

Embrace Caregivers

A series of guides to improve the experience of family caregivers in the addiction & mental health system.

Including Caregivers In Patient Discharge

We set out to change the way health providers in our hospital's Inpatient Mental Health Unit include family caregivers in planning and preparing for the discharge of their loved one by co-designing the discharge process with them. We called the project, "Mission Recognition".

Motivation	Approach	Decisions	Progress
<p>Family caregivers are often left out of the patient discharge process. This process is often last minute, lacks careful planning and does not address patient recovery.</p> <p>Including caregivers reduces stress and helps them feel confident and prepared to receive their loved one. Caregiver involvement yields better health outcomes for the patient, reduces hospital readmissions and lowers healthcare costs.</p>	<p>We envisioned providers including caregivers in conversations about patient discharge, right from the start.</p> <p>We imagined caregivers included regardless of their ability to be present in-person for discharge planning and receiving special consideration, even in the absence of patient consent.</p>	<p>Is there a staff role to assume the lead in discharge planning or is a team approach required?</p> <p>How early in the patient admission will caregivers be included in discharge planning?</p> <p>How will providers communicate with caregivers who are not at the hospital or who visit on evenings or weekends?</p> <p>What role does each member of the health care team have in discharge planning?</p>	<p>As a result of the improved process, caregivers are included in the planning for patient discharge, their concerns are heard, they feel more prepared to receive their loved ones at discharge, and they know the next step in their loved one's care.</p> <p>Providers benefitted from the streamlined process, eliminating a last minute rush.</p>

Method

1. Bring providers and caregivers together to co-design the patient discharge process. We engaged people familiar with the current process.
2. Orient collaborating caregivers to the specialized terminology involved in patient discharge, the discharge process, and the organizational change model used by the project team.
3. Generate provider understanding and appreciation for the initiative early in the process. We held weekly huddles, ran newsletter articles and posted bulletins about the initiative on the unit.
4. Conduct baseline surveys with caregivers and providers to map the current process and identify gaps that need to be addressed.
5. Share the survey findings and ask caregivers and providers for suggestions.
6. Build consensus for a future where providers involve caregivers in patient discharge planning.
7. Use an organizational change model to develop an action plan. Clearly identify who does what, by when and include steps to sustain the change.
8. Communicate pending process changes to providers, at staff meetings and in writing.
9. Implement the changes and continue frequent follow-up to hear what is working and what is not.
10. Repeat the survey with caregivers and providers to collect feedback and measure the organizational change that is achieved.

Lessons Learned

1. Spend time assessing the readiness of providers to include caregivers in discharge planning. Is this a good time to start a new practice?
2. It is important to communicate with, and receive feedback from, the providers that will be affected by the organizational change. Don't assume everyone is engaged because the information was delivered at staff meetings or in writing (use both methods).
3. Caregivers and providers need to be oriented together before they can work together. Our orientation included information about the organizational change model we planned to use, project team communications, meeting logistics and remuneration.
4. Project leaders need to be physically on the unit frequently to troubleshoot, gather feedback and recognize when the new process is working.
5. Use technology to reinforce the desired change. To cue discharge planning activity, for example, we created new tasks in the patient electronic health record.
6. Staff champions are essential to helping providers remain open to the change and can help to smooth the implementation process.
7. Be open to feedback during implementation. Based on feedback, we created a discharge checklist for caregivers to use in their discussions with providers.

Acknowledgements

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Changing CARE: Embrace is an initiative of The Change Foundation with Cornwall Hospital's Community Addiction and Mental Health Centre and Cornwall & District Family Support Group.

Changing CARE: Embrace
Vice President
Community Programs
613-938-4240
www.cornwallhospital.ca

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Resources

1. www.mentalhealthcommission.ca/sites/default/files/Caregiving_MHC_C_Family_Caregivers_Guidelines_ENG_0.pdf
2. www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy4/index.html
3. www.caregiver.org/hospital-discharge-planning-guide-families-and-caregivers
4. <http://ppsplus.com/blog/caregiver-involvement-crucial-to-effective-discharge-planning-and-home-care>
5. <https://www.beckershospitalreview.com/quality/study-to-reduce-readmissions-involve-caregivers-in-discharge-planning.html>



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