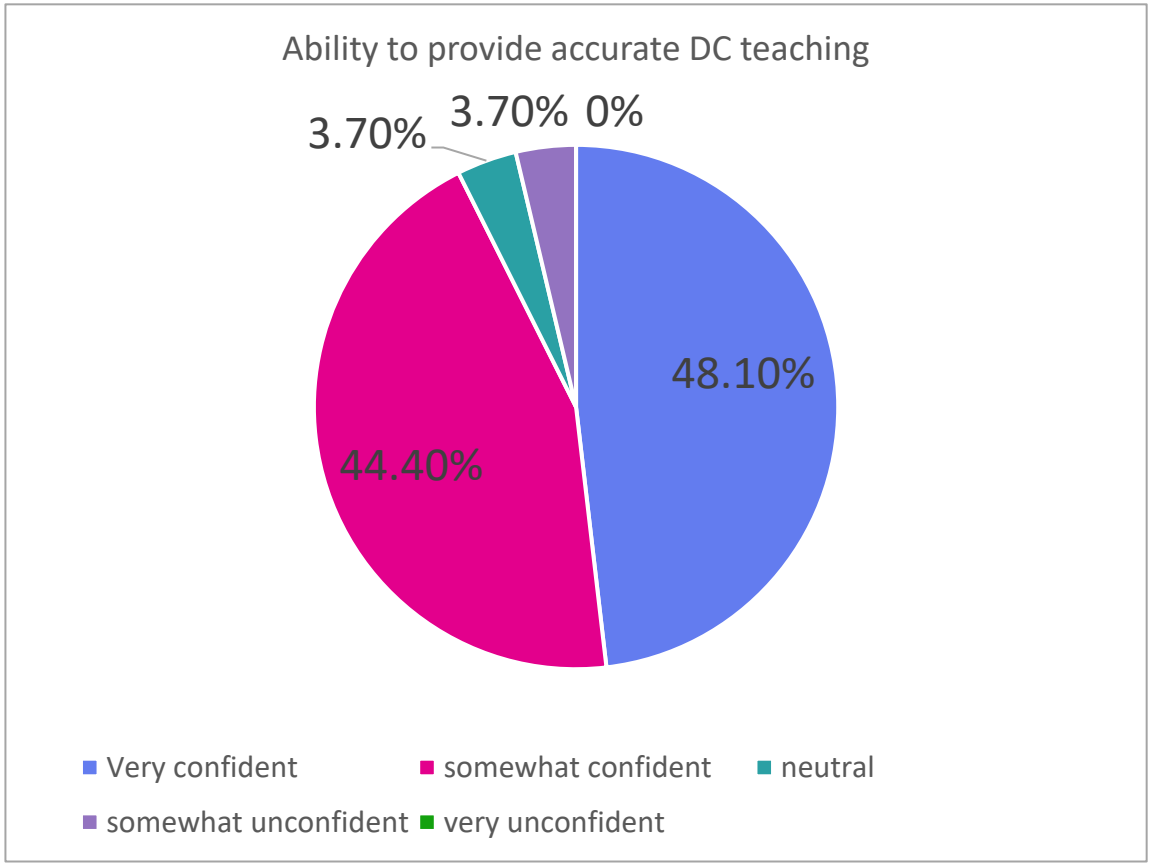
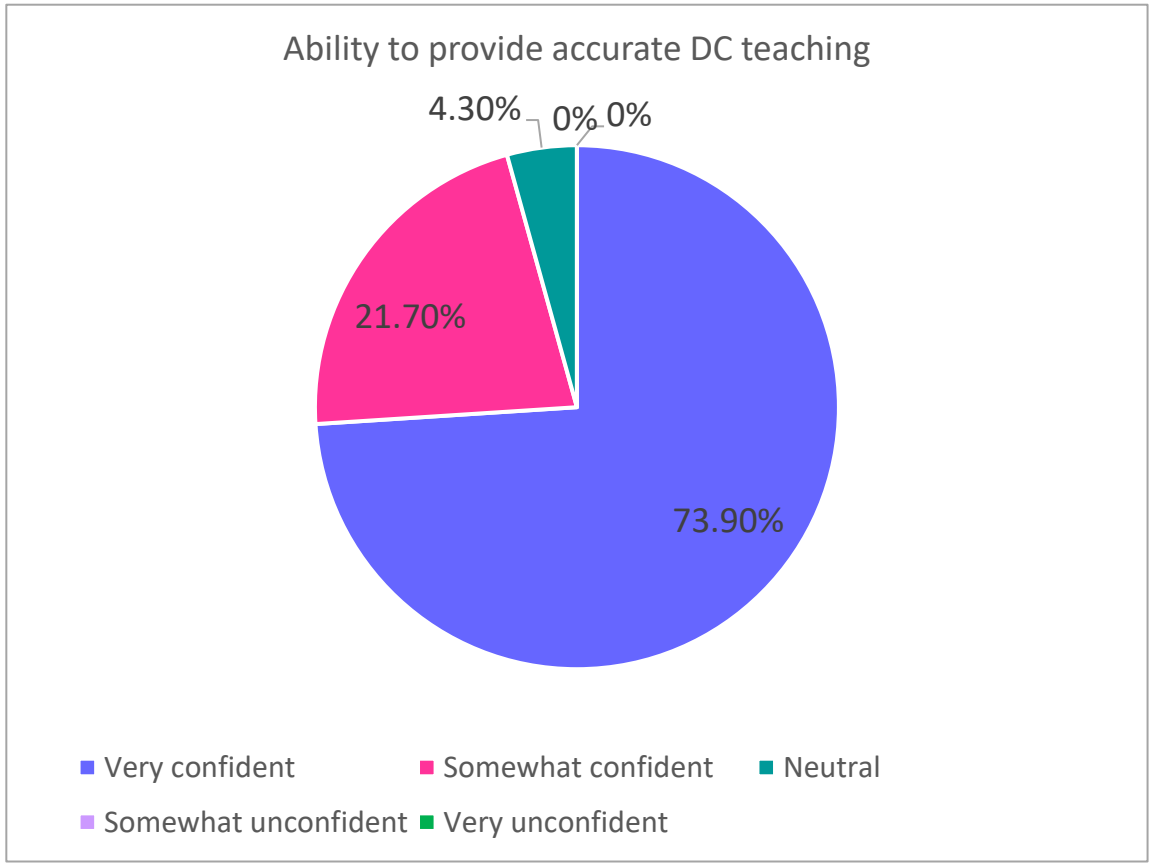
Data Comparison – RN Survey

Preimplementation

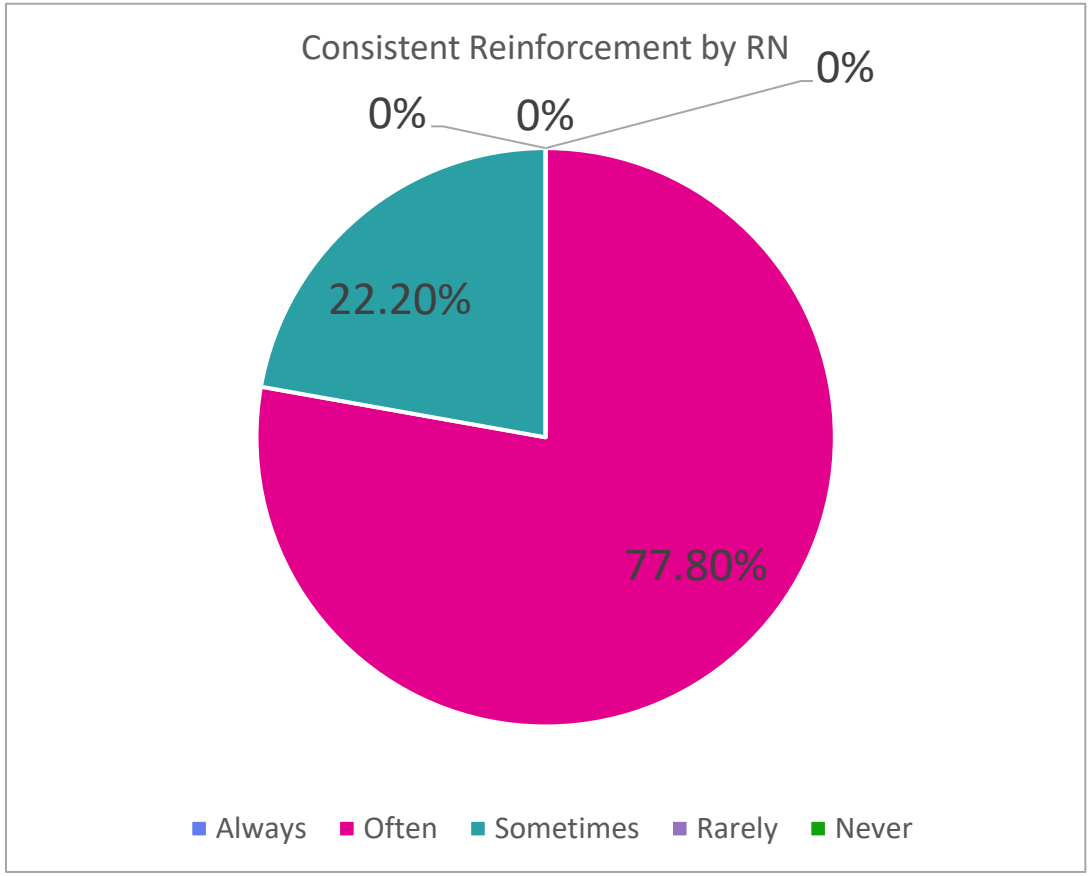


Postimplementation

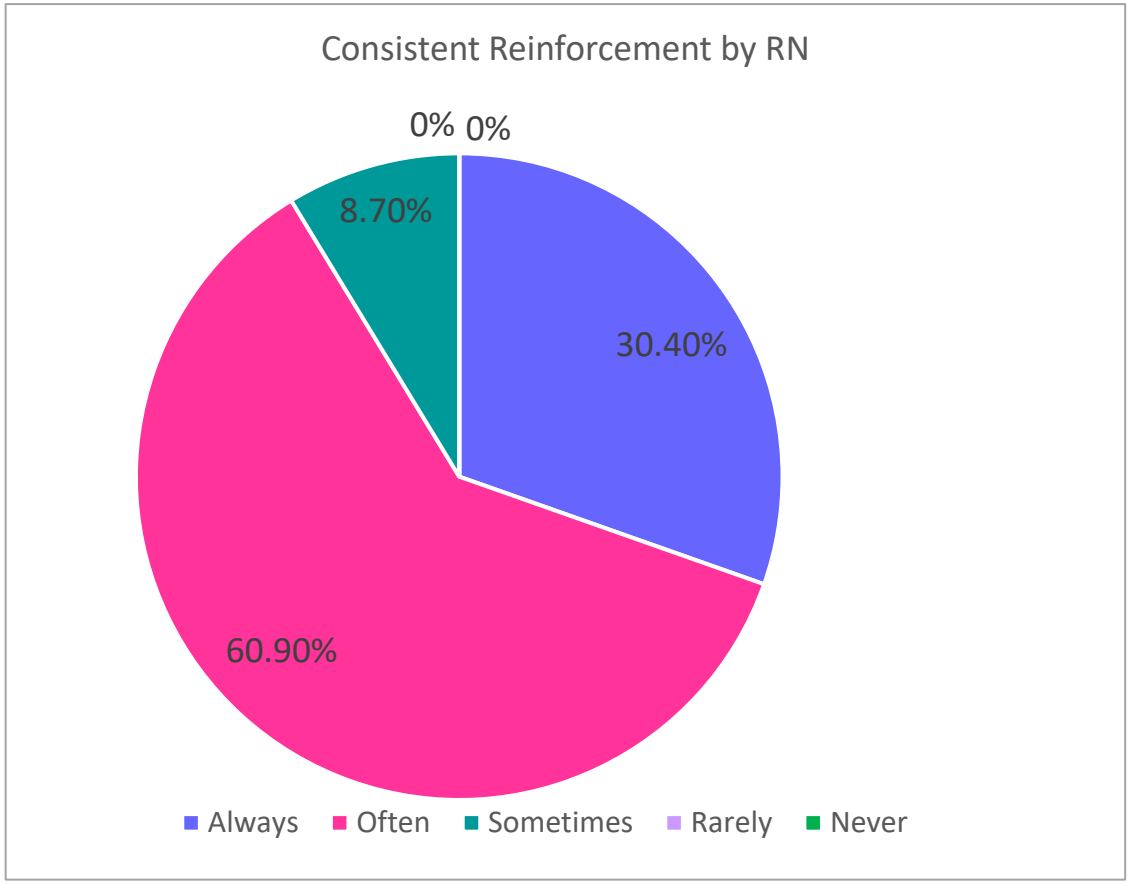


Data Comparison – RN Survey

Preimplementation

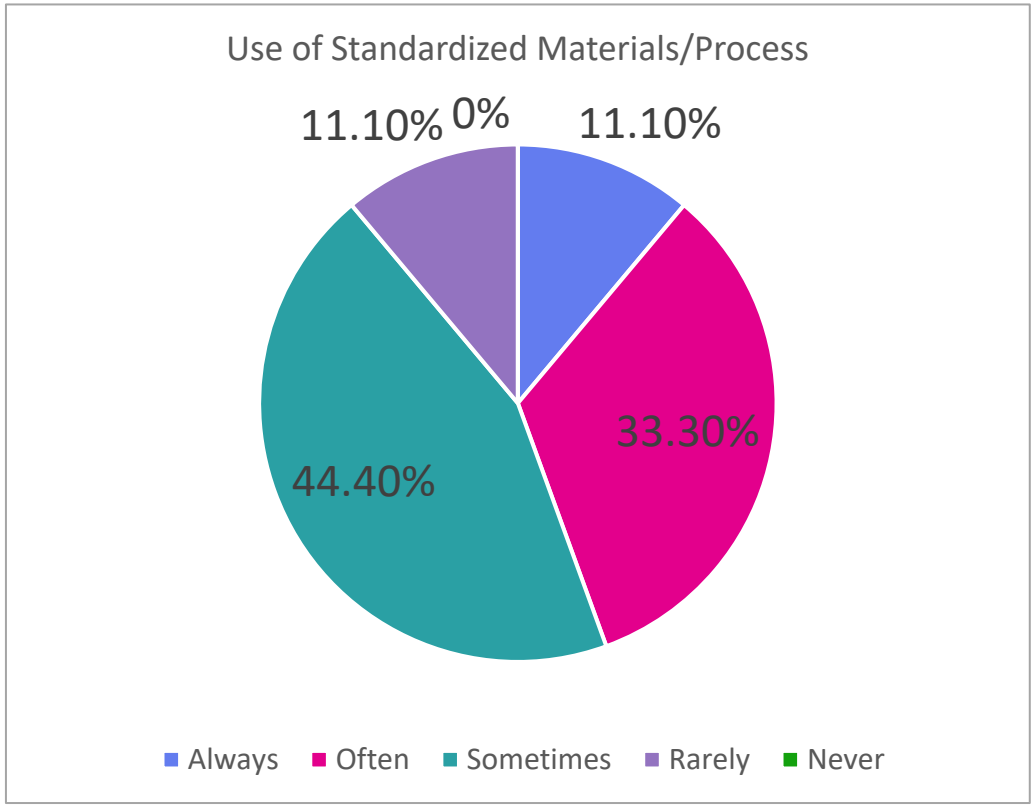


Postimplementation



Data Comparison – RN Survey

Preimplementation



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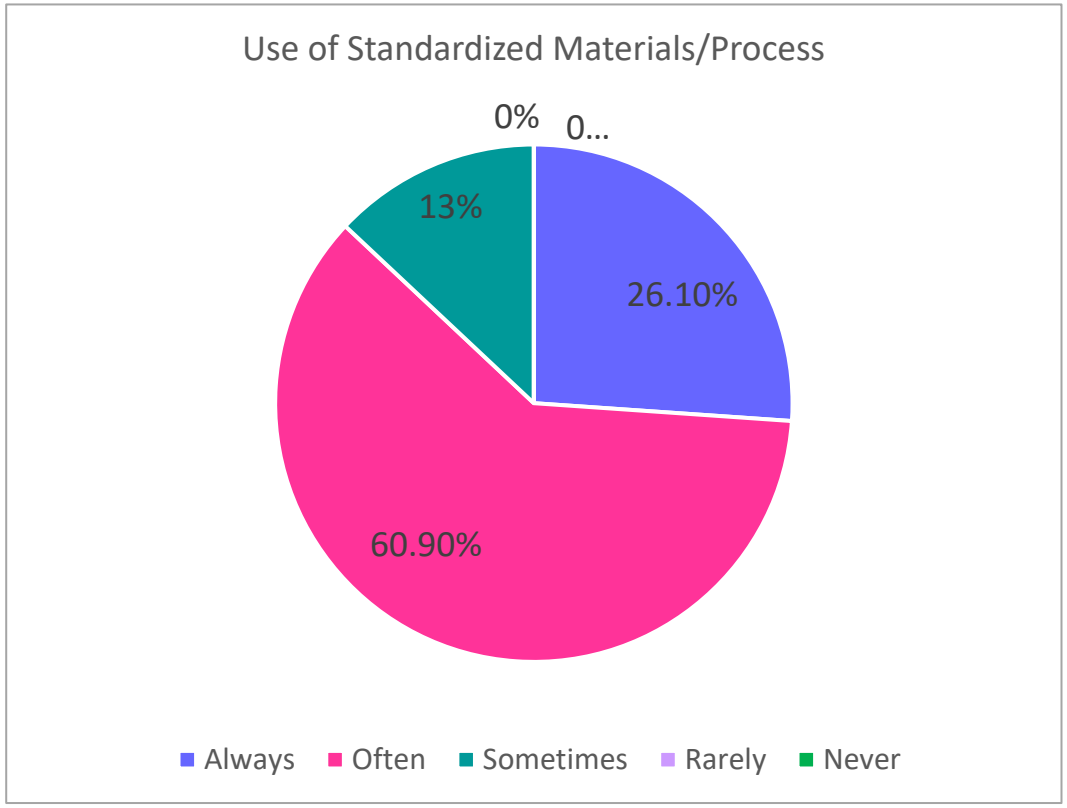

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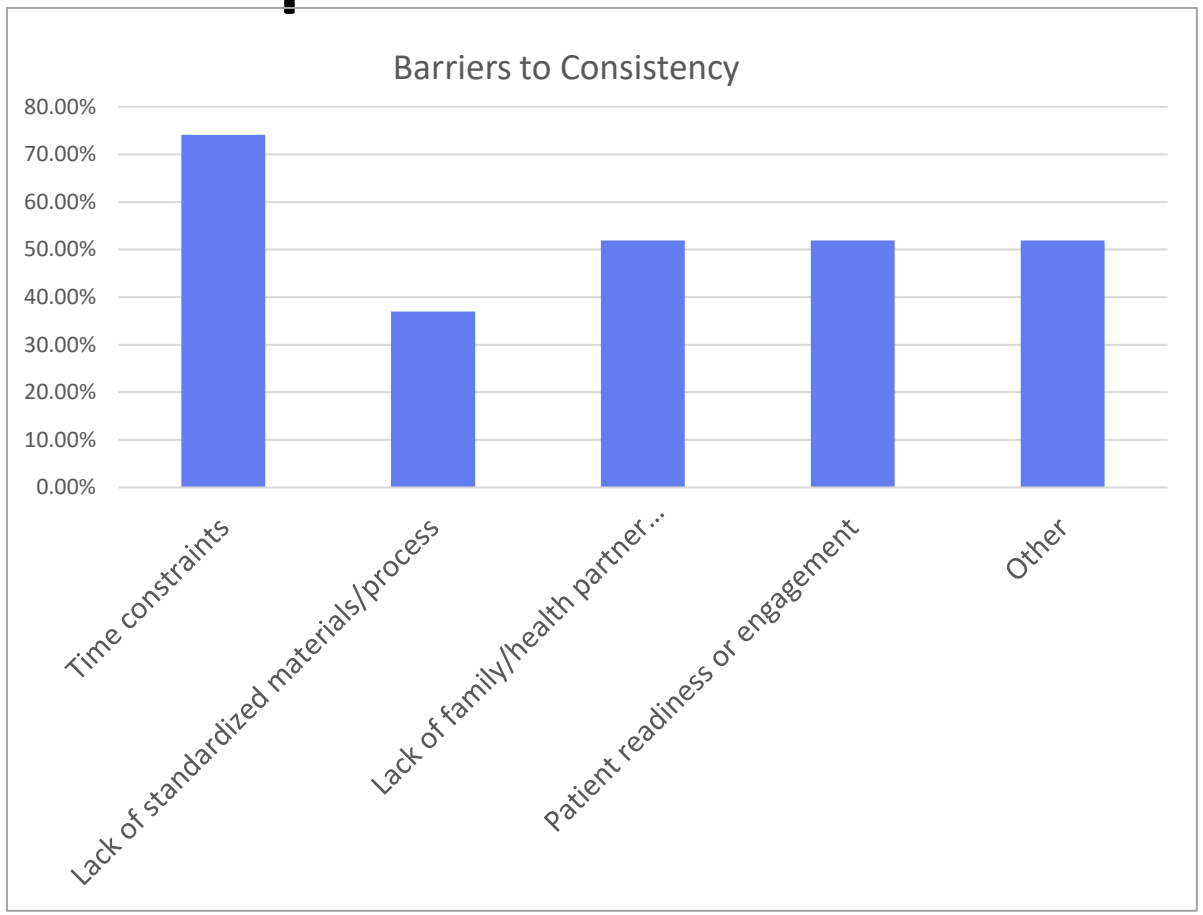
Data Comparison – RN Survey

Preimplementation



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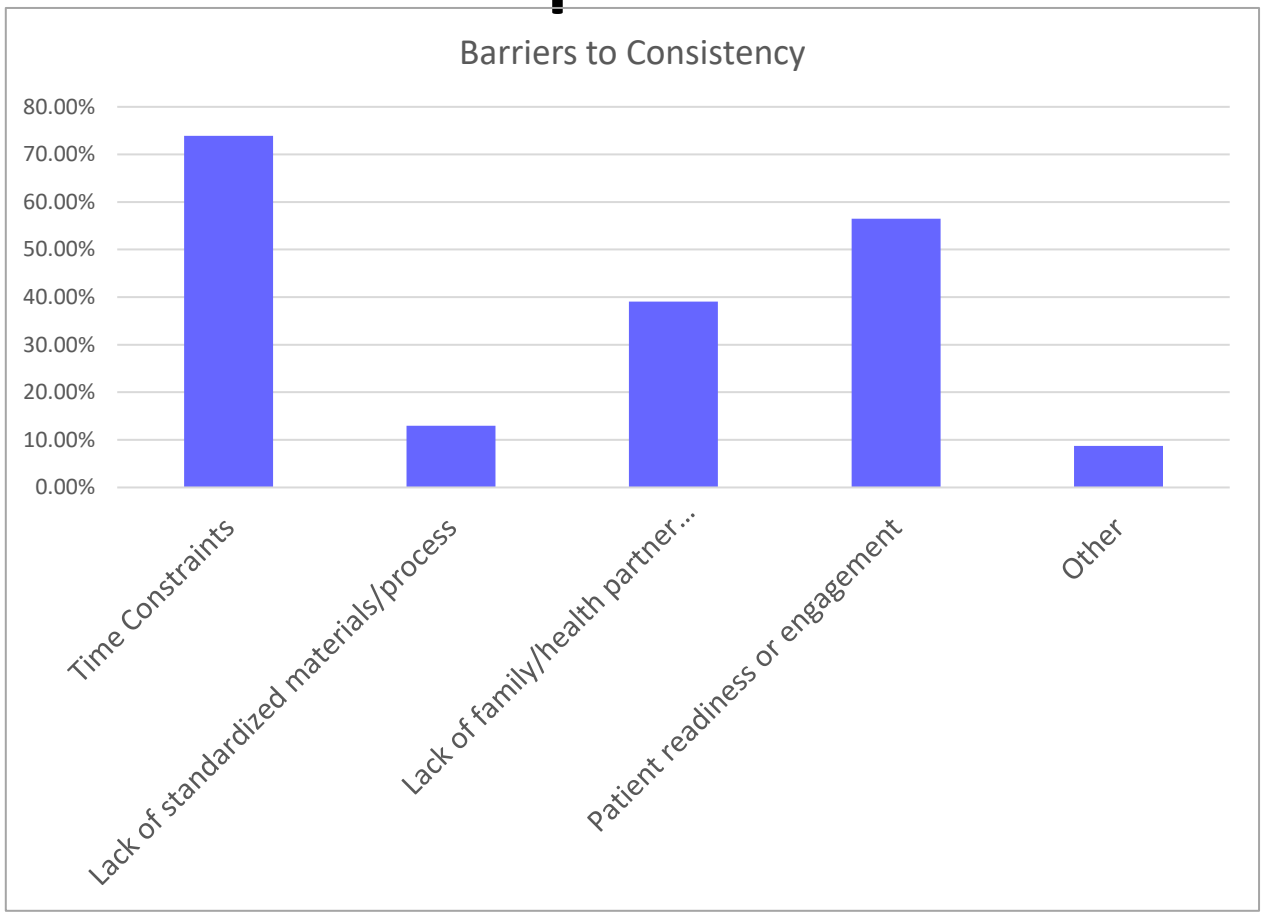

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Data Comparison – RN Survey

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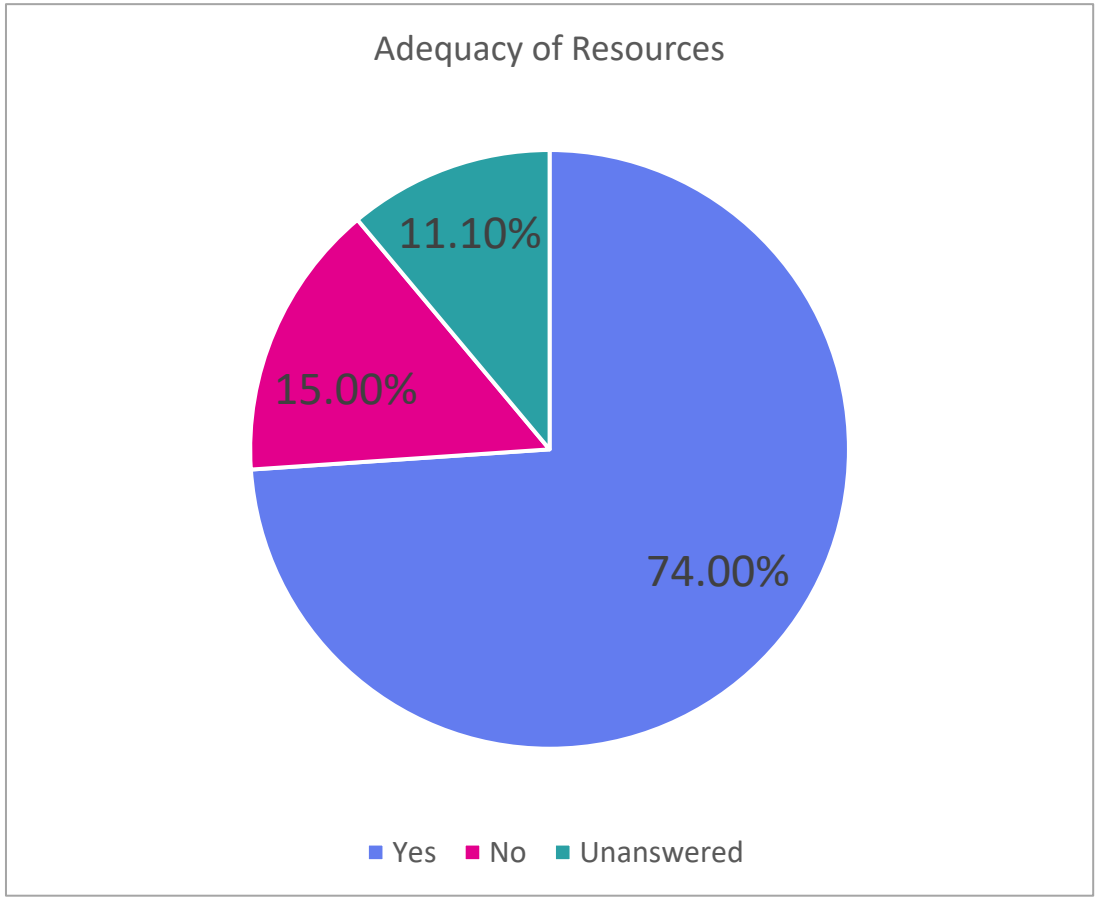
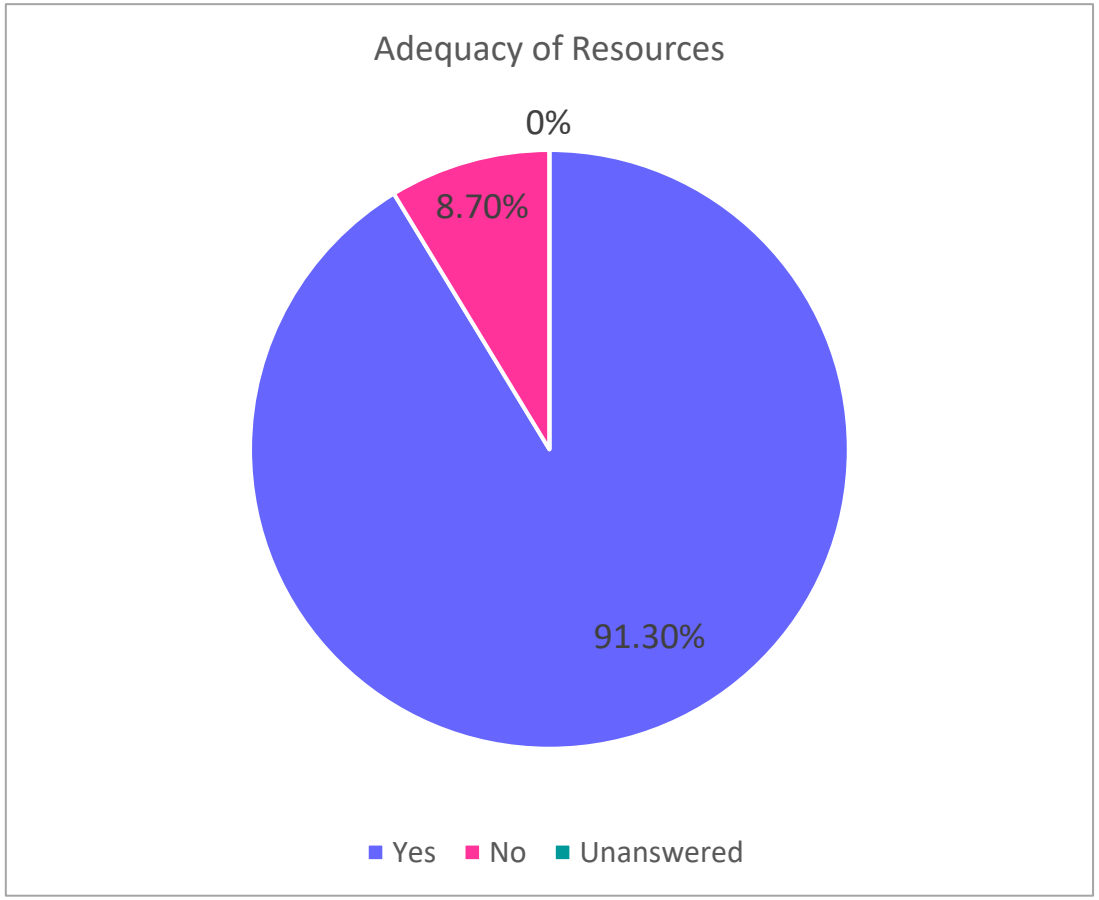
Preimplementation



Postimplementation



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Data Comparison – Open Feedback

Preimplementation

- Concise discharge instructions
- Care pathway to hang in rooms
- Availability of teaching resources
- Improved shift to shift communication
- Improved family and APP communication
- More education printouts

Postimplementation

- Simplify teaching tool even further
- Family more involved in patient mobility each day
- Dedicated "discharge nurse"

Pre- & Post-implementation Data Comparison

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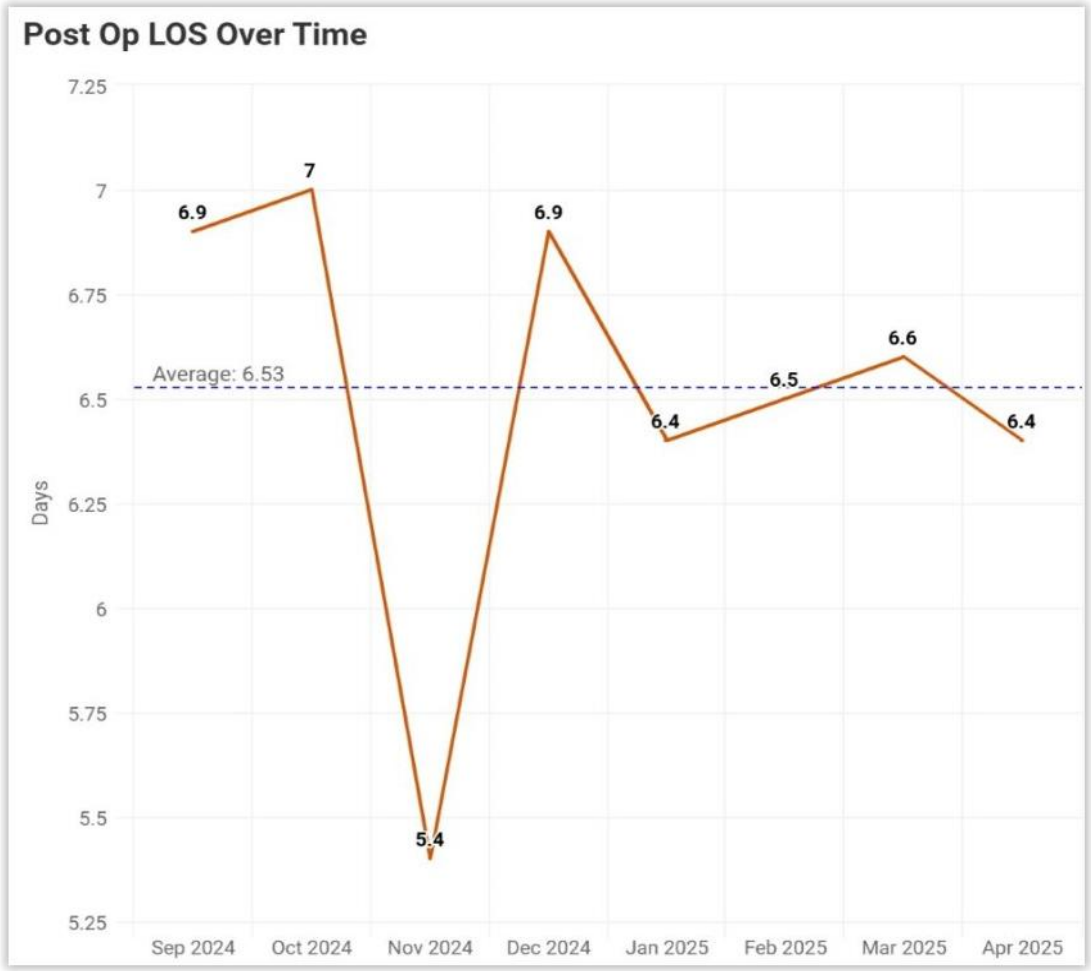
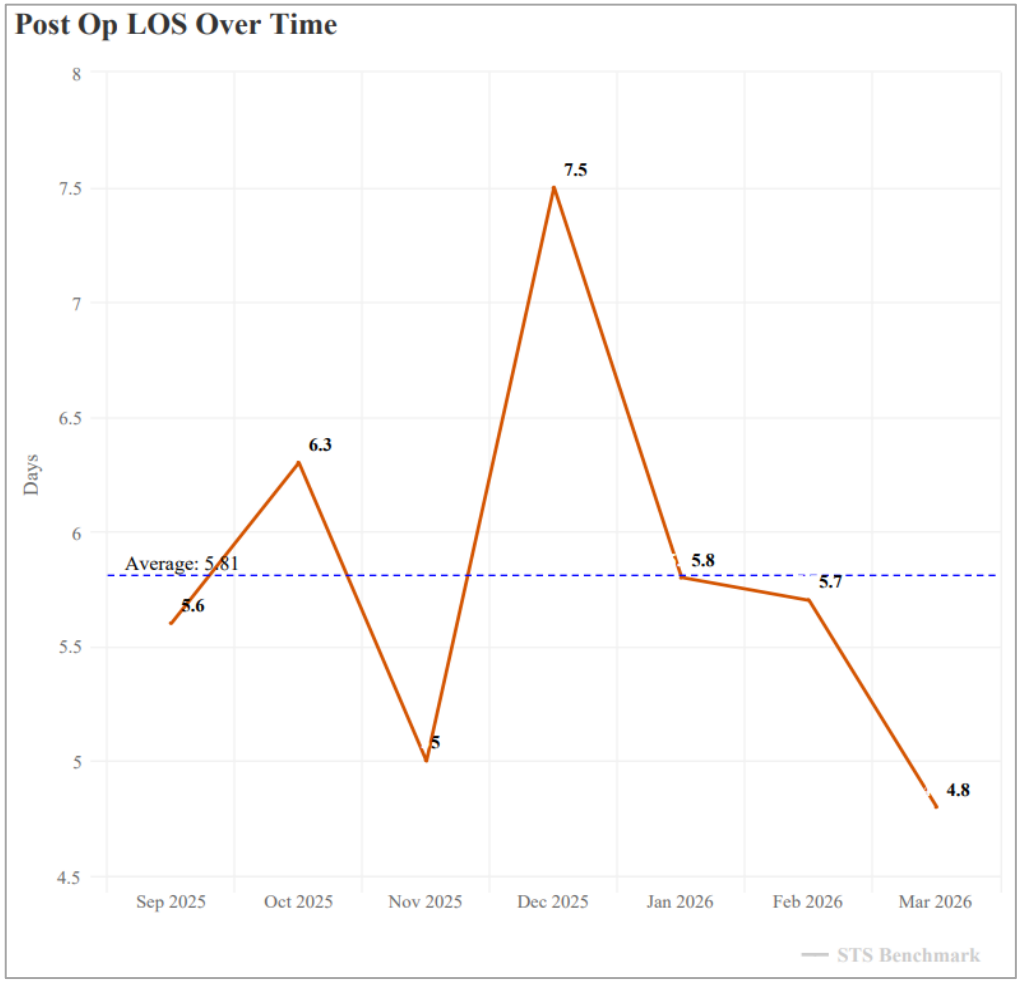
Postoperative Length of Stay - CABG





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Pre (n = 133)

Post (n = 129)

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Pre- & Post-implementation Data Comparison

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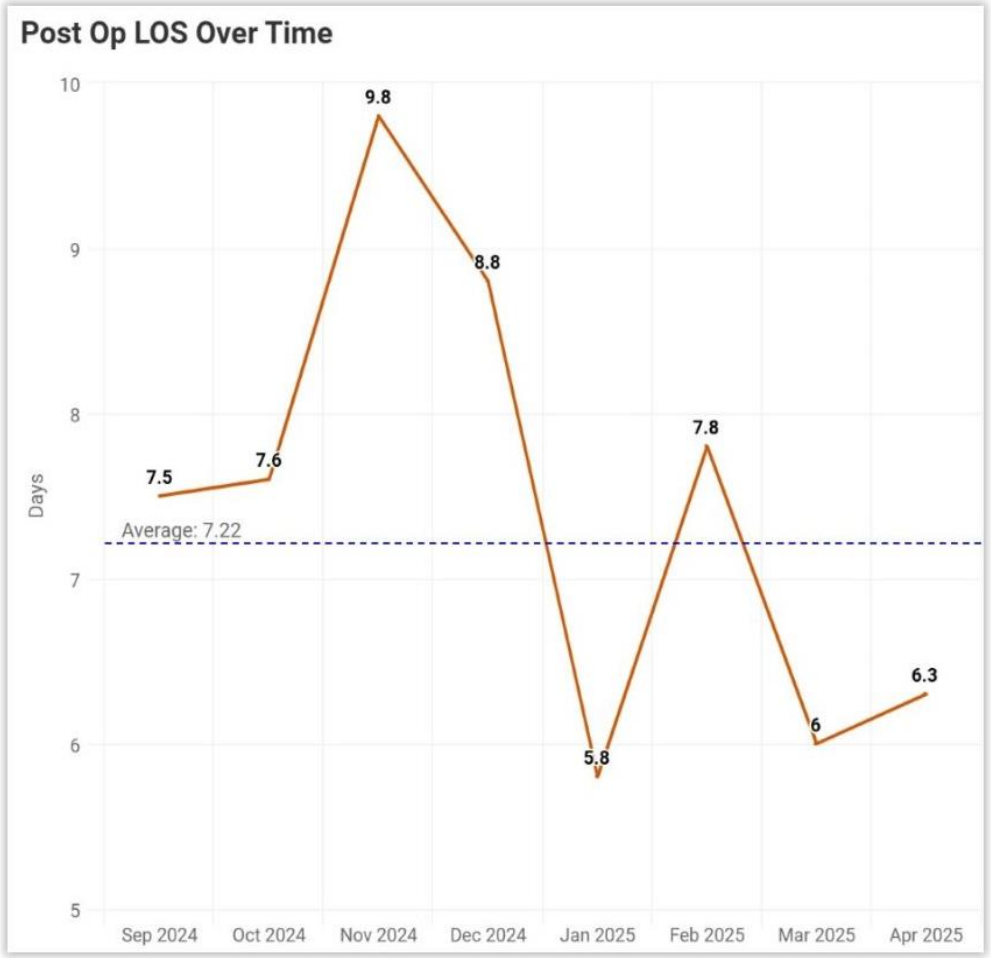
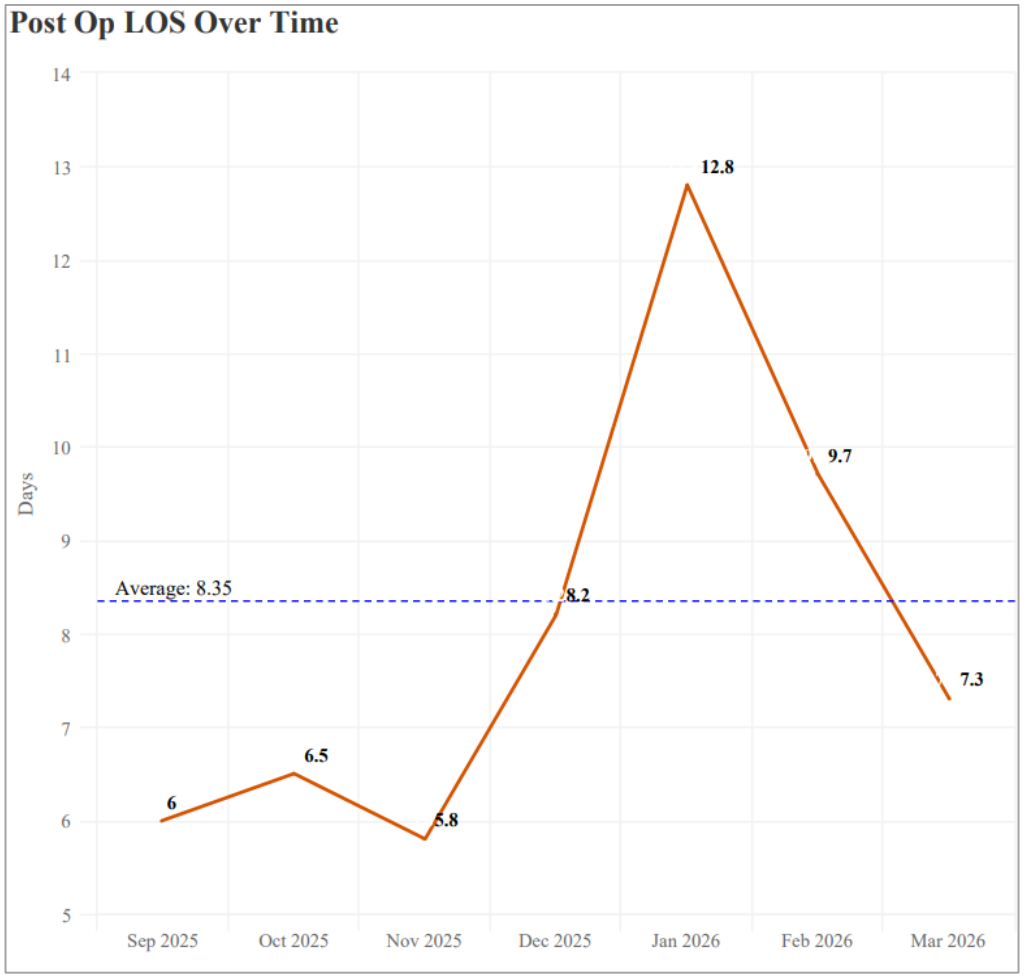
Postoperative Length of Stay - Valve





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Pre (n = 46)

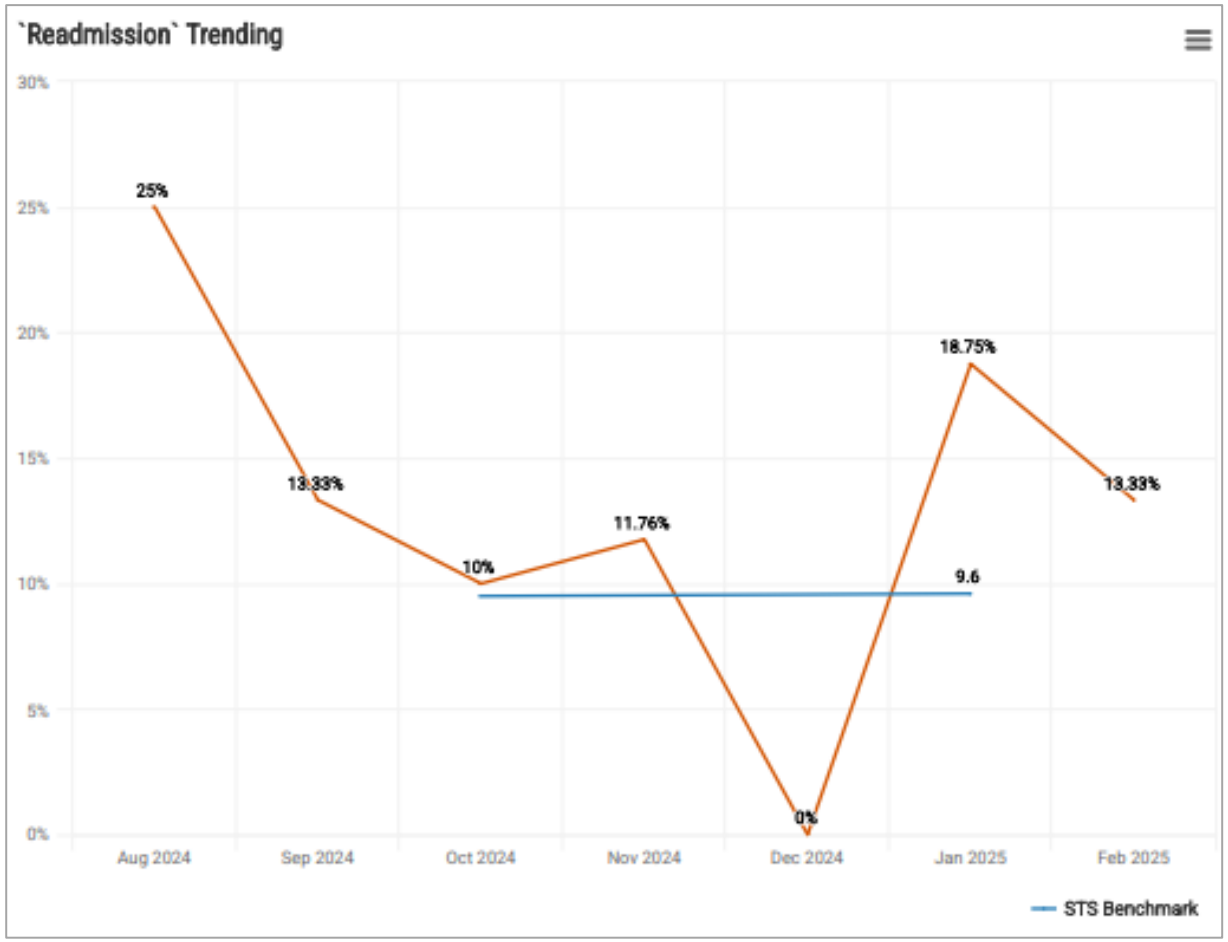
Post (n = 46)

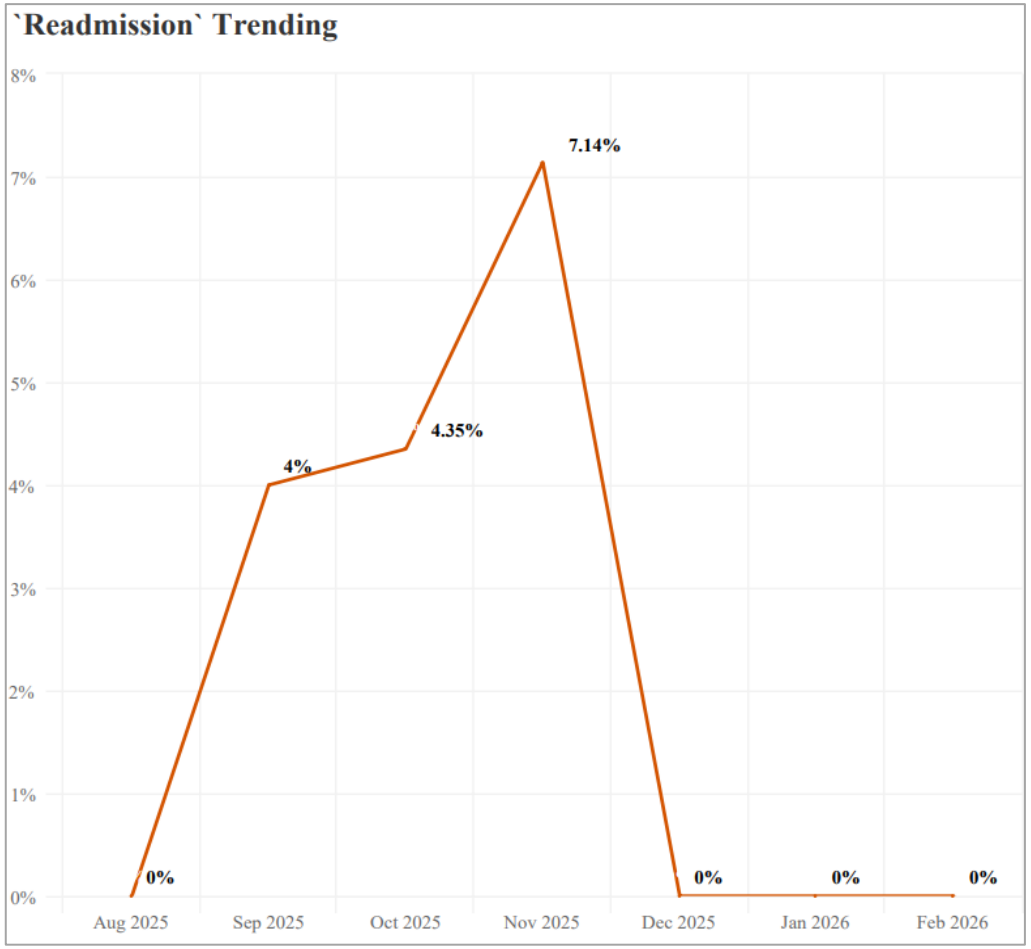
METHODIST

Pre- & Post-implementation Data Comparison

AMERICAN ASSOCIATION of CRITICAL-CARE NURSES

Readmission Trending - CABG





Pre (n = 14)

Post (n = 5)

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Pre- & Post-implementation Data Comparison

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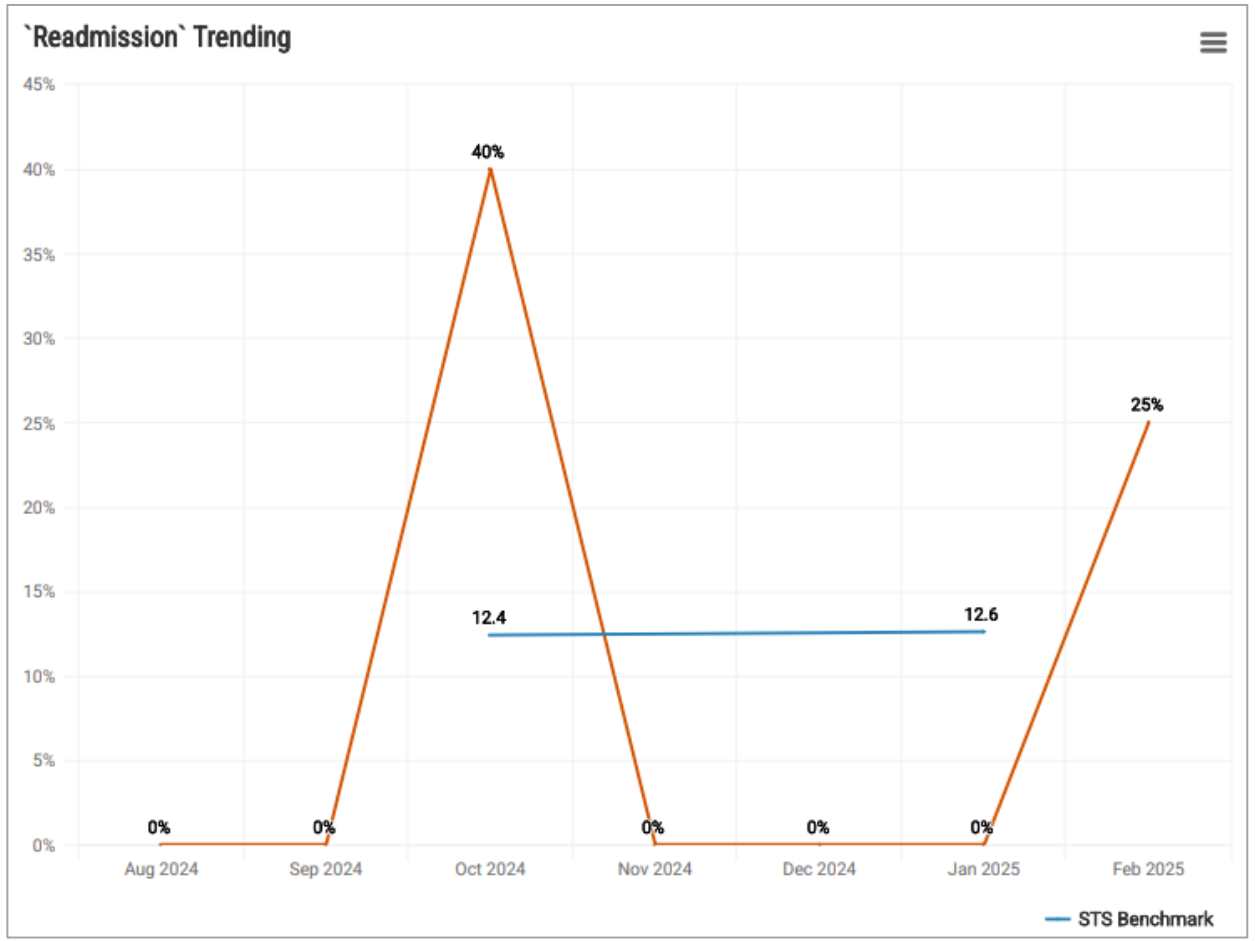
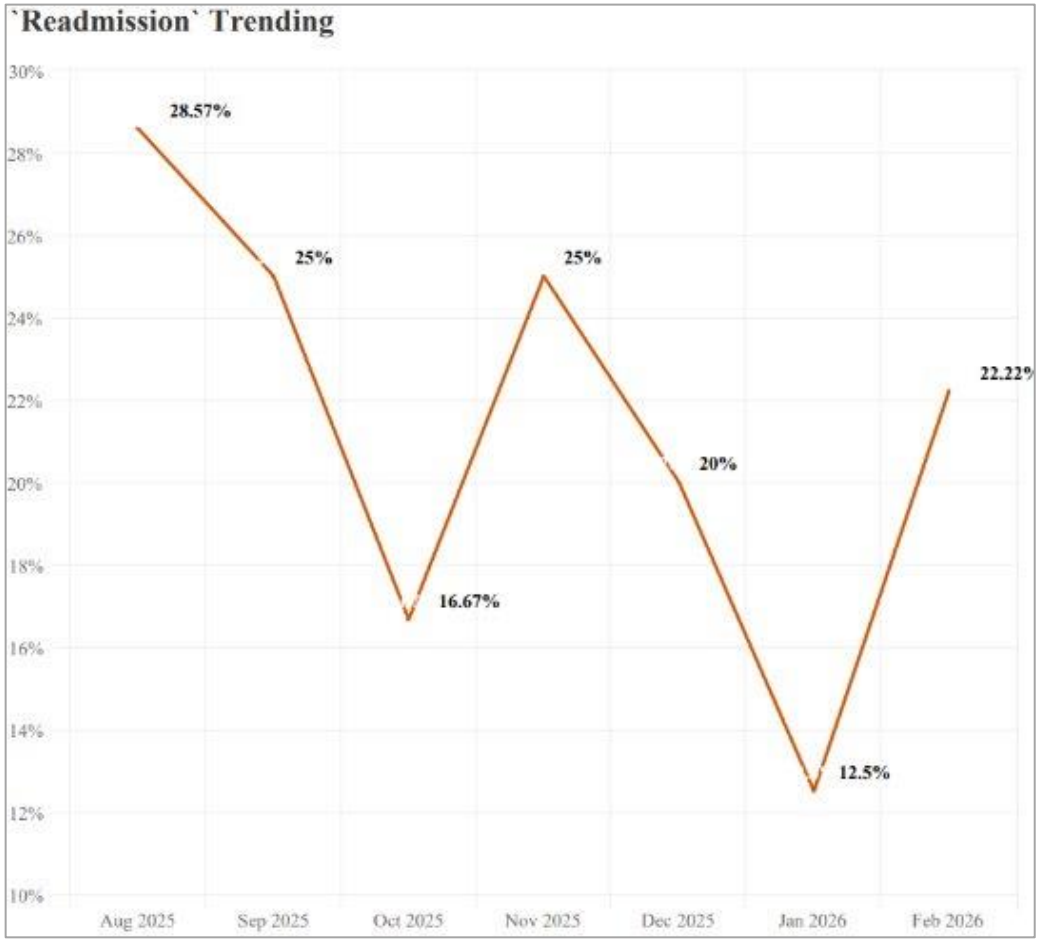
Readmission Trending - Valve





Pre (n = 3)

Post (n = 11)

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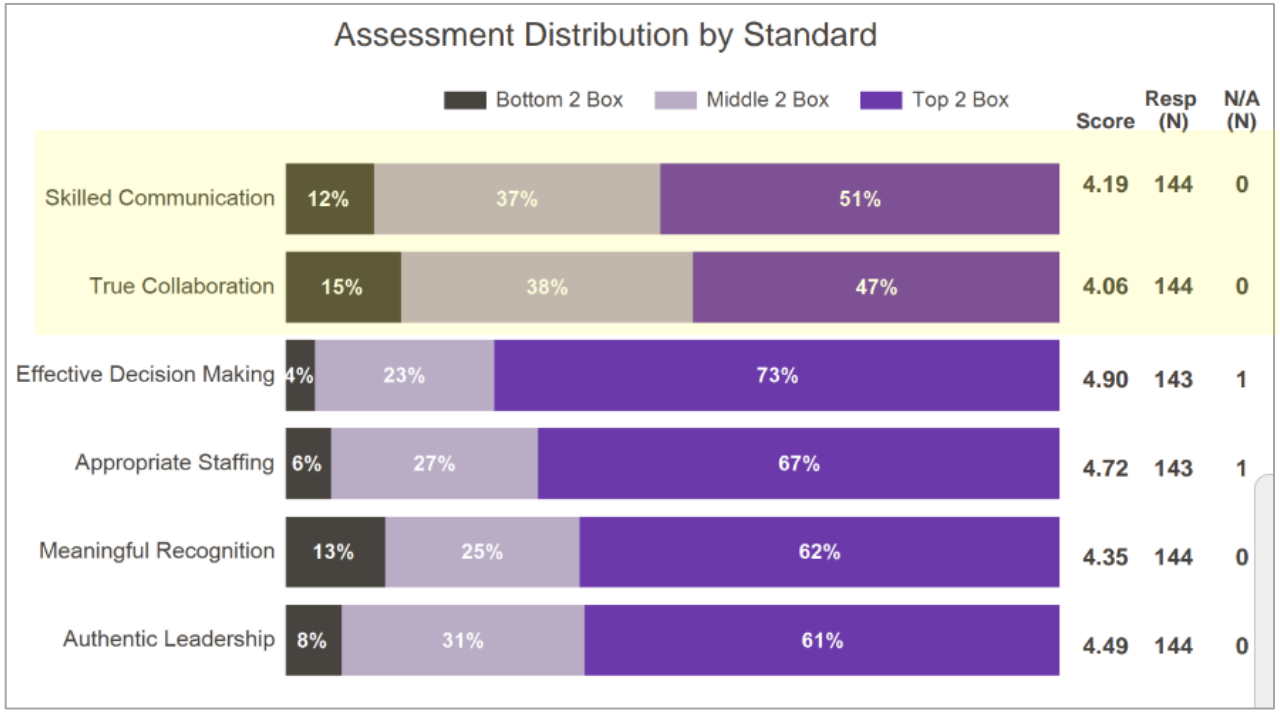
Data Comparison - HWEAT[1]

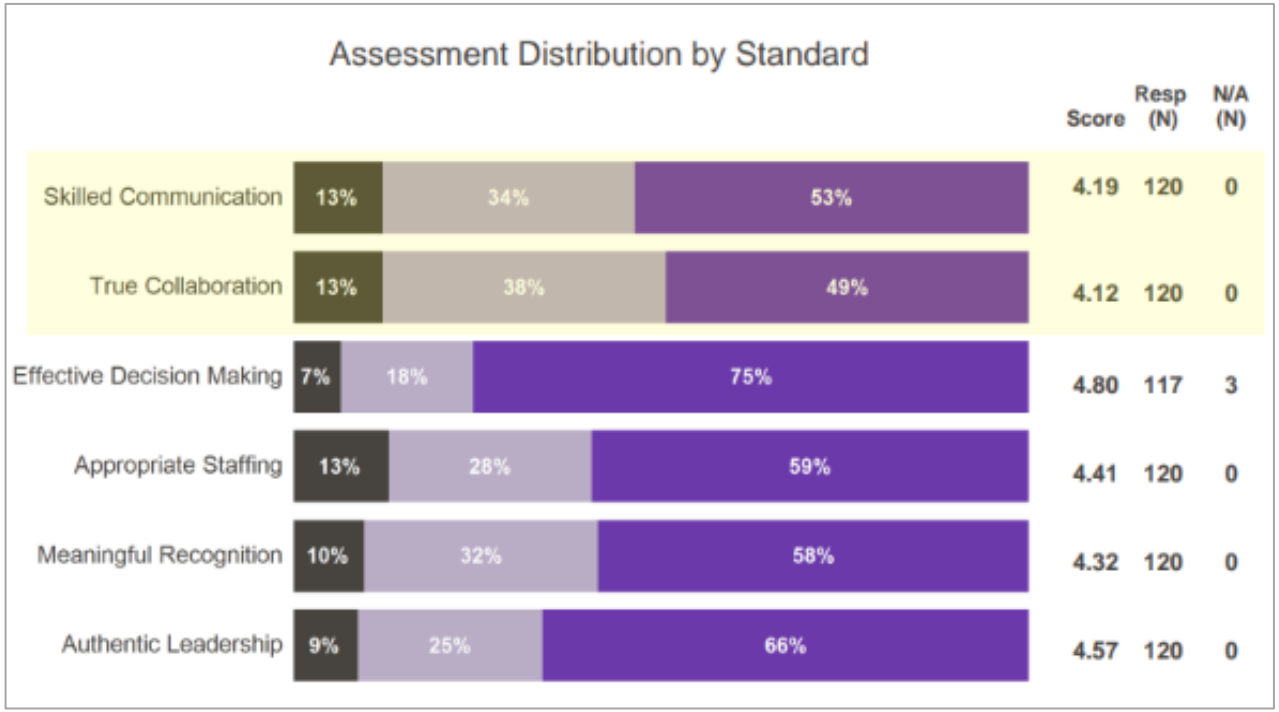
Preimplementation

- Aggregate Score: 4.45
- n = (36/65) 55.4%

Postimplementation

- Aggregate Score: 4.40
- n =(30/48) 62.5%





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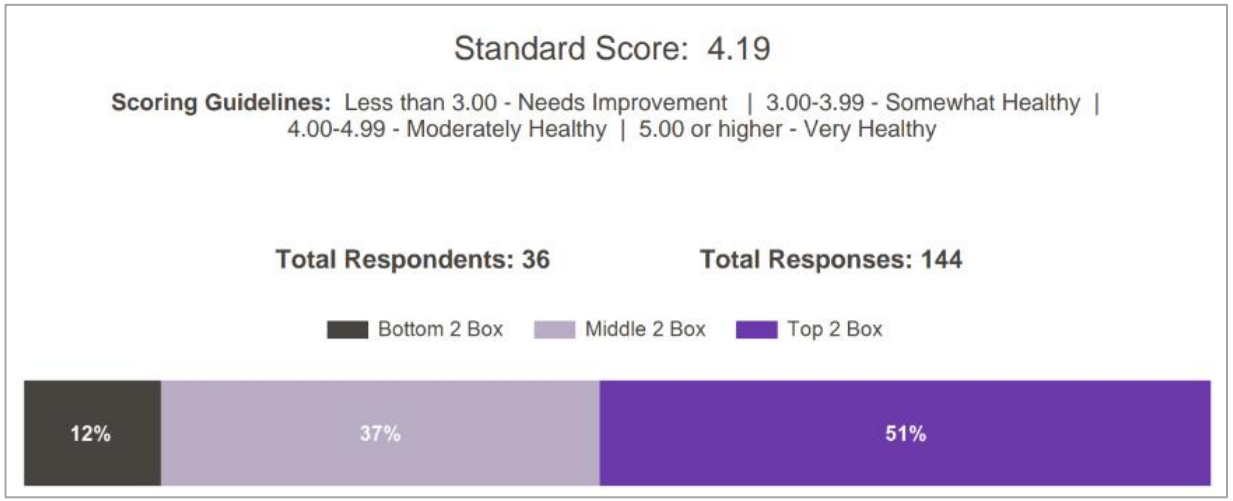
Data Comparison - HWEAT[1]

Healthy Work Environment Assessment Tool Survey (HWEAT)[1]

Skilled Communication

Skilled communicators ensure that their words match their actions, holding others accountable for doing the same.

Preimplementation n = (36/65) 55.4%



Postimplementation n = (30/48) 62.5%

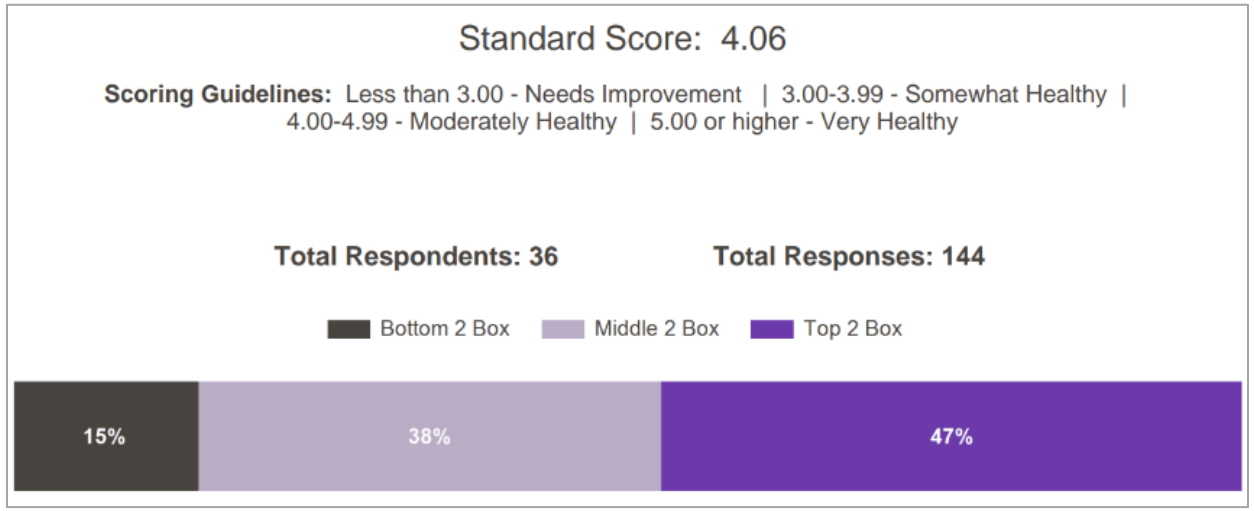
Data Comparison - HWEAT[1]

Healthy Work Environment Assessment Tool Survey (HWEAT)[1]

True Collaboration

Every team member commits to sustaining a culture of true collaboration.

Preimplementation n = (36/65) 55.4%



Postimplementation n = (30/48) 62.5%

Data Comparison - OLBI[2]

Preimplementation

n= 23 (23/48)

Metrics	Nebraska NWS
Disengagement	16.63
Exhaustion	19.16
Total	35.79
Response Count	23

Postimplementation

n= 30 (30/48)

Metrics	Nebraska NWS
Disengagement	17.79
Exhaustion	19.21
Total	37.00
Response Count	30

Fiscal Impact

- Cost of IMC bed: $1470 per day[3]

Decrease of 11% of postoperative CABG LOS (n = 131):

- $142,501.80

Decrease of 2.6% of postoperative valve LOS rate (n = 45):

- $12,847.80

Monthly savings: $22,192.80

Annualized savings: $266,313.60

Key Challenges

- Days-nights disconnect
- Pt/family healthcare literacy levels
- Unplanned cases
- Post-operative complications
- CSI group members changing roles/jobs
- Visitor policy, visitor limitations, family/health partner inconsistent presence on unit

Unintended Positive Outcomes

- Decrease in patients and family resisting discharge
- Flexibility and adaptability of staff
- Increased team collaboration
- Likeliness of patients to recommend the hospital

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Unintended Positive Outcomes

Press Ganey[4] After Discharge Survey

Pre - Sept 2024-March 2025 Post- Sept 2025-March 2026

n	Top Box	Questions	Top Box	n
144	92.37	*Recommend the hospital	93.78	144
146	89.16	*Comm w/ Nurses Domain Performance	91.91	146
146	94.44	*Nurses treat with courtesy/respect	95.60	146
146	85.53	*Nurses listen carefully to you	93.49	146
145	87.50	*Nurses expl in way you understand	86.64	145
125	67.21	*Comm About Medicines Domain Performance	70.01	125
124	84.55	*Tell you what new medicine was for	86.65	124
124	49.88	*Staff describe medicine side effect	53.38	124
134	90.58	*Discharge Information Domain Performance	95.24	134
133	90.24	*Staff talk about help when you left	92.63	133
132	90.93	*Info re symptoms/prob to look for	97.84	132
49	88.15	*Care Coordination Domain Performance	88.64	49
48	81.23	*Staff informed about your care	86.79	48
47	89.34	*Staff helped with care plan	89.64	47
47	82.76	*Info About Symptoms Domain Performance	89.83	47
47	82.76	*Staff gave info on symptoms	89.83	47

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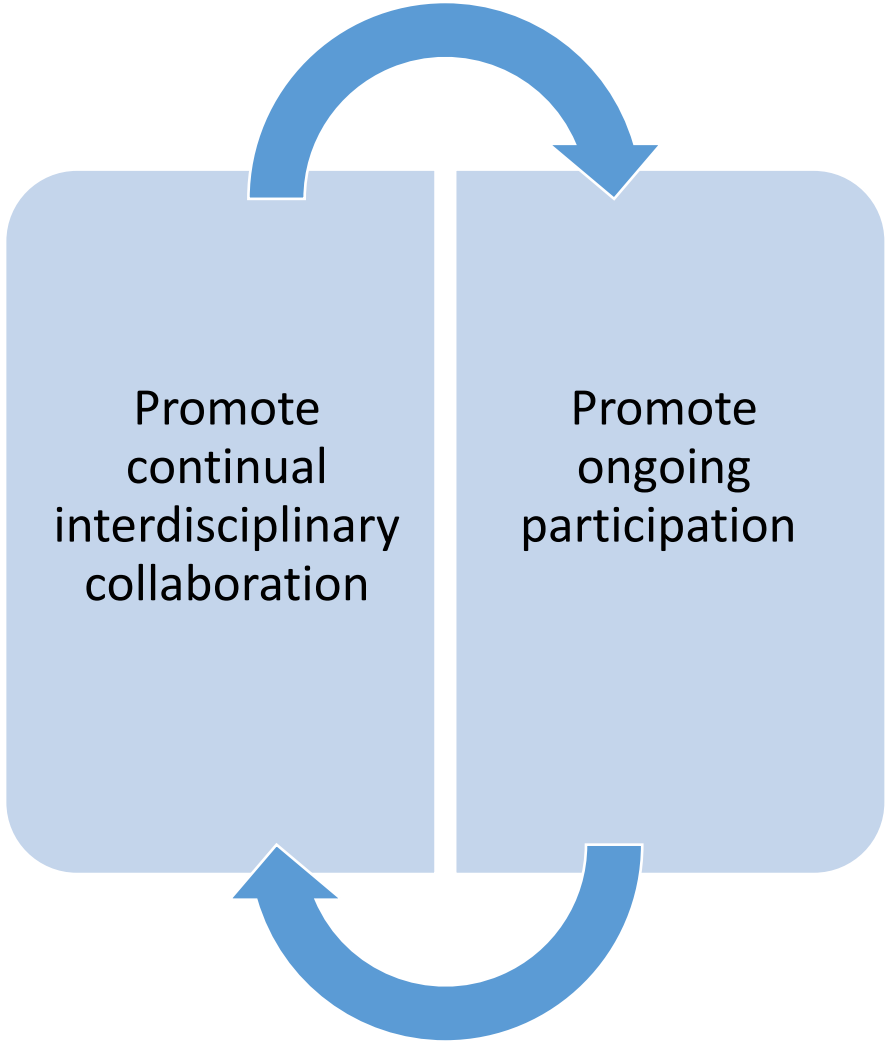
Lessons Learned

Continued participation/engagement

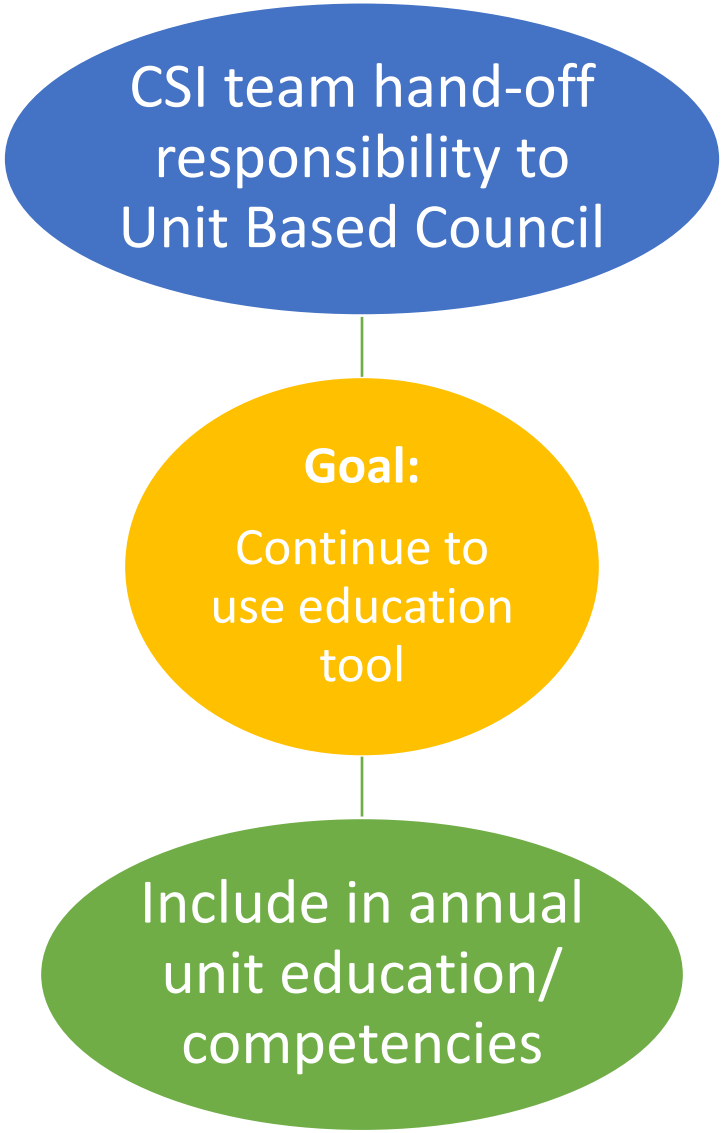
Significant multidisciplinary collaboration

Increased confidence in providing education

How AACN, Coach or Leaders Can Help



Sustainability Plan



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- Michelle Peacock (9N SDN)
- Robyn Sadle (9N CNE)
- Aja St. John (9N Administrative Assistant)
- Ellie Rubenfeld (9N Nurse Manager)

Questions?

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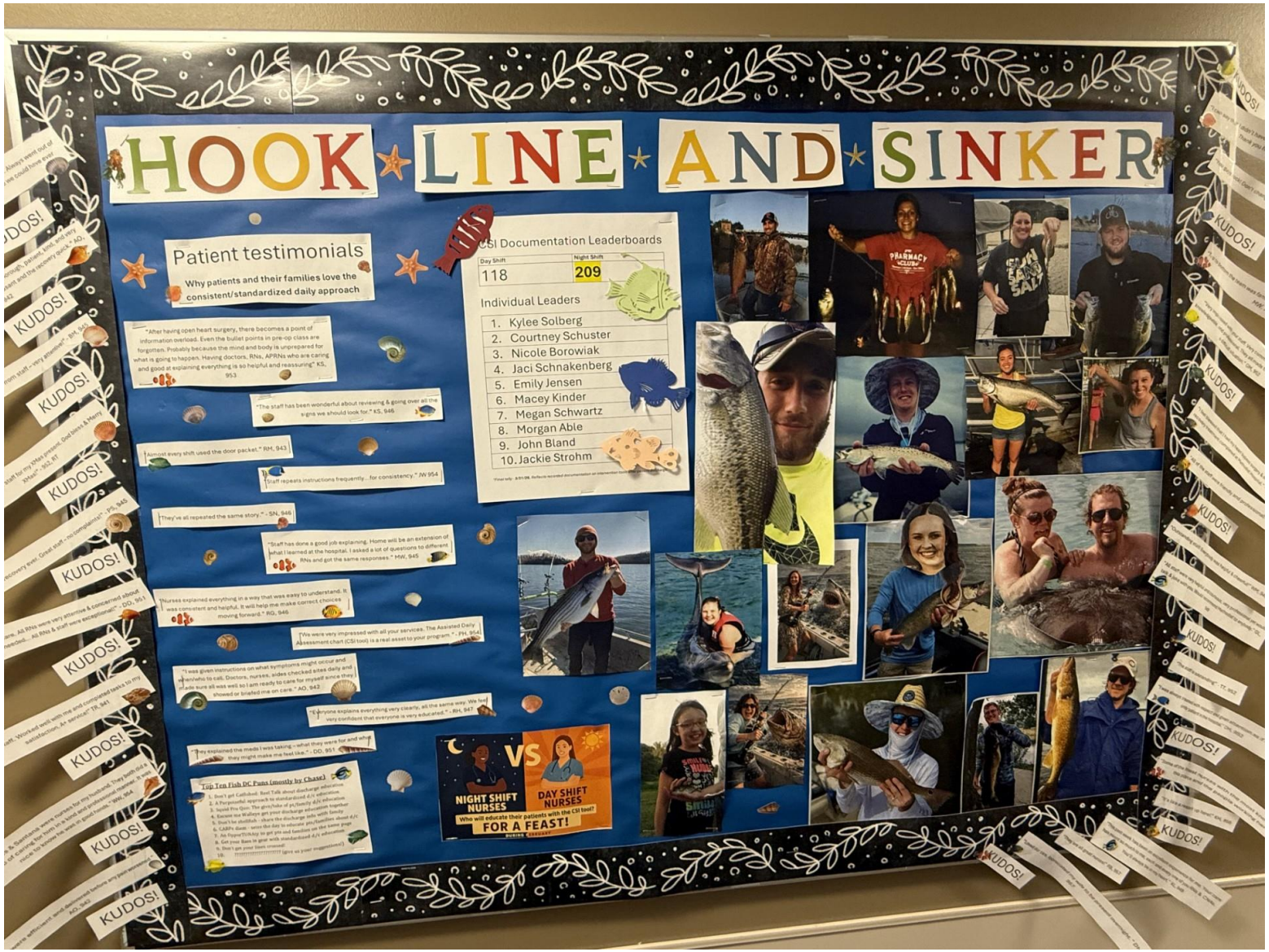

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"Give a person a fish, they eat for a day.
Teach a person to fish, they eat for a lifetime."